

Distracted Desire: Extending the Study of Non-Erotic Thoughts to the South Asian Context

by

Taranjot Kaur Bedi-Padda

A thesis

presented to the University Of Waterloo

in fulfilment of the

thesis requirement for the degree of

Master of Arts

in

Psychology

Waterloo, Ontario, Canada, 2025

© Taranjot Kaur Bedi-Padda 2025

Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners. I understand that my thesis may be made electronically available to the public.

Abstract

Purity culture is characterized by sexual norms emphasizing premarital abstinence, modesty, and positioning women as sexual gatekeepers. To date, purity culture has primarily been studied within Evangelical Christian communities. However, similar sexual values may operate across other cultural contexts, including South Asian communities where sexuality is often framed as procreative, within marriage, and as a source of familial honour or shame. This thesis investigated whether purity culture provides a useful framework for understanding the sexual experiences of South Asian diasporic women, focusing specifically on non-erotic thoughts (NETs)—intrusive cognitions during sexual activity that interfere with sexual enjoyment. NETs were selected as the focus because they are viewed as a central mechanism in several influential theories of sexuality, including Masters and Johnson's concept of spectatoring, Barlow's cognitive-affective model, and Brotto's mindfulness framework. Despite widespread recognition that sexuality is culturally embedded, no research has examined whether NETs differ across cultural groups. Through two studies, this thesis explored cultural differences in NETs and their underlying mechanisms among South Asian and White women in North America and the United Kingdom. Study 1 ($N = 301$) compared the frequency and anxiety associated with NETs between second-generation South Asian women and White women. Results revealed significant cultural differences: South Asian women endorsed greater thoughts and anxiety related to moral concerns, shame or guilt, pain, pregnancy and sexual health, and their partners' emotions, while White women endorsed greater concerns about body appearance. Study 2 ($n = 284$) replicated these findings and tested a series of mediational models examining factors theorized to influence the occurrence of NETs and their influence on sexual outcomes. Results identified shame as a significant antecedent for both South Asian and White women and internal conflict over one's identity as an antecedent to NETs for South Asian women. In these mediational models, NETs

subsequently predicted lower sexual satisfaction and higher sexual distress. Contrary to expectations, purity culture endorsement did not directly predict NETs, suggesting that cultural influences on sexuality may operate through more proximal psychological mechanisms. These findings demonstrate meaningful cultural variation in sexual cognitions, highlighting the need for culturally sensitive models of sexuality and clinical interventions that address the intersection of cultural identity and sexual well-being.

Keywords: Non-Erotic Thoughts, Purity Culture, Cross-Cultural Sexuality, Sexual Well-Being, Cross-Cultural Psychology

Acknowledgements

I wish to express my sincere gratitude to my supervisor, Dr. Uzma Rehman, for her continuous support, guidance, and encouragement throughout the course of this research. Her invaluable feedback and contributions have been crucial to the development of this project and my growth as a scholar. I could not ask for a better mentor in this work. I also wish to thank the faculty of the psychology department at the University of Waterloo, especially Dr. Christine Purdon and Dr. Elizabeth Nilsen for serving as readers for this thesis and providing thorough feedback and guidance.

I am also deeply grateful to my family and to my community. This work emerged from lived experience, from my desire to examine and represent the lives of the women around me and cement them into the academic literature, allowing not only for greater diversity in sexuality research, but to see our stories represented, and to ensure that our voices are not just included, but centred and truly heard. Thank you to my family, especially my mom, whose continued support throughout my time with this project was critical to its completion. I would also like to thank my friends, whose curiosity and perspectives inspired me, and whose support motivated me throughout this process.

This thesis would not have been possible without all of those mentioned. Thank you.

Table of Contents

Author's Declaration.....	ii
Abstract.....	iii
Acknowledgements.....	v
Introduction.....	1
Study 1.....	12
Study 2.....	34
References.....	85

Introduction

Living at the intersections of multiple cultures can involve a complex balancing act, navigating multiple and often conflicting ideas of belonging and identity. It is a layered experience, with an identity in constant flux, shaped by one's context, one's heritage, one's community, and one's personal values. For some, this negotiation becomes further complicated by its intersections with other critical identities, particularly identities around gender and sexuality. This thesis sought to better understand the sexual experiences of South Asian diasporic women living in Western countries, recognizing the competing pressures of differing cultures for these women as a unique psychological circumstance that has yet to be explored. Through this work, I shed light on the experiences of this population to inform and improve empirical and clinical work in the field of sexuality.

Literature Review

Early work in the area of sexuality and culture suggests that cultural background impacts sexuality such that differences in ethnicity or culture can be linked to differences in sexual functioning and health across cultural groups (Hall & Graham, 2013; Ussher et al., 2017). As Heinemann et al. (2016) note, cultural background can influence sexual norms or expectations around average number of sexual partners, average age of consent, sexual education curricula, consumption of pornography, and beliefs about physiology (e.g. expectations around female lubrication, understandings of physical changes in the body after sexual activity, etc.).

A particular area of focus in this literature has been sexual health behaviours and how they are linked to cultural group membership for cultural minority groups in Western countries. Across studies, cultural group membership has been associated with differences in the use of

reproductive and sexual health services. For example, in work looking at recent female immigrants from China and India to Canada, Ahmad et al. (2004) found that sexual health was often deemed not important enough to seek treatment for unless it was impacting the family's well-being. This was linked to Chinese and Indian cultural factors that encourage women to prioritize others over themselves, with similar ideas echoed by Penn et al. (1995) and Vallikad (2006). Similarly, work by Foster et al. (2021) explored feminine honour ideology and sexual health behaviours. In this work, endorsing this ideology, or the need to maintain honour through sexual purity for women, was associated with lower rates of HPV screening intentions. Cultural impacts on sexual health service use were also found in samples of Asian Americans, where their Asian cultural background was linked to delays in use of reproductive and sexual health services (Okazaki, 2002; Tu et al., 1999). Additionally, work by Petrak & Keane (1998) noted that dropout rates were higher for East Asian women in sex therapy than other ethnic groups, suggesting that cultural group membership impacts clinical service seeking. This evidence points to a gap where certain groups' needs may not be met by existing interventions, making understanding understudied populations' sexual experiences crucial for those working in sexual and reproductive health.

Another focus in the area of culture and sexuality research has been on sexual desire, where cultural group membership has been associated with differences in sexual desire and functioning. For example, work looking at sexual desire among Chinese-Canadian women reported links between the restrictive (as described by participants) sexual norms of Chinese culture and lower levels of sexual desire (Dang et al., 2017). This further supports the need to understand the unique components of culture as it relates to clinically relevant sexual issues.

A common criterion across cultural groups that have historically been underrepresented in sexuality research—including East Asian, South Asian, and Latino communities—is guilt associated with engaging in sex, leading to studies that have explored the impact of moral concerns or sex guilt within these populations. Qualitative work with Japanese women living in the United States found that high endorsement of Japanese cultural values impacted their decision to become sexually active, with cultural messages promoting abstinence and moralizing sexuality deterring many from sexual initiation and creating a perceived link between loose moral character and sexual activity (Abramson & Imai-Maquez, 1982). These women also reported fears of their Japanese community learning about their sexual activity, and this knowledge negatively affecting the community's perception of them along a good-bad moral spectrum. Although all individuals develop internal sexual standards regardless of their cultural background, the authors theorized that for bicultural individuals, navigating conflicting cultural definitions of sexually appropriate behaviour can create particularly complex internal standards, with heightened internal sanctions activated when individuals deviate from the more restrictive norms. It should be noted that such regulatory mechanisms also operate for individuals receiving more cohesive cultural messages around sexuality—for example, widely shared cultural rules around sexual consent and appropriate sexual behaviour constrain desires and actions across all cultural groups. However, sex guilt was found to be particularly highly endorsed in samples of Asian American women compared to White American women (Woo et al., 2011; Woo et al., 2012), suggesting cultural variation in the intensity of these internal sanctions.

This project specifically sought to understand how cultural background shapes the sexual experiences of South Asian women living in the Western diaspora. The choice to focus on the diaspora builds on research that suggests that some non-Western cultural communities construct

a dichotomy between their traditional sexual values and perceived Western sexual norms, with the latter characterized by some non-Western communities as overly permissive (Heinemann et al., 2016). This can create tension for diasporic community members who may experience conflict between heritage cultural expectations and the sexual norms of their Western country of residence (Heinemann et al., 2016). Diasporic communities in the West may feel caught between these two sets of sexual norms and made to believe that engaging in sex is an act of cultural deviance. For example, work on Filipino American parent-child discussions of sexuality indicates a perception of White Americans as “promiscuous” and demonstrates the use of White Americans as an example of what *not* to act like by parents, reinforcing perceived East-West differences in sexual permissiveness. This perception is in part facilitated by access to a new language upon immigration (i.e. English), which creates access to and normalization of terms for sexual concepts that remain taboo in the language of origin (Heinemann et al., 2016).

My work focuses specifically on second-generation South Asians, meaning South Asians who were born in the West. This focus builds on existing work that establishes the importance of how stage of immigration and degree of acculturation factor into sexual experiences. Research in this area suggests that despite growing up in the West, ideas and values from one’s culture of origin are deeply internalized by diaspora members. For example, Okazaki (2002) found that Asian American teenagers show more conservative attitudes towards sexuality as compared to White Americans, particularly those who are less acculturated to American cultural norms. Moreover, in work by Ahmadi (2003) on Iranian women found that Iranian women who immigrated to Sweden tended to adopt more liberal sexual attitudes associated with Swedish norms over time, reinforcing the relevance of immigration period for sexual attitudes. This pattern of cultural adaptation has been documented in the context of non-sexuality research

among South Asians living in the United States. Specifically, Saroop (2004) found that second-generation South Asian Americans showed greater identification with Western values compared to first-generation immigrants. This suggests that generational status influences psychological experiences within this population and, as a result, may influence their sexual experiences.

The South Asian diaspora, defined for our purposes as people with origins in Pakistan, India, Nepal, Bhutan, Sri Lanka, Maldives or Bangladesh who are living outside of South Asia, is of particular conceptual interest for this research because South Asian cultures often emphasize specific sexual norms and values that differ from Western sexual norms and values, as documented by Thakur (2023). Of note, these views on sexuality reflect post rather than pre-colonial views in South Asia. First, pre-marital sexual activity is frowned upon, and women's lack of sexual experience prior to marriage tends to be idealized. Second, sexuality is related to familial duty, such that engaging in sex is sanctioned as it serves your responsibilities to your family. For women, this typically means deferring to what is prescribed by the male and senior members of the family for mate selection. Related to this, sex with procreative intent, that is, sex for reproductive purposes, rather than pleasure, is emphasized. Having children can often be posed as a duty to South Asian women's parents and partners, making sex closely mentally intertwined with family and a procreative imperative. Fourth, sexuality is strongly linked to personal and familial reputation, such that women are often tasked with monitoring their behaviour to maintain an appearance of modesty and respect. The performance and maintenance of this is integral to the individual's reputation (particularly regarding marriageability) as well as to the family's reputation, where women who engage in pre-marital sexual activity may be regarded as a poor reflection of her family, and the family may also be sanctioned by the broader community. The fifth idea identified by Thakur (2023) is the maintenance of these norms through

gendered and sexualized bodies, where women's bodies are treated as symbols of their sexuality. For example, through the expectation of modest dress, the degree to which the body is visible, particularly around men, is meant to visually signal to others that the cultural values of modesty and abstinence are being upheld. The sixth idea is heteronormativity, where non-heteronormative sexualities are seldom spoken of, and sexuality is prescribed specifically as permissible between married men and women. Finally, the seventh key idea is the upholding of these norms as a form of preservation of culture. This is particularly important for women who are immigrants or descended from immigrants, where the need to maintain one's culture is made more imperative by occupying a societally minoritized status. One such way of maintaining one's cultural ties and resisting assimilation is by maintaining sexual norms and practices, with South Asian women's identities and sexuality often linked to symbolic discussions of nation, ethnicity, and cultural authenticity (Handa, 1997).

The relevance of cultural identity in defining sexuality for South Asian women is further supported by Bacchus (2017). This research found that South Asian American women's sexuality is a critical piece of the way they navigate the world and the parameters of their relationships with their families and communities. Relevant cultural factors at play include that South Asian women tend to experience less familial allowance for cross gender socialization as compared to South Asian men and non-South Asian women (Dugsin, 2001; Durham, 2007; Handa, 1997), indicating a greater policing of women's sexuality in these communities. The impact of this remains unknown but crucial to understand given the large South Asian diaspora population in North America and parts of Western Europe.

Existing work on sexual health and South Asian identities also supports the need for further investigation into the sexual experiences of these women. South Asian diaspora women

have been found to have less knowledge related to sexual health information, including contraceptive use and risks associated with sexually transmitted infections (Hawa et al., 2019). One theory put forward by Choudhry (1998) notes to explain this knowledge gap is that through immigration, the South Asian diaspora loses touch with their extended networks and communities, by extension losing access to sources of sexual health information that are often informally communicated. With hesitation to reach out to new sources outside of the community, such as medical practitioners, members of the South Asian diaspora are often less equipped with sexual health knowledge. Interestingly, the different results were found in work by Brotto et al. (2007), where Indian-Canadian women were found to have the same level of sexual health knowledge as White Canadian women. However, they still utilized sexual health services less, indicating a knowledge-behaviour desynchrony that may be explained by cultural values.

Probing the discrepancy in reproductive and sexual health services further, South Asian women in the UK expressed fears around PAP tests for cervical cancer screening due to partners and family members' suggestions/insinuations linking such tests to infidelity or promiscuity. South Asian women also expressed fear of being blamed if HPV is detected (McCaffery et al., 2003). Additionally, in work exploring South Asian Canadian and British teenagers sexual and reproductive health service use, participants reported fear of stigma and judgment, lack of information about the healthcare system, and lack of privacy (Beck, 2005; Meherali et al., 2021). In sum, for South Asian women in the diaspora, cultural background has been named as an important factor in sexual experiences and has been linked to sexual health outcomes.

Given the limited research on South Asian sexual experiences, this study explores whether theoretical frameworks developed in other cultural contexts might illuminate South Asian women's sexuality. One promising framework is purity culture, a construct originally used

to describe the sexual norms, values, and behaviours endorsed by Evangelical Christian communities (Howard, 2023). Key tenets of purity culture include premarital sexual abstinence, modesty, the prizing of virginity, and positioning women as sexual gatekeepers responsible for controlling male desire (Ortiz, 2019).

The clinical impacts of purity culture are explored in depth by Estrada (2022), where they outline the tenets of this culture and how they affect women in Evangelical Christian communities. In their work, they note that women are positioned as sexual gatekeepers, making them responsible for monitoring their own sexual behaviour as well as men's sexual behaviour, as men are seen as incapable of controlling their desires. As such, if sexual activity does occur, particularly before marriage, it is conceptualized as women's fault. Further, to suppress desires and comply with cultural scripts, women living under purity culture often learn to detach themselves from their bodily signals of arousal and internalize shame around experiencing normative desire. Finally, purity culture emphasizes sex as a marital duty rather than for other reasons, such as pleasure, encouraging women to view sex as a service to their male partner rather than something for them to enjoy, further discouraging normative desire. In some cases, this may facilitate the normalization of marital rape (Klement et al., 2022).

Stevenson & Hiebert (2021) explore this further, noting that the incongruence between beliefs internalized from the culture and internal levels of desire leaves women with high levels of anxiety and shame. They note three ways women cope with this incongruence, including suppressing and denying their desire, isolating themselves from others due to feelings of shame, and engaging in self-blame, all of which further perpetuate psychological distress. They also note the ways in which virginity becomes central to women's identities in these cultures due to its stressed importance, making engaging in sex and "losing one's virginity," as it is often referred

to, an identity-shifting event for these women. This is bolstered by Litam & Speciale (2011), who found religious messages around sex were linked to greater experiences of sexual shame as well as lower levels of sexual education. To understand purity culture, we can also draw on non-academic sources, where purity culture is often anecdotally linked to sexual distress and guilt (Anne, 2015; Veurink, 2021)

Both South Asian and Evangelical Christian communities share a collectivist orientation toward sexuality, where individual sexual choices are understood as reflecting community values and identity. This parallel is evident in practices like chastity pledges, which Barnett et al. (2018) describe as expressions of "dedication to the community's identity," suggesting that purity culture frameworks may be applicable beyond their original Evangelical context. However, it is important to note that purity culture is ritualized in Evangelical Christian communities through things like purity balls, abstinence pledges, and purity rings (Fahs, 2010) in a way that differs from the taboo surrounding discussions of sexuality in South Asian cultures.

Goals of the Current Program of Research

This thesis aims to address the significant gap in cross-cultural sexuality research by examining how cultural group membership influences sexual experiences, specifically focusing on South Asian diasporic women living in North America and the United Kingdom. Drawing on purity culture as a theoretical framework to understand how cultural sexual norms may transcend specific religious contexts, this research examines non-erotic thoughts during partnered sexual activity as a key mechanism through which cultural beliefs influence sexual well-being. Through two complementary studies, this research seeks to both document cultural differences in sexual cognitions and identify the psychological mechanisms underlying these differences. Study 1 provides the first empirical investigation of cultural variation in non-erotic thoughts, comparing

the frequency and anxiety of these thoughts between second-generation South Asian women and White women. Building on these findings, Study 2 explores the antecedents and consequences of cultural differences in non-erotic thoughts by testing mediational models examining purity culture endorsement, shame, and bicultural identity integration as potential predictors of non-erotic thoughts, and investigating how these thoughts subsequently impact sexual well-being outcomes, including sexual satisfaction, sexual distress, and sexual functioning. Together, these studies aim to advance theoretical understanding of culture's role in sexual experiences with the potential to inform culturally responsive clinical practice.

A Note on Historical Context of South Asian Sexuality

The philosophical underpinnings for our work emerge from a postcolonial framework. In particular, a guiding idea in the conceptualization of this study has been Ann Laura Stoler's concept of colonial aphasia, or an occlusion of knowledge about colonized peoples among colonized peoples themselves. As Stoler (2011) explains,

“Aphasia is a dismembering, a difficulty speaking, a difficulty generating a vocabulary that associates appropriate words and concepts with appropriate things. Aphasia in its many forms describes a difficulty retrieving both conceptual and lexical vocabularies and, most important, a difficulty comprehending what is spoken” (Stoler, 2011, p. 125).

Stoler's concept of colonial aphasia is not simply a forgetting of the past, but a removal of the ability to understand and express the knowledge of colonized people, often leading to the absence of colonized people's traditions and knowledge from historical narratives.

When applied to this project, colonial aphasia may play a role in the perpetuation of sexual purity norms present in South Asian cultures today, seeing as these sexual norms are often positioned as tradition and enacted as a means of preserving the culture. Historically, the

openness towards sexuality characteristic of pre-colonial South Asia was eradicated through British colonization (Vinay, 2022), with Victorian English values and norms imposed on South Asian colonial subjects and traditional pre-colonial South Asian sexual norms viewed as barbaric and primitive (Das, 2019). From this lens, it could be argued that in attempting to remain connected to the cultural tradition through enforcing sexual purity, the community may instead continually enforce the colonial impositions that their ancestors had to bear. This impels us as researchers and clinicians to understand our participants' experiences with these ideas, exploring and laying the groundwork to dismantle any harmful effects they have as both an empirical inquiry and as a project of decolonization.

Study 1

An important aim of sexuality research is to identify factors that diminish the pleasurable components of sexual experiences (e.g., Aora & Brotto, 2017; Meston, 2006; Smith, 2007). One such factor is the presence of non-erotic thoughts, defined as intrusive or distracting cognitions that interfere with enjoyment during sexual activity (Purdon & Holdaway, 2006). These thoughts have been linked to reduced sexual satisfaction and have been implicated in the development and maintenance of sexual dysfunction (Dove, 2000; Nelson & Purdon, 2011; Purdon & Watson, 2011). Non-erotic thoughts are also integral to key conceptual frameworks in the field, including the notion of “spectatoring” (Masters & Johnson, 1970) and Barlow’s (1986) model emphasizing the role of attentional shifts in sexual performance anxiety. More recently, such thoughts have been characterized as internal threat stimuli that redirect attention away from the pleasurable and rewarding elements of sexual experiences, thereby compromising both satisfaction and functioning (Barlow, 1986; Purdon & Holdaway, 2006).

Although the relationship between non-erotic thoughts and sexual satisfaction and functioning is well established, most research in this area has been conducted in Western contexts and is based on WEIRD samples (Hall & Graham, 2013). This raises important questions about the cultural generalizability of dominant models of sexuality and the mechanisms they emphasize. In the present study, I investigate how non-erotic thoughts vary by cultural group membership, examining their *content*, *frequency*, and associated *anxiety*. Specifically, I compare the experiences of White and South Asian women during partnered sexual activity. By doing so, this research aims to clarify whether core psychological processes linked to sexual functioning vary across cultural and racial identities, thereby testing the broader applicability of influential theoretical models and established empirical findings.

In the following section, I review three theoretical perspectives that highlight the role of non-erotic thoughts in shaping sexual experiences: Masters and Johnson (1970), Barlow (2002), and Brotto (2008). These models were selected because each emphasizes attentional shifts—specifically, the diversion of focus from erotic to non-erotic cues—as a critical factor influencing acute sexual experiences. Across all three perspectives, non-erotic thoughts are conceptualized as the underlying mechanism driving these attentional shifts. However, the theories differ in how they conceptualize the function and impact of non-erotic thoughts, as discussed below.

Theoretical Perspectives on Non-erotic Thoughts

Masters and Johnson (1970) introduced the concept of *spectatoring*, a seminal construct in sexuality research that closely aligns with what are now referred to as non-erotic thoughts. Spectatoring refers to the process by which individuals mentally step outside themselves during sexual activity to observe and critically evaluate their performance. This self-evaluation often manifests as non-erotic thoughts (e.g., “*She is getting turned off by my wobbly stomach*”). Since its identification, spectatoring has been widely implicated in the development and persistence of sexual difficulties, as it diverts attention from the pleasurable aspects of sexual activity and heightens performance-related anxiety (e.g., Dove & Wiederman, 2000; Fichten et al., 1988). Within this framework, spectatoring falls under the broader category of non-erotic thoughts, as it shifts attention away from the sexual experience and toward self-monitoring, ultimately detracting from sexual satisfaction and functioning.

Building on Masters and Johnson’s (1970) work, Barlow’s (1986) cognitive-affective model also positions non-erotic thoughts as central to sexual outcomes. According to this framework, individuals’ thoughts during sex are shaped by their appraisals of the situation.

Positive appraisals reinforce erotic focus and sustain sexual arousal, while negative appraisals, often rooted in maladaptive sexual schemas, redirect attention toward contextual or self-referential concerns (Barlow, 2002). This attentional shift increases monitoring of bodily sensations and performance-related cues, which in turn disrupts arousal and diminishes sexual satisfaction and functioning.

Brotto's (2008) mindfulness model offers an alternative perspective on non-erotic thoughts in the sexual domain. Like Barlow's (1986) model, it identifies attentional shifts as the key mechanism linking non-erotic thoughts to decreases in sexual satisfaction and functioning. However, rather than emphasizing the *content* of these thoughts, the mindfulness model focuses on their *frequency* (Brotto, 2008). Specifically, it suggests that difficulty in *non-judgmentally attending to the present moment* manifests as recurring non-erotic thoughts. Regardless of their specific focus, these thoughts detract from one's ability to remain present, increasing the likelihood of sexual dissatisfaction and dysfunction (Brotto, 2008).

Although past theorizing differs on the relevance of the content versus frequency of non-erotic thoughts, it is important to understand the types of non-erotic thoughts individuals report during sexual activity. Such information gives us an understanding of the phenomenology of non-erotic thoughts and is also important when testing theories that link certain vulnerability factors to specific types of non-erotic thoughts (e.g., poor body image and critical thoughts related to one's body, weight, or appearance). Purdon and Holdaway (2006) identified four primary categories of non-erotic thoughts: *performance-related concerns* (e.g., maintaining arousal, reaching orgasm), *body image concerns* (e.g., physical appearance, attractiveness), *external consequences* (e.g., fear of pregnancy, being interrupted), and *emotional consequences* (e.g., relationship impact, guilt). Nelson and Purdon (2011) found that women

more often reported body image and external concerns, while men more often reported performance worries, though both genders equally experienced emotional concerns. Regardless of content, a higher frequency of non-erotic thoughts was linked to poorer sexual outcomes.

Limitations of Past Research on Non-erotic Thoughts

The majority of research testing attentional processes during sexual behaviours has focused exclusively or largely on samples comprised of White/Caucasian participants, with the assumption that the findings would generalize to other cultural groups (Hall & Graham, 2013). This is problematic because human sexualities are deeply rooted in their cultural contexts and sexual behaviours, norms, and practices are influenced by cultural factors (Hall & Graham, 2013; Ubillos et al., 2000; Heineman et al., 2016; Ussher et al., 2012; Brotto et al., 2007; Khumalo et al., 2020). The parameters for normative and non-normative sexualities are established by prevailing cultural beliefs and norms and can thus vary greatly as a result. Given the potential for normative sexuality to differ by culture, the potential for non-erotic thought experiences to differ by culture is probable but remains undetermined and holds important implications for existing theoretical models of sexuality by demonstrating whether and to what extent attentional mechanisms vary by ethnocultural background.

The Current Study

The goal of the current study was to investigate whether the frequency and level of anxiety associated with different content categories of non-erotic thoughts vary by cultural membership. In particular, with the growing South Asian population in Canada and the US, this study seeks to understand how South Asian Canadians and Americans' experiences of non-erotic thoughts compare to White Canadians and Americans. I focused exclusively on women in our study because many sexual norms and beliefs are inherently gendered. Further, culturally

sanctioned sexuality is often prescribed along gendered lines, with women typically subject to greater restrictions (Bordini & Sperb, 2012). I selected South Asian women and White women as our two cultural groups, as they differ in cultural norms related to sexuality. I opted to have White Canadian and American women as our comparison group rather than all non-South Asian Canadians and Americans because White Canadians and Americans make up the larger and more dominant cultural group, with their values and experiences thus reflecting the larger societal values in Canada and the United States. I specifically recruited second-generation South Asian Canadians and Americans for this study. By focusing on second-generation participants, I ensured that individuals in both the South Asian and White samples were raised within the same Canadian or American cultural context, potentially leading to similarities in their experiences and beliefs. Accordingly, if similarities are observed, they would underscore the influence of the broader geographical context of one's upbringing (i.e., growing up in Canada or the United States) in shaping sexual experiences. Conversely, if differences emerge, they would highlight the enduring impact of familial cultural heritage on the sexual experiences of Canadian and American women.

Study Predictions

White Canadians and Americans tend to have a more pleasure-oriented and desire-focused sexuality, with greater permissive and liberal attitudes towards sexuality (Brotto et al., 2007). Although limited, research on South Asian diasporic women's sexual norms has identified several key themes (Thakur, 2023). These include the idealization of pre-marital sexual inexperience, the link between sexuality and familial duty (especially procreative sex over sex for pleasure), and the importance of maintaining personal and family reputation through modesty. Women's bodies are treated as symbols of cultural values, reinforcing norms like

modest dress and heterosexuality within marriage. Finally, maintaining traditional sexual norms is seen as a way to preserve cultural identity, particularly in diaspora contexts.

In light of these cultural differences, I predict that, compared to White Canadian and American, second-generation South Asian women will be more likely to endorse non-erotic thoughts related to the permissibility of the sexual act, concerns related to pregnancy, and a preoccupation with the partner's thoughts and experiences (e.g., *Are they enjoying this? Are they disappointed in me? Do they wish I was more/less experienced?*). The rationale for our final prediction is based on two interrelated factors. First, in the South Asian context, emotional caretaking is often seen as the woman's responsibility, with women frequently expected to set aside their own needs for the sake of their partner or family (Basu et al., 2006; Vallikad, 2006). Second, in communities that hold purity-oriented views of sexuality, there is a prevalent expectation that women are responsible for ensuring their partner's happiness, both sexually and otherwise (Estrada, 2022). South Asian sexual norms also tend to de-emphasize pleasure for women (Thakur, 2023), which may normalize experiences of pain that influence non-erotic thought content. Conversely, White Canadian and American norms related to sexuality tend to conceptualize sex as an expression of emotion or affection and place greater emphasis on physical pleasure (Schlesinger, 2019). Accordingly, I predicted there would be greater attentiveness to one's own emotional state, feelings of affection toward one's partner, and awareness of physical sensations and experiences.

Our research questions have implications for the influential models of sexuality described above. If, for example, I find that South Asian women are more likely to report anxiety in relation to their non-erotic thoughts, this has implications for cognitive models as the finding suggests that cultural membership influences the attentional pathway outlined by Barlow (2002)

such that specific, culturally relevant thought categories may cause greater anxiety. Further, if our results show that certain categories of thoughts are more endorsed by specific cultural groups and if future research demonstrates that culture-specific increased frequency of non-erotic thoughts predicts higher levels of sexual dysfunction, this would suggest that cultural membership is a significant moderator to include in cognitive models of sexual functioning. Additionally, past research has shown that non-erotic thoughts are associated with higher levels of sexual dysfunction, lower sexual satisfaction, and greater emotional distress. If our results show that South Asian women report higher frequency or higher degrees of anxiety about such thoughts, they may be at increased risk for negative relationship and sexual outcomes.

Methods

Participants

Participants were recruited through the Prolific platform. Participants were eligible to participate in the study if they self-identified as women, were over 18 years of age, and were living in Canada and the US, with eligibility criteria stating they must be South Asian or White, and second-generation in the case of South Asian participants. I recruited 150 South Asian women and 151 White women for a total sample of 301 women. The South Asian sample was specifically composed of women who identified as second-generation, meaning their parents had immigrated to Canada or the United States and were of South Asian origin.

The South Asian sample comprised $n = 150$ women. This sample had an average age of $M = 29.20$, $SD = 9.27$. The sample was mostly heterosexual (75.3%), though a small minority identified as bisexual (13.3%). The remaining participants in this sample identified as gay/lesbian, asexual, fluid, or questioning. Most participants held a bachelor's degree as their highest degree of education (54%), with the remaining participants having a high school diploma

(13%), a college degree (4%), or a master's or doctorate (29%) as their highest form of education. Finally, the relationship status of the South Asian sample varied, with most participants in a committed relationship with one person exclusively (i.e., exclusively dating, living together, engaged, or married) (65%). The remaining participants were single (20%) or casually dating, in non-exclusive relationships, or in open relationships (15%).

For the White sample of $n = 151$ women, the mean age of the sample was $M = 36.71$, $SD = 10.89$. Most of the sample identified as heterosexual (69%) or bisexual (18%). The remaining participants in this sample identified as gay/lesbian, asexual, fluid, or questioning (13%). Most participants held a bachelor's degree as their highest degree of education (44%), with the remaining participants having a high school diploma (21%), a college degree (16%), or a master's or doctorate (19%) as their highest form of education. Finally, the relationship status of the sample comprised mostly participants in a committed relationship with one person exclusively (i.e., exclusively dating, living together, engaged, or married) (76%). 9% of participants were single, while the remaining participants were casually dating, in non-exclusive relationships, or open relationships (15%). Because the two groups were significantly different in average age, I conducted follow-up tests when probing for cultural differences, controlling for this demographic variable. When this covariate was added, the findings did not differ in significance and direction. For parsimony, I present the results of the simpler model.

Procedure

Participants were administered questionnaires on Qualtrics, in addition to measures that were not relevant to the goals of the current report. Participants completed the same series of measures regardless of ethnic group identification. The average completion time for the study was 37.56 minutes.

Measures

Non-erotic Thought Measure

Non-erotic thought content was assessed via a measure based on Purdon and Holdaway's (2006) non-erotic thoughts measure, which uses an open-ended format in which people list their non-erotic thoughts verbatim, and the content is coded by the researchers. For the purposes of this study, I modified the measure by presenting a list of 19 types of non-erotic thoughts, which were developed according to data previously gathered where participants reported the types of non-erotic thoughts they experienced in their last few sexual encounters, which were coded by a coding team (Novick, unpublished thesis). For each thought type, participants were asked to rate the frequency with which it occurs and how much anxiety it evokes using 7-point Likert scales, as per Purdon & Holdaway (2006) (see the supplementary materials for more detailed information about its development and validation of the revised measure using a different sample of participants.) The revised measure includes categories of non-erotic thought, thus expanding the original nine categories identified by Purdon & Holdaway (2006). The complete list of categories is provided in the supplementary materials. Examples of thought categories listed in the measure include thoughts about sexual pain, thoughts about one's genitals' appearance or hygiene, thoughts about an intrusion or noise (external noises or the sexual act itself being too loud), thoughts about one's body image or appearance, thoughts about health-related concerns (e.g. pregnancy, STI transmission, etc.), and moral concerns about the act or guilt/regret over it.

Results

Non-erotic Thought Frequency

Overall frequency endorsement (across all categories). To test whether there was an overall difference between the two cultural groups in their frequency reports of non-erotic

thoughts, I computed a total by averaging the scores across the different categories and then conducted an independent samples t-test with cultural membership as the grouping variable. When different categories of non-erotic thoughts were collapsed together, there were no overall significant differences between South Asian women and White women in their frequency ratings of non-erotic thoughts (see Table 1).

Frequency endorsement for each category of non-erotic thoughts. To test whether the two groups differed in the extent to which specific categories of non-erotic thoughts were endorsed, I conducted independent-samples t-tests for each category of thought. Table 1 lists the mean frequency of endorsement of each category of non-erotic thought and the associated standard deviation, separated by cultural group. The table also includes Cohen's *d* values for each comparison as a measure of the size of the effect, as well as the confidence interval for each comparison. Statistically significant ($p < .05$) group differences are in bold. These categories included pain-related non-erotic thoughts, thoughts related to pregnancy, STIs, or other health-related non-erotic thoughts, non-erotic thoughts related to one's partner's state of mind, non-erotic thoughts related to morality, guilt, or regret related to the sexual act, and non-erotic thoughts related to body appearance. The effect sizes for these comparisons ranged from -0.53 – 0.34, suggesting effects in the small to moderate range. Notably, in all categories where significant differences emerged, frequency levels were higher in the South Asian sample, with the exception of body appearance thoughts.

For the remaining categories of non-erotic thoughts, there were no significant differences between the two groups (see Table 1). These categories included thoughts related to arousal and orgasm, genital appearance, non-sexual bodily functions, dissatisfaction with the sexual act, other duties or future concerns, preoccupation with one's own pleasure, intrusions or noise,

sexual or emotional thoughts about others, negative thoughts about the emotional quality of a relationship, one's partner's sexual functioning and performance and thoughts related to one's partner's sexual thoughts

Table 1*Non-erotic Thought Category Frequency Endorsements by Cultural Group*

NET Category	South Asian Sample			White Sample			Cohen's D	95% CI
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>		
Overall NETs	3.23	0.97	150	3.16	0.93	151	-0.11	[-0.33, 0.12]
Morality, guilt, regret	2.45	1.67	150	1.65	1.33	151	-0.53	[-0.76, -0.30]
Pain	3.19	1.85	150	2.81	1.72	151	0.12	[-0.11, 0.35]
Pregnancy, STI, other health concerns	2.67	1.91	150	2.17	1.70	151	-0.39	[-0.62, -0.16]
Partner's state of mind	3.22	1.91	150	2.86	1.74	151	-0.25	[-0.47, -0.02]
Body appearance	4.21	1.93	150	4.62	1.90	151	-0.13	[-0.36, 0.09]
Positive thoughts about the emotional quality of a relationship	4.80	1.82	150	4.99	1.74	151	0.34	[0.12, 0.57]
One's partner's body	2.19	1.54	150	1.98	1.44	151	0.05	[-0.18, 0.28]
Arousal and Orgasm	3.84	1.75	150	3.95	1.77	151	-0.05	[-0.28, 0.18]
Genital appearance	3.15	1.87	150	2.98	1.75	151	-0.16	[-0.38, 0.07]
Non-sexual bodily functions	3.42	1.79	150	3.40	1.80	151	-0.12	[-0.35, 0.11]
Dissatisfaction with sexual act	2.88	1.73	150	2.93	1.76	151	-0.08	[-0.31, 0.15]
Other duties/future concerns	3.25	1.87	150	3.32	1.67	151	0.09	[-0.14, 0.32]
One's own pleasure	3.74	1.79	150	3.48	1.85	151	-0.02	[-0.24, 0.21]
Intrusions or noise	3.38	1.94	150	3.18	1.80	151	-0.02	[-0.25, 0.20]
Sexual or emotional thoughts about others	2.37	1.58	150	2.43	1.72	151	-0.07	[-0.30, 0.16]
Negative thoughts about emotional quality of a relationship	2.34	1.48	150	2.08	1.53	151	-0.25	[-0.48, -0.02]

One's partner's sexual functioning and performance	3.01	1.83	150	3.09	1.78	151	-0.19	[-0.42, 0.04]
One's partner's sexual thoughts	3.53	1.84	150	3.42	1.75	151	-0.24	[-0.47, -0.01]

Note: Bolded values indicate statistically significant standardized mean differences ($p < .05$).

Non-erotic Thought Anxiety

When comparing the South Asian and White samples, the South Asian participants reported higher overall anxiety related to non-erotic thought experiences, although the effect size of this difference was small (see Table 2).

Group differences in anxiety also emerged at the thought category level, with specific categories associated with greater anxiety depending on group membership (see Table 2; significant differences at the .05 level are bolded in Table 2). The effect sizes ranged from $d = -0.58$ to 0.04 . These categories included pain-related non-erotic thoughts, thoughts related to pregnancy, STIs, or other health-related non-erotic thoughts, positive thoughts about the emotional quality of the relationship, thoughts about one's partner's body, and thoughts about morality, guilt, or regret. Notably, in all categories where significant differences emerged, anxiety levels were higher in the South Asian sample.

There were no significant differences in anxiety between groups in: thoughts related to one's partner's state of mind, arousal and orgasm, genital appearance, non-sexual bodily functions, dissatisfaction with the sexual act, other duties or future concerns, preoccupation with one's own pleasure, intrusions or noise, sexual or emotional thoughts about others, negative emotional quality of the relationship, one's partner's sexual functioning and performance, and one's partner's sexual thoughts.

In all, these differences suggest that some cultural variability exists in the amount of anxiety women experience related to different domains of non-erotic thought experiences, suggesting potential differences in cultural values, norms, and beliefs around sex also influence anxiety levels during sexual activity

Table 2*Non-erotic Thought Category Anxiety by Cultural Group*

NET category	South Asian Sample			White Sample			Cohen's <i>D</i>	95% CI
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>		
NETs overall	2.89	1.13	150	2.65	1.13	151	-0.32	[-0.55, -0.09]
Morality, guilt, regret	2.49	1.90	150	1.64	1.40	151	-0.58	[-0.81, -0.34]
Pain	3.24	1.88	150	2.63	1.86	151	0.04	[-0.26, 0.19]
Pregnancy, STI, other health concerns	2.79	2.09	150	2.32	1.89	151	-0.53	[-0.76, -0.30]
Positive thoughts about the emotional quality of a relationship	2.75	1.91	150	2.22	1.75	151	-0.26	[-0.49, -0.03]
One's partner's body	2.49	1.90	150	1.69	1.40	151	-0.15	[-0.37, 0.08]
Partner's state of mind	3.05	1.89	150	2.90	1.92	151	-0.29	[-0.52, -0.06]
Body appearance	4.11	2.07	150	4.31	2.06	151	-0.34	[-0.57, -.11]
Arousal and orgasm	3.26	1.75	150	3.11	1.94	151	-0.11	[-0.34, 0.11]
Genital appearance	3.13	1.90	150	2.87	1.86	151	-0.19	[-0.41, 0.04]
Non-sexual bodily functions	2.96	1.72	150	2.91	1.75	151	-0.24	[-0.47, -0.01]
Dissatisfaction with sexual act	2.66	1.84	150	2.50	1.72	151	-0.17	[-0.39, 0.06]
Other duties/future concerns	2.83	1.84	150	2.60	1.65	151	0.002	[-0.22, 0.23]
One's own pleasure	3.15	1.81	150	2.93	1.81	151	-0.13	[-0.36, 0.10]
Intrusions or noise	3.22	1.94	150	3.05	1.84	151	-0.21	[-0.44, 0.02]
Sexual or emotional thoughts about others	2.06	1.54	150	1.89	1.42	151	-0.15	[-0.37, 0.08]

Negative thoughts about emotional quality of a relationship	2.39	1.73	150	2.10	1.65	151	-0.19	[-0.41, 0.04]
One's partner's sexual functioning and performance	2.78	1.87	150	2.66	1.84	151	-0.29	[-0.51, -0.06]
One's partner's sexual thoughts	3.21	1.83	150	3.28	1.87	151	-0.34	[-0.56, -0.11]

Note. Bolded values indicate statistically significant standardized mean differences ($p < .$

Discussion

In this study, I examined the extent to which non-erotic thoughts during sexual activity vary across South Asian and White Canadian/American women. I compared a sample of South Asian-Canadian and American women and a sample of White Canadian and American women, exploring similarities and differences between the two groups in non-erotic thought frequency and anxiety. The South Asian sample identified as second-generation, meaning both samples were born and raised in Canada or the United States, but differed in familial cultural heritage. Several key differences emerged: while the overall frequency of non-erotic thoughts did not differ significantly between the groups, South Asian women reported significantly higher anxiety related to non-erotic thought experiences. Additionally, South Asian women reported higher frequencies of certain categories of non-erotic thoughts, including thoughts related to pregnancy, relationship quality, partner emotions, and morality, guilt and shame. These findings suggest that cultural group membership influences how sexual experiences are cognitively and emotionally processed, even when individuals are raised in the same sociocultural context. This level of analysis adds nuance to cross-cultural sexuality research, which has more commonly focused on attitudes, behaviours, or sexual health outcomes, by illuminating cultural influences on internal sexual experiences.

Content-Specific Differences

The pattern of group differences aligned with our cultural hypotheses. For instance, South Asian women more frequently endorsed thoughts related to their partner's emotional state and the emotional quality of the relationship. This is consistent with cultural norms within purity-oriented cultures that emphasize emotional closeness, relational harmony, and the tendency to view relationship maintenance and partner's pleasure in gendered terms. That is, relationship

maintenance and partner emotional and sexual satisfaction are viewed as the greater responsibility of women (Estrada, 2022). Similarly, thoughts related to pregnancy and other sexual health concerns were more common among South Asian women. This may reflect cultural messages that frame sex primarily within procreative or marital contexts. It may also relate to anxiety about the consequences of sexual activity in contexts where premarital sex is stigmatized (Thakur, 2023).

South Asian women were also more likely to report thoughts—and associated anxiety—about morality, guilt, and shame. The effect size of the cultural group difference was the largest for this category. Prior literature has shown that South Asian cultures often emphasize sexual modesty and familial reputation, which can contribute to internal conflicts when sexual behaviour deviates from cultural expectations. Our findings support this, suggesting that sexual guilt and shame may be particularly salient non-erotic cognitive-affective experiences among South Asian women. However, it should be noted that there was considerable variability within the South Asian sample, which speaks to the diversity that exists even within a cultural group, and how other factors may be at play in the degree to which these cultural norms and values are internalized and applied. For example, the degree to which the values outlined by Thakur (2023) are endorsed by an individual participant can vary despite the same cultural origin, which may relate to differences in non-erotic thought experience within this population. Other factors, such as individual differences in shame-proneness or guilt-proneness, may also contribute to the variability found within the South Asian sample, where those who are more prone to feelings of shame or guilt may be those who are more likely to experience non-erotic thoughts.

Interestingly, body appearance was the only category where White women reported a higher frequency of non-erotic thoughts. This may reflect different cultural standards regarding

beauty and sexual desirability, as numerous studies have established differences across cultures in beauty standards, ideal body types, and markers of sexual desirability (Gupta et al., 2001; Fuller-Tyszkiewicz et al., 2012; Rubin et al., 2008). Alternatively, it may suggest that body-related concerns are deprioritized among South Asian women due to the presence of more pressing culturally salient concerns (e.g., morality, relationship status).

Anxiety and Theoretical Implications

The differences observed tended to be more pronounced when comparing the degree of anxiety associated with a thought category, as compared to group differences related to the frequency of endorsement of a thought category. This was true not only at the category level but also overall; that is, collapsing across the different thought categories, South Asian women experienced greater anxiety associated with non-erotic thoughts, as compared to White women. When collapsing across all categories, South Asian women reported significantly higher anxiety associated with their non-erotic thoughts. This finding may be theoretically important. According to Barlow's (2002) cognitive-affective model, anxiety during sexual activity increases the likelihood of negative evaluation of sexual cues, which can interfere with arousal and pleasure. Our results suggest that cultural beliefs may heighten anxiety, potentially contributing to sexual difficulties.

I also observed considerable within-group variability among South Asian women. This points to the need to consider individual-level factors, such as the degree of internalized cultural norms, personal sexual values, and proneness to guilt or shame, as potential moderators of non-erotic thought experiences.

Clinical and Research Implications

Although our study is exploratory and I did not recruit people with sexual dysfunction difficulties, the results may inform future clinical work. Non-erotic thoughts that produce anxiety, especially those rooted in cultural beliefs about morality, sexuality, or gender roles, may disrupt sexual well-being. Therapists working with South Asian women may benefit from exploring culturally specific thought patterns and the emotional meanings attached to them.

Further research is needed to better understand within-group variability and to explore additional individual difference variables, such as religiosity, acculturation, and attachment style. It will also be important to study these phenomena in clinical populations and to examine whether similar patterns emerge among first-generation immigrants or in South Asian countries.

Limitations and Future Directions

Our findings must be interpreted in light of several limitations. First, our reliance on self-report raises the possibility of social desirability bias. For example, South Asian women may have felt pressure to present themselves in ways that conform to South Asian cultural norms (e.g., reporting pain or anxiety during sex, de-emphasizing desire). While White participants may face a similar pressure, Western sexual norms tend to centre desire and pleasure, potentially lessening this effect for the White sample. Second, I did not examine other potentially influential factors such as relationship status, sexual orientation, mental health, and self-selection for the study, which could affect the frequency or content of non-erotic thoughts. Further, given the age difference between our two samples, there remains a question of whether age and amount of previous sexual experience could influence our findings.

Lastly, while our use of second-generation samples provides a unique perspective on cultural retention and adaptation, effect sizes were generally small. This is not unexpected in

psychological research, particularly in sexuality studies, but it does highlight the need for replication with larger, more diverse samples.

Conclusion

This study contributes to a growing literature on the role of culture in shaping subjective sexual experiences. Our findings highlight that cultural background can meaningfully shape the content and emotional valence of thoughts during sex, beyond shared geographic and developmental contexts. For South Asian women, culturally specific concerns such as morality, guilt, pregnancy, and emotional intimacy may occupy more cognitive space during sex than among their White peers. These findings underscore the importance of integrating cultural considerations into both research and clinical work on women's sexual well-being.

Supplementary Materials

To develop the list of 19 non-erotic thought categories, I used data previously gathered using Purdon and Holdaway's (2006) original non-erotic thought methodology, where participants reported the types of non-erotic thoughts they experienced in their last few sexual encounters (Novick, unpublished thesis). The sample included $N = 214$ participants. A coding group with three members (including the lab's principal investigator) divided the thoughts reported by participants into the nine categories identified by Purdon & Holdaway (2006) before further subdividing some of these categories. This was done by going through each thought and categorizing it by theme, with each statement either added to an existing category (if it was thematically similar to an existing category of thought) or to its own new category (if it was thematically different from other reported thoughts). This process was completed until there were no new categories. The members of this research team met and discussed whether the categories were distinct enough and whether there were any overlapping themes. The coders together

identified 19 categories of non-erotic thought, expanding the original nine categories identified by Purdon & Holdaway (2006). The 19 categories included thoughts related to arousal and orgasm, thoughts about sexual pain, thoughts about one's genitals' appearance or hygiene, a preoccupation with one's own pleasure, thoughts about an intrusion or noise (external noises or the sexual act itself being too loud), thoughts about one's body image or appearance, thoughts about non-sexual related bodily functions, thoughts about health-related concerns (e.g. pregnancy, STI transmission, etc.), thoughts about the positive emotional quality of one's relationship, thoughts about the negative emotional quality of one's relationship, concerns about the future or one's other duties/responsibilities, sexual or emotional thoughts about other people, dissatisfaction with or lack of desire for the sexual act, thoughts about one's partner's sexual performance and functioning, thoughts about one's partner's body, a preoccupation with one's partner's emotional thoughts, and a preoccupation with one's partner's sexual thoughts, thoughts about one's physical appearance, and moral concerns about the act or guilt/regret over it.

Study 2

South Asian diasporic women navigate complex sexual landscapes shaped by both inherited traditions and contextual norms, yet few researchers have investigated these experiences. In Study 1, I focused on experiences during sexual encounters by comparing non-erotic thoughts reported by South Asian and White women. In Study 2, I sought to build on those initial findings and to expand them by investigating broader cultural factors that relate to the non-erotic thoughts, in an effort to better understand the sexual experiences of South Asian women. Given that South Asian women constitute a growing minority population in Canada (Statistics Canada 2011), examining their sexuality is crucial for determining whether established findings in sexuality research—largely based on WEIRD samples—apply across diverse cultural contexts

In Study 1, I established that there are clear cultural differences in sexual experiences between South Asian women in the Canadian and American diaspora and White women living in Canada and the United States. In particular, I found that South Asian women reported greater overall anxiety related to non-erotic thoughts as compared to White women. Beyond the overall difference, there were meaningful differences on several non-erotic thought categories, such as concerns about pregnancy or sexual health and concerns about morality, shame, or guilt. All of these categories were more highly endorsed by the South Asian women. In Study 2, my first research goal was to replicate the findings of Study 1. Further, I wanted to build on the results of Study 1 by investigating the antecedents and consequences of non-erotic thoughts. To examine the link between purity culture, non-erotic thoughts, and sexual outcomes, I developed and tested a mediational model that was based on the idea that purity culture played a causal role in increasing non-erotic thoughts, which in turn negatively influence sexual well-being and sexual

functioning¹. The latter association has been documented in past research (Barlow, 1986; Purdon & Holdaway, 2006); however, to my knowledge, it has never been tested in South Asian women.

Purity Culture and Non-Erotic Thoughts

I theorized that higher non-erotic thoughts related to specific categories, such as pregnancy and morality, may be caused by a higher endorsement of purity culture by South Asian women. Purity culture beliefs are a set of sexual norms and values endorsed by Evangelical Christian communities characterized by premarital sexual abstinence, modesty, prizing of virginity, and positioning women as sexual gatekeepers. Despite purity culture being uniquely attributed to Evangelical Christian and Mormon communities in the sexuality literature, key features of this belief system are also endorsed by South Asian communities² (Thakur, 2023). Further, the pattern of results that emerged in Study 1 aligns with the idea that purity culture beliefs are more highly endorsed in the South Asian community as compared to the White community. For example, purity culture centres sex as procreative and/or as an act performed by women to please their husbands. In Study 1, I found that pregnancy-related non-erotic thoughts as well as thoughts about one's partner's emotional state of being were both highly endorsed by the South Asian sample. Similarly, purity culture centres moral concerns, with abstinence framed as a moral imperative. In Study 1, morality, guilt, or shame-related concerns were highly endorsed by the South Asian sample. As such, purity culture may be a cross-culturally applicable phenomenon that could explain the differences in sexual experiences for South Asian women.

Similar ideas have also been found in the limited research on South Asian women's sexuality,

¹ Note that while my conceptual model is a causal model, I cannot test it as a causal model since I am using cross-sectional data.

² Note, however, that there is considerable variability within South Asian communities regarding the extent to which they may hold purity culture beliefs. It is important to note that cultural identity does not dictate the strength with which individuals hold the values of that culture.

such as the importance of waiting until marriage and sex having a procreative intent (Thakur, 2023).

Based on the reasoning above, I reasoned that among South Asian women, the degree to which they endorse purity culture beliefs would be associated with greater endorsement of non-erotic thoughts, and the latter would predict lower sexual well-being and functioning. I assessed three distinct sexual outcomes in Study 2: sexual distress, sexual satisfaction, and sexual dysfunction. Although the previous literature has established links between non-erotic thoughts and sexual functioning (Purdon & Holdaway, 2006), I sought to broaden the exploration of non-erotic thoughts and their impact on sexual well-being by assessing a range of sexual outcomes: functioning, satisfaction, and distress. All three of these concepts are important outcomes in the sexuality literature, but are different from one another in important ways. Sexual functioning refers to how an individual performs across the sexual response cycle (with dysfunction often relating to desire, arousal, orgasm, and pain during intercourse) (Rosen et al., 2000; Stephenson & Meston, 2010). Sexual satisfaction refers to one's subjective evaluation of one's sexual life, how satisfied or fulfilled an individual feels toward their sexual life (including things such as pleasure, emotional connection, frequency, and expectations) (Lawrance & Byers, 1992; Stephenson & Meston, 2010). Finally, sexual distress refers to negative emotions or psychological turmoil felt towards one's sexual life (including frustration, shame, anxiety, or unhappiness related to sexual experiences) (DeRogatis et al., 2008; Stephenson & Meston, 2010). Given the lack of diversity in sexuality literature, exploring all three outcomes allows us to examine whether the relevance of the hypothesized model extends to a range of sexual outcomes or is more uniquely related to one outcome.

My second research goal was to test this mediation model in South Asian women and White women. I predicted that the mediation model would be supported for all three sexual outcomes in South Asian women, as cultural emphasis on sexual purity within South Asian communities may contribute to higher frequency and anxiety of non-erotic thoughts, with the latter leading to poorer sexual outcomes. For White women, I hypothesized that non-erotic thoughts would not mediate the association between purity culture endorsement and sexual well-being, given that purity culture endorsement is not widely endorsed by the broader culture and is more relevant to specific religious subgroups, such as the Latter-Day Saints, making it less relevant as a predictor of sexual well-being for White women.

Shame and Purity Culture

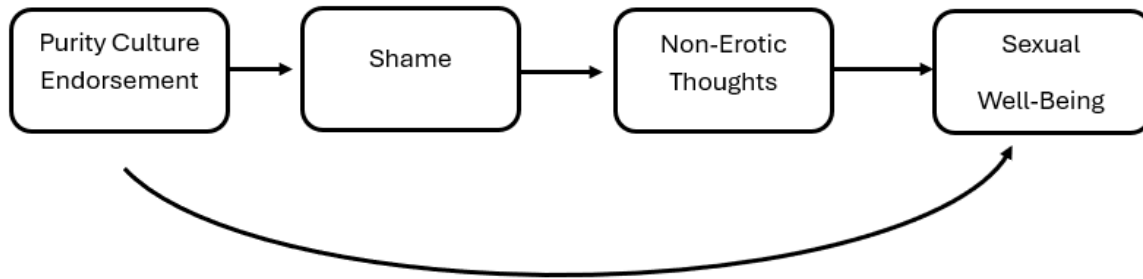
Although the empirical literature on purity culture within Evangelical and Mormon groups is limited, shame is (discussed as) a consistent feature of purity culture. Across this literature, as well as non-academic sources that report experiences within purity cultures, shame is often named as a key mechanism in maintaining the norms of the group (Estrada, 2022; Howard, 2023; Ortiz, 2019). The importance of shame is further supported by cultural psychology research, which established that norm internalization occurs through the internalization of both the norm or rule as well as internal sanctions to enforce the rule without the need for constant external enforcement (Spiro, 1987). This process of internalization through internal sanctions has been conceptualized across multiple theoretical frameworks, including social learning theory (Bandura, 1991), social control theory (Hirschi, 2015), and psychoanalytic approaches (Fonagy & Target, 2002), highlighting its fundamental role in how cultural norms become self-regulating psychological mechanisms. This convergence across theoretical

approaches highlights the fundamental role of internalized sanctions in how external/observed norms become self-regulating psychological mechanisms.

Based on this theoretical foundation, I hypothesize that purity norms are maintained through shame, where breaking with the established norms or rules of sexual purity induces shame in members of these groups and discourages them from engaging in unsanctioned behaviour. This hypothesis is supported by an analysis of purity culture conducted by Estrada (2022) that focuses on the link between purity culture and women's sexual well-being. Estrada's (2022) analysis highlights the role of shame as a key process that has a detrimental effect on women's sexual functioning, leading to greater difficulty with enjoying sex, higher rates of sexual dysfunction, and lower orgasm frequency. A third factor that prompted me to focus on shame was the findings from Study 1. Specifically, the non-erotic thought category of morality, guilt, or shame-related concerns was the most strongly endorsed by the South Asian sample in Study 1 and was the category where the group differences had the largest effect size. Thus, given the cross-cultural potential of purity culture and its relation to shame as well as the shame-related non-erotic thought findings in Study 1 and established links between shame and lower sexual well-being outcomes (Graziani & Chivers, 2024), I reasoned that the link between purity culture and non-erotic thoughts may be explained by shame.

Figure 1

Purity Culture Model



Based on this theoretical framework, my third research goal was to test the serial mediation model depicted in Figure 1. However, shame presents significant methodological challenges, particularly through self-report measures (Tangney, 1996; Turner, 2014). Because shame is such an aversive emotion (Tangney, 1996), people are motivated to avoid experiencing it (Farr et al., 2021). Consequently, individuals who are prone to shame or skilled at avoiding it may underreport their experiences of shame. Conversely, more introspectively aware individuals may be more likely to report shame, even when their actual experience is less intense. These patterns create systematic measurement error in shame assessment. To address these concerns, I employed three different shame measures to examine whether findings converge across assessment methods. Furthermore, each measure captured distinct aspects of shame, allowing us to examine how different facets of shame (e.g., trait vs. state, general vs. specific) might function in the proposed model.

This included a *state shame* measure that is designed to capture shame as a response to specific situations and experiences. A state shame measure is particularly useful, as the non-erotic thought category of shame in Study 1 was reported with higher frequency for the South Asian sample. This category specifically asks participants to report on their thoughts during sexual activity with a partner, which is a state rather than a trait shame experience. As such, this may point to a heightened state-specific effect of shame that emerges within sexual situations for

South Asian women. This is further supported by the potential effect of a partner's presence on the sexual experiences of South Asian women. A central component of purity culture is its gendered norms around sexuality that position women as modest sexual gatekeepers who are not sexually desiring, while men are permitted to desire and are framed as sexual initiators. Thus, for women who endorse purity culture values, engaging in and enjoying sex with a partner, which is not conforming to the purity culture-consistent gender script, may induce greater state shame when in a sexual situation. Given that I am interested in probing shame as it relates to sexual experiences, I also assessed shame through a measure of sexual shame. This allowed me to explore whether shame-related findings were specific to sexual shame or shame generally. Finally, I also included a measure of shame aversion in order to capture shame proneness as a trait. Including these three shame measures allowed for greater opportunity to understand the importance of shame in sexuality despite its methodological complexity.

I sought to test this model as a mediational model for both the South Asian sample and the White sample, where purity culture predicts shame, which then predicts non-erotic thoughts, which then predicts sexual well-being outcomes, as indicated in Figure 1. I hypothesized that this model would be supported in the South Asian sample, given the potential cross-cultural relevance of purity culture as well as the cultural relevance of shame and the non-erotic thought difference findings in Study 1. I further predicted that this model would not be supported in the White sample.

Identity Conflict and Sexuality

For all the previous research goals, I tested the hypothesized models in both South Asian women and White women. However, I was also interested in focusing specifically on whether and how South Asian women's relationship with their cultural identity influences their sexual

well-being. I was particularly interested in the construct of identity conflict vs. harmony and how it relates to South Asian women's sexual well-being. This line of inquiry is based on existing literature on internal conflict over identity, which explores how the experience and expression of multiple identities support or interfere with one another. This body of research suggests that individuals who experience greater internal conflict between the identities they hold tend to experience lower levels of well-being. For example, identity conflict between one's occupational identity and one's gender identity or relationship status has been found to relate to lower levels of satisfaction and work performance (Settles, 2004; Aryee, 1992). For minorities, this internal conflict can be particularly heightened, as experiences of discrimination or othering by the majority may further reinforce the incompatibility of one's multiple identities. For example, for Muslims living in Europe, those who reported experiencing greater discrimination also reported higher levels of identification with their ethnic and/or religious group and lower identification with their national identity, while those who reported less experiences of discrimination rated their national and ethnic and/or religious identities as more compatible with one another (Fleischmann & Phalet, 2015). This approach is also useful for probing within-group variation, as a common criticism of cultural psychology literature is its focus on group differences without capturing within-group complexity (Bhatia & Ram, 2009). As such, focusing on identity harmony allows for some insight into the ways in which individual differences within the South Asian sample may relate to sexual outcomes.

Bi-cultural identity harmony can be conceptualized as a dimension. At the conceptual level, this dimension includes conflict on one end and harmony on the other. The measure used in this study measures it along this dimension, with greater harmony indicating greater ability to hold both identities without conflict between them. Crucially, identity harmony does not refer to

the merging of one's two identities into one. Identity harmony relates to viewing one's two identities as separate, but not in conflict with one another (Huynh et al., 2018). For example, someone high in bi-cultural identity harmony may endorse feeling as though their cultural identities feel like complementary elements of their identity, each serving a role in shaping their identity, and each emerging as needed to inform one's behaviour in relevant situations.

Conversely, someone high in bi-cultural identity conflict may report feeling as though their identities clash with one another, feeling as though they have to choose between one or the other, or feeling inauthentic in expressing one or the other in various situations. As such, for those who already experience greater bi-cultural identity conflict, experiencing a context that may make that conflict more pronounced, such as a sexual situation, may lead to negative outcomes in that situation. In other words, for those who experience identity conflict between their Western identity and South Asian identity, the conflict between the sexual norms of these two cultures may induce greater distress in sexual situations as compared to those with greater identity harmony.

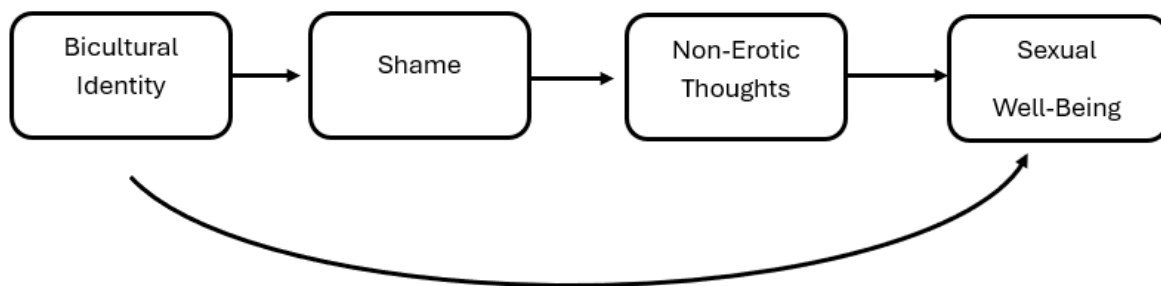
For our study, given that sexuality is a taboo subject within South Asian cultures as well as the cultural differences in sexual norms between South Asian cultures and Western cultures, I believe that internal conflict for South Asian women could be associated with sexual outcomes. This is further supported by work by Thakur (2023), who noted that young South Asian women reported feeling as though their sexuality and sexual behaviour were an expression of their identity, with sexually liberal attitudes and actions interpreted as a rejection of their South Asian identity in favour of their Canadian identity.

My fourth research goal was thus to explore bi-cultural identity integration as a possible antecedent for non-erotic thought outcomes. Bicultural identity integration refers to the way

individuals experience two different cultural identities simultaneously. I theorized that less harmonized and more conflicting cultural identities within South Asian participants may lead to greater shame and greater non-erotic thoughts. I sought to test a serial mediation model between bi-cultural identity harmony, shame, non-erotic thoughts, and sexual well-being. This model was only tested in the South Asian sample, and I hypothesized that the model would be supported for this sample.

Figure 2

Bi-Cultural Identity Model



Methods

Participants

Participants from Canada, the United States, and the United Kingdom were recruited through Prolific³. Inclusion criteria for participation were self-identification as a woman, being over the age of 18, currently being in a romantic relationship, and identifying as either South Asian or White. The study was launched on Prolific using Prolific's built-in participant filters, only allowing participants who are White or Asian to access the study, with $N = 331$ participants

³ I selected South Asian women from all of these countries in order to ensure that I could gather a large enough sample on Prolific. Also, they represent countries with a large South Asian diaspora and are all English-speaking countries.

enrolling for the study. The study's inclusion criteria specified that participants must be South Asian or White; however, several participants who were Asian but not South Asian enrolled in the study and were subsequently screened out after completing the survey's first block of questions, which prompts participants to select their ethnicity, relationship status, and gender identity. Further, the study consisted of five attention check items, where participants were prompted to select a specific response if they were paying attention. Participants who failed 3 or more of these items were removed from our analyses. 47 participants were screened out for either of those two reasons, leaving a total of 284 responses (142 South Asian and 142 White).

The South Asian sample comprised $n = 142$ women, with an average age of 33.14 years ($SD = 10.78$). The South Asian participants were mostly from the UK (53.5%), followed by the USA (28.9%), and Canada (17.6%). To participate in the study, participants were required to currently be in a romantic relationship. For the South Asian sample, most participants were married (63.4%), with the rest dating and living together (9.2%) or dating and living apart (27.5%). The South Asian sample was largely heterosexual (88.7%), with the remaining participants identifying as bisexual (5.6%), asexual (3.5%), homosexual (2.1%), or other (1.4%) (participants were able to select multiple options). The South Asian sample was largely Muslim (45.1%), with the remaining participants identifying as Hindu (26.8%), Christian (7.7%), Sikh (7%), Buddhist (2.8%), Jain (1.4%), non-religious (atheist, agnostic, non-religious) (6.3%), or Spiritual (0.7%). 2.1% participants opted not to respond to this item. Most participants in the South Asian sample hold a bachelor's degree (43%) or a master's degree (31%), with the remaining participants' highest levels of education being elementary school (0.7%), high school (14.1%), college or an associate's degree (7.7%), or a doctorate (3.5%). This reflects the average education level of the population, where the majority of the South Asian diaspora hold a

bachelor's degree or higher (Statistics Canada, 2022; Pew Research Center, 2025). Finally, most of the South Asian sample were employed full time (45.8%), with the remaining participants unemployed (27.5%), working part time (23.9%), engaging in temporary or seasonal work (1.4%), or retired (1.4%).

The White sample comprised $n = 142$ women, with an average age of 38.87 years ($SD = 12.18$). The White participants were mostly from the UK (50%), followed by the USA (39.4%), and Canada (10.6%). This sample's relationship status was mostly married (56.3%), followed by dating and living together (32.4%) or dating a living apart (11.3%). This sample was mostly heterosexual (78.9%), with the remaining participants identifying as bisexual (14.8%), asexual (1.4%), homosexual (2.1%), pansexual (4.2%), or other (1.4%) (participants were able to select multiple options). The White sample was largely non-religious (e.g. agnostic, atheist, non-religious) (57.7%), with the remaining participants identifying as Christian (36.6%), Unitarian (0.7%), Spiritual (1.4%), Pagan (1.4%) or Other (1.4%). One participant opted not to respond (0.7%). Most White participants' highest level of education was high school (31%) or a bachelor's degree (32.4%), with the remaining participants holding elementary education (1.4%), a college or an associate's degree (22.5%), a master's degree (11.3%), or a doctorate (0.7%) as their highest education level, with one participant selecting other (0.7%). Finally, most of the White sample were employed full time (45.8%), with the remaining participants unemployed (19.7%), working part time (28.9%), engaging in temporary or seasonal work (1.4%), or retired (4.2%). Because the two groups were significantly different in education and age, I conducted follow-up tests controlling for these two demographic variables when probing differences in non-erotic thought and differences in purity culture endorsement between samples. When these

covariates were added, the findings did not differ in significance and direction. For parsimony, I present the results of the simpler model.

Procedure

Participants were administered questionnaires on Qualtrics. Participants completed the same series of measures regardless of ethnic group identification, with the exception of a measure of bi-cultural identity integration as well as seven short-answer qualitative questions not included in this write-up, which were only completed by the South Asian sample. The average completion time for the study was 37 minutes, and participants were remunerated with £6.50 through Prolific. The study was approved by the University of Waterloo Research Ethics Board (REB).

Measures

Non-Erotic Thought Measure

Non-erotic thoughts were assessed through a modified version of the measure developed in Study 1. I made two modifications to the non-erotic thoughts measure used in Study 1. First, I added a category in order to distinguish thoughts of shame from thoughts of guilt, as these were previously part of the same category. I also added a category to distinguish thoughts of pregnancy from thoughts of other sexual health concerns, such as STIs, given the theoretical relevance of pregnancy in purity culture. In scoring the measure, I created a combined variable that multiplies participants' frequency and anxiety scores for each category. The measure had strong internal reliability across both samples (the South Asian sample's Cronbach's $\alpha = .93$; the White sample's Cronbach's $\alpha = .90$).

Assessment of Sexual Outcomes. I used three different measures to assess distinct sexual outcomes (functioning, satisfaction, and distress). Each measure is described below.

Female Sexual Functioning Index

To assess sexual functioning, the Female Sexual Functioning Index (FSFI) was used (Rosen et al., 2000). This well-established measure of sexual dysfunction utilizes 19 self-report questions about participants' sexual activity over the past four weeks, to which participants respond using a 6-point Likert scale (0-5), where lower scores correspond with greater sexual dysfunction. The FSFI is widely used in sexuality literature and demonstrated strong reliability across both samples (South Asian sample Cronbach's $\alpha = .98$; White sample Cronbach's $\alpha = .97$). The FSFI was originally developed using a sample of 259 women, comprising 76% White participants and 3% Asian participants.

Global Measure of Sexual Satisfaction

Sexual satisfaction was assessed through the Global Measure of Sexual Satisfaction (GMSEX) (Lawrance & Byers, 1992). The GMSEX is a well-established self-report measure of sexual satisfaction consisting of five items that participants rate on a 7-point Likert scale (1-7). Participants are asked to evaluate their sexual relationship along several dimensions, including Good-Bad, Pleasant-Unpleasant, Positive-Negative, Satisfying-Unsatisfying, and Valuable-Worthless. The GMSEX showed strong internal reliability across both samples of our study (Cronbach's α for the South Asian sample was .97; Cronbach's α for the White sample = .95). In a study assessing the use of the GMSEX across diverse genders, sexualities, and cultures, the GMSEX demonstrated strong psychometric properties, including for participants living in India who completed a Hindi translation of the measure (Paquette et al., 2025).

Female Sexual Distress Scale

To assess sexual distress, I used the Female Sexual Distress Scale-Revised FSDDS-R (DeRogatis et al., 2008). The measure consists of 13 questions that ask participants to respond on

a Likert scale from 0 to 4, with higher scores indicating greater distress. Participants are asked to respond based on their experiences in the last four weeks. Items include questions such as “*how often did you feel unhappy about your sexual relationship?*” or “*how often did you feel bothered by low desire?*”. The scale is commonly used in clinical research and has demonstrated strong reliability across both sample of our study (the South Asian sample’s Cronbach’s $\alpha = .95$; the White sample’s Cronbach’s $\alpha = .95$). Of note, the revised measure was developed with a sample of 261 women, where 77% were White, with the remaining participants identifying as Black or Hispanic, and no Asian participants.

Purity Culture Beliefs Scale

Purity culture endorsement was measured through the Purity Culture Beliefs Scale (Ortiz et al., 2023). This measure was developed for use in Evangelical Christian communities and consists of 26 items related to purity culture values, beliefs and norms. Participants respond to each item using a 5-point Likert scale ranging from strongly disagree to strongly agree (1-5), with higher scores indicating greater endorsement of purity beliefs. These items include statements such as “*women should dress modestly to avoid sexually tempting men,*” “*sex outside of marriage will make you damaged goods,*” or “*women are, by nature, more sexually pure than men.*” The PCBS was developed relatively recently but has yielded strong results in its use in this growing area of research (Ortiz, 2019; Ortiz et al., 2023). The measure showed strong internal reliability across both samples of the current study (the South Asian sample’s Cronbach’s $\alpha = .93$; the White sample’s Cronbach’s $\alpha = .84$).

Bi-Cultural Identity Integration Scale

To assess cultural identity integration within the South Asian sample, I used the Bi-Cultural Identity Integration Scale-2 (Huynh et al., 2018). The scale assesses how participants integrate dual cultural identities using a 5-point Likert scale (1-5). It consists of two subscales, of which I selected the bi-cultural harmony–conflict subscale (e.g. “*I feel caught between the two cultures*”). Higher scores on this subscale indicate greater harmony between cultural identities, and lower scores indicate greater conflict between cultural identities. The BIIS-2 has been used to assess cultural identity across acculturation research with many cultural groups (Szabo et al., 2020; Duwe & Titzmann, 2024; Schwartz et al., 2024; Long et al., 2020), including a study on Bangladeshi-British individuals (Cronbach’s $\alpha = 0.86$) (Sharmin & Boski, 2024). The measure demonstrated strong internal reliability for South Asian participants in our study (Cronbach’s $\alpha = .88$). White participants did not complete this measure.

Shame Measures. I used three different measures to assess distinct shame experiences. Each measure is described below.

First, to assess state shame, I used the Experiences of Shame Scale (Andrews et al., 2002). This scale is used to assess the degree of shame participants experience in different domains of their lives, with those more prone to shame across situations scoring more highly. The measure is built to capture characterological shame, behavioural shame, as well as bodily shame. Example items include “*have you felt ashamed of your inability to do things?*” (behavioural shame) or “*have you felt ashamed of the sort of person you are?*” (characterological shame). Participants respond to these items using a 4-point Likert scale from no (1) to yes (4). The ESS showed strong internal reliability across samples (the South Asian sample’s Cronbach’s $\alpha = .96$; the White sample’s Cronbach’s $\alpha = .96$).

To measure sexual shame, I used the Sexual Shame Index-Revised (Rainey et al, 2019). This scale measures sexual shame using Likert scale responses (1-6) to 30 items, with higher scores reflecting greater sexual shame. The measure captures sexual inferiority (e.g., worrying about satisfying a partner), relational sexual shame (e.g., fear of sharing one's sexual thoughts with a partner), and internalized sexual shame (e.g. shame about how often one wants sex). Items from this measure include “*I feel embarrassed about my sexual functioning or performance,*” “*I feel bad about wanting to masturbate,*” and “*I replay sexual experiences I am ashamed of over and over in my mind.*” The SSI-R showed strong reliability across samples (the South Asian sample’s Cronbach’s $\alpha = .93$; the White sample’s Cronbach’s $\alpha = .93$).

I also assessed shame through shame aversion using the Shame Aversive Reactions Questionnaire (ShARQ) (Schoenleber & Berenbaum, 2012). This measure assesses how shame is experienced as intolerable or as something unwanted or to avoid in a participant using 14 items and Likert scale responses (1-7), where higher scores indicate greater shame aversion. An example item on the ShARQ is “*Feeling inadequate troubles me more than anything else.*” The ShARQ showed strong reliability across samples (the South Asian sample’s Cronbach’s $\alpha = .84$; the White sample’s Cronbach’s $\alpha = .90$).

Results

Study Descriptives.

Across the study, the measures used showed strong internal reliability. Sample means across measures are outlined in Table 1. Notably, significant group differences emerged in the sexual satisfaction, state shame, sexual shame, and purity culture beliefs measures, where the White sample indicated lower satisfaction, greater state shame, greater sexual shame. The South

Asian sample showed significantly greater endorsement of purity culture beliefs. There were no significant differences between groups in the measures of sexual functioning, shame aversion, sexual distress, and the composite score of non-erotic thoughts. In accordance with Kline's (1998) cutoffs for data normality of 3 and 10 for skewness and kurtosis respectively, the data across all measures was normally distributed.

Table 1*Study Descriptives*

Measure	Full Sample				South Asian Sample			White Sample			Two-Sided p Between Samples
	M	SD	$Skew$	$Kurtosis$	M	SD	$Alpha$	M	SD	$Alpha$	
Sexual Functioning	3.42	1.35	-1.33	0.75	3.44	1.39	.98	3.41	1.32	.97	.877
Sexual Satisfaction	2.59	1.47	0.97	0.40	2.40	1.53	.97	2.78	1.39	.95	.029
Sexual Distress	2.05	0.89	0.88	0.15	1.96	0.90	.95	2.13	0.87	.95	.101
Bi-Cultural Identity Integration	-	-	0.39	-0.72	3.76	0.76	.85	-	-	-	-
Shame Aversion	3.93	0.99	-0.19	0.33	3.84	0.94	.84	4.00	1.04	.90	.182
State Shame	2.17	0.75	0.21	-0.83	2.06	0.75	.96	2.28	0.75	.96	.017
Sexual Shame	2.62	0.85	0.53	0.20	2.49	0.84	.93	2.74	0.86	.93	.010
Purity Culture Beliefs	1.99	0.80	1.14	0.48	2.30	0.92	.93	1.69	0.50	.84	<.001
Non-Erotic Thoughts (Composite)	8.86	6.44	0.96	0.67	9.44	7.03	.93	8.25	5.77	.90	.119

Table 2*Measure Correlations for the Full Study Sample*

	1	2	3	4	5	6	7	8	9
(1) Sexual Functioning	-								
(2) Sexual Satisfaction	-.624**	-							
(3) Sexual Distress	-.450**	.572**	-						
(4) Bi-Cultural Identity	.099	-.196*	-.212*	-					
(5) Shame Aversion	-.128*	.228**	.354**	-.302**	-				
(6) State Shame	-.225**	.281*	.449**	-.199*	.487**	-			
(7) Sexual Shame	-.369**	.449**	.661**	-.229**	.409**	.532**	-		
(8) Purity culture beliefs	.036	-.108	-.125*	.001	-.056	-.151*	-.020	-	
(9) Non Erotic Thoughts (Composite)	-.21**	.39**	-.03	-.32**	.39**	.41**	.57**	.60**	-

*Note: **=sig at 0.01; * = sig. at 0.0*

Goal 1: Group Differences in Non-Erotic Thoughts (Replication)

When comparing non-erotic thought frequency between groups, no significant difference emerged ($t = 1.55, p = .061$). Similarly, no difference emerged in non-erotic thought anxiety ($t = 0.97, p = .166$). A composite score for non-erotic thoughts was calculated by multiplying the frequency of each thought by its associated anxiety rating. Given the high correlation between frequency and anxiety for non-erotic thoughts ($r = .88$), and for the sake of parsimony, I used this composite score in our analyses rather than analyzing the components separately. Here onward, I refer to this score as the non-erotic composite score. There was no overall difference between the samples on the non-erotic thoughts composite score. However, at the category level, I found several significant differences. Compared to White women, South Asian women were more likely to endorse concerns about pregnancy ($t = 3.40, p < .001$), guilt-related thoughts ($t = 2.34, p = .010$), as well as shame-related thoughts ($t = 2.17, p = .015$). Additionally, South Asian women were significantly more likely to endorse STI or sexual health concerns ($t = 1.74, p = .041$), as well as non-erotic thoughts related to one's partner's body ($t = 2.29, p = .012$). In contrast to these results, White women were significantly more likely to endorse non-erotic thoughts related to body image ($t = -2.21, p = .014$), as well as physical appearance ($t = -2.40, p = .009$).

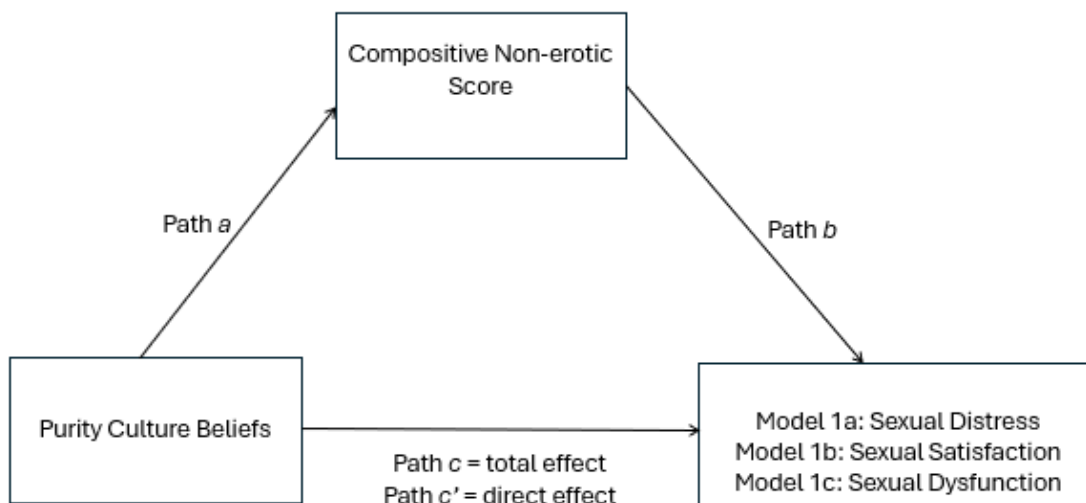
A few new group differences were found in this study, including distracting thoughts about other duties or concerns ($t = 2.26, p = .012$), non-sexual bodily functions ($t = 2.50, p = .007$) and concerns about intrusion or noise (i.e. sexual acts being too loud) ($t = 2.87, p = .002$). In all these categories, the South Asian sample endorsed these thoughts more highly than the White sample.

Goal 2: Testing the purity culture mediational model

To assess whether NETs mediate the association between purity culture endorsement and sexual well-being, mediation models using non-erotic thoughts as a mediator were tested. For the South Asian sample, I hypothesized that non-erotic thoughts would mediate the association between purity culture endorsement and sexual well-being. Specifically, I expected that purity culture endorsement would be associated with higher non-erotic thoughts, which in turn would predict sexual well-being. Additionally, I predicted this model would not have been supported for the White sample. The results for each model are outlined below. For all models tested, I used mediation models (PROCESS Model 4; Hayes, 2022) with 5000 bootstrap samples to generate 95% bias-corrected confidence intervals for indirect effects.

Figure 3

Purity Culture Mediation Model



Testing Goal 2 in the South Asian women sample. To test this hypothesis using our three sexual well-being outcome measures, I conducted three mediation models (PROCESS Model 4; Hayes, 2022). The results for each model are described below – note that the only

difference between the models was the sexuality outcome used as an outcome variable, with Model 1a predicting sexual distress, 1b sexual satisfaction, and 1c sexual dysfunction.

Model 1a – Purity Culture Model with Sexual Distress as the Outcome of Interest (South Asian Women). In our first model, which used sexual distress as our sexual well-being outcome, the effect of purity culture on non-erotic thoughts (path a) was not significant, $b = -4.76$, $SE = 14.12$, $p = .736$. However, the effect of non-erotic thoughts on sexual distress (path b) was significant, $b = 0.004$, $SE = 0.0004$, $p < .001$. The direct effect (path c) of purity culture endorsement on sexual distress was not significant, $b = -0.10$, $SE = 0.06$, $p = .118$. The indirect effect of purity culture endorsement on sexual distress through non-erotic thoughts was not significant, $b = -0.08$, $BootSE = 0.05$, 95% $CI [-.12, .08]$, indicating no evidence of mediation. Overall, these findings suggest that non-erotic thoughts do not explain the relationship between purity culture endorsement and sexual distress for South Asian women.

Model 1b – Sexual Satisfaction as the Outcome of Interest (South Asian Women). In this model, the effect of purity culture on non-erotic thoughts (path a) was not significant, $b = -4.15$, $SE = 14.10$, $p = .769$. However, the effect of non-erotic thoughts on sexual satisfaction (path b) was significant, $b = 0.004$, $SE = 0.0008$, $p < .001$. The direct effect (path c) of purity culture endorsement on sexual satisfaction was not significant, $b = -0.06$, $SE = 0.13$, $p = .660$. The indirect effect of purity culture endorsement on sexual satisfaction through non-erotic thoughts was not significant, $b = -0.01$, $BootSE = 0.06$, 95% $CI [-.15, .10]$, indicating no evidence of mediation. Overall, these findings suggest that non-erotic thoughts do not explain the relationship between purity culture endorsement and sexual satisfaction for South Asian women.

Model 1c – Sexual Dysfunction as the Outcome of Interest (South Asian Women). In this model, the effect of purity culture on non-erotic thoughts (path a) was not significant, $b = -$

4.53, $SE = 14.10$, $p = .769$. The effect of non-erotic thoughts on sexual functioning (path b) was significant, $b = -0.002$, $SE = .0008$, $p = .023$. The direct effect (path c) of purity culture endorsement on sexual functioning was not significant, $b = -0.03$, $SE = 0.13$, $p = .838$. The indirect effect of purity culture endorsement on sexual functioning through non-erotic thoughts was not significant, $b = 0.007$, $BootSE = 0.03$, 95% $CI [-.04, .06]$, indicating no evidence of mediation.

Testing Goal 2 in the White women sample. Moving to the White sample, I hypothesized that non-erotic thoughts would not mediate the association between purity culture endorsement and sexual well-being for this sample. The results for each measure are outlined below. To test this hypothesis using our three sexual well-being outcome measures, I again used three mediation models (PROCESS Model 4; Hayes, 2022).

Model 1a – Sexual Distress as the Outcome of Interest (White Women). The effect of purity culture on non-erotic thoughts (path a) was not significant, $b = -36.62$, $SE = 22.53$, $p = .107$. However, the effect of non-erotic thoughts on sexual distress (path b) was significant, $b = 0.004$, $SE = 0.0005$, $p < .001$. The direct effect (path c) of purity culture endorsement on sexual distress was not significant, $b = 0.04$, $SE = 0.12$, $p = .782$. The indirect effect of purity culture endorsement on sexual distress through non-erotic thoughts was not significant, $b = -0.13$, $BootSE = 0.07$, 95% $CI [-.26, .004]$, indicating no evidence of mediation. Overall, these findings suggest that non-erotic thoughts do not explain the relationship between purity culture endorsement and sexual distress for White women.

Model 1b – Sexual Satisfaction as the Outcome of Interest (White Women). The effect of purity culture on non-erotic thoughts (path a) in this model was not significant, $b = -36.62$, $SE = .22.54$, $p = .107$. However, the effect of non-erotic thoughts on sexual satisfaction

(path b) was significant, $b = 0.004$, $SE = 0.0008$, $p < .001$. The direct effect (path c) of purity culture endorsement on sexual distress was not significant, $b = -0.15$, $SE = 0.22$, $p = .507$. The indirect effect of purity culture endorsement on sexual satisfaction through non-erotic thoughts was not significant, $b = -0.14$, $BootSE = 0.07$, 95% $CI [-.29, .001]$, indicating no evidence of mediation.

Model 1c – Sexual Dysfunction as the Outcome of Interest (White Women). As with previous models, the effect of purity culture on non-erotic thoughts (path a) was again not significant, $b = -36.62$, $SE = 22.54$, $p = .107$. The effect of non-erotic thoughts on sexual functioning (path b) was also not significant, $b = -.002$, $SE = .0008$, $p = .007$. The direct effect (path c) of purity culture endorsement on sexual functioning was not significant, $b = 0.26$, $SE = 0.22$, $p = .236$. The indirect effect of purity culture endorsement on sexual functioning through non-erotic thoughts was not significant, $b = 0.08$, $BootSE = 0.05$, 95% $CI [-.002, .19]$, indicating no evidence of mediation. This suggests there is no evidence to support non-erotic thoughts mediating the relationship between purity culture endorsement and sexual functioning. These findings mirrored our findings for the South Asian sample.

In sum, there was no evidence for the South Asian sample or the White sample for the purity culture mediational model for any of the sexual well-being outcomes.

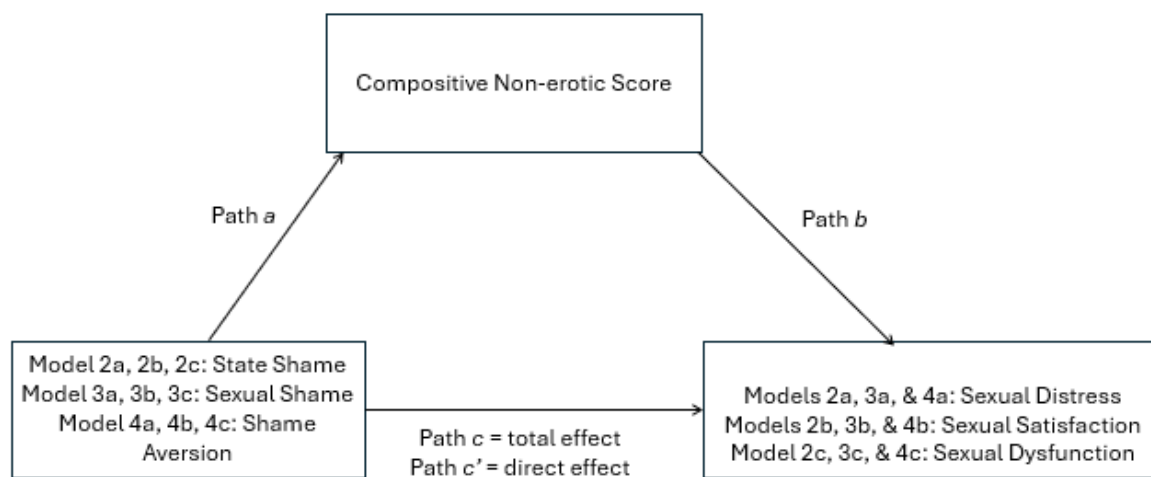
Goal 3: Testing the shame mediational model

I had hypothesized a serial mediation for the South Asian sample such that purity culture endorsement would lead to higher levels of shame which would then influence sexual outcomes through non-erotic thoughts (*purity culture* → *shame* → *non-erotic thoughts* → *sexual outcomes*). However, in light of the lack of significance for the association between purity

culture and NETs, I tested a simple mediation model, rather than a sequential mediation model. Below, I first describe the results of this model for the South Asian sample, followed by the White Sample. For all models tested, I used mediation models (PROCESS Model 4; Hayes, 2022) with 5000 bootstrap samples to generate 95% bias-corrected confidence intervals for indirect effects

Figure 4

Shame Mediation Model



Testing the shame mediational model for the South Asian sample. To assess the association between shame and sexual well-being, mediation models using non-erotic thoughts as a mediator were tested. I hypothesized that non-erotic thoughts would mediate the association between shame and sexual well-being. Specifically, I expected that shame would be associated with higher non-erotic thoughts, which in turn would predict sexual well-being. Shame was assessed through three measures, in addition to sexual well-being assessed through three measures. The results for each measure are outlined below, beginning with state shame as a

predictor, followed by sexual shame, followed by shame aversion. To test this hypothesis, I used three mediation models (PROCESS Model 4; Hayes, 2022).

State Shame Results: Model 2a (South Asian Women): State Shame as the Predictor and Sexual Distress as the Outcome of Interest

In this model, the effect of state shame on non-erotic thoughts (path a) was significant, $b = 80.70$, $SE = 15.95$, $p < .001$, with higher levels of state shame predicting higher levels of non-erotic thoughts. The effect of higher levels of non-erotic thoughts predicted greater sexual distress (path b) was also significant, $b = 0.004$, $SE = 0.0004$, $p < .001$. The direct effect (path c) of state shame on sexual distress was also significant, $b = 0.24$, $SE = 0.08$, $p = .003$, such that higher state shame predicted greater sexual distress. The indirect effect of state shame on sexual distress through non-erotic thoughts was significant, $b = 0.28$, $BootSE = 0.07$, 95% CI [.15, .42], indicating evidence of a partial mediation. Overall, these findings suggest that non-erotic thoughts partially explain the relationship between state shame and sexual distress for South Asian women.

Model 2b – State Shame as the Predictor and Sexual Satisfaction as the Outcome of Interest (South Asian Women). In this model, the effect of state shame on non-erotic thoughts (path a) was significant, $b = 80.44$, $SE = 15.96$, $p < .001$, with higher state shame predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual satisfaction (path b) was also significant, $b = 0.004$, $SE = 0.0008$, $p < .001$, with higher non-erotic thoughts predicting lower satisfaction. The direct effect (path c) of state shame on sexual satisfaction was not significant, $b = 0.25$, $SE = 0.17$, $p = .145$. However, the indirect effect of state shame on sexual satisfaction through non-erotic thoughts was significant, $b = 0.32$, $BootSE = 0.11$, 95% CI [.13, .55], indicating evidence of a full mediation. Overall, these findings suggest that non-erotic

thoughts explain the relationship between state shame and sexual satisfaction for South Asian women.

Model 2c – State Shame as the Predictor and Sexual Dysfunction as the Outcome of Interest (South Asian Women). In this model, the effect of state shame on non-erotic thoughts (path a) was significant, $b = 80.44$, $SE = 15.96$, $p < .001$, with higher state shame predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual functioning (path b) was not significant, $b = -0.001$, $SE = .0008$, $p = .092$. The direct effect (path c) of state shame on sexual functioning was also not significant, $b = -0.18$, $SE = 0.17$, $p = .282$. The indirect effect of state shame on sexual functioning through non-erotic thoughts was also not significant, $b = -0.11$, $BootSE = 0.08$, 95% $CI [-.28, .03]$, indicating no evidence of mediation. Overall, these findings suggest that non-erotic thoughts do not explain the relationship between state shame and sexual functioning for South Asian women.

Overall, our findings suggest that non-erotic thoughts partially mediate the relationship between state shame and sexual distress and fully mediate the relationship between state shame and sexual satisfaction for South Asian women. No effects were found for sexual functioning.

Sexual Shame Results: Model 3a – Sexual Shame as the Predictor and Sexual Distress as the Outcome of Interest (South Asian Women). In this model, the effect of sexual shame on non-erotic thoughts (path a) was significant, $b = 110.11$, $SE = 12.71$, $p < .00$, with higher sexual shame predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual distress (path b) was also significant, $b = 0.002$, $SE = 0.0004$, $p < .001$, with higher non-erotic thoughts predicting greater distress. The direct effect (path c) of sexual shame on sexual distress was also significant, $b = 0.48$, $SE = 0.08$, $p < .001$, with higher sexual shame predicting greater distress. The indirect effect of sexual shame on sexual distress through non-erotic

thoughts was significant, $b = 0.26$, $BootSE = 0.06$, 95% $CI [.15, .39]$, indicating evidence of a partial mediation. Overall, these findings suggest that non-erotic thoughts partially explain the relationship between sexual shame and sexual distress for South Asian women.

Model 3b – Sexual Shame as the Predictor and Sexual Satisfaction as the Outcome of Interest (South Asian Women). In this model, the effect of sexual shame on non-erotic thoughts (path a) was significant, $b = 108.21$, $SE = 12.79$, $p < .001$, with higher sexual shame predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual satisfaction (path b) was also significant, $b = 0.002$, $SE = 0.0009$, $p = .010$, with higher non-erotic thoughts predicting lower satisfaction. The direct effect (path c) of sexual shame on sexual satisfaction was significant, $b = 0.66$, $SE = 0.17$, $p < .001$, with higher sexual shame predicting greater distress. The indirect effect of sexual shame on sexual satisfaction through non-erotic thoughts was significant, $b = 0.26$, $BootSE = 0.12$, 95% $CI [.03, .51]$, indicating evidence of a partial mediation. Overall, these findings suggest that non-erotic thoughts partially explain the relationship between sexual shame and sexual satisfaction for South Asian women.

Model 3c – Sexual Shame as the Predictor and Sexual Dysfunction as the Outcome of Interest (South Asian Women). In this model, the effect of sexual shame on non-erotic thoughts (path a) was significant, $b = 108.21$, $SE = 12.79$, $p < .001$, with higher sexual shame predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual functioning (path b) was not significant, $b = 0.0003$, $SE = 0.0009$, $p = .744$. However, the direct effect (path c) of sexual shame on sexual functioning was significant, $b = -0.65$, $SE = 0.17$, $p < .001$, with higher sexual shame predicting greater dysfunction. The indirect effect of sexual shame on sexual functioning through non-erotic thoughts was not significant, $b = 0.03$, $BootSE = 0.11$,

95% *CI* [-.19, .24]. Overall, these findings suggest that non-erotic thoughts do not explain the relationship between sexual shame and sexual functioning for South Asian women.

Overall, our findings suggest that non-erotic thoughts partially mediate the relationship between sexual shame and sexual distress, as well as partially mediating the relationship between sexual shame and sexual satisfaction for South Asian women. Sexual shame was not found to relate to sexual functioning through non-erotic thoughts.

Shame Aversion Results: Model 4a – Shame Aversion as the Predictor and Sexual Distress as the Outcome of Interest (South Asian Women). In this model, the effect of shame aversion on non-erotic thoughts (path a) was significant, $b = 63.93$, $SE = 12.75$, $p < .001$, with higher shame aversion predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual distress (path b) was also significant, $b = .004$, $SE = .0004$, $p < .001$, with higher non-erotic thoughts predicting greater distress. However, the direct effect (path c) of shame aversion on sexual distress was not significant, $b = 0.04$, $SE = 0.07$, $p = .531$. The indirect effect of shame aversion on sexual distress through non-erotic thoughts was significant, $b = 0.25$, $BootSE = 0.06$, 95% *CI* [.15, .36], indicating evidence of full mediation. Overall, these findings suggest that non-erotic thoughts explain the relationship between shame aversion and sexual distress for South Asian women.

Model 4b – Shame Aversion as the Predictor and Sexual Satisfaction as the Outcome of Interest (South Asian Women). In this model, the effect of shame aversion on non-erotic thoughts (path a) was significant, $b = 63.75$, $SE = 12.76$, $p < .001$, with higher shame aversion predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual satisfaction (path b) was also significant, $b = 0.004$, $SE = 0.0008$, $p < .001$, with higher non-erotic thoughts predicting lower satisfaction. The direct effect (path c) of shame aversion on sexual satisfaction

was not significant, $b = 0.01$, $SE = 0.14$, $p = .936$. The indirect effect of shame aversion on sexual satisfaction through non-erotic thoughts was significant, $b = 0.28$, $BootSE = 0.08$, 95% CI [.14, .46], indicating evidence of a full mediation. Overall, these findings suggest that non-erotic thoughts explain the relationship between shame aversion and sexual satisfaction for South Asian women.

Model 4c – Shame Aversion as the Predictor and Sexual Dysfunction as the Outcome of Interest (South Asian Women). In this model, the effect of shame aversion on non-erotic thoughts (path a) was significant, $b = 63.75$, $SE = 12.76$, $p < .001$, with higher shame aversion predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual functioning (path b) was also significant, $b = -0.002$, $SE = 0.0008$, $p = .034$, with higher non-erotic thoughts predicting greater dysfunction. The direct effect (path c) of shame aversion on sexual functioning was not significant, $b = 0.01$, $SE = 0.14$, $p = .939$. The indirect effect of shame aversion on sexual functioning through non-erotic thoughts was not significant, $b = -0.11$, $BootSE = 0.06$, 95% CI [-.24, .004]. Overall, these findings suggest that non-erotic thoughts do not explain the relationship between shame aversion and sexual functioning for South Asian women.

Overall, our findings suggest that non-erotic thoughts mediate the relationship between shame aversion and sexual distress, as well as mediating the relationship between shame aversion and sexual satisfaction for South Asian women. Shame aversion was not found to relate to sexual functioning through non-erotic thoughts.

Testing the shame mediational model for the White sample. I then tested the same models for the White sample. I hypothesized that the model would not fit for the White sample, given less culturally induced shame around sexuality. The same procedure as outlined above was followed for these analyses.

State Shame Results: Model 2a – State Shame as the Predictor and Sexual Distress as the Outcome of Interest (White Women). In this model, the effect of state shame on non-erotic thoughts (path a) was significant, $b = 84.68$, $SE = 13.55$, $p < .001$, with higher state shame predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual distress (path b) was also significant, $b = 0.003$, $SE = 0.0005$, $p < .001$, with higher non-erotic thoughts predicting greater sexual distress. The direct effect (path c) of state shame on sexual distress was also significant, $b = 0.29$, $SE = 0.09$, $p = .002$, with higher state shame predicting greater distress. The indirect effect of state shame on sexual distress through non-erotic thoughts was significant, $b = 0.24$, $BootSE = 0.06$, 95% $CI [.14, .35]$, indicating evidence of a partial mediation. Overall, these findings suggest that non-erotic thoughts partially explain the relationship between state shame and sexual distress for White women.

Model 2b – State Shame as the Predictor and Sexual Satisfaction as the Outcome of Interest (White Women). In this model, the effect of state shame on non-erotic thoughts (path a) was significant, $b = 84.68$, $SE = 13.55$, $p < .001$, with higher state shame predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual satisfaction (path b) was also significant, $b = 0.003$, $SE = 0.0009$, $p < .001$, with higher non-erotic thoughts predicting lower satisfaction. The direct effect (path c) of state shame on sexual satisfaction was not significant, $b = 0.19$, $SE = 0.17$, $p = .257$. However, the indirect effect of state shame on sexual satisfaction through non-erotic thoughts was significant, $b = 0.28$, $BootSE = 0.09$, 95% $CI [.12, .47]$, indicating evidence of a mediation. Overall, these findings suggest that non-erotic thoughts explain the relationship between state shame and sexual satisfaction for White women.

Model 2c – State Shame as the Predictor and Sexual Dysfunction as the Outcome of Interest (White Women). In this model, the effect of state shame on non-erotic thoughts (path a)

was significant, $b = 84.68$, $SE = 13.55$, $p < .001$, with higher state shame predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual functioning (path b) was not significant, $b = -0.001$, $SE = 0.0009$, $p = .146$. The direct effect (path c) of state shame on sexual functioning was significant, $b = -0.41$, $SE = 0.16$, $p = .013$, with higher state shame predicting greater dysfunction. The indirect effect of state shame on sexual functioning through non-erotic thoughts was not significant, $b = -0.11$, $BootSE = 0.07$, 95% $CI [-.25, .02]$. Overall, these findings suggest that non-erotic thoughts do not explain the relationship between state shame and sexual functioning for White women.

Overall, our findings suggest that non-erotic thoughts partially mediate the relationship between state shame and sexual distress, as well as mediating the relationship between state shame and sexual satisfaction for White women. No effects were found for sexual functioning. These findings mirror the findings for South Asian women.

Sexual Shame Results: Model 3a – Sexual Shame as the Predictor and Sexual Distress as the Outcome of Interest (White Women). In this model, the effect of sexual shame on non-erotic thoughts (path a) was significant, $b = 95.69$, $SE = 10.59$, $p < .001$, with higher sexual shame predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual distress (path b) was also significant, $b = 0.002$, $SE = 0.0005$, $p = .001$, with higher non-erotic thoughts predicting greater distress. The direct effect (path c) of sexual shame on sexual distress was also significant, $b = 0.49$, $SE = 0.08$, $p < .001$, with higher sexual shame predicting greater distress. The indirect effect of sexual shame on sexual distress through non-erotic thoughts was significant, $b = 0.16$, $BootSE = 0.06$, 95% $CI [.05, .28]$, indicating evidence of a partial mediation. Overall, these findings suggest that non-erotic thoughts partially explain the relationship between sexual shame and sexual distress for White women.

Model 3b – Sexual Shame as the Predictor and Sexual Satisfaction as the Outcome of Interest (White Women). In this model, the effect of sexual shame on non-erotic thoughts (path a) was significant, $b = 95.69$, $SE = 10.59$, $p < .001$, with higher sexual shame predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual satisfaction (path b) was also significant, $b = 0.002$, $SE = 0.001$, $p = .032$, with higher non-erotic thoughts predicting lower satisfaction. The direct effect (path c) of sexual shame on sexual satisfaction was significant, $b = 0.42$, $SE = 0.16$, $p = .008$, with higher sexual shame predicting lower satisfaction. The indirect effect of sexual shame on sexual satisfaction through non-erotic thoughts was significant, $b = 0.21$, $BootSE = 0.11$, 95% $CI [.002, .43]$, indicating evidence of a partial mediation. Overall, these findings suggest that non-erotic thoughts partially explain the relationship between sexual shame and sexual satisfaction for White women.

Model 3c – Sexual Shame as the Predictor and Sexual Dysfunction as the Outcome of Interest (White Women). In this model, the effect of sexual shame on non-erotic thoughts (path a) was significant, $b = 95.69$, $SE = 10.59$, $p < .001$, with higher sexual shame predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual functioning (path b) was not significant, $b = -0.0001$, $SE = 0.001$, $p = .915$. However, the direct effect (path c) of sexual shame on sexual functioning was significant, $b = -0.58$, $SE = 0.15$, $p < .001$, with higher sexual shame predicting greater dysfunction. The indirect effect of sexual shame on sexual functioning through non-erotic thoughts was not significant, $b = -0.01$, $BootSE = 0.10$, 95% $CI [-.21, .18]$. Overall, these findings suggest that non-erotic thoughts do not explain the relationship between sexual shame and sexual functioning for White women.

Overall, our findings suggest that non-erotic thoughts partially mediate the relationship between sexual shame and sexual distress, as well as partially mediating the relationship between

sexual shame and sexual satisfaction for White women. Sexual shame was not found to relate to sexual functioning through non-erotic thoughts. These findings mirror our findings for South Asian women.

Shame Aversion Results: Model 4a - Shame Aversion as the Predictor and Sexual Distress as the Outcome of Interest (White Women). In this model, the effect of shame aversion on non-erotic thoughts (path a) was significant, $b = 53.26$, $SE = 10.07$, $p < .001$, with higher shame aversion predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual distress (path b) was also significant, $b = 0.003$, $SE = 0.0005$, $p < .001$, with higher non-erotic thoughts predicting greater sexual distress. The direct effect (path c) of shame aversion on sexual distress was significant, $b = 0.17$, $SE = 0.06$, $p = .008$, with higher shame aversion predicting greater distress. The indirect effect of shame aversion on sexual distress through non-erotic thoughts was significant, $b = 0.16$, $BootSE = 0.04$, 95% $CI [.08, .25]$, indicating evidence of a partial mediation. Overall, these findings suggest that non-erotic thoughts partially explain the relationship between shame aversion and sexual distress for White women. This differs from the South Asian sample, where the evidence suggested a full mediation rather than a partial mediation.

Model 4b – Shame Aversion as the Predictor and Sexual Satisfaction as the Outcome of Interest (White Women). In this model, the effect of shame aversion on non-erotic thoughts (path a) was significant, $b = 53.26$, $SE = 10.07$, $p < .001$, with higher shame aversion predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual satisfaction (path b) was also significant, $b = 0.003$, $SE = 0.0009$, $p < .001$, with higher non-erotic thoughts predicting lower satisfaction. The direct effect (path c) of shame aversion on sexual satisfaction was not significant, $b = 0.17$, $SE = 0.12$, $p = .148$. The indirect effect of shame aversion on sexual

satisfaction through non-erotic thoughts was significant, $b = 0.17$, $BootSE = 0.06$, 95% $CI [.07, .32]$, indicating evidence of a mediation. Overall, these findings suggest that non-erotic thoughts explain the relationship between shame aversion and sexual satisfaction for White women.

Model 4c – Shame Aversion as the Predictor and Sexual Dysfunction as the Outcome of Interest (White Women). In this model, the effect of shame aversion on non-erotic thoughts (path a) was significant, $b = 53.26$, $SE = 10.07$, $p < .001$, with higher shame aversion predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual functioning (path b) was also significant, $b = -0.002$, $SE = 0.0009$, $p = .026$, with higher non-erotic thoughts predicting greater dysfunction. The direct effect (path c) of shame aversion on sexual functioning was not significant, $b = -0.12$, $SE = 0.12$, $p = .302$. The indirect effect of shame aversion on sexual functioning through non-erotic thoughts was significant, $b = -0.11$, $BootSE = 0.05$, 95% $CI [-.22, -.02]$, indicating a mediation. Overall, these findings suggest that non-erotic thoughts explain the relationship between shame aversion and sexual functioning for White women. This differs from the South Asian sample, where no mediation effect was found.

Overall, our findings suggest that non-erotic thoughts partially mediate the relationship between shame aversion and sexual distress, as well as mediating the relationship between shame aversion and sexual satisfaction for White women. Shame aversion was also found to relate to sexual functioning through non-erotic thoughts.

Table 3*Shame Model Mediation Results Summary*

Shame Outcome	Model	South Asian Sample Results	Variance accounted for by the mediational model (R ²)	White Sample Results	Variance accounted for by the mediational model (R ²)
State Shame	Sexual Distress (Model 2a)	Partial mediation	.48	Partial mediation	.35
	Sexual Satisfaction (Model 2b)	Full mediation	.21	Full mediation	.14
	Sexual Dysfunction (Model 2c)	No mediation	.05	No mediation	.10
Sexual Shame	Sexual Distress (Model 3a)	Partial mediation	.57	Partial mediation	.45
	Sexual Satisfaction (Model 3b)	Partial mediation	.28	Partial mediation	.18
	Sexual Dysfunction (Model 3c)	No mediation	.13	No mediation	.15
Shame Aversion	Sexual Distress (Model 4a)	Full mediation	.45	Partial mediation	.34
	Sexual Satisfaction (Model 4b)	Full mediation	.19	Full mediation	.15
	Sexual Dysfunction (Model 4c)	No mediation	.04	Full mediation	.06

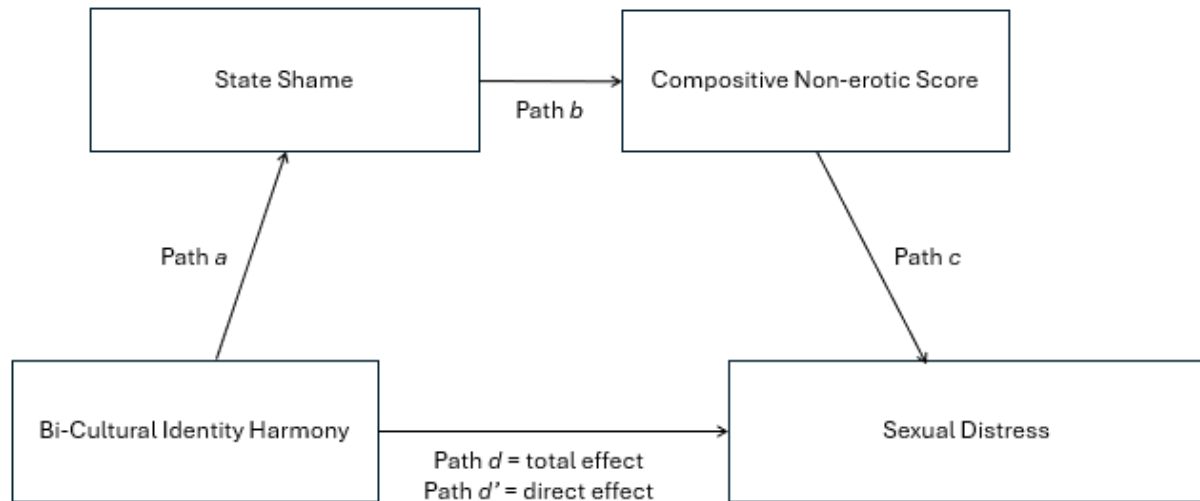
Goal 4: Bi-Cultural Identity Mediation Results

I tested the bi-cultural identity integration harmony vs. conflict subscale as a predictor in a serial mediation model, where higher scores indicate greater harmony. I hypothesized that shame might be a second mediator in this relation, where lower bi-cultural identity harmony might relate to higher shame, which then may prompt greater non-erotic thoughts, which then impact sexual well-being. Bi-cultural identity conflict is an internally dissonant experience, where individuals may feel greater internal turmoil around how to embrace multiple identities simultaneously. This led to the hypothesized connection of bi-cultural identity harmony to shame, where people who struggle to harmonize these multiple cultural identities may experience greater shame as they view their sexual thoughts and activity as aligned with their Western identity, and as a betrayal of their South Asian identity. Those with greater harmonization of identities may be able to feel more liberal in their sexuality, as they may be less inclined to ascribe the parameters of their sexuality to one identity or the other.

To test this, I utilized the state shame measure as a mediator. I chose this measure rather than the measure of sexual shame or shame aversion after performing correlations between the three shame measures and bi-cultural identity harmony and finding state shame had the strongest correlation ($r = -.40, p < .001$). Similarly, I opted to use sexual distress as the sexual well-being outcome in this model after performing correlations with bi-cultural identity harmony and finding it had the strongest correlation of the three sexual well-being measures used in the study ($r = -.30, p < .001$).

Figure 5

Bi-Cultural Identity Harmony Mediation Model



Model 5 – Bi Cultural Identity Harmony as the Predictor and Sexual Distress as the Outcome of Interest. To probe this relation, I tested a model with a serial mediation of state shame as a first mediator, and non-erotic thoughts as a second mediator. In this model, the effect of bicultural harmony on shame (path a) was significant, $b = -0.28$, $SE = 0.06$, $p < .001$, with lower harmony predicting greater state shame. The effect of state shame on non-erotic thoughts (path b) was also significant, $b = 61.31$, $SE = 16.69$, $p < .001$, with higher state shame predicting greater non-erotic thoughts. The effect of non-erotic thoughts on sexual distress (path c) was also significant, $b = 0.003$, $SE = 0.0004$, $p < .001$, with higher non-erotic thoughts predicting greater distress. The direct effect (path d) of bicultural harmony on sexual distress was not significant, $b = -0.005$, $SE = 0.06$, $p = .935$. However, the indirect effect of bicultural harmony on sexual distress through shame ($M1$) and non-erotic thoughts ($M2$) was significant, $b = -0.06$, $BootSE = 0.02$, $95\% CI [-0.11, -0.02]$, indicating evidence of a mediation. Overall, these findings suggest that shame and non-erotic thoughts explain the relationship between bicultural harmony and sexual distress for South Asian women such that bi-cultural identity harmony is

associated with state shame, which in turn relates to non-erotic thoughts, which subsequently relate to sexual distress outcomes.

Discussion

Study 2 sought to build upon the cultural differences in non-erotic thoughts identified in Study 1 by investigating the psychological mechanisms underlying these experiences among South Asian diasporic women. The findings revealed several important insights into the antecedents and consequences of non-erotic thoughts for this population. First, I successfully replicated the key cultural differences from Study 1, with South Asian women again reporting higher endorsement of non-erotic thoughts related to pregnancy, guilt, shame, and partner emotions compared to White women. More importantly, Study 2 identified non-erotic thoughts as a consistent and robust mediator linking shame to sexual well-being outcomes. Across three different measures of shame (state shame, sexual shame, and shame aversion), significant non-erotic thought mediation effects emerged for sexual distress and satisfaction, though not for sexual functioning for both samples. Additionally, bicultural identity integration emerged as a meaningful predictor of sexual experiences, with lower identity harmony predicting greater non-erotic thoughts through increased shame. Contrary to expectations, purity culture endorsement did not significantly predict non-erotic thoughts in either cultural group, suggesting that although cultural values around sexuality are important, their influence may operate through more proximal psychological mechanisms like shame rather than direct endorsement of specific belief systems.

Replication of Study 1 Results

Study 2 results partially replicated the group differences that I found in Study 1. When non-erotic categories were collapsed, Study 1 found that South Asian women reported higher

levels of anxiety related to non-erotic thoughts, but that there were no significant group differences in frequency of thoughts. However, Study 2 did not find a group difference in anxiety or frequency of non-erotic thoughts. Both studies found that non-erotic thought categories referring in content to purity culture were more highly endorsed by the South Asian sample. For example, thoughts of pregnancy were more frequently endorsed by the South Asian sample and were associated with higher anxiety, as compared to the White sample. Given the procreative focus of purity culture, greater non-erotic thoughts related to this category align with cultural norms. Similarly, purity culture utilizes shame and guilt as internal sanction mechanisms to keep group members in line with expectations, with these thoughts (shame/guilt) showing higher endorsement rates by South Asian women relative to White women. While some novel differences emerged at the category level that differed from Study 1, specifically concerns about other duties or concerns, non-sexual bodily functions, frequency of thoughts related to one's own level of pleasure, and concerns about intrusion or noise (i.e. sexual acts being too loud), the two studies were consistent in findings related to NETs categories relevant to purity culture..

An important conceptual distinction to note is our inclusion of shame as a non-erotic thought category, as well as through the three shame measures. While there is overlap between the two, they remain conceptually distinct. Shame as a non-erotic thought category captures the specific experience of shame as a thought experienced during sexual activity. The shame measures used in this study capture shame outside of sexual activity in non-sexual contexts. My study suggests shame as a non-erotic thought category closely relates to shame but remains distinct. This is an especially complex distinction when comparing shame as a non-erotic thought category and sexual shame, however, these constructs differ in that shame as a non-erotic thought is experienced as a shameful thought occurring during sex, while sexual shame as a trait captures

the shame associated with a participant's understanding and perception of themselves as a sexual being. This is further supported by the correlations reported between measures, where non-erotic thoughts are not perfectly correlated with the study's shame measures, pointing to a difference.

Findings Related to Endorsement of Purity Culture Beliefs

Our results found that South Asian women were significantly more likely to endorse purity culture beliefs, as compared to the White sample. These findings lend credence to our hypothesis that purity culture may serve as a cross-cultural framework. Although the term purity culture has been almost exclusively used in the context of Evangelical Christian communities, there are important similarities between the tenets of purity culture and the sexual norms of South Asian cultures. In particular, these two cultures mirror each other in their focus on pre-marital abstinence, gendered sexual norms and scripts, where women are often positioned as sexual gatekeepers while men are sexual initiators, a procreative intent for sexual activity, as well as expectations of modesty. These beliefs may emerge in other cultural groups as well, such as Middle Eastern cultures and Latin American cultures, where similar ideas have been endorsed in cross-cultural research, prompting cross-cultural potential for purity culture as a construct.

A key goal of Study 2 was to investigate whether purity culture is an antecedent to the non-erotic thought differences between the two samples. This theoretical model proposed that purity culture endorsement would inform non-erotic thoughts which would then lead to sexual well-being outcomes. I predicted that this model would be more strongly supported in the South Asian sample than the White sample. My findings suggest that across both samples, purity culture is not significantly associated with sexual well-being, and there is no mediation by non-erotic thoughts between the two variables. There are several potential explanations for why this hypothesized model was not supported. First, it is possible that the South Asian sample recruited

for this study may not be representative of the South Asian diaspora. Our findings may consist of South Asian participants who are more comfortable talking about their sexuality and thus may hold more sexually liberal ideas or experience less discomfort during sex, and may endorse fewer non-erotic thoughts or sexual well-being issues. While this represents an important subsection of the population, it may not accurately represent the average South Asian diasporic women's experiences, with those who are more representative of South Asian women's experiences opting not to enroll in the study. Future work may benefit from taking a within-culture approach rather than a cross-cultural approach to circumvent this, decentring comparisons to a mainstream sample and instead capturing variation within a cultural group.

Our findings did suggest that South Asian women endorse purity culture significantly more than White women (with these findings not differing in significance and direction with age and education as covariates -- for parsimony, I present the results of the simpler model). A possible explanation for this is socially desirable responding by South Asian women. That is, South Asian women may report greater endorsement of purity culture values when asked about their beliefs in order to conform to the norms expected of their cultural identity, however, they may not adhere to these norms as rigorously in their everyday lives and behaviour, which was not assessed through the purity culture measure. As such, they may endorse purity culture beliefs outwardly at a stronger level when asked about the degree to which they agree or disagree with purity culture ideology than they live these beliefs and may, as a result, experience fewer of the negative outcomes hypothesized to be related to these beliefs.

Finally, the purity culture mediational model may not have been supported due to a gap in the cultural relevance of the purity culture measure used in the current study. Despite being significantly more endorsed by the South Asian sample, purity culture as it is represented in this

measure may not capture the essence of the cultural belief system for South Asian women. This issue has been noted in other areas of psychology research (Bender & Adams, 2021; Soler-Anguiano et al., 2023; Lee & Jung, 2006; Poortinga, 1989). It is possible that it more closely resembles South Asian norms, as compared to mainstream norms, leading to higher endorsement, but is not relevant enough to cause substantial differences in sexual experiences. Future work in this area may benefit from the development of a measure of traditional sexual beliefs specific to the cultural norms of this group.

Shame and Sexual Well-Being

While I initially planned to test shame as a mediator within the purity culture model, given the lack of significant support for the purity culture model, I instead tested a conceptual model that positioned shame as associated with non-erotic thoughts, which then related to sexual well-being. Using all three shame measures, the findings were supported for this model across both samples in relation to sexual satisfaction and distress and differed in being partial or full mediations between samples on dysfunction. This reinforces the importance of shame as it relates to sexual experiences, with greater shame influencing non-erotic thought experiences, which then leads to lower sexual well-being. When comparing the two samples, it is noteworthy that shame as a non-erotic thought category was endorsed significantly more by the South Asian sample. This supports our hypothesis that shame is an important, culturally relevant construct for the South Asian sample, and may indicate a higher propensity for character or self-based attributions for the South Asian sample. This is consistent with cross-cultural psychology literature, which posits that in collectivistic cultures, shame may be more prominent due to its socially constructive nature, where shame aversion encourages behaviour that is non-disruptive to the group (Rozin, 2003).

However, it should be noted that in this study, the White sample demonstrated higher shame across all three shame measures. An alternative explanation may be that White women experience greater shame than South Asian women in the diaspora, potentially explained by lower internalized shame for the South Asian sample. Living as a marginalized individual in the West has been found to foster greater psychological resilience and can prompt the development of stronger coping mechanisms for negative emotional states (Xi et al., 2025; Barrita & Wong-Padoongpatt, 2023; Wexler et al., 2009; Del Toro et al., 2024), which could lead to less internalized shame for South Asian women in our sample.

Our findings also point to the cross-cultural relevance of shame to women's sexual well-being. That is, shame is demonstrated to be highly relevant to women's sexual well-being regardless of cultural group, as the model was also supported in the White sample. While past research has examined the link between shame and sexual well-being, to my knowledge, this is the first study to investigate non-erotic thoughts as a mechanism by which shame relates to sexual well-being. The associations supported in the tested models suggest that shame does not only relate to sexual well-being but specifically relates to thoughts occurring during sexual activity.

Cultural Identity Harmony and Sexual Well-Being

In the final goal of this study, I wanted to examine how internal conflict over one's identity may play a role in South Asian women's sexual well-being. I tested a serial mediation model where internal conflict over one's identities predicted shame, which in turn predicted non-erotic thoughts and the latter predicted indices of sexual well-being. This model was only tested within the South Asian sample. This model was supported for bi-cultural identity harmony as a predictor. These findings suggest that shame plays an important role in shaping sexual

experiences and merits further exploration. In particular, more harmonious cultural identities are associated with higher sexual well-being, mediated by shame, suggesting that shame is an important component in the relationship between within-culture identity conflict variation and sexual well-being. Huynh et al. (2018) describe identity harmony as viewing one's identities as compatible and non-conflicting, but not necessarily as a single hybrid identity. Identity harmony places the two identities as separate, but not in conflict with one another. Our findings may suggest that for South Asian diaspora women's sexuality, higher sexual well-being is not a result of attempting to combine the two sets of beliefs (i.e. Western sexuality norms and South Asian sexuality norms) but rather is partially explained by recognizing them as separate but not having to choose between the two. For those experiencing lower sexual well-being as a result of cultural identity, this may indicate a target for clinical intervention. Further work in this area is needed.

Across the models tested, sexual satisfaction and distress-related outcomes were more often supported as compared to sexual functioning outcomes. Given that the FSFI was developed and validated using a mostly White sample, there remains uncertainty around the cross-cultural applicability and relevance of this measure (Neijenhuijs et al., 2019). This could lead to a lack of sexual functioning difficulties reported not because they are not present for our South Asian participants, but rather because these issues emerge differently in this population, or the measures' items are interpreted differently by these participants. This is further supported by our findings that the pathways within the models tested between non-erotic thoughts and sexual functioning outcomes were significant for the White sample, which replicates previous non-erotic thought research (Barlow, 1986; Purdon & Holdaway, 2006), but not the South Asian sample.

Strengths and Limitations

This study constituted a number of strengths as a contribution to the field of sexuality. First, it is the first study to examine non-erotic thoughts across cultural groups, addressing a significant gap in sexuality research by introducing a cross-cultural perspective. Our results support the importance of this approach, as significant group differences in the type of non-erotic thoughts were found. These results also replicated the cultural difference findings of Study 1, strengthening our confidence in these findings. Moreover, rather than solely exploring between-group comparisons, I explored within-group analyses through testing the associations between bi-cultural identity harmony and sexual well-being. This allowed for greater nuance to be captured relating to the sexual experiences of these populations.

This study used three measures that each captured a unique element of shame, a methodologically complex construct. By capturing state shame, sexual shame, and shame aversion, I was able to capture shame more comprehensively, strengthening the confidence I can have in the results found. This was further strengthened by the consistency of findings across shame measures for both samples. Similarly, I used multiple sexual well-being outcomes in the models tested, allowing for a broader exploration of sexual well-being, as well as allowing for important differences in how cultural factors relate to sexual dysfunction, sexual distress, and sexual satisfaction to be identified. Additionally, the measures used all demonstrated strong internal reliability across both cultural groups.

Finally, this study also employed rigorous statistical modelling to test pathways between cultural factors, psychological mechanisms and sexual outcomes through mediations. Using mediation models directly links to the theoretical models introduced in this study, though they do not allow us to probe causal links.

This study also had a number of limitations that are important to consider in future work. First, these findings need to be considered in light of self-selection bias, where participants who were willing to discuss sexuality enrolled in the study, and may not represent the broader South Asian diaspora, particularly those with more conservative views or greater sexual shame who may have declined to participate. Another limitation is the potential impact of social desirability on the results, where South Asian participants may have over-endorsed purity culture beliefs while under-reporting actual adherence, potentially masking true relationships.

Another limitation is related to the measures used. In particular, the purity culture measure used in this study was developed for use in Evangelical Christian communities. As such, it may not capture important elements of South Asian sexual norms, values, and beliefs. Furthermore, the sexual dysfunction measure used was developed primarily with White participants, and thus may not capture the unique ways sexual dysfunction emerges for South Asian women. While the sexual distress and satisfaction measures were also developed using largely White samples, these measures may capture sexual well-being outcomes more sensitively given that sexual distress and satisfaction allow for the participants to report subjective emotional experiences, while the sexual functioning measure asks participants about more objective markers of sexual dysfunction (e.g. lubrication, orgasm frequency). This is supported by cross-cultural sexual functioning literature, which suggests differences between cultural groups on sexual dysfunction in terms of prevalence of specific issues (Zadeh et al., 2021; Lewis, 2013) and how these issues are conceptualized (e.g. Dhat syndrome, Shenkui, and other sexual dysfunction issues referred to as “cultural concepts of distress” in the DSM-5-TR) (American Psychiatric Association, 2013).

Limitations also emerge in the interpretation of these findings, where I cannot establish true causality as I posit it in the theoretical models I propose, since despite the use of mediational models, a longitudinal approach would be needed to confirm the temporal relationships between the constructs tested in this study.

Future Directions

Future research can build on this work in a number of ways. First, through methodological advances, a longitudinal approach that tracks how bi-cultural identity harmony, shame, and sexual well-being evolve over time may allow for important causal links to be supported. This would be particularly novel to probe during times of relationship transition for participants. Another development on this study could be to develop South Asian-specific measures of traditional sexual beliefs and sexual functioning that capture culturally relevant constructs to better identify relations between culture and sexuality.

Future work in this area could also take a mixed-method approach, combining quantitative results with qualitative interviews to understand lived experiences and meaning-making around cultural identity and sexuality that may not be captured by existing quantitative measures. Finally, a methodological advancement on this work could focus on within-culture analyses and examine the variation within South Asian communities rather than between-group comparisons to avoid potentially non-representative cross-cultural samples.

Other future directions include capturing experiences within this population not explored in this study. This includes the experiences of first-generation immigrants, where future studies could compare findings between second-generation South Asian women and first-generation South Asian women who immigrated as adults to understand acculturation effects.

Given the motivation in this study to explore the cross-cultural potential of purity culture as a construct, future work could also explore the relevance of these findings, such as the shame-mediated pathways, to other cultural groups with known difference in sexual norms, values and beliefs from the mainstream Western sexual norms, values and beliefs, (e.g., East Asian, Middle Eastern, Latino communities).

Future work could also investigate how sexual orientation intersects with the findings of this study, as well as explore greater nuances experienced by LGBTQ+ South Asian women in the diaspora. Early work in this area suggests that a lack of acceptance of queer or same sex relationships additionally stigmatizes queer diasporic individuals (Rahman & Valliani, 2017), but further work is needed to explore this experience. Finally, future research could explore these pathways in clinical populations. In particular, how these mechanisms emerge in women seeking sex therapy to inform responsive interventions.

Clinical applications

This study has several clinical applications. First, it can serve to inform culturally responsive therapy development. This could include creating treatment protocols that address shame as a non-erotic thought and identity conflict for South Asian women. Second, it highlights the importance of cultural competency in therapist training, supporting the need for development focused on understanding intersections of culture, identity, and sexuality. Finally, it could inform preventive interventions, setting the groundwork for designing programs for young South Asian women to promote healthy identity integration and sexual well-being.

Conclusion

This study builds on Study 1 to probe the associations and relations between sexual differences and cultural identity. My findings replicate that cultural background can meaningfully shape the content and emotional valence of thoughts during sex. Further, these findings suggest that shame as well as identity conflict play critical roles in prompting these thought differences. This study also demonstrates significant impacts of non-erotic thoughts on sexual well-being, particularly sexual satisfaction and sexual distress. Finally, these findings support a causal pathway between shame, thoughts during sex, and sexual well-being, as well as between bi-cultural identity, thoughts during sex, and sexual well-being. These results reinforce the importance of including cultural awareness and considerations in research and clinical work related to sexual well-being.

References

- Abramson, P. R., & Imai-Marquez, J. (1982). The Japanese-American: A cross-cultural, cross-sectional study of sex guilt. *Journal of Research in Personality*, 16(2), 227–237.
[https://doi.org/10.1016/0092-6566\(82\)90078-2](https://doi.org/10.1016/0092-6566(82)90078-2)
- Ahmad, F., Shik, A., Vanza, R., Cheung, A., George, U., & Stewart, D. E. (2004). Popular health promotion strategies among Chinese and East Indian immigrant women. *Women & Health*, 40(1), 21–40. https://doi.org/10.1300/J013v40n01_02
- Ahmadi, N. (2003). Rocking sexualities: Iranian migrants' views on sexuality. *Archives of Sexual Behavior*, 32(4), 317–326. <https://doi.org/10.1023/A:1024038931202>
- Ali-Faisal, S. (2016). What's sex got to do with it? The role of sexual experience in the sexual attitudes, and sexual guilt and anxiety of young Muslim adults in Canada and the United States. *Journal of Muslim Mental Health*, 10(2).
<https://doi.org/10.3998/jmmh.10381607.0010.202>
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition). American Psychiatric Association.
<https://doi.org/10.1176/appi.books.9780890425596>
- Andrews, B., Qian, M., & Valentine, J. D. (2002). Predicting depressive symptoms with a new measure of shame: The Experience of Shame Scale. *British Journal of Clinical Psychology*, 41(1), 29–42. <https://doi.org/10.1348/014466502163778>

Anne, L. (2015). Critiquing the purity culture. *Love, Joy, Feminism*.

<https://www.patheos.com/blogs/lovejoyfeminism/2011/11/critiquing-the-purity-culture.html>

Arora, N., & Brotto, L. A. (2017). How does paying attention improve sexual functioning in women? A review of mechanisms. *Sexual medicine reviews*, 5(3), 266-274.

Aryee, S. (1992). Antecedents and Outcomes of Work-Family Conflict Among Married Professional Women: Evidence from Singapore. *Human Relations*, 45(8), 813–837.

<https://doi.org/10.1177/001872679204500804>

Asakawa, K., & Csikszentmihalyi, M. (2000). Feelings of connectedness and internalization of values in Asian American adolescents. *Journal of Youth and Adolescence*, 29(2), 121–

145. <https://doi.org/10.1023/A:1005146914355>

Bacchus, N. S. (2017). Shifting sexual boundaries: Ethnicity and pre-marital sex in the lives of South Asian American women. *Sexuality & Culture*, 21(3), 776–794.

<https://doi.org/10.1007/s12119-017-9421-2>

Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational behavior and human decision processes*, 50(2), 248-287.

Barlow, D. H. (1986). Causes of sexual dysfunction: The role of anxiety and cognitive interference. *Journal of Consulting and Clinical Psychology*, 54(2), 140–148.

<https://doi.org/10.1037/0022-006X.54.2.140>

Barlow, D. H. (2002). *Anxiety and its disorders: The nature and treatment of anxiety and panic* (2nd ed). Guilford Press.

- Barnett, M. D., Martin, K. J., & Melugin, P. R. (2018). Making and breaking abstinence pledges: Moral foundations and the purity movement. *Sexuality & Culture*, 22(1), 288–298. <https://doi.org/10.1007/s12119-017-9467-1>
- Barrita, A. M., & Wong-Padoongpatt, G. (2023). Ethnic identity and resilience: A moderated mediation analysis of protective factors for self-blame and racial microaggressions. *Frontiers in Psychology*, 14, 1198375. <https://doi.org/10.3389/fpsyg.2023.1198375>
- Basu, P., Sarkar, S., Mukherjee, S., Ghoshal, M., Mittal, S., Biswas, S., Mandal, R., & Sankaranarayanan, R. (2006). Women’s perceptions and social barriers determine compliance to cervical screening: Results from a population based study in India. *Cancer Detection and Prevention*, 30(4), 369–374. <https://doi.org/10.1016/j.cdp.2006.07.004>
- Beck, A. (2005). “We don’t really have cause to discuss these things, they don’t affect us”: A collaborative model for developing culturally appropriate sexual health services with the Bangladeshi community of Tower Hamlets. *Sexually Transmitted Infections*, 81(2), 158–162. <https://doi.org/10.1136/sti.2004.012195>
- Bender, M., & Adams, B. G. (Eds.). (2021). *Methods and Assessment in Culture and Psychology* (1st ed.). Cambridge University Press. <https://doi.org/10.1017/9781108675475>
- Bhatia, S., & Ram, A. (2009). Theorizing identity in transnational and diaspora cultures: A critical approach to acculturation. *International Journal of Intercultural Relations*, 33(2), 140–149. <https://doi.org/10.1016/j.ijintrel.2008.12.009>
- Bordini, G., & Sperb, T. (2013). Sexual double standard: A review of the literature between 2001 and 2010. *Sexuality & Culture*, 17(4), 686–704. <https://doi.org/10.1007/s12119-012-9163-0>

- Brotto, L., Chou, A., Singh, T., & Woo, J. (2007). Reproductive health practices among Indian, Indo-Canadian, Canadian East Asian, and Euro-Canadian women: The role of acculturation. *Journal of Obstetrics and Gynaecology Canada*, 30(3), 229–238.
- Brotto, L. A., Woo, J. S. T., & Ryder, A. G. (2007). Acculturation and sexual function in Canadian East Asian men. *The Journal of Sexual Medicine*, 4(1), 72–82.
<https://doi.org/10.1111/j.1743-6109.2006.00388.x>
- Brotto, L. A., Basson, R., & Luria, M. (2008). A mindfulness-based group psychoeducational intervention targeting sexual arousal disorder in women. *The Journal of Sexual Medicine*, 5(7), 1646–1659. <https://doi.org/10.1111/j.1743-6109.2008.00850.x>
- Choudhry, U. K. (1998). Health promotion among immigrant women from India living in Canada. *Image: The Journal of Nursing Scholarship*, 30(3), 269–274.
<https://doi.org/10.1111/j.1547-5069.1998.tb01304.x>
- Cihangir, S. (2013). Gender specific honor codes and cultural change. *Group Processes & Intergroup Relations*, 16(3), 319–333. <https://doi.org/10.1177/1368430212463453>
- Cochran, S., Mays, V., & Leung, L. (1991). Sexual practices of heterosexual Asian-American young adults: Implications for risk of HIV infection. *Archives of Sexual Behavior*, 20, 381–291.
- Conrad, M. M., & Pacquiao, D. F. (2005). Manifestation, attribution, and coping with depression among Asian Indians from the perspectives of health care practitioners. *Journal of Transcultural Nursing*, 16(1), 32–40. <https://doi.org/10.1177/1043659604271239>

- Dang, S., Chang, S., & Brotto, L. A. (2017). The lived experiences of sexual desire among Chinese-Canadian men and women. *Journal of Sex & Marital Therapy*, 43(4), 306–325. <https://doi.org/10.1080/0092623X.2016.1149129>
- Das, K., & Rao, T. S. S. (2019). A Chronicle of Sexuality in the Indian Subcontinent. *Journal of Psychosexual Health*, 1(1), 20–25. <https://doi.org/10.1177/2631831818822017>
- Del Toro, J., Bernard, D., Lee, R. M., & Adam, E. K. (2024). Framing resilience linked to parental ethnic-racial socialization as hidden: A hidden resilience conceptual framework. *Social and Personality Psychology Compass*, 18(7), e12984. <https://doi.org/10.1111/spc3.12984>
- DeRogatis, L., Clayton, A., Lewis-D'Agostino, D., Wunderlich, G., & Fu, Y. (2008). Validation of the Female Sexual Distress Scale-Revised for Assessing Distress in Women with Hypoactive Sexual Desire Disorder. *The Journal of Sexual Medicine*, 5(2), 357–364. <https://doi.org/10.1111/j.1743-6109.2007.00672.x>
- Dove, N. L., & Wiederman, M. W. (2000). Cognitive distraction and women's sexual functioning. *Journal of Sex & Marital Therapy*, 26(1), 67–78. <https://doi.org/10.1080/009262300278650>
- Dugsin, R. (2001). Conflict and healing in family experience of second-generation emigrants from India living in North America. *Family Process*, 40(2), 233–241. <https://doi.org/10.1111/j.1545-5300.2001.4020100233.x>
- Durham, M. G. (2004). Constructing the “new ethnicities”: Media, sexuality, and diaspora identity in the lives of South Asian immigrant girls. *Critical Studies in Media Communication*, 21(2), 140–161. <https://doi.org/10.1080/07393180410001688047>

- Duwe, P., & Titzmann, P. F. (2024). Examining the Psychometric Properties of the BIIS-2 in Ethnic Minority Adolescents in Germany. *Psychological Test Adaptation and Development*, 5, 251–262. <https://doi.org/10.1027/2698-1866/a000081>
- Ellis, D., & Ho, M. (1982). Attitudes of Chinese women towards sexuality and birth control. *Can Nurse*, 78(3), 28–31.
- Estrada, L. L. (2022). Clinical considerations of the Evangelical purity movement’s impact on female sexuality. *Journal of Sex & Marital Therapy*, 48(2), 121–132. <https://doi.org/10.1080/0092623X.2021.1977445>
- Fahs, B. (2010). Daddy’s little girls: On the perils of chastity clubs, purity balls, and ritualized abstinence. *Frontiers: A Journal of Women Studies*, 31(3), 116–142. <https://doi.org/10.1353/fro.2010.a402749>
- Farr, J., Ononaiye, M., & Irons, C. (2021). Early shaming experiences and psychological distress: The role of experiential avoidance and self-compassion. *Psychology and Psychotherapy: Theory, Research and Practice*, 94(4), 952–972. <https://doi.org/10.1111/papt.12353>
- Foster, S., Carvallo, M., Lee, J., Fisher, R., & Traxler, H. (2021). An implication of impurity: The impact of feminine honor on human papillomavirus (HPV) screenings and the decision to authorize daughter’s HPV vaccinations. *Stigma and Health*, 6(2), 216–227. <https://doi.org/10.1037/sah0000230>
- Fichten, C. S., Libman, E., Takefman, J., & Brender, W. (1988). Self-monitoring and self-focus in erectile dysfunction. *Journal of Sex & Marital Therapy*, 14(2), 120-128.

- Fonagy, P., & Target, M. (2002). Early intervention and the development of self-regulation. *Psychoanalytic Inquiry*, 22(3), 307-335.
- Fleischmann, F., & Phalet, K. (2016). Identity Conflict or Compatibility: A Comparison of Muslim Minorities in Five European Cities. *Political Psychology*, 37(4), 447–463.
<https://doi.org/10.1111/pops.12278>
- Fuller-Tyszkiewicz, M., Skouteris, H., McCabe, M., Mussap, A., Mellor, D., & Ricciardelli, L. (2012). An Evaluation of Equivalence in Body Dissatisfaction Measurement Across Cultures. *Journal of Personality Assessment*, 94(4), 410–417.
<https://doi.org/10.1080/00223891.2012.662186>
- Gravel, E. E., Young, M. Y., Darzi, C. M., Olavarria-Turner, M., & Lee, A. M.-S. (2016). Premarital sexual debut in emerging adults of South Asian descent: The role of parental sexual socialization and sexual attitudes. *Sexuality & Culture*, 20(4), 862–878.
<https://doi.org/10.1007/s12119-016-9362-1>
- Graziani, C., & Chivers, M. L. (2024). Sexual Shame and Women’s Sexual Functioning. *Sexes*, 5(4), 739–757. <https://doi.org/10.3390/sexes5040047>
- Griffiths, C., Johnson, A. M., Fenton, K. A., Erens, B., Hart, G. J., Wellings, K., & Mercer, C. H. (2011). Attitudes and first heterosexual experiences among Indians and Pakistanis in Britain: Evidence from a national probability survey. *International Journal of STD & AIDS*, 22(3), 131–139. <https://doi.org/10.1258/ijsa.2009.009496>
- Gupta, M. A., Chaturvedi, S. K., Chandarana, P. C., & Johnson, A. M. (2001). Weight-related body image concerns among 18–24-year-old women in Canada and India: An empirical

- comparative study. *Journal of Psychosomatic Research*, 50(4), 193–198.
[https://doi.org/10.1016/S0022-3999\(00\)00221-X](https://doi.org/10.1016/S0022-3999(00)00221-X)
- Hall, K. S. K., & Graham, C. (Eds.). (2013). *The cultural context of sexual pleasure and problems: Psychotherapy with diverse clients*. Routledge.
- Handa, A. (1997). *Caught between omissions: Exploring “culture conflict” among second generation South Asian women in Canada*. University of Toronto.
- Hawa, R. N., Underhill, A., Logie, C. H., Islam, S., & Loutfy, M. (2019). South Asian immigrant women’s suggestions for culturally-tailored HIV education and prevention programs. *Ethnicity & Health*, 24(8), 945–959. <https://doi.org/10.1080/13557858.2017.1378806>
- Hayes, A. F. (2022). *Introduction to Mediation, Moderation, and Conditional Process Analysis: A Regression-Based Approach* (3rd ed.). Guilford Press.
- Heinemann, J., Atallah, S., & Rosenbaum, T. (2016). The impact of culture and ethnicity on sexuality and sexual function. *Current Sexual Health Reports*, 8(3), 144–150.
<https://doi.org/10.1007/s11930-016-0088-8>
- Hirschi, T. (2015). Social control theory: A control theory of delinquency. In *Criminology theory* (pp. 289-305). Routledge.
- Howard, S. (2023). *Beyond Purity Culture: Exploring History, Implications, and Alternatives*. Mercer University.
- Huynh, Q.-L., Benet-Martínez, V., & Nguyen, A.-M. D. (2018). *Bicultural identity integration scale—Version 2*. <https://doi.org/10.1037/t67887-000>

Immigration and Ethnocultural Diversity in Canada. (2011). *Statistics Canada*.

<https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm#a4>

Kim, J. L., & Ward, L. M. (2007). Silence speaks volumes: Parental sexual communication among Asian American emerging adults. *Journal of Adolescent Research*, 22(1), 3–31.

<https://doi.org/10.1177/0743558406294916>

Khumalo, S., Taylor, M., Makusha, T., & Mabaso, M. (2020). Intersectionality of cultural norms and sexual behaviours: A qualitative study of young Black male students at a university in KwaZulu-Natal, South Africa. *Reproductive Health*, 17(1), 188.

<https://doi.org/10.1186/s12978-020-01041-3>

Klement, K. R., Sagarin, B. J., & Skowronski, J. J. (2022). The one ring model: Rape culture beliefs are linked to purity culture beliefs. *Sexuality & Culture*, 26(6), 2070–2106.

<https://doi.org/10.1007/s12119-022-09986-2>

Kline, R. B. (1998). *Principles and practice of structural equation modeling*. Guilford Press.

Lalonde, R. N., Hynie, M., Pannu, M., & Tatla, S. (2004). The Role of Culture in Interpersonal Relationships: Do Second Generation South Asian Canadians Want a Traditional Partner? *Journal of Cross-Cultural Psychology*, 35(5), 503–524.

<https://doi.org/10.1177/0022022104268386>

Lawrance, K., & Byers, E. S. (1992). Development of the interpersonal exchange model of sexual satisfaction in long term relationships. *Canadian Journal of Human Sexuality*, 1(3), 123–128.

- Lee, J. H., & Jung, D. Y. (2006). Measurement Issues across Different Cultures. *Journal of Korean Academy of Nursing*, 36(8), 1295. <https://doi.org/10.4040/jkan.2006.36.8.1295>
- Lewis, RW. (2013). A critical look at descriptive epidemiology of sexual dysfunction in Asia compared to the rest of the world - a call for evidence-based data. *Transl Androl Urol*, 2(1), 54-60. <https://doi.org/10.3978/j.issn.2223-4683.2013.01.03>
- Litam, S., & Speciale, M. (2021). Deconstructing sexual shame: Implications for clinical counselors and counselor educators. *Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education*, 3(1), 14–24. <https://doi.org/10.34296/03011045>
- Long, Y., Quan, F., & Zheng, Y. (2021). Effects of Bicultural Identity Integration and National Identity on COVID-19-Related Anxiety Among Ethnic Minority College Students: The Mediation Role of Power Values. *Psychology Research and Behavior Management*, Volume 14, 239–249. <https://doi.org/10.2147/PRBM.S294547>
- Masters, W. H., & Johnson, V. E. (1970). *Human sexual inadequacy*. Churchill.
- McCaffery, K., Forrest, S., Waller, J., Desai, M., Szarewski, A., & Wardle, J. (2003). Attitudes towards HPV testing: A qualitative study of beliefs among Indian, Pakistani, African-Caribbean and White British women in the UK. *British Journal of Cancer*, 88(1), 42–46. <https://doi.org/10.1038/sj.bjc.6600686>
- Meherali, S., Salami, B., Okeke-Ihejirika, P., Vallianatos, H., & Stevens, G. (2021). Barriers to and facilitators of South Asian immigrant adolescents' access to sexual and reproductive health services in Canada: A qualitative study. *The Canadian Journal of Human Sexuality*, 30(3), 329–338. <https://doi.org/10.3138/cjhs.2020-0056>
- Meston, C. M. (2006). The effects of state and trait self-focused attention on sexual arousal in

- sexually functional and dysfunctional women. *Behaviour Research and Therapy*, 44(4), 515-532.
- Neijenhuijs, K. I., Hooghiemstra, N., Holtmaat, K., Aaronson, N. K., Groenvold, M., Holzner, B., Terwee, C. B., Cuijpers, P., & Verdonck-de Leeuw, I. M. (2019). The Female Sexual Function Index (FSFI)—A Systematic Review of Measurement Properties. *The Journal of Sexual Medicine*, 16(5), 640–660. <https://doi.org/10.1016/j.jsxm.2019.03.001>
- Nelson, A. L., & Purdon, C. (2011). Non-erotic thoughts, attentional focus, and sexual problems in a community sample. *Archives of Sexual Behavior*, 40(2), 395–406. <https://doi.org/10.1007/s10508-010-9693-1>
- Okazaki, S. (2002). Influences of culture on Asian Americans' sexuality. *Journal of Sex Research*, 39(1), 34–41. <https://doi.org/10.1080/00224490209552117>
- Ortiz, A. (2018). *Developing a measure of purity culture: Sexual messages in evangelical Christian culture*. Biola University.
- Ortiz, A. M., Sunu, B. C., Hall, M. E. L., Anderson, T. L., & Wang, D. C. (2023). Purity Culture: Measurement and Relationship to Domestic Violence Myth Acceptance. *Journal of Psychology and Theology*, 51(4), 537–556. <https://doi.org/10.1177/00916471231182734>
- Paquette, M.-M., Bergeron, S., Bigras, N., Koós, M., Nagy, L., Kraus, S. W., Demetrovics, Z., Potenza, M. N., Ballester-Arnal, R., Batthyány, D., Billieux, J., Briken, P., Burkauskas, J., Cárdenas-López, G., Carvalho, J., Castro-Calvo, J., Chen, L., Ciocca, G., Corazza, O., ... Bőthe, B. (2025). Sexual satisfaction across cultures, genders, languages, and sexual orientations: Validation of the Global Measure of Sexual Satisfaction. *Psychology of Sexual Orientation and Gender Diversity*. <https://doi.org/10.1037/sgd0000774>

- Penn, N. E., Kar, S., Kramer, J., Skinner, J., & Zambrana, R. E. (1995). Ethnic minorities, health care systems, and behavior. *Health Psychology, 14*(7), 641–646.
<https://doi.org/10.1037/0278-6133.14.7.641>
- Petrak, J., & Keane, F. (1998). Cultural beliefs and the treatment of sexual dysfunction: An overview. *Sexual Dysfunction, 1*(1), 13–17. <https://doi.org/10.1046/j.1460-2679.1998.00006.x>
- Pew Research Center. (2025). Key facts about Asians in the U.S.. Retrieved from <https://www.pewresearch.org/short-reads/2025/05/01/key-facts-about-asians-in-the-us/>
- Poortinga, Y. H. (1989). Equivalence of cross-cultural data: An overview of basic issues. *International Journal of Psychology, 24*(6), 737–756.
<https://doi.org/10.1080/00207598908247842>
- Purdon, C., & Holdaway, L. (2006). Non-erotic thoughts: Content and relation to sexual functioning and sexual satisfaction. *The Journal of Sex Research, 43*(2), 154–162.
<https://doi.org/10.1080/00224490609552310>
- Purdon, C., & Watson, C. (2011). Non-erotic thoughts and sexual functioning. *Archives of Sexual Behavior, 40*(5), 891–902. <https://doi.org/10.1007/s10508-011-9755-z>
- Rahman, M., & Valliani, A. (2016). Challenging the opposition of LGBT identities and Muslim cultures: Initial research on the experiences of LGBT Muslims in Canada. *Theology & Sexuality, 22*(1–2), 73–88. <https://doi.org/10.1080/13558358.2017.1296689>
- Rosen, C. Brown, J. Heiman, S. Leib, R. (2000). The female sexual function index (FSFI): A multidimensional self-report instrument for the assessment of female sexual function.

- Journal of Sex & Marital Therapy*, 26(2), 191–208.
<https://doi.org/10.1080/009262300278597>
- Rozin, P. (2003). Five potential principles for understanding cultural differences in relation to individual differences. *Journal of Research in Personality*, 37(4), 273–283.
[https://doi.org/10.1016/s0092-6566\(02\)00566-4](https://doi.org/10.1016/s0092-6566(02)00566-4)
- Rubin, B., Gluck, M. E., Knoll, C. M., Lorence, M., & Geliebter, A. (2008). Comparison of eating disorders and body image disturbances between Eastern and Western countries. *Eating and Weight Disorders - Studies on Anorexia, Bulimia and Obesity*, 13(2), 73–80.
<https://doi.org/10.1007/BF03327606>
- Saroop, S. (2004). *Investigation of second -generation Indian American acculturation of native traditions and psychological symptomatology*. Virginia Commonwealth University.
<https://www.proquest.com/dissertations-theses/investigation-second-generation-indian-american/docview/305222407/se-2>
- SAWCC - South Asian Women’s Community Centre. (n.d.). *South Asian Youth (SAY) Collective*. South Asian Women’s Community Centre. Retrieved May 9, 2025, from
<https://www.sawcc-ccfsa.ca/EN/sayjsa/>
- Sbrocco, T., & Barlow, D. H. (1996). Conceptualizing the cognitive component of sexual arousal: Implications for sexuality research and treatment. In P. M. Salkovskis (Ed.), *Frontiers of cognitive therapy* (419–449). Guilford Press.
- Schoenleber, M., & Berenbaum, H. (2010). Shame aversion and shame-proneness in Cluster C personality disorders. *Journal of Abnormal Psychology*, 119(1), 197–205.
<https://doi.org/10.1037/a0017982>

- Schlesinger, B. (Ed.). (2019). *Sexual behaviour in Canada: Patterns and problems*. University of Toronto Press. <https://doi.org/10.3138/9781487583859>
- Schwartz, S. J., Meca, A., Ward, C., Szabó, Á., Benet-Martínez, V., Lorenzo-Blanco, E. I., Sznitman, G. A., Cobb, C. L., Szapocznik, J., Unger, J. B., Cano, M. Á., Stuart, J., & Zamboanga, B. L. (2019). Biculturalism dynamics: A daily diary study of bicultural identity and psychosocial functioning. *Journal of Applied Developmental Psychology*, 62, 26–37. <https://doi.org/10.1016/j.appdev.2018.12.007>
- Seebeck, J. (2021). *Development of the sexual shame inventory*. Seattle Pacific University.
- Settles, I. H. (2004). When Multiple Identities Interfere: The Role of Identity Centrality. *Personality and Social Psychology Bulletin*, 30(4), 487–500. <https://doi.org/10.1177/0146167203261885>
- Sharmin, R., & Boski, P. (2024). Bicultural Identity Integration and Life Satisfaction: Two Generations of Bangladeshi in the UK. *Year of the Golden Jubilee: Culture Change in the Past, Present and Future*. International Association of Cross Cultural Psychology Congress. <https://doi.org/10.4087/TOLL1733>
- Soler-Anguiano, F. L., Rivera-Aragón, S., & Díaz-Loving, R. (2023). Cross-cultural measurement invariance evidence of individualism and collectivism: From the idiosyncratic to universal. *Frontiers in Psychology*, 14, 1150757. <https://doi.org/10.3389/fpsyg.2023.1150757>
- Smith, C. V. (2007). In pursuit of ‘good’ sex: Self-determination and the sexual experience. *Journal of Social and Personal Relationships*, 24(1), 69-85.

- Spiro, M. E. (1987). *Culture and human nature: Theoretical papers of Melford E. Spiro* (B. Kilbourne, Ed.). Univ. of Chicago Press.
- Statistics Canada: Immigration and Ethnocultural Diversity in Canada. (2011). *Statistics Canada*.
<https://www12.statcan.gc.ca/nhs-enm/2011/as-sa/99-010-x/99-010-x2011001-eng.cfm#a4>
- Statistics Canada. (2022). Education in Canada: A portrait of educational attainment and occupational outcomes among racialized populations in 2021 (Catalogue No. 98-200-X2021011). *Census in Brief. Ottawa: Statistics Canada*. Retrieved from
<https://www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-X/2021011/98-200-X2021011-eng.cfm>
- Stephenson, K. R., & Meston, C. M. (2010). Differentiating Components of Sexual Well-Being in Women: Are Sexual Satisfaction and Sexual Distress Independent Constructs? *The Journal of Sexual Medicine*, 7(7), 2458–2468. <https://doi.org/10.1111/j.1743-6109.2010.01836.x>
- Stevenson, R., & Hiebert, D. (2021). Silenced desire: Personal effects of the evangelical construction of female sexuality. *Journal of Sociology and Christianity*, 11(2), 59–83.
- Stoler, A. L. (2011). Colonial Aphasia: Race and Disabled Histories in France. *Public Culture*, 23(1), 121–156. <https://doi.org/10.1215/08992363-2010-018>
- Szabó, Á., Ward, C., Meca, A., & Schwartz, S. J. (2020). Testing the construct validity and empirical distinctiveness of the Multicultural Identity Styles Scale (MISS) and the Bicultural Identity Integration Scale (BIIS-2). *Psychological Assessment*, 32(7), 705–712.
<https://doi.org/10.1037/pas0000825>

- Tangney, J. P. (1996). Conceptual and methodological issues in the assessment of shame and guilt. *Behaviour Research and Therapy*, 34(9), 741–754. [https://doi.org/10.1016/0005-7967\(96\)00034-4](https://doi.org/10.1016/0005-7967(96)00034-4)
- Thakur, S. (2023). *Finding azadi: South Asian Canadian women's experiences of sexual well-being*. Western University.
- Trapnell, P. D., Meston, C. M., & Gorzalka, B. B. (1997). Spectatoring and the relationship between body image and sexual experience: Self-focus or self-valence? *Journal of Sex Research*, 34(3), 267–278. <https://doi-org/10.1080/00224499709551893>
- Tu, S., Taplin, S., Barlow, W., & Boyko, E. (1999). Breast cancer screening by Asian-American women in a managed care environment. *American Journal of Preventive Medicine*, 17(1), 55–61. [https://doi.org/10.1016/S0749-3797\(99\)00043-4](https://doi.org/10.1016/S0749-3797(99)00043-4)
- Turner, J. E. (2014). Researching State Shame With the Experiential Shame Scale. *The Journal of Psychology*, 148(5), 577–601. <https://doi.org/10.1080/00223980.2013.818927>
- Ubillos, S., Paez, D., & González, J. L. (2000). Culture and sexual behavior. *Psicothema*, 12(Sup1), 70–82.
- University of Waterloo. (2021, November 1). Equity survey results. *Office of Equity, Diversity, Inclusion and Anti-racism*. <https://uwaterloo.ca/equity-diversity-inclusion-anti-racism/equity-survey/equity-survey-results>
- Ussher, J. M., Perz, J., Metusela, C., Hawkey, A. J., Morrow, M., Narchal, R., & Estoesta, J. (2017). Negotiating discourses of shame, secrecy, and silence: Migrant and refugee women's experiences of sexual embodiment. *Archives of Sexual Behavior*, 46(7), 1901–1921. <https://doi.org/10.1007/s10508-016-0898-9>

- Vallikad, E. (2006). Cervical cancer: The Indian perspective. *International Journal of Gynecology & Obstetrics*, 95(S1). [https://doi.org/10.1016/S0020-7292\(06\)60037-4](https://doi.org/10.1016/S0020-7292(06)60037-4)
- Veurink, E. (2021). Post-purity culture: The new online frontier of evangelical sexual ethics. *The Revealer*. <https://therevealer.org/post-purity-culture-the-new-online-frontier-of-evangelical-sexual-ethics/>
- Vinay, V. (2022). The (Colonial) History of Sexuality: The Colonial Categorization of Sexuality in Colonized India. *Mundi*, 7(1), 45–59.
<https://tuljournals.temple.edu/index.php/mundi/article/view/589>
- Wexler, L. M., DiFluvio, G., & Burke, T. K. (2009). Resilience and marginalized youth: Making a case for personal and collective meaning-making as part of resilience research in public health. *Social Science & Medicine*, 69(4), 565–570.
<https://doi.org/10.1016/j.socscimed.2009.06.022>
- Woo, J. S. T., Brotto, L. A., & Gorzalka, B. B. (2011). The role of sex guilt in the relationship between culture and women's sexual desire. *Archives of Sexual Behavior*, 40(2), 385–394. <https://doi.org/10.1007/s10508-010-9609-0>
- Woo, J. S. T., Brotto, L. A., & Gorzalka, B. B. (2012). The relationship between sex guilt and sexual desire in a community sample of Chinese and Euro-Canadian women. *The Journal of Sex Research*, 49(2–3), 290–298. <https://doi.org/10.1080/00224499.2010.551792>
- Xi, J., Nofziger, S., Moseby, K.M. & Tasi, A. (2025). Racial Differences in Resilience: U.S. College Student's Mental Health and the COVID-19 Pandemic. *Race Soc Probl* 17, 88–102. <https://doi-org.proxy.lib.uwaterloo.ca/10.1007/s12552-025-09434-4>

Zadeh, Z., Bhutto, Z., McNabney, S. M., Kneusel, J. A., & Rowland, D. L. (2021). Cross-Cultural Analysis of Sexual Response and Relationship Satisfaction in Women With and Without Orgasmic Difficulty During Partnered Sex. *International Journal of Sexual Health*, 33(2), 131–143. <https://doi.org/10.1080/19317611.2020.1864559>