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Damaged Sexual Self-Esteem: A Kind of Disability

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Damage to sexual self-esteem can occur readily through interactions with others; name-calling, sexual insults, unsuccessful sexual interactions, sexual victimization, and one's own impulsivity and self-destructiveness in a sexual encounter can affect the individual's sexual self-esteem. In this paper, five cases are provided to clarify the ways in which individuals experience damage to their sexual self-esteem. Some of these cases came under court scrutiny; monetary compensation was ordered by the courts because of extreme damage in some of the cases. Damage to SSE can be extreme, disabling and can significantly detract from the individual's self-view, satisfaction with life, capability to experience pleasure, willingness to interact with others and ability to develop relationships.

KEY WORDS: sexual self-esteem; sexual self-view; sexual confidence; personal injury.

An area of damage and injury to the individual that is rarely discussed in the literature in psychology, psychiatry, medicine or law is that of "sexual self-esteem" (SSE). While general self-esteem is discussed frequently, SSE is a concept that has had fleeting mention. When SSE is damaged, the individual's self-view, satisfaction with life, capability to experience pleasure, willingness to interact with others and ability to develop intimate relationships may be limited. When damage to SSE is severe, this can constitute a disability that significantly interferes with the individual's functioning.

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DEFINITION AND CURRENT USE OF THE TERM IN LITERATURE

The term "sexual self-esteem" has been used by several authors to describe the individual's sense of self as a sexual being, ranging from sexually appealing to unappealing and sexually competent to incompetent. Sexual self-esteem may be viewed as the value one places on oneself as a sexual being, including sexual identity and perceptions of sexual acceptability. Injuries to sexual self-esteem of individuals who have been sexually harassed, harshly insulted and embarrassed, and sexually assaulted can damage these individuals significantly.

The term has appeared in literature in the areas of women's issues, weight issues, sexual trauma, adolescent psychology and disability. Andersen and Cyranowski have defined SSE as "Sexual aspects of oneself that are derived from past experience, manifest in current experience, influential in the processing of sexually relevant social information, and guide sexual behavior" (1). These authors viewed SSE as having several components: an inclination to experience passionate-romantic emotions, a behavioral openness to sexual experience, and a negative aspect—embarrassment or conservatism.

SSE can be predicted on the basis of sexual trauma (2). Measuring tools have been developed to assess SSE in adolescent females (3). Ragland (4) related SSE to the perceptions of the father-daughter relationship in adolescents. Rosenthal, Moore and Flynn (5) measured SSE in sexually active 17 to 20 year olds and found that males displayed higher levels of SSE. Frank Cole (6) discussed teenagers' sexual self-esteem, indicating that contrary to popular belief, adolescents with high self-esteem tend to engage in risky sexual behavior. He indicated that efforts oriented toward improving teenagers' sexual self-esteem should be accompanied by efforts to increase teenagers' information about safe sexual practices.

Beryl Meyer (7) used the term "sexual self-esteem" in her discussion of women with weight concerns and indicated that they should work to "rekindle a sexual relationship with a partner to feel socially acceptable." Marsha Saxton (8) discussed the sense of failure that can occur for disabled women because of issues with sexual functioning; she emphasized that disabled women can reclaim sexual self-esteem and indicated that physicians and other health professionals often do not serve this population well because of a resistance to discussing sex with disabled patients. This author (9) used the concept of SSE to describe some of the losses experienced by patients with Huntington's Disease, an irreversible subcortical dementia resulting in uncontrolled movement, loss of intellectual function, impaired memory, thought, speech and perception. The loss of the sense of self as a sexually attractive and sexually functional human being represents a major emotional loss to the Huntington's Disease patient.

THE POTENTIAL FOR DAMAGE TO SSE

It is intuitive that SSE can be altered by significant emotional injuries, which can contribute to the onset of feelings of guilt, degradation, self-disgust and humiliation; these will affect the individual's future sexual choices, attitudes and behavior. Acts that damage SSE may originate with the individual or with others. Damage may occur when demeaning, insulting sexual comments, verbal abuse using language that reflects harshly on the individual's sexuality or appearance, sexual harassment, or a sexual assault is directed toward the victim. Damage can also be self-induced; when an individual behaves in a manner that results in humiliation, embarrassment, self-disgust and loathing, diminished SSE may be the result.

Damage by Self

When an individual displays uncharacteristic behavior that embarrasses, humiliates, and shames him/herself, he/she may redefine or clarify the SSE in a manner that incorporates the uncharacteristic conduct. An individual can behave in such a manner that his/her SSE is diminished, without harmful behavior by anyone else. A woman who has viewed herself as conservative and careful may "let loose" and become involved in a wild, uninhibited sexual interaction with partners that she hardly knows, later experiencing shame, self-disgust and embarrassment. The onset of a sexually transmitted disease can contribute to the individual's decreased SSE, with the view that one is dirty, disgusting, and contagious.

Defensiveness, repression, denial and rationalization may ameliorate the damage to SSE. For example, a young man who engaged in a gang rape expressed guilt and shame, but pointed out that the woman had passed out and was unconscious at the time, and was not aware of what happened to her. He stated further that he had sex with her a year earlier and that "she wanted it" at that time, so it wasn't as if he had really raped her. He'd already "had" her so, "This was no big deal."

Damage by Others

External events and written or spoken statements by others have the potential to damage SSE. Letters, emails, insults, drawings and spoken statements may be the source; gossip and rumors serve to extend and expand the adverse effects. Terminology with the potential to damage SSE includes terms such as "slut," "whore," "piece of ass," "pervert," etc. Such terms may insult the entire gender

group or may focus on one individual; the insults that target one individual are those that have the potential to damage SSE. When graffiti on the wall of the men's room provides a woman's home phone number and instructs males to call her "for a good time," she may respond with humiliation and shame.

In a study of caregivers of geriatric patients in which information was gathered on the quantity and quality of verbal abuse directed toward the caregivers by patients (10), insults of a sexual nature were considered by the recipients to be extremely distressing, especially name-calling incorporating sexual insults. Insults of a sexual nature were considered by the staff caregivers to be the "worst thing" that patients had ever said to them and were recalled by staff for as long as ten years after the insult was heard. Sexual insults are frequently used even in situations where there is no basis for sexual comment or criticism, and the caregivers' reaction to the insults directed at them by their geriatric patients offers a possible reason why. Even a baseless sexual insult from a non-credible source can be devastating to its recipient, and often more traumatic than a valid and credible but non-sexual insult.

Sexual assault of adults and children may contribute to damaged SSE. The victim's mental image of himself/herself being forced to perform distressing sexual acts with a distasteful person; mental repetition of words said to him/her in the course of the assault; the offender's view of the victim presented through words, insults, threats and behavior; the fact that the victim felt compelled to permit the sexual aggressor to commit the assault and was not able to avoid it or defend against it: These have the potential to damage the individual's SSE.

What was thought to be dangerously exciting, racy, thrilling and wild before a sexual encounter may later seem disgusting, distasteful, shameful, humiliating and embarrassing to a participant. Use of alcohol or drugs may increase the likelihood that an individual will participate in a sexual interaction that has an adverse effect on sexual self-esteem.

VULNERABILITY TO DAMAGE

Some individuals are far more vulnerable to damage than others. The source of the insult, the setting and situation in which the insult occurs, the sexual identity of the individuals, norms of the peer group, and the specific terminology used in the insult will determine the manner in which the sexual insult is understood and even whether it is perceived as insulting. For example, a middle-aged woman who is called a "slut" by her husband may be very insulted; she may obsess about this and experience it as damaging. A teenager who is joking with her friends may playfully call them "sluts" when they notice a handsome young man walking in a mall, with no negative repercussions. Similarly, the term

"whore" has different meaning and impact for a male homosexual and female heterosexual.

The vulnerability to words that can have a detrimental effect on SSE is dependent on past experience, personal understanding and implications of the offensive terminology, and ability to use defense mechanisms to minimize the effect. Terminology may be used in an intentional or unintentional manner to diminish SSE; at times, it may be purposefully used to decrease the individual's sexual capabilities and sense of competence.

While one might assume that females are more vulnerable to sexualized verbal insults, this is not necessarily so; males may be extremely vulnerable and their capability to function sexually can become impaired. Women sometimes comment about a man's sexual prowess, insulting him by referring to the small size of his genitalia (e.g., "He's hung like a chipmunk"), his inability to "get it up", and his minimal sexual stamina ("He lasted about three seconds"), his sexual insensitivity or incompetence. These words may have the effect of creating a problem or exacerbating an existing problem. Sexual performance anxiety can result from verbal insults, may be long-standing and can require psychological or psychiatric treatment.

Men and boys may be more reluctant than women and girls to complain of insulting, sexually-oriented verbalizations and harassment or to discuss the effects. There have been a few events in the last fifteen years that reflect an increasing acceptance of males complaining when sexually inappropriate conduct or insults are directed toward them (e.g. sexual harassment lawsuits by male employees, movies that address the theme of male victimization by females). Although men are adversely affected by sexual insults and harassment, their need to remain "macho" and to appear invulnerable may be a factor in the lower number of sexual harassment complaints filed by males. There is the tendency for males to respond with embarrassment when they are sexually harassed and assaulted; they sometimes use avoidance and denial rather than acknowledging the damages.

Children may be more vulnerable to this kind of damage; when sexual identity is not yet fully formed, molestation may become a defining element and may contribute to a life history of repeated sexual victimization by a variety of aggressors as well as to major problems with SSE. A wide range of short-term and long-term responses have been documented to sexually traumatic incidents.

No literature was found pertaining to SSE in sexual subpopulations. The damaging effects of harsh verbalization and actions in the sexual area on the SSE of lesbians, gays, transvestites and transgender individuals are probable. Some individuals may become accustomed to insults directed toward their sexual practices/preferences and experience a "hardening." Alternatively, they may

avoid interactions with "straight" individuals because of repeated insults and assaults.

The psychological processes by which an individual can defuse, deny, rationalize, ignore, repress, minimize, negate and defend against sexual insults or sexually traumatizing events are of particular interest and may be of use in development of treatment strategies to ameliorate the damage. Tendencies to obsess, dwell on, repeat, re-experience and replay the situation or verbiage may tend to increase the damage; these tendencies may not be perceived as being under the individual's control—for example, in post-traumatic stress disorder and obsessive disorders. Certain personality types may be much more vulnerable to damage to SSE; depressive, anxious and obsessing tendencies may exacerbate the difficulties. With extreme traumatization, acute stress disorder and post-traumatic stress disorder may occur, for example in rape situations.

RANGE OF RESPONSES TO DAMAGED SSE

Damaged SSE may be accompanied by a variety of symptoms, including health problems, depression, anxiety, shame, suicidal or homicidal ideation, isolation, decreased socialization, diminished sexual interest and activity, problems with sexual function, impairment of occupational, social and relationship functioning, fear of males or females, altered hygiene and grooming, decreased goals, etc. The mental dialogue of the damaged individual may incorporate and replay the disturbing stimulus event or sexual insult (e.g. "They'll never promote me if they view me as a slut. They won't want me in the company"; "She'll never go out with me if she's heard I'm a pervert"; "They'll think I'm dirty and disgusting because of my STD").

Individuals with diminished SSE may tend to avoid sexual failure or sexual rejection; behavior in a variety of areas may change. It is not unusual for victims of sexual assault to alter their mode of dress, to avoid seeing their nude bodies in the mirror, or to undress only under a blanket. Loss of interest in sex may occur. Such individuals may discontinue potentially pleasurable activities that offer tactile and sensual sensations, e.g., bubble baths, appealing textures of fabric, skin lotion, perfume, attractive clothing and footwear, cosmetics and grooming aids that enhance appearance. They may avoid movies and books with a sexual theme. All elements of the individual's life as a sexual being may disappear.

Independence may be lost and the individual may display regression, for example, requiring a nightlight to sleep. Moving back to the parents' home, increasing dependency on family, and an unwillingness to leave the home unaccompanied are not unusual. The individual may display increased dependency, diminished capabilities, and the resumption of early childhood patterns of behavior.

Sexual victimization, including assault, molestation, incest, insults and harassment may contribute to the victim's self view as being valuable only for one's sexuality, sexual appearance and sexual prowess. The view that one's sexuality is the only area of value can be extremely damaging.

When an adult individual feels sexually competent, attractive and acceptable to others, these factors contribute to good SSE. While an individual whose only earning skill is prostitution may feel sexually competent and attractive, SSE generally occurs in the context of other effective life roles. The individual must also have a sense of sexual acceptability. Some individuals can only relate to others sexually; some perceive their only skill to be within the sexual realm; these individuals may not meet the criteria for sexual acceptability. Such well-developed sexual skills and characteristics may become a detriment for some individuals.

Poor SSE may be associated with excessive sexual competence and sexual interest as well as the absence of sexual skills, prowess, capabilities and interest. Poor SSE is associated with being a "slut," a "nymphomaniac," hypersexual, overly needy or desirous of sexual interactions ("She'll screw anything in pants"; "She's hot to trot"), lacking sexual interest or skills ("She's frigid"; "She wouldn't know what to do with it"; "He can't get it up."), and in some cases, willing to participate in poorly accepted or unusual sexual practices that are distasteful to the individual.

Five cases will be described in which the concept of SSE was valuable in defining the emotional injuries occurring as a result of another individual's actions. Cases 1 and 2 describe situations that were adjudicated by courts of law. Cases 3, 4, and 5 describe situations that did not reach the courts; however, situations like these are often seen in the offices of psychiatrists and other physicians, psychologists, social workers, drug and alcohol counselors and other counselors.

CASE STUDIES

Case 1

Mrs. WW, a divorced woman, was employed by a large company as a sales representative and decided to seek another job. She had been employed by this company for a lengthy period of time, but the company was re-organizing and her position was downgraded. She did not want to announce to her boss that she was seeking employment elsewhere. She asked the owner of one of the companies she served to write her a letter of recommendation.

Mrs. WW noted that she was the first woman in the area to work in this industry as a sales rep. She was in her mid-40s at the time and was attractive, nicely groomed

and well dressed. She viewed herself as very effective socially and professionally. She was socially outgoing and comfortable; she laughed at the jokes that her customers told, dealt effectively and unemotionally with the experiences of sexual harassment that seemed inevitable to her, and was at ease sharing dirty jokes with "the guys."

The letter that was provided by the owner of the company devastated her. Although the author of the letter explained that he wrote it as a joke, she described it as "the nastiest, kinkiest, sickest letter" she had ever seen. The letter addressed her sexuality, described her as having the sexual appetite of a wild animal, and discussed her skills in the area of oral sex, providing descriptive information. The letter closed by urging families to keep young males away from her because of her extreme sexual appetite. The letter was extremely graphic.

Mrs. WW found the letter to be insulting and degrading. The images evoked by the letter were not easily forgotten; the words and images became intrusive and distressing to her. She responded with depressed mood, weight gain, and greatly diminished social and sexual functioning. She lost her job, began to distrust and avoid men, and lost confidence in herself. In spite of the fact that she had previously been a sexually active, even sexually bold woman who was attractive, well-paid, active in the community and very successful in the workplace, she began to question her own sexuality and to ask, "What do people think of me? Why did this affect me so much? Am I a bad person? Shouldn't I have sexual relationships?"

The image presented to Mrs. WW in the letter indicated to her that one man whom she had trusted perceived her as undesirable, grotesque, sexually needy and insatiable. The assault on her SSE by the letter was devastating to Mrs. WW; the intensity and duration of the effect on her psychological state amazed her, but she found herself unable to reverse the effects and return to her normal, effective, sociable and sexual self.

Middle aged, unmarried and divorced women who are sexually active may be very vulnerable to assaults on their SSE; the barrage of information from the media suggests that one must be young and beautiful to be sexually appealing. There are few role models in the media for sexually active, average looking, middle-aged women. Women who are sexually adventurous, bold, and non-conventional may be especially vulnerable, as this woman was.

Case 2

Mr. GG, a young man in high school, age 17, had recently moved with his family to a new area and began in a new school. His advisor at the Future Farmers of America chapter at the new school was Mr. VV. Mr. VV disliked GG and remarked that GG "smelled like a goat." GG was competing in FFA events with a pet goat and began to increase his attention to his hygiene after he heard this comment. Mr. VV characteristically made such insulting remarks about students. When an amply endowed young woman walked down the hall, Mr. VV said, "I gotta get out of her way. I don't want to get hit with the one of those knockers." Mr. VV would call some female students "heifers"; female students regarded this as an insult and understood this to mean that they were neither slim nor cute.

When the FFA chapter attended a convention in another city, GG attended along

with six female students, two adult female chaperones, and Mr. VV. GG was given the couch in the living room as a bed; the others slept upstairs. Late at night, Mr. VV walked into GG's sleeping area, observed him briefly, but did not make his presence known. The next day, Mr. VV communicated to the chaperones and the six female students that GG was engaging in "deviant behavior," believing that he had witnessed GG masturbating. He cautioned the females that they needed to be careful of GG.

GG was not aware of Mr. VV's alleged observations until days later, when the rumor of his "sexual deviancy" and masturbation spread through his school. GG denied that he had been masturbating, and indicated that Mr. VV had probably observed him changing his pants under the covers. Even if GG had been masturbating, this is normal behavior. He had been told that the couch was his private sleep area.

Mr. VV left a report about his observations on his desk in full view of anyone walking by. He told state FFA officers, "GG is a disgrace to the chapter and the school shouldn't have sent him." The rumor about GG rapidly spread through the school and neighboring schools. GG's mother was advised by school personnel that her son needed counseling because of "sexual deviance." She was advised that he had been caught masturbating at a conference, that he had engaged in other sexually inappropriate behaviors, and that she needed to watch him.

After the initial labeling of GG as "sexually deviant," his subsequent behaviors were scrutinized, misinterpreted and over-interpreted. Teachers and students became intimidated by him, fearing that he could be a rapist or that he might be homosexual. Students harassed, threatened and chased GG; he became socially isolative, lost interest in hygiene and grooming, and dropped out of activities. His girlfriend discontinued their relationship; his friends abandoned him. His involvement with peers, efforts to succeed in school, and plans for the future disappeared. He experienced shame, stigmatization, humiliation, anger and irritability. He described the incident in this manner: "It was the most traumatic thing in my life. It shattered my dreams. It makes everything else so much harder."

Mr. VV finally acknowledged to school administrators exactly what he saw at the FFA meeting. They concluded that there was no problem with sexual deviancy by GG, but they tended to trivialize the effect on GG of being labeled "deviant." No services were offered to GG. No apology was provided. No efforts were made to change other students' views of GG.

GG became embarrassed when the topic of sexuality was addressed at school because he was worried that someone would remember and say something to him. He worried that sexual jokes or words might trigger memories for other students. He remained uninvolved in activities in which he previously participated. He made a few new friends, but would not talk about sexual issues with them. His SSE was severely impaired; he became anxious and depressed. He was afraid to approach females sexually and did not want to make "the first move." He was worried about someone accusing him of sexual harassment. He did not ever want anyone to make allegations that he displayed inappropriate sexual behavior.

Teenaged males are in the process of developing SSE and are particularly vulnerable. Calling a young male "a pervert" can be very damaging. It is difficult, perhaps impossible, to disprove that one is a "pervert." GG provides an example of how devastating and disruptive such a statement can be.

Case 3

Ms. P.H., a 33-year old woman, was single and maintained an active social life. On an evening two months ago she drank too much at a party and was driven home by a new acquaintance after she had been flirting with him most of the evening. Although her usual manner was more reserved, she found him to be interesting and appealing and was uninhibited as a result of her intoxication. She remembered that at one point, she asked him to take her home; both of them understood this to mean that she was sexually interested in him.

He had a condom with him, but he put it on only after the two of them had done a great deal of touching and rubbing. She didn't notice any reddening or blisters on his penis, but the room was dark and she was intoxicated. They did not discuss their sexual histories or risk factors for sexually transmitted infections.

Several days later, Ms. PH developed flu-like symptoms and a painful genital rash. When she presented to her physician, she was diagnosed with herpes simplex virus, most likely a primary outbreak of HSV type II.

P.H. had always viewed herself as careful with her sexuality. She thought of herself as a "good girl." Her behavior at and after the party was uncharacteristic. When she talked with her physician, the doctor was non-judgmental, but P.H. still felt like crying. She would never have had sex without a condom, but she was probably more careless than usual because of her inebriation. Pregnancy and AIDS had been on her mind, not herpes.

She became ashamed and embarrassed, developed anxiety about how to tell any future sex partners, and described herself as feeling "dirty." her physician emphasized that she should inform all prospective sex partners. While she would never want to expose anyone else to a sexually transmitted disease, she was extremely uncomfortable with discussing her infection and elected to "take a break from sexuality."

P.H. felt shamed, embarrassed, and "dirty" because of the onset of symptoms of a sexually transmitted disease. She blamed herself, felt unacceptable to prospective sex partners, and became fearful of others knowing about her genital herpes. P.H. began reading information provided by her physician and subsequently visited internet sites providing information about HSV. While she was initially very distressed by reading that her infection could be treated but not cured and learning about the risk to a future pregnancy, learning that HSV is an extremely common infection and that others are able to enjoy their sexuality while protecting their partners has helped her to rebuild her sexual self-esteem.

Case 4

Ms. R.S. is a victim of molestation and rape. She was first molested at age 4; was the victim of repeated molestation by at least four different men, including her grandfather, stepfather and two uncles, from age 9 to 16; and she has been raped twice as an adult. R.S. is age 24. She does not actually enjoy sex, but likes the attention associated with it. She has never had an orgasm, but is expert at faking them.

Some of her early sexual experiences were extremely physically painful. Her mother was a drug addict who was inattentive and may have been paid with drugs to allow a couple of boyfriends to use her daughter sexually.

Ms. R.S. is extremely seductive, dresses in revealing clothing, and describes herself as "hot and luscious." She realizes how damaging her sexual experiences have been for her. R.S. is a good actress and is able to present herself as very sexual and attractive to others. She views her sexuality and appearance as the primary characteristics that will allow her to get ahead; she does not identify any other skills, traits or qualities that would attract others. Her two female friends have the same orientation and frequently discuss their aspirations to become famous as adult film stars or dancers. R.S. is employed as a retail salesperson and enjoys the flirtatious comments of her male customers. She is emphatic about the fact that she has not engaged in prostitution, but she also describes the trips, favors, clothing and gifts that she has received from boyfriends and dates with pride.

Her sexual self-esteem is poor. She is very knowledgeable about sex, but has a very limited capacity to enjoy sex. She views her sexuality as a means to an end. She does not view herself as good for anything but sex. Her repeated molestation and sexual abuse have decreased her capacity to function effectively in other realms, resulting in her view that there are few options for her.

Case 5

Mr. H.A. was also a victim of childhood abuse. He was beaten severely as a child and punished with the use of humiliation, which incorporated forced nudity, wearing of female clothing, and bathing of his father's genitals with a washcloth. He was never sexually touched, but his very obese father forced him to wash the father's genitals, chest, underarms, buttocks and belly. He left home at age 14 when the abuse escalated. There was an incident in which the father beat him severely, forced him to undress, and appeared to be thinking about "punishing" him with molestation. H.A. left in the course of this incident, grabbed a shirt and a pair of shorts, and disappeared from the home. He never returned.

H.A. became one of the "street kids." However, he is a highly intelligent young man and by working a little, stealing a lot, and manipulating others, he managed to obtain lodging and food. He functioned as a male prostitute a few times when it was extremely cold outside and he needed a place to stay and a warm meal. H.A. managed to complete high school and two years of college. He has had a wide variety of jobs, and tends to be a diligent, fast-learning, highly effective employee.

At age 23, Mr. H.A. is a man who has had difficulty figuring out what he wants to do with his life. He has had no long-term relationships with men or women. He has no close friends. He still has nightmares and flashbacks about his experiences as a child, and he tends to be jittery and jumpy. His recurrent, intrusive, and very distressing memories of incidents from his childhood bother him a great deal. He knows that he is very intelligent and capable, but can't figure out what he wants to do; he has had a variety of non-demanding jobs. He would like to return to school.

He is having difficulty remembering exactly what his father did to him. He tends to confuse his father and a few of the older men with whom he prostituted himself. In his dreams, his father is forcing his penis into H.A.'s mouth, rubbing H.A.'s penis and yelling at him, "I know you love this, you little fag." He is disgusted about the fact that he is aroused in these dreams.

He has had consensual experiences with both males and females, but for now, he tells people that he is celibate. Sexuality for him is frightening, unpleasant in some ways, and he is worried that he might be homosexual; he views homosexuality in a negative manner and jokes about it at times.

He knows that he is confused about his sexuality and says that he is "messed up." He has no confidence in himself as a heterosexual man and thinks that he might panic with a woman, although he has been aroused and effective in the past. He sometimes thinks that people can look at him and see how confused he is about his sexual preferences. He experiences a great deal of self-loathing related to his sexuality; his sexual self-esteem is very poor.

DISCUSSION

In the cases presented, the capability of these individuals to value themselves as sexual beings was clearly diminished. In some cases, this was the result of verbal statements and sexually insulting actions by another person; in some cases, their own behavior resulted in humiliation and self-blame. These individuals felt humiliated, diminished and dissatisfied with themselves; they experienced shame and disgust toward themselves.

Even though their actions may not have specifically elicited the insults and degrading remarks, they were labeled in sexually unacceptable ways and responded with severely diminished SSE, modifying their behavior and withdrawing. In each case, the sexual humiliation resulted in depression and changes in the individual's functioning. This effect can be considered disabling.

Vulnerability to these kinds of effects varies greatly; some individuals may lack resilience and may be quite fragile in the area of SSE. Words have the capacity to affect a person severely, may result in the loss of pleasure in sexual interactions, and cause the person to view himself/herself as disgusting and shameful. The individual may lose feelings of attractiveness and desirability and may gain a sense of self-disgust. It is not unusual for an individual who has been affected in this manner to mentally observe himself/herself while engaged in sexual interactions or even a flirtatious interlude with an extremely harsh, critical and judgmental eye.

When assessing SSE and the adverse effects of one's own or another individual's actions, many factors should be considered and assessed. When there has been sexual trauma through another individual's actions or words, the areas in which the individual may have been adversely affected include: decreased

frequency or ease of orgasms; willingness and ability to use masturbation or other sexual outlets; change or decrease in sexual interests; comfort with flirtatiousness and the initiation of romantic/sexual relationships; sexual fantasies. Orgasmic capabilities may be adversely affected by SSE in males and females. Erectile capability may be severely affected by decreases in SSE.

SSE can be very different in married and single individuals. Single individuals who are not in a relationship may feel they are judged or assessed by their peers in appearance and sexual attractiveness. They may be particularly vulnerable to insults that impact this aspect of their identity. Married or coupled individuals may be reassured by the support of a spouse or partner; reassurance of their attractiveness and value as a person tends to reverse the damage to SSE. However, when abusive language or actions are directed from one member of the couple to the other it may have a greater impact on SSE.

Psychological intervention may be able to repair damage to SSE in cases such as those described above. However, trauma to this aspect of personal identity has proven surprisingly resilient, and it may be difficult or impossible to restore the SSE of certain individuals to its state prior to damage. Whereas damage to general self-esteem may be repaired by logically disproving the negative perception, identifying counterexamples, and the like, damage to SSE is seemingly less beholden to logic or evidence. In the first two cases described (Case 1, the woman who was humiliated by an obscene and inappropriate letter of recommendation to a potential employer; and Case 2, the young man who was accused of being caught masturbating) the damaging allegations were known by the victim to be false, yet they still caused psychological pain and prompted the individual to alter or suspend other social and sexual behaviors, as a way of correcting against the individual's perceived (fictitious) deviance.

The social stigma surrounding various forms and expressions of sexuality plays a major part in causing damage to SSE, and may contribute to the problems involved in repairing damage. In Case 5 (H.A., a man struggling with the aftereffects of an abusive and sexually traumatizing youth) an internalized social stigma against "deviant" sexuality (including his own) created intense conflict, insecurity, self-loathing, and further repression of his desires, whether sexual or professional. H.A.'s fears of sexual vulnerability and mental illness would tend to prevent him from seeking or successfully receiving help. The common response of withdrawing from sexuality and relationships as a result of damage to SSE may unfortunately coincide with a withdrawal from addressing sexuality therapeutically.

CONCLUSIONS

SSE is determined in part by the manner in which others view us and communicate about or to us regarding their views. Verbal insults can have a

devastating and long-lasting effect on some vulnerable individuals. There is much room for further research and analysis in this area; efforts to devise specific therapeutic interventions to improve SSE are particularly needed. Research may also reveal additional effects of damage to SSE, e.g., whether lowered SSE is correlated with self-destructive behaviors or the inability to form and maintain subsequent relationships. Greater understanding of SSE's importance as a component of general self-esteem and of the personality as a whole can assist the victims of damaged SSE in seeking treatment and legal recourse. Development of standardized techniques to assess damage to SSE and the resulting disability following traumatization will be helpful in personal injury and litigation situations.

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