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Experiences and Perceptions about Social Support among Black Men who have Sex with Men in Tennessee

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Introduction

Research suggests that Black men who have sex with men (BMSM) often experience challenges due to their race, sexual orientation, and HIV/AIDS exposure (Centers for Disease Control and Prevention [CDC], 2016; Peterson and Jones, 2009). Other studies illustrate how BMSM are adaptive and resilient (Barnes, 2012; Battle et al, 2002; Choi et al, 2011). This analysis focuses on the experiences and suggestions of a cadre of BMSM as they navigate a metropolitan city in Tennessee. What social support do they have and need? This project illumines less studied aspects of their lives.

Studying the Multi-faceted Lives and Social Support of BMSM

Research often focuses on HIV/AIDS among BMSM (CDC, 2015, 2016; Hall, 2008; Millett et al., 2006), including geographic disparities in the South (CDC, 2016). Fewer studies examine more nuanced dimensions of their lives; this study responds to this paucity. Germaine here is the possible beneficence of social support and active allies (Barnes, 2012; Jones et al., 2010) to: combat stigma from family, religious, and community settings (Balaji et al., 2012; Peterson and Jones, 2009); increase resiliency; and provide coping mechanisms against racism and homophobia (Barnes, 2012; Battle et al., 2002). Central to our study is to identify people and groups that have and/or can provide BMSM with social, economic, and practical support and resources.

Capturing the Voices and Views of BMSM

This analysis is based on a 90-minute focus group held during spring 2016 at a community-based center located in a metropolitan city in Tennessee. Eight self-identified BMSM between the ages 18 and 28 years old participated (median age of 24 years old). Six men were attending college to pursue Bachelors (n=5) or Masters (n=1) degrees. The majority relocated and have lived in this city an average of 3 years (refer to Table 1). Snowball sampling was used via fliers, word of mouth, and local allies of the researchers. Interested BMSM were screened for eligibility. Incentives included one meal and a $20 gift card. The focus group data were collected by a community member matched by race and trained to facilitate focus groups. The authors developed a semi-structured interview guide (provided upon request) focused on racial and sexual identity, personal problems and strengths, and overall experiences. The focus group was audio-recorded, transcribed by a trained transcriber, and reviewed by the authors. Pseudonyms are used. The small sample

precludes generalizability to all BMSMs. However, the objective here is to consider views and suggestions around social support used by participants to navigate possibly unwelcoming spaces in positive ways. Content analysis was used to uncover emergent themes and patterns (Krippendorf, 1980; Neuendorf, 2002). Responses were systematically examined using both open-coding, in which broad concepts during the dialogue are categorized, as well as axial coding in which connections between these concepts and themes are analyzed (Strauss and Corbin, 1990).

Table 1: Thumbnail Descriptions of Focus Group Participants

Name	Thumbnail Profile
Dominique	**23 years old from Memphis, TN** Has lived in the city 3 years Undergraduate student (English and Philosophy major)
Peter	**25 years old from Tacoma, WA** Graduated from a local college (completing M.A.) Has lived in the city 6 years
Kenneth	**23 years old who currently works full-time** Starting school for nursing
Samuel	**25 years old from the People's Republic of Congo** Has lived in the city 7 years
George	**28 years old** Current college student who works full time in hospitality Has lived in the city 2 years
Jawan	**24 years old (no other information provided)**
Terry	**22 years old from Dover, DE**
Larry	**From Atlanta, GA (age not provided)** Has lived in the city 3 months

 N=8. Data collected spring 2016. Pseudonyms are used. Locale is a city in Tennessee.

Findings

Two themes emerged that describe existing and needed social support: *We Can Build a Community:* Traditional and Non-Traditional Social Support and *It Still Takes a Village*: A Call for Community Support. A thematic analysis and representative quotes are provided next.

We Can Build a Community: **Traditional and Non-Traditional Social Support**

In the initial theme, BMSM describe their most beneficial social relationships. Participants report positive family relationships as an important source of social support, which is counter to some research findings (Blalaji et al., 2012). For example, 23-year-old student Kenneth summarizes his closest ties: "Mom, my mom and my family." His comment is echoed by many respondents who describe supportive ties with biological kin despite the lack of acceptance from other family members. Others note familial support provided by certain siblings and cousins, particularly persons younger in age. Their remarks parallel research on the enduring relationships common in some Black families (Billingsley, 1992).

Several participants describe positive alternative familial bonds;

> I was a part of the gay family… [they] follow the same lines of a traditional family. The way it started off for me was, which is common now, someone wanted me to be their child…I didn't necessarily know when I first got involved into it, I didn't necessarily know what a family was or what it does…but it's a group of gay men, they all get together. They have a mother, father... But most of the people there, part of the family, lack support from their real families and that's how it starts sometimes. [He, the father figure] was attracted to me and it led inward that way… But it's not necessarily that we were having sex or anything, but their attraction to me made them want to have me as a child.

As quoted above, Dominique, a 23-year-old college student, describes a prior group of BMSM that created a long-term non-traditional family to meet emotional, economic, and social needs. An absence of biological bonds did not undermine the creation of an adaptive, supportive, and functional family. Equally important for Dominique, sexual behavior was not a requisite for membership. Dominique's fictive kin sustained him during a difficult period in his life and provided an example of an innovative family (Balaji et al., 2012; Battle et al., 2002). Next, Dominique challenges BMSM to invoke their own agency;

> Peer support… We can build a community to help each other. And that connects back to community. When we're all together as one…and striving as well.

The above remark hearkens back to *and* extends historic studies about positive outcomes when Black people, families, and communities harness their resources (Barnes, 2012). Dominique believes that BMSM have these same, often untapped, abilities (Jones et al., 2010). Yet Peter, a 25-year-old graduate student, describes challenges BMSM might face to accomplish this goal;

> A lot of people don't even want to meet new friends. I've interacted with quite a few MSM here in [name of city] and a lot of them are just, 'This is my clique. This is my crew. This is my squad. No new friends.'

Peter's comment is supported by other respondents who describe existing cliques in the city that can undermine social support (Choi et al., 2002; Peterson and Jones, 2009). But George, a 28-year-old college student and hospitality employee, explains other benefits;

> Peer support groups for different things. Social support on problems that deal with that all kind of [challenges BMSM face], just discuss what's going on in your life and how to deal with it - have someone else to help get through it.

George remains confident that BMSM are capable of helping each other meet their varied social, economic, and emotional needs. The common thematic thread is the importance of biological and fictive kin to help BMSM as well as the need for BMSM to feel empowered to help themselves (Balaji et al., 2012; Battle et al., 2002; Billingsley, 1992).

It Still Takes a Village: A Call for Community Support

The second theme suggests the need for broader community support for BMSM. Although they currently live in a city known for its economic stability and growth, respondents believe that isolation, stigma, and limited information among their peers prevent them from maximizing their individual and collective potential (Barnes, 2012; Balaji et al., 2012). To them, family support only goes so far; society must be intricately involved in empowering all of its members. For example, 24-year-old Jawan notes;

> Community support… Community to actually get to where they have to go. Even having a job... Different groups or organizations that help with STDs and things of that nature… Or even find housing if they need it.

According to the above view, initiatives that assist with employment, healthcare, and housing are needed to improve the life chances and quality of life of BMSM (Barnes, 2012; Jones et al., 2010). And 25-year-old Samuel posits, "housing and even places MSM can go to be comfortable and not feel neglected or feel like they're being pushed away because of how they identify." Samuel's remark is supported by the entire group; housing and social outlets are crucial safe spaces to combat stressors (Choi et al., 2011).

For Kenneth, efforts are needed to better equip young BMSM to reach their dreams;

> Government support… For instance you may have…kids or people that may go to college but, and they have assistance but it's not enough…I know a lot of people that went to college…but halfway in they didn't have enough money to even finish… programs to help people go to college.

The above view is a reminder that the lives and possible challenges of many BMSM parallel those of their non-gay peers (Means and Jaeger, 2015). However, when you layer the intersections of race and sexual orientation into achieving these dreams, it becomes more difficult with each marginalized identity a person embodies (Collins, 2000). Similarly, Peter provides a reminder of commonalities regardless of one's sexual orientation (Jones et al., 2011);

> We also need, we all come, MSM, we all come to safe spaces, these places, with our guards up. We actually need some type of way to know… [that] it's okay to be out, to be ourselves…to know it's okay to let our hair down, to be accepting, to build the trust. Make a friend or to meet new friends.

According to Peter, social support can take many forms for BMSM, but it should include welcoming, accepting places where "it's okay to be out". For Peter and his peers, supportive spaces will ultimately shape how adaptive and resilient BMSM can be.

Conclusion: Next Steps for BMSM

BMSM in this study tell us specifically about their past and present forms of social support. They are also aware of their varied needs (Choi et al., 2011). Most of the participants are college students or graduates striving to achieve their dreams. They have experienced various sources of social support; they suggest that peer support is apparent, but could be stronger. Moreover, additional economic and social resources from local groups and active allies could support individual and communal successes (Balaji et al., 2012). Equally, many of the participants' aspirations and needs parallel those of people in general and suggest the need for a comparative study on BMSM and non-BMSM experiences as well as research on socioeconomic experiences among BMSM (Barnes, 2012; Billingsley, 1992). Ultimately, BMSM experiences and suggestions illustrate the importance of holistic programs and practices to better enhance the existing strengths as well as meet the diverse needs of BMSM.

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The Effect of Attachment Styles on Positive Communication and Sexual Satisfaction in Relationships

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Sexual satisfaction is strongly related to a couple's perception of their overall relationship satisfaction and personal wellbeing (Brassard, Dupuy, Bergeron, & Shaver, 2015; Butzer & Campbell, 2008). Sexual satisfaction can be enhanced by positive communication between partners (Brassard et al., 2015; Davis et al., 2006), but how individuals obtain this skill is difficult to decipher. This study therefore examines the relationship between an individual's attachment style and its relationship to couples' sexual satisfaction, sexual communication anxiety, and sexual attitudes. Attachment theory proposes that early childhood intimate encounters are the foundations that will shape an individual's attachment later in life (Ainsworth, et al., 1978; Bowlby, 1982). Therefore, these encounters can help clarify the comfort and ability of couples to positively communicate with one another about their sexual desires and needs.

Brief Literature Review

According to attachment theory (Ainsworth et al., 1978; Bowlby, 1982), the relationships formed in childhood influence feelings and behaviors in later adult romantic relationships. A secure child develops a sense of self-worth, positive expectations, and effective emotional regulation when caregivers provide sensitive and consistent care (Bowlby, 1982; Brassard et al., 2015). An anxious-insecure attachment style is characterized by an increase in anxiety and negative emotional expression, while the avoidant attachment style favors emotional suppression, and a lack of self-disclosure to a partner (Brassard et al., 2015). Thus, those with insecure attachment styles are more likely to engage in casual sex and promiscuity, and often experience low levels of commitment and intimacy (Dempster, et al., 2015).

Previous research has supported the relationship between attachment styles and later physical and emotional romantic satisfaction. Butzer and Campbell (2008) studied 116 married couples from Canada and found that higher levels of anxiety and avoidance correlated with lower levels of sexual satisfaction. Avoidantly attached individuals reported lower levels of sexual satisfaction in their marriage even after controlling for both partners' levels of attachment anxiety. This suggests that avoidant individuals' discomfort with intimacy extends to the sexual relationship with their spouse. Davis and colleagues (2006) surveyed 1,989 people and found that sexual communication inhibition and avoidance are positively related. Individuals with an insecure-anxious attachment have difficulties expressing themselves in a sexually assertive manner, suggesting that the more secure the attachment is to one's intimate partner, the more likely the couple will participate in sexually assertive conversations and have higher levels of sexual satisfaction. No known research, though, has taken a look at how attachment styles might relate to positive sexual communication skills, attitudes, and subsequently, sexual satisfaction.

Method

Participants

Four hundred and twenty-five subjects voluntarily participated in this research study. Ages ranged from 20 to 76 years old ($M = 27.81$; $sd = 8.08$). Females ($n = 372$; 84.8%) substantially outnumbered males ($n = 53$; 11.3%; no participants selected the "other" option provided for gender identity) in the sample. A majority of the participants were African-American ($n = 237$; 54.7%) followed by Caucasian ($n = 151$; 34.9%), with the final ethnicities (10.4%) being evenly dispersed among Hispanic, Asian, Native American, and other. The most frequent attachment style was found to be the secure attachment style at 132 (31.7%) participants, followed by anxious-avoidant ($n = 94$; 22.5%), avoidant ($n = 58$; 13.9%), and preoccupied ($n = 40$; 9.6%).

Measures

Attitudes about sexuality. The *Brief Sexual Attitudes Scale* (BSAS; Hendrick, Hendrick, & Reich, 2006) was developed as a shorter version of the *Sexual Attitudes Scale* (Hendrick & Hendrick, 1987). Participants respond to the 23-item measurement by rating each item on a five-point Likert scale ranging from *strongly agree* to *strongly disagree*. The BSAS consists of four subscales: permissiveness (casual sex), birth control (responsible sexual practices), communion (relational), and instrumentality (biological aspects and enjoyment). The BSAS has previously shown high alpha values of .70 and greater with test–retest correlations greater than .75 (Hendrick et al., 2006; Kimberly, Werner-Wilson, & Motes, 2013). The sub-scales for the present study resulted in Cronbach alphas of 0.94 for permissiveness ($M = 24.59$, $sd = 8.38$), 0.87 for birth control ($M = 12.53$, $sd = 2.48$), 0.81 for communion ($M = 18.70$, $sd = 3.63$), and 0.84 for instrumentality ($M = 14.53$, $sd = 4.26$).

Sexual communication. The *Inhibition of Need Expression Scale* (Davis, Shaver, Widaman, Vernon, Follette, & Beitz, 2006) consists of 9 items that assess anxiety about communicating sexual topics. Participants were prompted to respond using a 9-point Likert scale ranging from *not at all true of me* to *extremely true of me*. Sample questions include "It is easy for me to tell my partner what I need him/her to do to satisfy me sexually" and "Even when I'm really in the mood to have sex, I prefer to wait to let my partner initiate sex". The Cronbach alpha for this study was .71 with a *M* of 69.57 and *sd* of 20.33.

Sexual satisfaction. Sexual satisfaction was assessed using the *Physical Satisfaction Scale* (Davis et al., 2006). Ten items were used to measure participants' satisfaction with such items as "Satisfied with the sexual skills of your partner" and "Satisfied with the sexual attractiveness of your partner." Response options range from 1 = *not at all* to 5 = *very much*. The *M* for this study was 39.3 with a *sd* of 8.9; Cronbach alpha was .85.

Attachment Styles. As used in other empirical articles (e.g., Kidd, Hamer, & Steptoe, 2011), Bartholomew and Horowitz' (1991) definition of secure, preoccupied, avoidant, and anxious-avoidant attachment styles were used to assess participants'

attachment styles. Participants were asked to select the style that best described themselves. The description of secure attachment was as follows:

> It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.

Procedure

An Internet survey was created using Qualtrics survey. Participants were recruited from undergraduate and graduate college classes on a southeastern college campus, as well as through outreach on a social media event page. No identifying information was collected in order to protect the subject's confidentiality. The procedures were approved by the authors' Institutional Review Board.

Results

Correlations between variables were tested using Spearman's correlation coefficients (see Table 1). Results indicated that there was a significant, positive correlation between secure attachment style and openness about birth control, sexual communication, and physical satisfaction scale total. Negative relationships were found between physical satisfaction and the preoccupied, anxious-avoidant, and avoidant attachment styles. The preoccupied attachment style was negatively related to instrumental and permissiveness attitudes, while positively related to birth control and communion attitudes. Anxious-avoidant attachment style was negatively related to all of the sexual attitudes with the notable exception of permissiveness. Avoidant attachment style revealed more diversity with a negative relationship between birth control and communion attitudes, but a positive relationship with instrumental and permissive attitudes. Finally, anxiety surrounding communicating about sexual topics was positively related to the anxious-avoidant and avoidant attachment styles, but negatively related to the preoccupied attachment style.

Table 1. *Means, Standard Deviations, and Intercorrelations for Independent and Dependent Variables.*

Variable	*Mean*	*sd*	Birth Control	Communion	Instrumental	Permissiveness	INE Total	PSS Total
Secure	.32	.47	.102*	.149**	.090	.069	-.005	.141**
Preoccupied	.10	.30	.062	.080	-.044	-.059	-.023	-.061
Anxious-Avoidant	.23	.42	-.010	-.074	-.037	.038	.006	-.059
Anxious	.14	.35	-.028	-.085	.066	.090	.048	-.022

** Correlation is significant at the 0.01 level (2-tailed).

A one-way between-groups analysis of variance was conducted to explore the impact of attachment styles on physical satisfaction, sexual attitudes, and sexual communication. There was a statistically significant difference at the $p < .05$ level in secure attachment styles with physical satisfaction [$F(1, 424) = 7.01$, $p = .008$] and the subscale scores of birth control [$F(1, 424) = 4.15$, $p = .04$] and communion [$F(1, 424) = 8.96$, $p = .003$]. Despite reaching statistical significance, the actual difference in mean scores between the groups was quite small (effect sizes--measured by eta-square--resulting in .02, .01, .02 respectively). No other significant findings resulted from this test.

Discussion

The most significant associations found in this study were positive correlations and statistical differences between secure attachment style and communion, birth control, and physical satisfaction, suggesting that couples with more secure attachments are able to achieve, and desire, deeper intimacy with their partner, bringing greater closeness to their relationship. Higher avoidance and anxiety are related to greater levels of dysfunction in overall functioning, desire, and satisfaction. Thus, contrary to expectations, the results surrounding the insecure attachment styles varied in the degree of communication anxiety and perceptions of sexuality. Anxious-avoidant attachment styles were positively related to sexual communication anxiety while the avoidant attachment styles appeared uncomfortable with intimate discussions and vulnerable disclosures, which may explain their greater sexual communication anxiety. Furthermore, anxious-avoidant attachment styles were negatively associated with communion while preoccupied individuals reported lower scores on permissiveness. Although not found to be significant, these results suggest that when a couple's presenting problem is sexual dysfunction, those in a helping profession could benefit from assessing a couple's attachment style and address barriers to intimacy in order to effectively treat the couple's sexual dissatisfaction.

Limitations and Further Research

Several limitations of the present study should be mentioned. The study used a cross-section of individuals rather than analyzing couples, thus the attachment style of only one partner was received. This limitation does not give insight on the potential difference in attachment styles between partners and might explain the lack of significant relationships. Further research on a more diverse sample may create a clearer picture of how attachment styles affect overall sexual satisfaction. It would be difficult to generalize results based on gender or ethnicity alone because of an underrepresentation of other ethnic groups and overrepresentation of females. The cultural demographic recruited from a southeastern college created the possible effect of conservative values overtly and covertly applied to the self-report instrument relaying information on sexual behavior, sexual satisfaction, and communication about sex. Finally, due to the need for reducing the size of the overall measurement, the present study only used four questions to assess for attachment style. Future studies should use more detailed assessment tools to fully understand respondents' attachment style and could focus on possible mediators between insecure attachment styles and sexual attitudes, in order to explain the findings between preoccupied attachment and permissive sexuality.

Conclusion

In conclusion, the results from this study begin to provide valuable information for understanding differences between the attachment styles and positive sexuality by serving as a reminder that secure/insecure individuals have different views on sexuality. These findings also support the importance of understanding attachment styles when working with couples on sexual issues. Overall this study contributes to the body of literature by adding to the knowledge regarding sexual attitudes, communication anxiety, and sexual satisfaction within an attachment theory context.

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Sex Dolls - Creepy or Healthy?: Attitudes of Undergraduates
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Introduction

The use of robots for sex has entered mainstream culture. *Time* magazine reviewed recent television programs (*Humans, Westworld, Black Mirror*) and asked, "Is it ethical to have sex with a robot?" (D'Addario, 2017). This question suggests that the use of a life-like robot for sex is questionable and creepy rather than an alternative masturbatory activity. This study provides data on attitudes of undergraduates toward the use of robots for sex and suggests a more positive view.

The concept of sex dolls (also referred to as love dolls) dates back to the 17th century and can be seen in Mughal paintings in India. Sex dolls were sold commercially through catalogues in Paris as early as 1908 (Bloch, 1910/2015). Sex doll advertisements in the United States first appeared in 1968 in pornographic magazines, when selling sexual devices through the mail became legal (Beck, 2014).

The early sex dolls of the 20th century were largely blow up dolls made with thin plastic or rubber. In 1996, Abyss Creations developed a life-size sex doll that resembles the face, skin, and figure of a real woman. Although the doll's initial function was to serve as a sex partner, some owners have used the RealDoll for non-sexual purposes. For example, the movie *Lars and the Real Doll* featured the RealDoll as a girlfriend whom the owner introduced to family/friends, took to parties, etc. Another sex doll, Flexidoll (http://www.flexidolls.com/tour/), is the latest version of sex dolls promoted as being "beautiful and boneless", capable of contorting their body into any position desired by the consumer.

The primary motivation for having a sex doll is to aid one's sexual pleasure via masturbation. When another human is not available, a sex doll may be a satisfactory alternative to interpersonal sexual activity (Burr-Miller and Aoki, 2013). However, owning and using a sex doll is stigmatized and viewed as evidence that one is unable to attract a real sexual partner. Such stigmatization may lessen over time. David Levy (2007), author of *Love & Sex with Robots,* predicted that by 2050 robots will evolve to "make themselves romantically attractive and sexually desirable to humans."

Scholars have raised concerns about using sex dolls that resemble humans. One fear is that using human-like alternatives may only further demean some shy young men with inadequate interpersonal competence (Hughes-d'Aeth, 2013). In addition, the use of sex dolls who are obedient and always available for pleasure may further objectify and exploit women.

Review of Literature

One of the most comprehensive studies about sex dolls was conducted by Valverde (2012) who wrote her master's thesis on "the modern sex doll-owner." She interviewed Abyss Creation's founder Matt McMullen who revealed that his company ships ten dolls a week, (90% female dolls and 10% male dolls), each costing at least $5,000. "There are 11 different body types and 31 faces to choose from. In addition, there are 30 styles and shades of nipples; skin and lip type; hair and eye color; pubic hair (trimmed, natural, full, shaved); eyebrows (fake, human hair); removable tattoos, piercings etc." (Gurley, 2015). The newer humanoid sex robot versions talk, respond to questions, have movement and simulate a real woman. See http://www.nytimes.com/video/technology/100000003731634/the-uncanny-lover.html to observe an example of a female sex doll who talks. As might be expected, members of the sex doll community often wish to remain anonymous for fear of judgment, persecution, and psychiatric labeling. However, as part of Valverde's study, some sex doll owners were willing to respond to questions about sex doll use thorough an anonymous questionnaire.

Valverde (2012) collected her data via an online survey from 61 members of an "online doll-owner community forum." Of those who completed the survey, 88% were male (12% female) and almost 90% (87%) were heterosexual. The average age of the sex doll owner was 43 with ages ranging from 20 to 69. Slightly less than three fourths (71%) of the respondents were single. with 65% earning between $30,000 and $90,000 annually. The primary purpose of owning a doll, reported by 70% of the respondents, was for sex. Indeed, 41% of the doll owners said that the doll was their primary sex partner. Thirty percent of doll owners said that the primary purpose was for companionship; 17% used the doll for sex with a partner. Doll ownership/use was not without negative feelings - over a third (37%) reported that they felt shame, guilt or embarrassment.

Purpose of the Study

The purpose of this paper was to identify social psychological variables related to the acceptance/use of a sex doll and humanoid robot in the context of physical and emotional intimacy. How are gender, religion, and sexual values (independent variables) related to sex doll acceptance and use (dependent variable)?

Methods and Sample

A 34-item survey was approved by the Institutional Review Board at a large southeastern university in the USA. An email including an Internet link to the survey was sent to undergraduates in the sexuality/marriage/family courses of the first author. No incentives for participation in the survey were provided. The survey included Likert type questions, which asked students about their being open to using a sex doll or humanoid robot in the context of interpersonal sex. The term "sex doll" was defined as a sex toy with features resembling a human partner and unable to interact or communicate. The term humanoid robot was defined as a machine with an appearance resembling a real human;

humanoid robots can interact and communicate with humans if they are programmed to do so.

The survey included two questions about sex dolls: understanding ("I can understand how someone would prefer having sex with a life-like sex doll") and openness ("I am open to the idea of having a sex doll for personal use"). Six questions were about the use of a humanoid robot: Falling in Love ("I think it is possible to fall in love with a humanoid robot"), No Headache ("Humanoid robot would never have a 'headache".), Marriage ("I think people should be able to marry their humanoid robots"), Sexual Need ("I think the development of humanoid robots to meet sexual needs is a good idea") , Stigmatization ("The use of humanoid robots for having sex is stigmatized) and Intimacy ("I could develop feelings of intimacy for a humanoid robot"). Demographic questions regarding gender, race, religious commitment, etc. preceded questions about robot acceptance and use.

A total of 345 respondents completed the survey. The majority of respondents (81%) were female, white (70% white, 15% black, 8% Latino, 3% Biracial, 3% Asian and 1% other) and heterosexual (90%). Almost three-fourths (72%) were either first or second year undergraduates. Almost half (48%) were emotionally involved in a committed or engaged relationship, 37% were not seeing anyone/not involved, and 14% were casually dating different people.

The data were analyzed by SPSS (version 21) statistical software.

Findings

The respondents varied in terms of how they felt about their acceptance and use of a sex doll.   The majority of the respondents were not in favor of the use of a sex doll. Over two thirds (68%) could not understand how anyone could think of having sex with a doll, less than one in five (17%) strongly agreed or agreed that they "could understand how someone would prefer having sex with a life-like sex doll over a human" and 15% were neutral about the idea.

When the respondents were asked if they personally would be open to having sex with a doll, 8% said yes, 13% were neutral and 79% strongly disagreed or disagreed.   Only one male of the 345 respondents reported having had sex with a doll.

Regarding perceptions of stigma for having sex with a sex doll, almost a third (32%) strongly agreed or agreed that there was a stigma, 41% were neutral about the existence of a stigma and 28% strongly disagreed or disagreed that there was a stigma. Finally, concerning the development of humanoid robots to meet sexual needs being a good idea, 11% thought it was a good idea, 14% were neutral and 76% thought it was a bad idea. Analysis of the data included identifying the variables of gender, religious and sexual values (independent variables) in relation to sex robot acceptance (dependent variable).

Gender Differences

When asked to rate the statement "I am open to the idea of having a sex doll for personal use", men (*M*= 2.09, *SD*= 1.11) were significantly more open to having a sex doll (*p* < .01) than women (*M*=1.70, *SD*= 0.95) . When respondents were asked if they could develop feelings of intimacy for a humanoid robot, men (*M*= 1.67, *SD*=0.89) were significantly more accepting (*p* < .05) than women (*M*=1.39, *SD*=0.74). Table 1 illustrates dependent variables by gender.

Table 1: Dependent Variables: Means and Standard Deviation

		M	*SD*	*p*
Sex Doll Preference "I can understand how someone would prefer having sex with a life-like sex doll over a human."	Men	2.31	1.30	n.s.
	Women	2.05	1.13	
Open to Sex Doll "I am open to the idea of having a sex doll for personal use."	Men	2.09	1.11	*p < .01*
	Women	1.70	0.95	
In Love with Robot "I think it is possible to fall in love with a humanoid robot."	Men	2.02	1.19	n.s.
	Women	2.15	1.13	
Robot: No "headache" "A humanoid robot would never have a "headache" and would always be available for sex	Men	3.05	1.41	n.s.
	Women	2.73	1.28	
Marry Robots "I think people should be able to marry their humanoid robots if they want to"	Men	1.98	1.15	n.s.
	Women	1.75	1.03	
Robots for Sex Need "I think the development of humanoid robots to meet sexual needs is a good idea."	Men	2.19	1.13	n.s.
	Women	1.98	1.04	
Robot Stigmatization "The use of "humanoid robots for having sex is stigmatized."	Men	3.02	1.34	n.s.
	Women	3.08	1.32	
Robot Intimacy "Feeling I could develop feelings of intimacy for a humanoid robot."	Men	1.67	0.89	*p < .05*
	Women	1.39	0.74	

Note: n.s. (not significant)

Religion

Participants identified themselves as being in one of three religious groups: religious, spiritual but not religious, or neither. While respondents did not identify their specific religious background, most students at this southeastern university were from predominately Christian backgrounds. Those who identified as being religious were far less accepting than those who were either spiritual or not religious. These findings support the research of Jeremy Hsu (2014) who found that religious fundamentalists tended to view humanoid robots as being more "creepy overall." The explanation for a religious association with a negative

view of robots is that robots are counter to the belief that a Supreme Being made humans. The Judeo-Christian monotheistic doctrine states that only God can give life, and human substitutes are to be shunned (Kim and Kim, 2013).

Sexual Value

Respondents self-identified their sexual value as absolutist (sexual intercourse before marriage is wrong, 13.2%), relativist (sexual intercourse justified if the person is in love, 56.8%) or hedonist (do what feels good, 30%). Compared to relativists and hedonists, absolutists were significantly ($p < .001$) more likely to hold negative views regarding sex robots. Table 2 illustrates dependent variables by sexual values.

Table 2: Means, Standard Deviation, ANOVA and Post Hoc Comparisons by Sexual Value

Variable		*M*	*SD*	*F*	*Post Hoc Comparison*
Sex Doll Preference	Absolutism (A)	1.63	1.09	6.21**	A < H **
	Relativism (R)	2.06	1.12		
	Hedonism (H)	2.38	1.21		
Open to Sex Doll	Absolutism (A)	1.56	0.95	3.71*	A < H *
	Relativism (R)	1.72	0.94		
	Hedonism (H)	2	1.08		
In Love with Robot	Absolutism (A)	2.07	1.06	n.s.	n.s.
	Relativism (R)	2.04	1.13		
	Hedonism (H)	2.31	1.21		
Robot: No "headache"	Absolutism (A)	2.41	1.34	3.51*	A < H *
	Relativism (R)	2.77	1.29		
	Hedonism (H)	3.04	1.27		
Marry Robots	Absolutism (A)	1.39	0.73	8.09***	A < H**
	Relativism (R)	1.73	0.97		R < H*
	Hedonism (H)	2.12	1.22		
Robots for Sex	Absolutism (A)	1.51	0.81	7.29***	A < H ***
	Relativism (R)	2.01	1.05		A < R*
	Hedonism (H)	2.26	1.12		
Robot Stigmatize	Absolutism (A)	2.85	1.42	4.28*	R < H*
	Relativism (R)	2.94	1.26		
	Hedonism (H)	3.4	1.35		
Robot Intimacy	Absolutism (A)	1.41	0.77	n.s.	n.s.
	Relativism (R)	1.41	0.74		
	Hedonism (H)	1.54	0.84		

Note: * $p < .05$;   ** $p < .01$,   *** $p < .001$

Discussion

Results from this study revealed that the majority of respondents could not understand how anyone could have sex with a "life like" sex doll rather than a human. This response is not surprising, as the use of sex dolls or robots is stigmatized by mainstream culture in the U.S.   Sex dolls or robots are thought of as a non-human, silicone form devoid of love, warmth, and intimacy.   In effect, the use of robots for sex is stigmatized since there is the cultural belief that humans should prefer "the real thing."

Implications

There are two implications of the data. First, low acceptance (8%) for sex doll use by these undergraduates reflects the culture in which the behavior occurs.   U.S. culture dictates the social scripts operative in regard to how sex dolls will be viewed - negatively, dolls are not credible objects for sex.

Second, in spite of the negative cultural view of sex dolls as a masturbatory aid, they might be reconsidered as a credible alternative. In the spirit of positive sexuality, with diversity as one of its primary tenets, sex dolls (like vibrators) are used in private by the individual to enhance sexual pleasure. The researchers suggest this is not creepy but healthy sexuality.

The idea of sex dolls being used for one's sexual pleasure (a basic human need) is already recognized in Japan as some companies rent sex dolls and rooms to customers. Alternatively, a customer may rent a doll for the night or weekend and take it home.   Sounds like the person is looking forward to a sex positive evening!

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We invite original submissions from diverse epistemological and methodological approaches on any topic that explicitly pertains to positive sexuality. A full range of qualitative and quantitative methods is acceptable. We also encourage nonacademic professionals and graduate students to submit original work. Please follow these guidelines as you prepare your work for submission:

- Manuscripts should have a clear sex positive focus
- Manuscripts should be no longer than eight double-spaced pages, including references
- Manuscripts should be written in American Psychological Association (APA) 6th edition format, with the following exceptions:
  - No abstract is needed
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  - DOI numbers are not needed in the reference list
- Given the diverse readership of the journal, authors should try to avoid using highly technical jargon whenever possible. As best as possible, strive for a manuscript that can easily be understood by scholars and professionals outside of your field
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