

THE SERIAL MEDIATION OF THE RELATIONSHIP BETWEEN SEXUAL SHAME  
AND MARITAL RELATIONSHIP SATISFACTION BY SEXUAL  
COMMUNICATION IN A PARALLEL RELATIONSHIP OF SEXUAL  
SATISFACTION AND MARITAL RELATIONAL INTIMACY

by

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Liberty University

A Dissertation Presented in Partial Fulfillment of the  
Requirements for the Degree Doctor of Philosophy

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## Abstract

Sexual shame is a construct that has garnered increased research and interest in recent years, with much of the research targeted towards how sexual shame is affected by pornography use, moral disapproval of certain sexual activities, and shame about one's belief about the sexual self.

There is little research on the etiology of sexual shame and the determination of whether it is domain specific or a component of global shame. This research studied how marital satisfaction may be affected by sexual shame through the mediation of sexual communication, relational intimacy, and sexual satisfaction, based on the belief that a couple's satisfaction is developed by interdependence on each partner's satisfaction with each of these variables. Participants for this study ( $N=104$ ) met the inclusion criteria of married living with their spouse, age 25 years and up, and heterosexual. Correlational data about sexual shame, sexual communication, sexual satisfaction, emotional intimacy, and marital satisfaction showed significance as expected, with sexual shame being negatively correlated to all other variables. A parallel-serial mediation from sexual shame to marital satisfaction through either sexual communication and then relational intimacy or sexual communication and then sexual satisfaction was performed with an outcome of significant indirect effects through sexual communication and relational intimacy. This research also looked at the possibility that religiosity may moderate sexual shame but was found not to interact with any significant results with the individual variables or the mediated paths.

*Keywords:* sexual shame, sexual communication, marital relational intimacy, sexual satisfaction, marital satisfaction, religiosity

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## **Dedication**

There is no one in this world that I would want to dedicate this work and study to than my best friend, wife, lover, confidant, and soulmate, my “Sweet Chocolate.” Sweetheart, I appreciate your gentleness, comfort, and kindness as you have supported my growth into the researcher, counselor, and educator I have become. It is because of you that I have found the courage and support to embrace the topic of sexual shame unabashedly, allowing me to speak freely and share openly my thoughts, ideas, and epiphanies. Thank you for seeing me and accepting what you see. Thank you for hearing me and acknowledging what you heard. Thank you for feeling me and embracing what you felt.

## Acknowledgments

There are many people to acknowledge who have helped me on this journey. However, first and foremost, it would not have been possible were it not for Yahweh, He who brings into existence whatever exists. Were it not for Him, knowledge would not exist, as I would not exist. I find my all in Him, and in Him I want all of me to abide. Christ, God in flesh, my Creator, I yield my all, and I thank you for being the Comforter who comforted me throughout this process.

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I thank my Chair, Dr. John Thomas, who had shown himself to be a friend before I asked him to be my chair. You have been an example of how to normalize the study of sexuality when it may not appear to be normal.

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## **List of Abbreviations**

CSA	Childhood Sexual Abuse
ED	Erectile Dysfunction
FGCS	Female Genital Cosmetic Surgery
IEMSS	Interdependence Exchange Model of Sexual Satisfaction
IOS	Inclusion of Other in Self Scale
IRB	Institutional Review Board
IT	Interdependence Theory
KISS	Kyle Inventory of Sexual Satisfaction
NSSS	New Sexual Satisfaction Scale
RCI-10	Religious Commitment Inventory-10
RDAS	Revised Dyadic Adjustment Scale
SaS	Self-as-Shame
SCSS	Sexual Communication Satisfaction Scale
SWML	Satisfaction with Married Life Scale

## **CHAPTER ONE: THE PROBLEM**

The couple that presents to marriage therapy may not indicate that they are having problems sexually but will state that they are having intimacy issues or low marital satisfaction (Hastings, 1998; Reiter, 2017). The marriage relationship itself is such an intimate interpersonal relationship that sexuality, intimacy, marital happiness, sexual shame, and communication are all intertwined with the need of the counselor to address sexual shame and sexuality as a key to opening the door to each of these areas (Hastings, 1998; Pulverman & Meston, 2020). Though the literature shows that a negative relationship exists between sexual shame and relationship satisfaction, it is lacking in explaining how sexual shame relates to the marriage relationship and whether it operates didactically in the same manner as sexual satisfaction, intimacy, and couple satisfaction (Martins et al., 2016; Pascoal et al., 2018; Theiss, 2011).

With this absence of research on sexual shame within the marital relationship, the ability of a marriage counselor to address sexual shame is limited at best. The literature shows that even with a competency in marriage counseling, counselors themselves have shame when walking their clients through marital distress caused by sexual shame or sexual distress (Bloom et al., 2016; Harris & Hays, 2008; Hastings, 1998). Hastings (1998) contends that sexuality is so universally shamed that if therapists have not dealt with their own sexuality, they will not be able to work appropriately with clients who struggle with any problem dealing with sexuality or sexual shame in their marriage.

Marriage satisfaction is the most studied phenomenon in marriage and family research (Ward et al., 2009), the desired outcome of marriage counseling is to increase marriage satisfaction, with sexual satisfaction and intimacy being positively correlated to marriage satisfaction (McNulty et al. 2016; Witherow et al., 2016).

In contrast to marital satisfaction sexual satisfaction and intimacy experienced in relation to one's partner, sexual shame envelopes one's core identity and how one views themselves through the eyes of their spouse (Dorahy, 2017; Mollon, 2005; Ramsey & Hoyt, 2015; Sanchez & Kiefer, 2007) and sexual shame lurks in the secrecy of one's hidden sexual desires, fantasies, and histories. The risk of disclosing this shame to a spouse and of being rejected, further suppresses the secret and perpetuates it, which correlates negatively with relationship satisfaction (Floyd et al, 2020). However, the didactic interpersonal nature of sexual shame would indicate that open discourse may break the cycle of shame operating in the marriage, allowing the couple to discuss sexuality in a supportive manner, which will increase sexual and relationship satisfaction (Jones et al., 2017). A better understanding of how sexual shame, sexual communication, marital relational intimacy, sexual satisfaction, and marital relationship satisfaction didactically affect the marriage will help the counselor better serve the couple who seek marriage counseling.

This study took a quantitative approach to investigate the relationship between sexual shame and marital relationship satisfaction through the possible mediation of sexual communication, sexual satisfaction, and marital relational intimacy.

### **Background of the Problem**

There are positive adaptive cycles in marriage as well as maladaptive destructive cycles. A positive and adaptive cycle in the marriage union is one of sexual satisfaction. The marital couple will experience sexual satisfaction in a systemic cycle, with each partner experiencing greater sexual satisfaction when they know that their spouse has been sexually satisfied (Veltner & Margraf, 2017). The greater the sexual satisfaction, the greater the relationship happiness, and the greater the relationship happiness, the greater the sexual satisfaction, is an axiom that

characterizes a positive adaptive cyclical relationship in the marriage (Fisher et al., 2015).

However, a maladaptive cycle in the marriage is one of shame. The maladaptive cycle of shame presented by Balcome, et al., (1995), argues that the systemic nature of the marriage relationship will perpetuate a systemic cycle of shame when one partner, experiencing shame, intentionally or un-intentionally elicits shame in the other. This maladaptive cycle pushes the couple farther apart while each partner tries to protect the self from the judgment, they perceive their spouse renders on them. Cycles of sexuality and shame can both collide, giving rise to a cycle of sexual shame that inhibits sexual satisfaction, and couple relationship satisfaction (Floyd et al., 2020).

Sexual shame, which consists of shame about nakedness, one's perceived ability to perform, shame of one's genitalia, and learned experiences of parental disapproval of auto-self-sexual exploration, can give rise to private sexual desires or fears that are particularly subject to shame and can persist within this cycle, built on secrets and an inability to discuss intimacy within the marriage (Mollon, 2005).

Shame linked to nakedness is found throughout the Bible. It starts with the shame of one's nakedness being first recorded in Genesis with Adam and Eve in the Garden of Eden. Adam and Eve went from being naked and unashamed, to recognizing their nakedness and seeking to hide because of it (Gen. 3:10). This shame of nakedness continues throughout the Bible to the Book of The Revelation, with the admonition to cover one's shameful nakedness (Rev. 3:18). This would indicate that, from the beginning of creation, individuals have a sense of shame when they are exposed in their nakedness to others. Thus, nakedness and shame, when linked together, are elemental in the formation of sexual shame, as nakedness in the realm of one's sexuality may provoke sexual shame (Mollon, 2005).

Sexual shame has a deleterious relationship with sexual satisfaction (Davis et al., 2017;

Floyd et al., 2020; Schick et al., 2010; Schooler et al., 2005), relationship satisfaction (Davis et al., 2017; Floyd et al., 2020), and intimacy (Hastings, 1998; Shadbolt, 2009). This negative relationship between sexual shame and each of these interpersonal relationships may be mediated individually by sexual communication (Montesi et al., 2010), helping to improve the couple's marriage relationship across many interpersonal cycles. From prior research performed by Montesi et al. (2010) and Floyd et al. (2020), sexual communication will increase sexual and relationship satisfaction (Montesi et al., 2010) and sexual satisfaction has a positive relationship with couple satisfaction (Floyd et al., 2020). However, sexual shame has a negative effect on sexual satisfaction and couple satisfaction (Floyd et al., 2020). This study endeavors to determine whether sexual communication with its positive effect on couple intimacy and couple satisfaction can mediate the negative effect of sexual shame on sexual satisfaction and couple relationship satisfaction.

A caveat to the entire cycle of sexual shame in an interpersonal relationship is its possible moderation by religiosity. The literature on how religiosity relates to sexual communication and intimacy is lacking, but research has found an interaction between religiosity and sexual satisfaction (Floyd et al., 2020; Leonhardt et al., 2020), sexual shame (Volk et al., 2016), and marital satisfaction (Hernandez et al., 2011; Lazar, 2017). It is not yet determined whether religiosity itself will moderate sexual shame, or whether moral disapproval of sex-related activity is what produces the moderation of sexual shame (Volk et al., 2016), or if the perceived addiction to sexual activities, such as pornography use, may produce religious struggles that moderate shame (Grubbs et al., 2017).

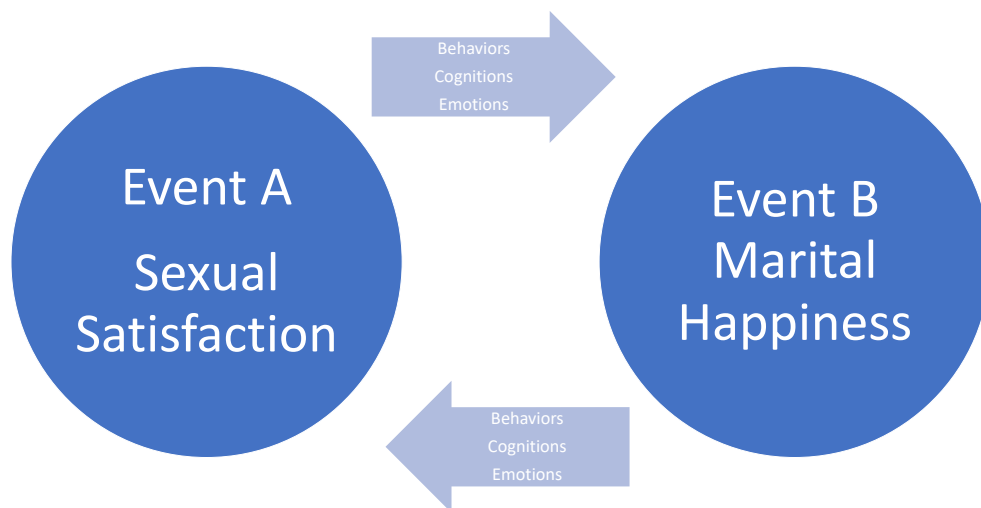
Intimacy, as one of the interpersonal building blocks in the relationship between sexual shame and relationship satisfaction, operates in circular causality and is built upon open

disclosure of self-revelatory information that is then received and reciprocated by someone with which the individual has a relationship (Reis & Shaver, 1988). If intimacy within a relationship is built upon open disclosure of self-revealing information, it could be assumed that open disclosure about self-revealing sexual information in the presence of sexual shame will also produce intimacy, if it is accepted and reciprocated by the marriage partner. The prevailing problem is that sexual shame promotes the fear of not being accepted sexually and shuts down this communication, breaking this cycle and possibly decreasing intimacy (Shadbolt, 2009).

Each of these interpersonal building blocks in the marital relationship is important to marital therapy and further understanding of how it relates in circular causality is needed, which will facilitate the counselor's ability to guide the couple presenting for marriage counseling. This circular causality with event A, through behavior, cognitions, and emotions influencing event B, which, then through behavior, cognitions, and emotions influences event A, happens interpersonally between the married couple, with the need for a way to intervene (Figure 1.1).

**Figure 1.1**

*Circular Causality of Sexual Satisfaction and Marital Happiness*



## **Statement of the Problem**

Thirty percent of couples that seek relationship counseling experience clinical sexual distress (Péloquin et al., 2019) with the counselor needing to know how to address these sexual problems. Counselors may not be comfortable in broaching the topic of sexuality (Harris & Hays, 2008; Jones et al., 2018) or know how to guide the couple toward open communication about their sexuality due to sexual shame that prohibits open sexual communication (Nekoolaltak et al., 2016). With religiosity having a mediating effect on sexual shame (Volk et al., 2016), there is the possibility that this variable may confound the effect of sexual communication on sexual shame, making it an important variable to consider when incorporating open sexual discourse in counseling the married couple. A need exists to establish the relationship of sexual shame to marital relationship satisfaction and how sexual communication, sexual satisfaction, and emotional intimacy will mediate this relationship in a way that can lower sexual shame and increase marital satisfaction, while accounting for the influence of religiosity.

## **The Purpose of the Study**

The purpose of this study is to discover the effect of sexual communication on sexual shame in a path towards marital couple satisfaction, particularly through a parallel path of sexual satisfaction or relational intimacy in the interpersonal dyadic relationship. Furthermore, a secondary purpose is to explore how religiosity may have a moderating effect on any of the variables in this mediated path.

## **Research Questions**

This research was built upon prior research on sexual shame that shows a direct negative effect on couple relationship satisfaction (Floyd et al., 2020) while looking at how this relationship can be mediated. Furthermore, research on the effect of religiosity on sexual shame

has been reported (Floyd et al., 2020; Volk et al., 2016) but not in the presence of sexual communication. Four distinct research questions will seek to discover the relationships of these variables while investigating whether sexual communication will mediate the relationship between sexual shame and marital satisfaction and if religiosity affects any of these relationships.

### **Research Question One**

What effect does sexual communication have on sexual shame as it relates to couple satisfaction?

This first research question will investigate whether sexual communication in the marriage will mediate the direct negative effect of sexual shame on marital relationship satisfaction. This is important because this research is directed towards married heterosexual couples seeking to improve their marital relationship.

### **Research Question Two**

Will sexual communication interact with emotional intimacy to have an effect on sexual shame as it relates to couple satisfaction?

This second research question will investigate whether sexual communication between a married couple will increase emotional intimacy, which has been shown to increase couple satisfaction (Montesi et al., 2010), having a serial mediating effect on sexual shame in the path to marital relationship satisfaction. This will allow the researcher to find if there is an amplifying effect of emotional intimacy between sexual communication and marital relationship satisfaction.

### **Research Question Three**

Will sexual communication interact with sexual satisfaction to have an effect on sexual shame as it relates to marital relationship satisfaction?



The third research question will investigate whether sexual communication within the marriage relationship will increase sexual satisfaction, which research shows will increase marital satisfaction (Brown & Weigel, 2018), having a serial mediating effect on sexual shame in the path to marital relationship satisfaction. This will show if there is an amplifying effect of sexual satisfaction between sexual communication and marital relationship satisfaction.

#### **Research Question Four**

Will the moderation of sexual shame by religiosity have a significant effect on marital relationship satisfaction when sexual shame is also mediated in a parallel pattern of either sexual communication and emotional intimacy or sexual communication and sexual satisfaction?

The fourth research question will attempt to find out if the moderation of sexual shame by religiosity will have any significant effect on marital relationship satisfaction when sexual shame is mediated by either of the paths being studied. The research will also answer the question: if there is an effect of religiosity on marital relationship satisfaction, which of these parallel paths between sexual shame and marital relationship satisfaction shows the most significant mediation?

#### **Assumptions and Limitations**

The first assumption of this research is that participants who complete the online survey were honest. It is possible that they might lie about demographic information such as marital status or any other item on the survey. Research about the generalizability of online surveys to the general population has found that, typically, online surveys deliver the same quality and generalizability of data results as community participants and provide a greater diversity of participants than university student populations (Goodman et al., 2013; Heen et al., 2014). However, there are a couple of limitations of online surveys that will need to be considered when

generalizing to the general population. The respondents of online surveys underrepresent the African American population by about four percent and do not represent the Hispanic population in the United States well, with these surveys reaching five percent on average of Hispanic respondents out of a national population of about 17 percent (Heen et al., 2014). Moreover, online respondents tend to be more liberal than other respondents (Goodman et al., 2013; Heen et al., 2014), which needs to be considered when religiosity is one of the variables being measured, as the beliefs and ideology of liberal-leaning persons, though they may consider themselves religious, could have different attitudes toward sexuality than a random sample of the population. An additional limitation is the cultural taboos that exist about sexual communication between males and females, even in marital relationships (Nekoolaltak et al., 2016). This could possibly lead to outliers or skew the research if the participants identify with cultural taboos that limit sexual communication between spouses. For this reason, national identity was part of the subset of demographic questions.

A delimitation of the study is that the online survey is restricted to heterosexual married individuals, which is the most universally accepted context in which sexual activity occurs (Hernandez-Kane & Mahoney, 2018). This eliminates non-married heterosexual cohabitating couples, sexually active monogamous non-married heterosexual couples, and all LGBTQ couples on the belief that these couples may experience sexual shame owing to religious, cultural, or social edicts or beliefs.

Participants must also score on the measure of sexual shame, since it is the basis for this research with scores above the mean of the present study being an inclusion criterion. Sexual shame is caused by many factors, some of which may be moderated by religiosity, such as pornography use, perceived sexual addiction, and same-sex attraction. This study will not

distinguish between the factors that may have elicited sexual shame, which may limit the ability to generalize the findings of the significance of religiosity moderating sexual shame. Length of marriage or number of times married may also moderate sexual shame but were not studied in this research and could be a subject for further the research by other researchers.

### **Definition of Terms**

#### **Interdependence**

Interdependence is a social construct that holds that Person A has needs, thoughts, and motives, which when displayed, will interact with Person B and that person's needs, thoughts, and motives (Van Lange & Balliet, 2015). The individuals belonging to the same dyad will interact with each other in complex ways, with the joint motives of the dyad interacting to play a role in the outcome for each individual in the dyad (Wickham & Knee, 2012). When considering that interdependence is based on the transformation that the dyad experiences, resulting from the interaction between each individual (Van Lange & Balliet, 2015), the costs, rewards, investment, and attitudes and the means by which they are integrated into the needs, thoughts, and motives are also part of this equation (Clark et al., 2015).

For this study, interdependence describes the unique relationship that the married couple has that is specific to their dyad and incorporates the three elements of Person A, Person B, and the couple identity. Each of these elements forms an integrative relationship that is bound to the other. A change in Person A, due to dependence on person B, will interact to affect and change person B in some manner, which will also change the couple identity, and vice versa. Each person in the dyad is dependent on the other, affecting change within the entire system.

#### **Intimate Body Shame**

Objectification of the human body has caused increased degrees of body shame (Sanchez

& Kiefer, 2007), with the person objectified having their body and mind separated by the perpetrator, enabling the perpetrator to focus on the body parts in a sexual manner (Ramsey & Hoyt, 2015). When the objectified person senses this sexualization of their body that person may begin to self-objectify these sexualized body parts and start to perceive faults and blemishes about them, attributing to them a sense of shame (Ramsey & Hoyt, 2015).

When speaking about shame brought on by intimate areas of the body, such as the appearance of the genitalia, presence or absence of body hair, intimate body odors, and how it diminishes sexual participation and satisfaction (Schick et al., 2010; Schooler et al., 2005), it is clear that a distinction is made between dissatisfaction about one's body image and shame about one's body. It has been found that men and women who are ashamed of their nakedness because of how they believe their spouse may view their naked intimate body parts, may avoid sexual interaction with their spouse because the psychological stress of exposing the naked self, which is the source of shame, make sex less pleasurable and satisfying (Sanchez & Keifer, 2007).

Intimate body shame, which is derived from how one perceives their nakedness is viewed by a romantic partner, is defined as having shame about the visual appearance, odor, function, or about uncovering one's naked intimate body parts because of a self-perceived flaw in this intimate area of one's body.

### **Marital Relational Intimacy**

Intimacy, according to Schaefer and Olson (1981) in the development of the Personal Assessment of Intimacy in Relationships (PAIR), is "a process and experience which is the outcome of the disclosure of intimate topics and shared intimate experiences" (p. 51). Reis and Shaver (1988) built upon the exchange process and define intimacy as the process of an escalating interchange of self-disclosure in which each person in a relationship feels that their

innermost self is validated and cared for by the other. Building on this definition of intimacy as it relates to married persons would define marital relational intimacy as the process and experience that develops in the marriage relationship because of the disclosure of intimate topics and shared intimate experiences. Marital relationship intimacy has been shown to provide an interconnectedness between spouses that increases couple satisfaction, sexual satisfaction, and marriage satisfaction with increased feelings and behaviors of closeness (Witherow et al., 2016). It is this interpersonal interconnectedness between spouses that was measured in this study to determine marital relational intimacy. The Inclusion of the Other in Self (IOS) scale (Aron et al., 1992) is a pictorial measure that draws directly from the individual's "sense of interpersonal interconnectedness" (p. 597) by providing overlapping circles for the individual to select which set depicts the level of intimacy in their relationship.

The manner in which intimacy is created is through a self-revealing disclosure of the first spouse, who then perceives that their partner responsively accepts the disclosure and responds in a manner that is supportive and caring (Laurenceau et al., 2005). Marital relationship intimacy is the interpersonal process that develops connectedness and closeness by communication of self-revealing information that is accepted empathically and responsively by the non-disclosing spouse in the marital dyad.

### **Marital Relationship Satisfaction**

While most assessments used to measure marital satisfaction are correlational in their representation (Ward et al., 2009), the Satisfied with Married Life Scale (SWML) was developed to measure marital satisfaction directly from the individual's belief about their marriage based upon their own criteria (Johnson et al., 2006). Further research to define marital relationship satisfaction as an emotional state of being content with the interactions, experiences, and

expectations of one's married life, found the SWML to be both valid and reliable in measuring marital satisfaction (Ward et al., 2009). Marital satisfaction is achieved through adaptation and negotiation between expectation and reality, creating differing levels of compromise that meet both partner's needs and expectations over time (Abbas, 2016). The conceptualization and measurement of marital satisfaction is not a one-time observation or assessment but is a conglomeration of assessments marking a trajectory over time (Bradbury et al., 2000). Although many different research studies might measure marital satisfaction as a relationship that is void of distress, what might be dissatisfying in one marriage or point in time doesn't mean that the removal of the source of dissatisfaction will create a satisfying relationship, as satisfaction and dissatisfaction are not mutually exclusive (Bradbury et al., 2000).

So, if one bases marital satisfaction on the absence of distress, it may lead to an erroneous conclusion of what is marital satisfaction. A stable marriage that lacks distress does not necessarily translate into satisfaction in the marital relationship. Its determination must be based upon the dynamics and negotiation of each couple. Therefore, marital relationship satisfaction can be defined further as the composition of the interpersonal processes of husband and wife working to understand and support each other physically, psychologically, emotionally, and spiritually in an ongoing mutually acceptable and positive direction, with or without the presence of distress.

### **Religiosity**

Religiosity as measured by one's membership in a religious organization and one's participation therein does not give a full depiction of how religious or non-religious the person is as it doesn't consider that participation and membership may be for reasons other than embracing the edicts of the organization (Worthington et al., 2003). It is necessary, then, to consider the

individual's worldview concerning the teachings of the religious order to which they belong and the person's adherence to the teachings of those religious beliefs. If a person belongs to a particular religious organization but flouts the teachings of that organization and has actions and behaviors that do not support its teachings, the level of religiosity very well could be lower than what their membership and participation in its rituals would indicate. Religiosity can be defined as the degree that a person adheres to their religious beliefs, practices, and values, and the level at which they integrate them into their daily life (Worthington et al., 2003).

### **Sexual Communication**

Sexual communication is not the same as general communication in that it centers around all things sexual and the sexual relationship. Wheelless et al., (1984), in the development of the Sexual Communication Satisfaction Scale (SCSS), operationalized satisfying sexual communication as "satisfaction with communication about sexual behaviors with one's partner and the satisfaction that sexual behavior itself communicates" (p. 221)

The SCSS includes subscales that measure how satisfied one is with one's communication about sexual behavior, satisfaction with what certain sexual behaviors communicate to the individual, communication about satisfying sexual behavior, and willingness and or ability to communicate about sex with one's partner (Wheelless, 1984).

Sexual communication has a different dynamic than general communication and may bring heightened levels of anxiety because it is centered around topics that family of origin, religious beliefs, or cultural taboos frowned upon in open discourse even among married couples (Jones et al., 2017). Sexual communication is not just talking about sex, but it is the open discourse of content and process knowledge of sex and sexuality. The content of sexuality incorporates the level of experience, knowledge, and awareness, while communication about the

sexual process involves one's attitude about sexuality, the perceived dynamic of the sexual relationship, and how safe it is to discuss sexual problems with one's partner (James, et al., 2017).

The individual or couple that is comfortable and proficient in general communication within their marital relationship may not have the same level of comfort and proficiency in sexual communication and may, struggling to participate in open disclosure of their sexual experience. An overarching inclusive definition of sexual communication is the sharing of fantasies, desires, beliefs, dysfunctions, values, roles, pleasures, perceptions of eroticism, bodily experiences during the act of sex, such as sensations of arousal, orgasm, or pain (Sathyanarana Rao & Nagaraj, 2015).

### **Sexual Satisfaction**

The New Sexual Satisfaction Scale (NSSS) measures sexual satisfaction according to one's satisfaction with sexual sensations, sexual awareness, sexual exchange between partners, emotional closeness, and sexual activity (Štulhofer et al., 2010). Lawrance and Byers (1995) defined sexual satisfaction as an affective response proceeding from the subjective evaluation that one has about the positive and negative dimensions associated with one's sexual relationship.

Sexual satisfaction is interdependent on one's sexual partner, with greater levels of sexual satisfaction being reached when it is known or perceived that one's spouse is sexually satisfied (Pascoal et al., 2018). Adding to this interdependence, sexual satisfaction also has social, cultural, spiritual, and religious factors (Fallis et al., 2014; Sánchez-Fuentes et al., 2014), indicating the need to study and define sexual satisfaction within the couple relationship and not on an individual level (Fisher et al., 2015; Lawrance & Byers, 1995) being interdependently



linked to the sexual satisfaction of one's spouse (Velten & Margraf, 2017). The components of sexual satisfaction include: sexual function, frequency of sexual activity, frequency of orgasm, specific sexual behavior and techniques, length of relationship, perceptions of one's partner's sexual satisfaction, and expectations of the sexual experiences (Carpenter et al., 2009; Fallis et al., 2014; McNulty et al., 2016; Pascoal et al., 2018). These components operate systemically in the marital dyad with increased satisfaction based upon the satisfaction of one's spouse (Theiss, 2011). For this study, sexual satisfaction was defined as one's subjective evaluation of the positive and negative dimensions associated with sexual function, frequency of sexual activity, orgasm, specific behaviors, and degree of spousal sexual satisfaction.

### **Sexual Shame**

Sexual shame has not been operationalized clearly through research and literature as a domain-specific construct but has been viewed as an outgrowth of the global construct of shame. However, in the development of the Kyle Inventory of Sexual Shame, Kyle (KISS) (2013) defined sexual shame as "the intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging due to our current or past sexual thoughts, experiences, or behaviors" (p. 13). This does not include the depth and breadth of sexual shame, as it acknowledges only sexual thoughts, experiences, or behaviors. Clark (2017), in her qualitative research on the etiology and phenomenology of sexual shame, found sexual shame to be a domain-specific construct within the more expansive construct of shame, indicating a subtle and intricate connection between the global experience of shame and that of sexual shame.

Sexuality and sexual shame are so broad that Hastings (1998) views sexuality as the most shamed human domain worldwide. Mollon (2005) posits that sexuality is frightening because it threatens the individual's socio-cultural and personal identity. Sexuality as a personal identity

develops throughout an individual's lifespan and subsumes sexual intercourse for pleasure, sexual intercourse for reproduction, gender identity and roles, sexual orientation, eroticism, intimacy, and pleasure (Sathyanarana & Nagaraj, 2015). Furthermore, sexuality is experienced in many ways, among them thoughts, notions, behaviors, practices, desires, beliefs, attitudes, fantasies, relationships, roles, and it may be situational (Dominguez & Barbagallo, 2016; Döring, 2009; Peplau, 2003; Sathyanarana & Nagaraj, 2015). Building upon Kyle's (2013) definition of sexual shame a domain-specific definition, sexual shame is the intense feeling of pain and self-loathing brought on by the self-perception that one's essence as a sexual being is reprehensible and unattractive because of inherent flaws, deficiencies, and inadequacies that make one unworthy of the acceptance by another of our most intimate naked emotional and physical self because of sexual thoughts, desires, fantasies, practices, beliefs, relationships, roles, experiences, personality, behaviors, dysfunctions, and intimate body failures.

### **Significance of the Study**

This study will focus on the possibility of the level of sexual communication mediating the effect that sexual shame has upon marital relationship satisfaction. Although research exists that addresses the significant negative effect of sexual shame on marital relationship satisfaction (Floyd et al., 2020; Hastings, 1998,) none has been done that includes an effective construct that will mediate this relationship. Research also exists that shows how sexual satisfaction, marital intimacy, and even sexual communication can improve marital relationship satisfaction (Laurenceau et al., 2005; Lawrance & Byers, 1995; McNulty et al., 2016; Montesi et al., 2010) but research that includes these constructs in a way that mitigates the effect of sexual shame on marital relationship satisfaction has not been done.

Therefore, research has potential significance for counselors, educators, and researchers.

With counselors having difficulty being comfortable addressing sexuality and behavior that may suggest that a client has sexual shame (Bloom et al., 2016) they stand to benefit especially from this research. Finding out what mediates the relationship between sexual shame and marital satisfaction can help lower the anxiety a counselor may have about this topic. The reason that counselors may not be comfortable addressing sexuality in the counseling/client relationship is that their training does not include sexuality in its curriculum. According to Zamboni and Zaid (2017), counselor education programs do not provide sufficient training on human sexuality for those who plan to provide marriage counseling.

Counselor educators will benefit from the study because it expands on their knowledge of human sexuality and sexual shame within the context of counseling, thus improving their ability to educate and inform counselor trainees on how to counsel clients who are afflicted by sexual shame.

The benefit to researchers is that the conversation was started on how to mediate sexual shame while trying to improve marital relationship satisfaction. This will help lay the groundwork for further research on sexual shame and how it can be treated, possibly helping to develop interventions that explore using effective sexual communication.

The most important population that will benefit from this study are those individuals and marriages who are struggling with sexual shame. The study will attempt to address sexual shame that inhibits a satisfying sex life, dampens intimacy, and lowers marital relationship satisfaction so that marriages can be strengthened. With 30 percent of marriages in counseling suffering from sexual distress, this study should significantly help many learn how to mediate the shame they may be experiencing about their sexuality and nakedness.

## **Theoretical Framework**

The building blocks of this study, sexual communication, sexual satisfaction, marital relational intimacy, and marital relationship satisfaction are all found within a dyadic relationship between spouses. Interdependence Theory (IT) is based upon the between-person process that includes behaviors and interactions in dyads (Van Lange & Balliet, 2015). This makes IT a natural fit for this study since the process of the behaviors and interactions between partners with regard to the possible mediation of sexual shame by sexual communication, sexual satisfaction, and marital relational intimacy in the marital dyad is its very purpose.

The key concepts and principles of Interdependence Theory have been used to analyze dyadic interactions such as attribution and self-presentation, trust and distrust, and love and commitment (Van Lange & Balliet, 2015), all being important concepts of this study. The researcher desires to find out the role that the dyad plays in lowering sexual shame. With sexual shame based on one's sexuality, and sexuality being inclusive of socio-cultural and personal identity (Mollon, 2005), and how sexual shame may arise from fear of rejection and condemnation because of one's image of self in the social setting of marriage, IT explains the interdependence of the individual's behavior and the spouse's reaction.

Interdependence Theory has four main elements: structure, transformation, interaction, and adaption (Van Lange & Balliet, 2015). Interdependence is built on the interaction of person A's needs, thoughts, and motives with person B's needs, thoughts, and motives (Van Lange & Balliet, 2015). This structure follows the process of the interactions of Person A and Person B through a transformation in the interaction and is driven by the thoughts and feelings of each person's experiences, with the transformation taking place after there is an exchange between the partners of their goals, values, inclinations, and beliefs, both directly and indirectly (Van Lange

& Balliet, 2015). This exchange, according to IT includes self-presentation on the part of Person A and attribution on the part of Person B, which correlates to the level of sexual communication of the individual experiencing sexual shame to their spouse and the ascription their spouse gives to it.

The interaction observed in IT is a function of the situation involving both Person A and Person B, bringing about a transformation. The formula that represents the transformation in the social interaction in IT is represented by the function of the specific situation (S) in relation to Person A and B, and can be notated by the formula  $\text{Interaction} = f(S, A, B)$ . So, in reference to this study, the transformation in marital relationship satisfaction is realized by the function of level of sexual communication about sexual shame (S) between partners in the marital dyad, based upon the behaviors and interactions in this exchange. This exchange of sexual communication about sexual shame from Person A about their thoughts, needs, and motives will produce an experience that Person B will analyze, and based upon their thoughts, needs, and motives will adapt their behaviors to yield a transformation.

The fundamental idea of IT is that each person in the dyad will affect each other in complex ways, it also is understood that the influence that each member of the dyad has on each other will also have individual outcomes for each one, meaning that the behavior of one may change the behavior of the other (Wickham & Knee, 2012), making the exchange both synergistic and systematic. The costs, rewards, and investments in a marriage relationship between the dyad may have individual ramifications as a result of the influence of interdependence (Clark et al., 2015).

The marriage relationship is a social interaction between partners with each partner's exchange of thoughts, feelings, and needs bringing about a transformation based on how they

process these thoughts, feelings, and needs. The aim of this study is to determine if a significant transformational effect is brought about due to the social interaction of sexual communication between marital partners. IT was selected, because the interdependent constructs of sexual satisfaction and intimacy within the social interaction of the marital dyad need a theory that falls within a theoretical framework that embraces this social interaction. IT's foundation, which is built on interdependent social interactions (Van Lange & Balliet, 2015), closely resembles a marriage relationship.

### **Organization of the Remaining Chapters**

Chapter Two will provide an in-depth review of the current findings for the constructs of shame, sexual shame, sexual satisfaction, marital relationship satisfaction, marital relational intimacy, sexual communication, and religiosity.

Chapter Three includes the proposed methods for this present study and the research design, including the manner in which the data was collected. Also included in Chapter Three are the proposed assessments used for the collection of data. A discussion of the study's desired participants and the role of the researcher and the null hypothesis for each research question are listed.

Chapter Four presents the results of the data analysis which was analyzed using IBM SPSS Version 26. Chapter Five discusses the study's findings, provides a summary of the entire study, identifies conclusions that can be drawn from the findings, and offers recommendations for further research. The four hypotheses of the study are discussed and whether they are accepted or rejected. The limitations of the study are also discussed along with any considerations made about the research design, measurement, or methodology.

## Chapter Summary

Sexual shame causes individuals to view their identity bound up in their sexuality as shameful, including shame about their nakedness and how they are accepted by their spouses. This shame prevents the individual from developing a healthy intimacy, both emotionally and sexually, and harms the marital relationship. The negative effect of sexual shame on marital relationship satisfaction, sexual satisfaction, and marital intimacy has been observed through various studies. However, research on treating sexual shame with sexual communication and what effect on marital relationship satisfaction such an intervention is likely to have has not been performed. This study seeks to find out if a significant mediation of the effect of sexual shame on marital relationship satisfaction can occur through sexual communication.

Religiosity has been shown to have a moderating effect on sexual shame (Floyd et al., 2020; Volk et al., 2016). It is unknown if this moderating effect will also carry over to the possible mediation of sexual shame by sexual communication. The possibility of such an effect also having a carry-over to marital relationship satisfaction was studied, giving greater breadth to the study of sexual shame and how it may be different for the highly religious couple from the couple that lacks a high level of religiosity.

## **CHAPTER TWO: REVIEW OF THE LITERATURE**

This study will seek to determine if there is a significant level of change in marital satisfaction by a mediation of sexual shame. The study seeks to establish the role of sexual communication as a possible mediator of the negative effect of sexual shame on marital relationship satisfaction through a parallel path of emotional intimacy, and sexual satisfaction. Additionally, religiosity may play the role of moderator on sexual shame. The current literature on each of these constructs is reviewed in this chapter. The chapter first reviews the literature on the construct of generalized shame so that the interdependent nature of shame and its personal effects can impart a foundational understanding as to the interdependent and personal nature upon which to build sexual shame. This is followed by reviewing the current literature on the construct of sexual shame. The literature on sexuality is included in this section on sexual shame because the essence of being human is tied to sexuality and to understand sexual shame, an understanding of sexuality is necessary (Hastings, 1995; Mollon, 2005). This discussion is followed by a few possible etiological factors of sexual shame, which are childhood sexual abuse, pornography use, intimate body shame, and culture. Next, sexual communication and cultural acceptance of sexual communication are reviewed, followed by a discussion on emotional intimacy and sexual satisfaction. The pursuant discussion examines religiosity as it relates to sexual shame, with the final section of the chapter reviewing marital relationship satisfaction and the circular causality in marital relationships.

### **Shame**

Shame is a self-centered emotion that deals with self-perception within society, interpersonal relationships, and intimate relationships (Tangney et al., 2007). Shame can be derived from both external and internal sources. External sources cause the individual to



experience interpersonal shame, viewing oneself as reprehensible, unattractive, unappealing, and open to attack from others while internal sources cause the individual to experience intrapersonal shame where the individual is self-critical and views the self as inadequate and flawed (Gilbert & Procter, 2006; Karris & Caldwell, 2015).

Brown (2006) identifies shame as a severely painful feeling or experience of believing that oneself has flaws that cause unworthiness of acceptance or belonging. This unworthiness spans differing elements of shame, with shame being a multi-faceted construct reaching across segments of the individual's psycho-social-cultural domains (Brown, 2006; Dorahy & Clearwater, 2012; Gilbert & Procter, 2006; Karris & Caldwell, 2015; Platt & Freyd, 2015). Because of the psycho-social-cultural nature of shame, it affects the individual's interpersonal relationships such as marital and family (Kim et al., 2009), and the individual's intrapersonal effect (Shahar et al., 2015).

Shame emanates from one's negative evaluation of self, which may or may not have been provoked by public exposure (Tangney, 1990) to the degree that one assesses internally that one's entire self, or portions thereof are inherently flawed. It is a painful emotion that causes individuals to view themselves as defective, incorporating shame into their self-concept, leading to feelings of unworthiness, eroding self-esteem, and increasing self-criticism, frequently brought on by how one believes society sees them.

Wolf and colleagues (2010) indicate that the shame prone individual perceives the entire self as flawed. The person experiencing shame views his or her actions observed in public or private as being indicators of the repulsive being that he or she is, not that a repulsive act happened because of a moment of weakness or indiscretion.

Shame causes the individual to see only flaws that cause feelings of unworthiness of

acceptance or belonging (Brown, 2006) and inadequacies (Gilbert & Proctor, 2006). Dorahy and Clearwater (2012) explain this effect of shame as the individual's believing their essential nature to be shameful, with the persona of Self-as-Shame (SaS) incorporated into the self-concept. When an individual views SaS, the toxicity of shame erodes self-worth, and the belief that they are unworthy of support leads to even more shame (Dorahy & Clearwater, 2012). Shame's effect of causing the desire to hide oneself and one's perceived deficiencies from others leads to social and emotional isolation (Dorahy & Clearwater, 2012) and poor interpersonal relationships within families (Kim et al., 2009). With individuals seeing themselves as unworthy of acceptance and belonging, shame inhibits their ability to be fully available in a relationship.

Shame can be perceived as an inner fault in which the individual believes that he or she has a self-defect, which lowers the self-image (Gausel et al., 2016), or their shame may arise from fear of rejection and condemnation because one's social image has been tarnished (Gausel & Leach, 2011). It can cause the individual to avoid interaction with society or to form a self-defensive posture when the individual views the self as a global failure, a situation that is unchangeable (Schmader & Lickel, 2006). With shame pushing the individual into a self-defensive posture the ability to form and maintain relationships is hampered greatly. The shame-prone individual will blame their behaviors and characteristics on perceived faults within themselves, as well as those within others, leading to behavior that sabotages the ability to maintain supportive and satisfying intimate relationships (Lutwak et al., 2003).

The many viewpoints of self and how one sees themselves within social settings, as well as between other individuals, play into how well interpersonal relationships will develop. Self-image (Gausel & Leach, 2011; Weiss, 2010), self-criticism (Gilbert & Proctor, 2006; Shahar et al., 2015), self-defect (Gausel & Leach 2011), self-esteem (Johnson & O'Brien, 2013), self-

punishment (Dorahy, 2017; Gausel et al., 2016), and self-defense (Gausel et al., 2016) all have detrimental effects on the presence of shame and proneness to shame. When shame operates within the individual's schema due to such proneness, these views of self become part of the reason one has feelings of unworthiness, leading to distancing from all social interaction and, thus, isolation begins. The desire to isolate and hide oneself because of shame—especially when one sees SaS—not only prohibits interpersonal relationships from forming but further exasperates intimate relationships from developing and hurts current intimate relationships (Dorahy & Clearwater, 2012).

### **Sexual Shame**

Sexual shame was found by Clark (2017) to be a domain-specific construct within the more expansive construct of shame, indicating a subtle and intricate connection between the global experience of shame and that of sexual shame. It is a construct that does not have a clear operationalized definition in literature but has prompted an increasing amount of research that examines how shame interacts with one's sexuality and understanding of self as a sexual being (Dorahy, 2017; Mollon, 2005; Ramsey & Hoyt, 2015; Sanchez & Kiefer, 2007; Shadbolt, 2009). Kyle (2013), in an effort to produce a way to measure sexual shame, developed The Kyle Sexual Shame Inventory (KISS), for use in her research on participants who were in group therapy for sexual shame. It was developed on face validity, using respondents' self-reporting of feelings they had about past sexual behaviors and thoughts that would indicate the presence of sexual shame.

The KISS scale is being used increasingly to measure sexual shame by researchers in various studies, such as ones of sexual satisfaction (Day, 2019), religiosity (Volk et al., 2016), moral disapproval and couple relationship satisfaction (Floyd et al., 2020), sexual excitement and

inhibitions (Kilimnik & Meston, 2020), and sexual dysfunction (Pulverman & Meston, 2020), but none of these studies have defined sexual shame as a domain-specific experience of shame.

Clark (2017), in her endeavor to determine the etiology and phenomenology of sexual shame did deduce that sexual shame is a domain-specific construct within the more expansive construct of shame, indicating a subtle and intricate connection between the global experience of shame and that of sexual shame.

In an attempt to operationalize a definition of sexual shame for the purpose of this study, an explication of sexuality is necessary so that it can be combined with the understanding of shame. Kyle (2013) adapted Brown's (2006) definition of shame to incorporate sexuality into her definition using "The intensely painful feeling or experience of believing we are flawed and therefore unworthy of acceptance and belonging due to our current or past sexual thoughts, experiences, or behaviors" (p. 13). This definition implies that sexuality entails nothing more than thoughts, experiences, and behaviors. However, the depths of sexuality are much greater than thoughts, experiences, and behaviors. There is a sense of wonderment concerning the body's intricacies and beauty.

The creation story as espoused by Christianity, Judaism, and Islam attribute man being created in the image of God. This mystic belief that the naked human body has godly characteristics in design, function, and aesthetics, making it a wonderment to behold. This wonderment is about one's own body and that of the person within whom one is in relationship. When viewing the naked body of another there is a wonderment and awe of its uniqueness and beauty, a view that penetrates the skin into one's belief about the body, being wonderfully and fearfully made (Psalm 139:14), and the pleasure that is derived from one's own body and from the body of one's spouse. Therefore, the combination of sexuality and shame to give a definition

of sexual shame as a domain-specific construct is more expansive than the definition used by Kyle (2013). In order to make that combination, the fullness of sexuality must be taken into consideration.

Mollon (2005) contends that sexuality is frightening for human beings because the biological basis for sexuality threatens one's socio-cultural and personal identity. Sexuality as a personal identity is a core aspect of the essence of being human and develops throughout the individual's lifespan and encompasses sexual intercourse for pleasure, sexual intercourse for reproduction, gender identity and roles, sexual orientation, eroticism, intimacy, and pleasure (Sathyanarana & Nagaraj, 2015).

Sexuality is expressed in thoughts, notions, behaviors, practices, desires, beliefs, attitudes, fantasies, relationships, roles, and may be situational (Dominguez & Barbagallo, 2016; Döring, 2009; Peplau, 2003; Sathyanarana & Nagaraj, 2015). One's sexuality is determined by the interplay between biological, psychological, social, economic, cultural, religious, spiritual, political, historical, and ethical factors, as well as the image of oneself as a sexual being, one's body image, and personality (Dominguez & Barbagallo, 2016; Lodge & Umberson, 2012; Peplau, 2003; Sathyanarana & Nagaraj, 2015).

Clark (2017) found that women in American culture develop sexual shame independent of sexual experience because they learn sexual norms and expectations from a cultural context. An internalized message of sexual shame giving rise to feelings of inferiority, inadequacy, and helplessness were found to be present in descriptions of sexual shame with the individual having disgust towards self (Clark, 2017).

Furthermore, sexuality is a social construct with behaviors, attitudes, and even laws about sexual crimes, being formed and moderated by social norms (Weiss, 2010). Both sexuality and

shame are social constructs, which would make their combination into the domain-specific construct of sexual shame also a deeply societal construct, with societal norms indicating what is or is not acceptable sexual behavior. What is considered deviant, normal, or possibly criminal within a society can differ along gender lines and social roles (Weiss, 2010). Because shame is a social construct, it is highly activated within the interpersonal context and varies between gender, which indicates sexual shame in one culture may not be prevalent in another. When the discourse about sexuality is foreclosed in intimate interpersonal relationships, the burden of sexual norms that do not align with the individual's ideology of what is pleasurable, explode into sexual shame, further pushing the sexual self from disclosure, exacerbating intimacy.

The inclusion of all aspects of sexuality and their interplay, along with an understanding of shame as it relates to the self, contributes to this study's definition of sexual shame as the intense feeling of pain and self-loathing brought on by the self-perception that one's essence as a sexual being is reprehensible and unattractive owing to inherent flaws, deficiencies, and inadequacies that make the naked emotional and physical self unworthy of acceptance because of one's sexual thoughts, desires, fantasies, practices, beliefs, relationships, roles, experiences, personality, behaviors, dysfunctions, and intimate body failures. This definition of sexual shame can be applied across all realms of the bio-psycho-social-spiritual gender domains, including socioeconomic, cultural, political, historical, and ethical factors.

The beginning phase of shame as it relates to sexuality starts when a child feels ashamed when feelings of sensual closeness are prohibited with the termination of breastfeeding or close personal touch and continues through adolescence with comparisons to siblings and peers (Shadbolt, 2009). Children who find satisfaction, affection, and attention through the sensuality of being held and caressed are told not to touch and explore themselves or their bodies in a way

that forecloses discourse about the natural curiosities that children are experiencing, leading to embarrassment and feelings of shame toward themselves (Lichtenberg, 2008; Shadbolt, 2009). Hastings's (1998) work with sexual shame led to the claim that sexuality is the most shamed human domain worldwide, with shame having been introduced in childhood through child sexual abuse, the introduction to pornography, religiosity, sexual secrecy, and adopting the sexual shame of the parent who struggles with discussing issues related to sexuality such as masturbation, first menstruation, erections, and ejaculations. Shrouding sexuality in secrecy or making it a taboo by the parent can lead to a repression of the desire to experience sensuality in the child (Mollon, 2005). This repression driven by secrecy from adults about "private parts" pushes sexuality into a closet, leading to feelings of shame about one's exploration of the body's sexuality as time goes by (Mollon, 2005). As the individual develops into adulthood, cultural mores play a part in the development of sexual shame as they pertain to edicts of sinful behavior, chastity, masturbation, gender roles, immorality of homosexuality, and societal norms as they pertain to human sexuality (Murray & Ciarrocchi, 2007). These paths of sexual shame from infancy to adulthood all lead to difficulties in intimate relationships.

Intimate relationships require all the ingredients of interpersonal relationships along with allowing greater access to an individual's inner self; however, access to one's intimate self may shut down when shame is interjected into the intimate relationship. Shame serves as a predictor of avoidance behavior (Schmader & Lickel, 2006), indicating that when individuals are ashamed of any aspect of their self-identity, they will tend to distance themselves from others or avoid self-exposure. Both men and women retreat to non-disclosure and silence in the presence of shame when addressing the intimate practice of self-sharing with gender-specific shame narratives (Weiss, 2010). Sexual shame arises because sexuality is frightening and is repressed or

banished from discourse (Mollon, 2005).

Shame is linked to desires and other aspects of the self that are not allowed into the realm of shared discourse, causing a failure to communicate about these desires and one's identity of self. The area of self that is most likely to be hidden from intimate discourse or disclosure is that of sexuality (Mollon, 2005).

### **Childhood Sexual Abuse and Sexual Shame Across Gender**

Development of shame-proneness in the maturing individual in many cases stems from childhood sexual abuse (Kim et al., 2009; Shahar et al., 2015) and the trauma of high betrayal (Platt & Freyd, 2015) such as sexual abuse or coercion. Women who have experienced sexual abuse reported that they tell themselves that they deserve to be ashamed, are disgraced, and speaking of what happened to them will bring their shameful past into public visibility, something that "good girls" never do (Weiss, 2010).

The social and cultural norms that relegate women to roles of chastity and sexual purity serve to make them too ashamed to disclose their violation, knowing that societally they may not be viewed as a victim but as one who is to blame for the sexual encounter (Weiss, 2010). This reality coincides with Clark's (2017) study on the etiology of sexual shame among women. She found that their vulnerability, along with their fear and uncertainty related to their powerlessness to make decisions about sexual encounters, developed in them feelings of sexual shame. Sexual shame in a sample of women who experienced Childhood Sexual Abuse (CSA) was the greatest indicator of sexual dysfunction in adulthood (Pulverman & Meston, 2020), indicating the significant correlation that CSA has with sexual shame in women.

Men, on the other hand, tell themselves that men do not expose their vulnerabilities and that real men are not taken advantage of sexually (Weiss, 2010). These narratives about shame



perpetuate their avoidance of intimacy by continuing to keep an intimate partner at a distance, thus foreclosing intimacy in the manner indicated by Lutwak et al. (2003), with the individual experiences sexual shame behaving in a manner that sabotages the ability to maintain a supportive and satisfying intimate relationship. This sabotaging behavior might show itself as an effort to reduce sexual shame by emotionally isolating, keeping to themselves the fear of how their partner might perceive them if they knew their guarded secret (Dorahy & Clearwater, 2012).

The male that experiences CSA may have heightened fears of being viewed as weak, emasculated, gay, or have internalized beliefs developed from society that males by virtue of their gender cannot be victims (Dorahy & Clearwater, 2012). These internalized fears cause a male who has experienced CSA to maintain the secret and repress the experience, developing shame around sex and his sexuality and viewing the self-as-shame (Dorahy & Clearwater, 2012). Self-as-Shame in sexual shame is a powerful phenomenon because the individual views both I (subject of shame) and me (object of shame) as being sexually shameful. The individual sees his sexuality as shameful as well as feeling as though others see it that way.

### **Pornography Use**

Users of pornography indicate both positive and negative effects of its use, with those who indicate negative effects of using pornography having beliefs that they are addicted to pornography or exhibit hypersexual behavior linked to it (Grubbs et al., 2015; Grubbs et al., 2017; Grubbs et al., 2019). These beliefs about pornography use are linked to levels of religiosity (Grubbs et al., 2017; Perry, 2017; Perry & Whitehead, 2019; Volk et al., 2016) and moral disapproval (Floyd et al., 2020; Perry & Whitehead, 2019; Volk et al., 2016). Individuals who express moral disapproval of pornography use, exhibit a level of sexual shame that is

significantly higher than those who do not (Floyd, et al., 2020). Pornography use in the absence of moral disapproval is accompanied by significantly lower levels of sexual shame (Floyd, 2020), indicating that pornography use itself may not produce sexual shame, but a religious background or the presence of moral strictures against pornography use is what produces the sexual shame. This is why religiosity as a moderator of sexual shame was explored in this research, while pornography use as an etiological ingredient to sexual shame was not.

### **Intimate Body Shame**

The objectification of the human body through media and interpersonal interactions has caused increased levels of body shame in the general population (Sanchez & Kiefer, 2007). Because objectification is not a one-time occurrence and is ongoing and pervasive, there are potential implications for chronic body shame (Sanchez & Kiefer, 2007) experienced both by males and females. A human being is objectified when the body and mind are detached from them in the eyes of the perpetrator, enabling the perpetrator to focus exclusively on the body parts in a sexual manner, discounting the mind, emotions, and personality of the objectified person (Ramsey & Hoyt, 2015). When the one objectified senses this detachment, they become conscious of how their body is perceived by others in a sexualized manner, causing them to self-objectify. This self-objectification highlights perceived faults and blemishes (Ramsey & Hoyt, 2015), instilling in the individual a sense of shame about how their body fails to measure up to societal and cultural expectations. Quinn et al. (2006) found that self-objectification has a lingering effect on the individual, who views himself or herself as an object long after leaving the setting in which the self-objectification took place.

To counter the argument that body shame is an extension of dissatisfaction with one's body, one might be dissatisfied with one's body but not be ashamed of it. Body shame involves

not only the negative evaluation one may have of their body, but also includes the desire to hide oneself and avoid disclosing the naked body, which is not the case with body dissatisfaction (Schooler et al., 2005). This emotional component of desiring to hide the naked body indicates that there is an additional component to global body shame, which leads to intimate body shame.

Body shame and sexual satisfaction are negatively correlated to each other, where the greater the amount of body shame, the lesser degree of sexual satisfaction (Gordon, 2018; Quinn et al., 2006; Ramsey & Hoyt, 2015; Sanchez & Kiefer, 2007). This correlation has garnered much discourse on how global body shame effects how one views themselves as a sexual being and how the avoidance that is brought on by global body shame is what decreases sexual satisfaction. Schooler's et al., (2005) indication that body shame is distinct from body dissatisfaction pertains to the embodiment of the self, which includes one's smell, nakedness, and presence of hair, gives rise to the need for a distinction between global body shame and intimate body shame.

Many definitions of body shame include all areas of the body, even those that might be considered intimate such as menstruation and genitalia (Schooler et al., 2005). When speaking solely about intimate areas of the body, and shame brought on by these areas, there is a direct correlation between intimate body shame and sexual participation and satisfaction (Schooler et al., 2005). Sanchez and Keifer (2007) also indicate that sexual arousal and satisfaction are in direct correlation to body image. Both men and women experience intimate body shame respectively when they perceive that their partner is turned off by their intimate body parts or that their genitalia is not satisfactorily aesthetically pleasing.

### **Gender and Intimate Body Shame**

Men and women both experience intimate body shame when they believe that their

exposed intimate body parts are flawed or are in some way objectionable in function, odor, appearance, or the inability to bring pleasure to their partner. Intimate body shame has been found to exist partly because of societal perceptions of beauty, cultural taboos regarding discussing intimate body function and features, and the belief that intimate body beauty and function render one sexually viable or desirable (Schick et al., 2010; Schooler et al., 2005). The marriage of one's intimate body shame with sexuality is complete when both men and women believe that sexual satisfaction and their ability to function sexually in a manner that brings pleasure to their spouse is integrated with their physical intimate body parts (Davis, et al., 2017; Sanchez & Kiefer, 2007; Schick, et al., 2010; Veale, et al., 2014). Men and women with intimate body shame may avoid sexual interaction with their spouse because the psychological stress of exposing the naked self, which is the source of shame, makes sex less pleasurable and satisfying (Sanchez & Keifer, 2007). Shame and humiliation present in the individual from the same root of agonizing devaluation of the naked self with shame arising from exposure of the naked self towards another person (Dorahy, 2017).

**Women and intimate body shame.** Women may feel intimate body shame regarding their genitalia as it relates to shape, feel, appearance, odor, and ability to please their partner (Schick et al.,2010; Schooler et al., 2005). As a result, they are increasingly submitting to female genital cosmetic surgery (FGCS), or vaginoplasty to have their genitalia altered to better fit into what is perceived to be more desirable to their partner. During a sexual encounter, women may be completely satisfied with their body image and body shape but may experience psychological discomfort about their genitalia and their sexual functioning, leading to cognitive dissonance about their personhood and their sexual self-evaluation (Schick, et al., 2010). This poor evaluation of their genitalia has led to the increasing numbers of surgical modifications of the

vagina, vulva, labia, and surrounding structures with the intent of improving sexual satisfaction for themselves or their partners, sexual satisfaction that is based solely on the perceived dissatisfaction of what their sexual partner may be feeling or thinking about their intimate body structure. The fear of being rejected on this basis indicates intimate body shame as described by Schooler et al. (2005), in that it involves both negative evaluation of the intimate body as well as the emotional component to either hide or change it. This is also seen in the menstruating female who has shame about menstruation and will have intimate body shame during this cycle, which Schooler et al. (2005) call “cycles of shame.”

**Men and intimate body shame.** Intimate body shame pertaining to men is all about the penis. Men with deformities of the penis such as Peyronie’s Disease (PD), may be ashamed of the look, function, ability to bring satisfaction to their spouse, and ability to orgasm (Davis, et al., 2017). Small penis syndrome is described as having shame about one’s penis size even though the individual possesses a normal-sized penis. Veale et al. (2014) developed and validated a scale that can assess shame in regard to penis size, making intimate body shame about penis size measurable. Men associate penis size with masculinity and sexual prowess and experience shame about their penises if they think that they will be judged negatively, rejected, or humiliated because of what they perceive to be abnormal or defective (Veale et al., 2014). This concern about penis appearance, functionality, and the preoccupation about desirability may cause the individual to have greater difficulty with achieving orgasm (Sanchez & Kiefer, 2007).

Men who have deformities of the penis find that the greater the degree of abnormality, the greater the psychological stress and increased sexual dissatisfaction in their spouse (Davis S. N. et al., 2016). Each study about the male genitalia indicates shame about sexuality brought on by one’s belief about their penises, the most intimate body part that is integrated into self. The

integration of this intimate body shame with sexuality heightens sexual shame when nakedness is expected or experienced between the couple.

### **Sexual Communication**

Sexual communication includes sharing fantasies, desires, beliefs, dysfunctions, values, roles, pleasures, what is perceived as erotic, bodily experiences during the act of sex such as sensations of arousal, orgasm, or pain (Sathyanarana Rao & Nagaraj, 2015). The individual who generally communicates well within the marital relationship may not have the same level of sexual communication, and struggle to share his or her sexual experience. Sexual communication as indicated is different from general communication in that it centers around all things sexual and the sexual relationship between the marital dyad. This may cause anxiety or shame arising from the family of origin, religious beliefs, or cultural taboos that prohibits open sexual discourse, even among married couples, with some saying that sexual communication feels different than general communication (Jones et al., 2017). This open discourse of sexual communication includes both content and process knowledge of sex and sexuality. Sexual communication centered around content incorporates level of experience, knowledge, and awareness, while communication about process involves one's attitude about sexuality, the perceived dynamic of the sexual relationship, and how safe it is to discuss sexual problems (Jones et al., 2017).

In an effort to determine the benefit of sexual communication, Nekoolaltak et al. (2016) qualitatively studied 26 couples to determine what is sexual communication, what it consists of, what are the benefits to the couple who participates in sexual communication, and the depth in which couples share their sexual feelings. It was found that the purpose of sexual communication is to share thoughts and feelings that evaluate the sexual relationship; i.e., what

is or isn't working well within the sexual relationship, and to indicate when one is ready for a sexual experience (Nekoolaltak et al., 20016). This evaluative sharing about the sexual relationship will lead to greater openness about sexual problems and ways in which the couple can work together to overcome these problems, agreement about what is and isn't acceptable sexual behavior within the relationship, and will promote both sexual and emotional intimacy (Nekoolaltak et al., 2016). For sexual communication to be effective it needs to be done in a manner that is supportive of each partner. Sexual communication that occurs in moments of anger or in sarcastic and comparative wording will be detrimental to the sexual relationship. Sexual communication that is supportive, clearly and romantically expressed, regularly expressed, and shows care will promote the sexual intimacy and sexual satisfaction that is desired (Nekoolaltak et al., 2016).

When there are issues of sexual dysfunction, sexual communication may indicate a prognosis and course of the dysfunction as is the case with Erectile Dysfunction (ED). ED is defined as the persistent inability to attain and/or maintain an erection sufficient for sexual performance for at least six months (DSM-5). This sexual problem affects not only the male but also the female, as both are locked in a psychological cyclical relationship. Men with ED have a high incidence of depression and anxiety and may distance themselves from their wives, which will cause the wives to feel unattractive, undesired, and fear that their husbands may be potent with other women who they deem to be more desirable (Gao et al., 2020).

The longer the dysfunction continues without treatment, the sexual communication and cognition of the problem further suffer, with communication diminishing and the perception of the cause of the problem becomes distorted and viewed differently by the man than the woman.

In the study performed by Gao et al. (2020), it was observed that couples who did not have quality sexual communication had a greater difference in their perceptions of the hardness of the man's erect penis, while couples whose sexual communication was good rated the hardness of the penis closer to the same. This indicates that sexual communication has a positive effect on the couple's sexual outcome, with both partners having a closer cognitive and psychological understanding of what is transpiring, thus reducing the course and distress of the dysfunction (Gao et al, 2020).

Among the benefits of sexual communication are increased frequency of orgasm for women, increased frequency of the sex act, a didactical increase in sexual and relationship satisfaction in both men and women (Jones et al., 2017), shortened episodes of sexual dysfunction (Stephenson et al., 2018), a mutual agreement and understanding of the sexual routine accompanied by increased pleasure (Nekoolaltak et al., 2016), and a potential deepening of the emotional bond between the couple.

In many areas of a relationship within which a couple must communicate, sex is one of the topics of greatest importance; however, vulnerability in being open about sexuality makes it difficult for couples to move past feelings of putting themselves at risk and exposing themselves to possible rejection, embarrassment, and humiliation when disclosing such intimate information (Montesi et al., 2010).

Communicating transparently in the realm of sexuality requires one to take a risk on intimacy that will reveal the private aspects of one's sexuality relating to one's desires, preferences, experiences, fears, and fantasies (Montesi et al., 2010). However, negotiating the risk-reward benefit in discussing taboo sexual topics can lead to higher levels of openness,



honesty, intimacy, understanding, and enhancement of a couple's sex life (Brown & Weigel, 2018).

It has been found that open sexual self-disclosure leads to greater levels of sexual and relationship satisfaction (Brown & Weigel, 2018; Frederick et al, 2017; Montesi et al., 2010). Some contend that communication, in general, will improve sexual satisfaction because it improves relationship satisfaction; nonetheless, Montesi et al. (2010) report that general communication did not effectively improve sexual satisfaction, whereas sexual communication improves both sexual and couple relationship satisfaction.

The more ways that a couple discovers to have open sexual disclosure, the greater this sexual satisfaction will be (Frederick et al., 2017). This open sexual disclosure may include asking for particular sexual favors, asking about past sex acts with each other, praising one's partner on their sexual prowess, flirting sexually via text or email, gently expressing dissatisfaction with a past sexual act couple has engaged in, and likes and dislikes, fears, and fantasies, (Frederick et al., 2017; Montesi et al., 2010). In different circumstances one or both of the marital dyad may engage in sexual communication that is verbal or non-verbal to communicate likes and dislikes, typically happening during the act of sex (Blunt-Vinti et al., 2019)

With sexual communication being anxiety-provoking because of the nature of being intimately vulnerable, the quality of the communication can vary, and the couple will have differing levels of satisfaction with their sexual communication. This satisfaction increases when the couple can communicate non-verbally their sexual desires as well as verbally while being sexual (Blunt-Vinti et al., 2019). For instance, a person indicating what is desired by taking the partner's hand and moving it to the desired location, is an example of non-verbal

sexual communication at its best in improving sexual satisfaction. Uncertainty about how a partner will receive such a non-verbal sexual suggestion occurs in a relationship that is characterized by uncomfortableness in a sexual communication.

The greater the degree of uncertainty in a relationship, the more an avoidance of certain sexual topics occurs, and the result is pervasive uncertainty throughout various stages of development, posing challenges to communication (Theiss, 2011). On the opposite side of the spectrum, in order to participate in open sexual self-disclosure, couples must possess relationship responsiveness, communication quality, supportiveness from one's partner, and relationship satisfaction (Brown & Weigel, 2018). This open sexual self-disclosure facilitates the couple's developing a sexual knowledge about each partner's likes and dislikes, leading to greater levels of positive sexual interaction (Brown & Weigel, 2018). The reason that relationship responsiveness and supportiveness from one's partner is so important is because this disclosure comes with risky consequences such as feeling criticized, stigmatized, and sexually vulnerable, which is why in the presence of relationship uncertainty verbalization is so difficult. With such difficulties in open sexual self-disclosure, it makes the presence of sexual shame loom large, indicating that supportiveness and relationship responsiveness will help the individual experiencing sexual shame to participate in sexual communication. With the systemic manner that husbands' and wives' individual sexual satisfaction is intertwined with the sexual satisfaction of their spouse, the presence of relational uncertainty one or the other to rely on indirect sexual communication about sexual intimacy, resulting in lower levels of sexual satisfaction in the marital dyad (Theiss, 2011).

### **Sexual Satisfaction**

Sexual satisfaction has been defined as “an effective response arising from one's

subjective evaluation of the positive and negative dimensions associated with one's sexual relationship" in the development of the Interpersonal Exchange Model of Sexual Satisfaction (IEMSS) (Lawrance & Byers, 1995, p. 268).

Sexual satisfaction is a barometer of the quality of marital life, being fully understood only from a perspective within the dyadic relationship, considering the sexual experience of both the husband and the wife (Pascoal et al., 2018).

To fully understand the impact of the sexual experience on each individual's sexual satisfaction, it is important to take both partners' experience into account, uniting both partners' individual experience and interpersonal understanding of their partners' sexual experience.

Sexual satisfaction is best studied within the couple relationship and not at the individual level (Fisher et al., 2015; Lawrance & Byers, 1995), with an interdependence of how one's partner interacts sexually affecting self's sexual satisfaction (Velten & Margraf, 2017). There are many components of sexual satisfaction, some of which are sexual function, frequency of sexual activity, frequency of orgasm, specific sexual behavior, age, gender, length of relationship, and expectations operating systemically in the marital dyad with increased satisfaction based upon the satisfaction of one's spouse (Theiss, 2011). Sexual satisfaction also has social, cultural, spiritual, religious, individual, and relational factors (Sánchez-Fuentes et al., 2014).

### **Sexual Function and Sexual Satisfaction**

The ability to achieve and maintain an erection, pain that occurs during the sex act, premature ejaculation, vaginismus, Peyronie's Disease, genito-pelvic pain, inability to obtain an orgasm, and the need for vaginal lubrication are all examples of physical sexual function. Physical sexual function is positively correlated to sexual satisfaction with the individual

experiencing higher levels of sexual satisfaction in the presence of positive sexual desire, arousal, and regular orgasms (Velten & Margraf, 2017).

During When there are incidences of lack of vaginal lubrication, inability to achieve or maintain an erection, the inability to attain orgasm, existence of genito-pelvic pain, or lack of ability to engage in penile-vaginal penetration, sexual satisfaction decreases (Velten & Margraf, 2017). In instances of sexual dysfunction or a decrease in sexual functioning of the male, the degree that the dysfunction interferes with sexual activity tends to reduce the sexual satisfaction of the female, as is the case with erectile dysfunction (ED) and Peyronie's Disease (Davis S. N. et al., 2016).

### **Age and Sexual Satisfaction**

As men and women age, their sexual function changes due to changes in their bodies. Aging couples may experience reduced sexual satisfaction because they are no longer able to perform physically in the manner they could when they were younger due to the male no longer able to achieve or maintain an erection, and post-menopausal women may be plagued by reduced vaginal lubrication and pain during intercourse (Carpenter et al., 2007). The sexuality of women is multifaceted and comprised of physiological, psychological, and interpersonal elements. When such physiological changes caused by changes in the body reduce sexual functioning, the desire for a satisfying relationship through satisfying sexuality still be present. This happens because the female's sexual response starts with initiating sex or being receptive to their partner's initiation of sex, brought on by their mutual desire for intimacy, closeness, and sharing the sexual experience as an expression of caring (Magon et al., 2012). The quality of the marital relationship has a reciprocal relationship to sexual satisfaction which is important during the physical changes in sexual function as the couple ages.

Poor sexual functioning is an intimate problem that involves emotional suffering, torment, and anguish that is multi-faceted and is unique to each couple (Metz & McCarthy, 2007). It is important that the couple develop reasonable expectations about their sexual relationship and understand that sexual functioning is not static and tends to change throughout lifespan development (Buttaro et al., 2014). If the couple affords themselves the freedom to create their own unique sexual script it will enable them to experience sex as a way to experience pleasure, relieve stress, and re-ignite adult playfulness inside their intimate union, recognizing that due to changes in sexual function, the quality of sex may vary from day to day and from good to mediocre, or even to poor, they can yet maintain a degree of sexual satisfaction (Metz & McCarthy, 2007).

### **Gender and Sexual Satisfaction**

Some aspects of sexual satisfaction are experienced equally across gender while other aspects are experienced differently between men and women. These differences are interdependent upon how one interacts with one's partner sexually. Sexual functioning is a predictor of sexual satisfaction for both men and women, with increased functioning providing greater sexual satisfaction (Velten & Margraf, 2017). However, the husband's increased sexual satisfaction is derived from his wife's greater sexual functioning, based on how often she achieves orgasm, with the more she orgasms giving him greater sexual satisfaction (Velten & Margraf, 2017). Additionally, the man will have greater sexual satisfaction if his wife initiates sex at the same frequency as he does. This interdependence of deriving greater sexual satisfaction because of the participation of his spouse may be due to an increase in a sense of being desired, reducing the effect associated with sexual rejection (Velten & Margraf, 2017). According to Velten and Margraf (2017), women will tend to have greater sexual satisfaction the

longer they have been in a relationship with their spouses and if the sexual experience extends over a greater length of time and when their husbands are not experiencing sexual distress.

### **Sexual Behavior and Sexual Satisfaction**

Behaviors found to improve sexual satisfaction are frequent kissing, cuddling, caressing, frequent sexual activity, and attention to the partner's achievement of orgasm (Fisher et al., 2015). When there are greater levels of sexual frequency and open sexual self-disclosure sexual satisfaction increases (Velten & Margraf, 2017). Sexual behavior that reduces sexual satisfaction entails behavior that is self-directed and not directed toward one's partner, such as masturbation or having an open relationship that introduces additional sexual partners into or outside of the marriage (Fisher et al., 2015). This would indicate that the interdependence of the sexual relationship solidifies the dyadic approach to understanding how both individuals and their partner's sexual satisfaction is an important part of the relationship (Pascoal et al., 2018; Velten & Margraf, 2017).

### **Interdependence and Sexual Satisfaction**

Sexual satisfaction can be explained by a dyadic model, indicating that to fully understand the impact of the sexual experience on each individual's sexual satisfaction it is important to take both partners' experience into account (Pascoal et al., 2018). As explained within each section on sexual satisfaction, the interdependence of the sexual relationship drives sexual satisfaction and cannot be looked at independently if one desires to fully understand the affective response arising from one's subjective evaluation of the sexual relationship. How one's partner interacts sexually will affect how one experiences and attains sexual satisfaction themselves.

What an individual considers sexual will depend on one's culture, with sexual scripts

being socially determined and the modification of these scripts performed to meet the needs of the individual (Fallis et al., 2014). However, because of the interdependence of sexual satisfaction, the couple will further modify each individual script to form a script that is tailored to their negotiated sexual relationship, written according to how one perceives the preference of their partner's sexual behavior and sexual satisfaction (Fallis et al., 2014). The importance of meeting one's partner's sexual expectations and satisfaction is so great that one's personal script will be modified to meet what is perceived. (Fallis, 2014). This dyadic modification to achieve sexual satisfaction is intricately intertwined with relationship satisfaction, with increases in either one indicating an increase in the other over time (McNulty et al., 2016).

### **Marital Relationship Satisfaction**

Marital relationship satisfaction is comprised of the interpersonal processes of husband and wife working to understand and support each other physically, psychologically, emotionally, and spiritually. It is achieved when a couple adapts its expectations to reality, negotiating differing levels of compromise that meet both partners' needs and expectations over time (Abbas, 2016). The conceptualization and measurement of marital satisfaction is not a one-time observation or assessment, but is a conglomeration of assessments marking a trajectory over time (Bradbury et al., 2000). Prior research would measure marital satisfaction as a relationship void of distress. However, there are particular dimensions of dissatisfying and satisfying relationships that are not necessarily the inverse of each other (Bradbury et al., 2000), dictating that marital satisfaction or marital happiness is not based or defined by the absence of distress, which can lead to an erroneous conclusion of what is marital satisfaction (Rauer & Volling, 2005). A stable marriage does not equal a happy marriage, but a marriage that displays greater levels of positivity than levels of negativity leading to the couple's having a sense of marital happiness

(Rauer & Volling, 2005). Distress in a marriage does not indicate that there isn't marital satisfaction; it could be a point in the relationship when the couple is working through a problem despite being satisfied with the marriage and the trajectory they are working towards (Bradbury et al., 2000).

### **Interpersonal Dyadic Approach**

Happily married couples are happy for different reasons; they will respond to conflict, joy, passion, and communication differently than other couples, which supports the view that a didactic approach to marital relationships is necessary (Rauer & Volling, 2013). Observing how a couple interacts with each other yields insight into the quality of the relationship. How each partner resolves conflict is indicative of how their partner will perceive conflict resolution and indicative of their marital satisfaction, with negative behavior promoting negative behavior reciprocally (Bradbury et al., 2000). Marital satisfaction becomes an attitude toward one's spouse and relationship operating within sociocultural ecologies and contextual parameters where each spouse will react to their partner (Bradbury et al., 2000).

The dyadic process of relationship satisfaction has been shown to develop from each individual's interpretation of how their spouse receives or reacts to their personhood, with self-esteem as one of the factors that contribute to relationship satisfaction (Erol & Orth, 2014). As an individual's self-esteem rises or falls his or her relationship satisfaction will rise or fall, with the development of both partners' self-esteem making a meaningful contribution to the couple's dyadic satisfaction with their relationship (Erol & Orth, 2014). Areas that are pertinent to this research is sexuality, sexual shame, and sexual disclosure. Erol and Orth (2014) found that supporting the sexuality of one's spouse may build their sexual self-esteem, predicting relationship satisfaction, and this will happen in a dyadic process.



When working to improve marital satisfaction, young couples may discuss their romantic problems with each other or with friends (Jensen & Rauer, 2014). Jensen and Rauer (2014) call this discussion of romantic problems relationship work. They note that relationship work, when directed towards friends instead of toward a partner, was shown to be prevalent in lower romantic functioning couples. However, when the couple turned the relationship work inward towards each other, their romantic functioning improved, yielding greater levels of marital happiness. The interpersonal nature of working on the relationship improved both relationship satisfaction and marital happiness.

### **Marital Happiness**

Defining marital happiness based on the absence of distress could lead to fictitious conclusions about marital satisfaction. Stable non-distressed marriages do not indicate happiness.

Rauer and Volling (2013), through cluster analysis, isolated three types of happily married couples. These three types of couples demonstrate different approaches to problem-solving during conflict and they are mutually engaged, mutually supportive, and wife compensation. The mutually engaged couple will have both positive and negative behavior with each partner in the dyad expressing positive problem-solving behaviors and also some negative behaviors. The mutually supportive couple didactically rate high in positivity and support and exhibit a relative absence of negative behaviors. The wife compensation couple has high positive behaviors from the wife with a low likelihood that she will express negativity or negative problem-solving behavior, which compensates for the negativity that the husband may demonstrate. All three couples demonstrate a happy marriage. Be that as it may, couples who approach marital differences didactically with high levels of sympathy and empathy for their

spouse's feelings and concerns stand out even in this sample of happily married couples (Rauer & Volling, 2013).

### **Emotional Expressivity**

Good communication is required in a marriage to develop a strong marital relationship, which requires being able to express one's thoughts and emotions freely (Rauer & Volling, 2005). Emotional expressivity is the persistent pattern or style one employs both non-verbally and verbally to convey one's emotions (Rauer & Volling, 2005). These emotional expressions can be either positive or negative. Positive emotional expressivity is the expression of positive emotions, such as happiness and love, while negative emotional expressivity is associated with expressing anger and disgust. These levels of emotional expressivity were measured by Rauer and Volling (2005) to determine the role between husbands' and wives' emotional expressivity and marital satisfaction. It was found that when one spouse had high levels of positive emotional expressivity, he or she had higher levels of marital satisfaction, but this didn't necessarily foster the same level of marital satisfaction in their spouse, indicating that other factors are involved, such as how their spouse perceived the interpersonal support process (Rauer & Volling, 2005).

### **Compatibility**

The young couple that moves quickly to sexual activity prior to marriage, may short-circuit the interpersonal sharing of thoughts and perceptions of the relationship with each other (Sassler et al., 2012). This sharing of ideologies, discussing such topics as compatibility, their commitment to their partner, and how they plan to bond emotionally and physically in the future is not discussed, leaving them at a great disadvantage (Sassler et al., 2012). It was found that if the couple bypasses this relationship-bonding period and moves quickly into a sexual relationship, it can lead to a premature marriage without consideration of compatibility (Sassler

et al., 2012). When this happens, it was found that the couple has lower marital satisfaction than if they had entered a sexual relationship later after marriage, or after developing and navigating the normal courtship considerations involving compatibility. The delay of sex, which can be confused with love, allowed the couple to develop greater confidence in the stability of their marriage with higher levels of relationship satisfaction (Sassler et al., 2012).

### **Religiosity**

Determining the level of someone's religiosity had been measured by participation in religious services or membership in a religious order; however, this measurement did not consider their worldview through the lens of their religious values based upon their religious edicts (Worthington et al., 2003). As Worthington et al. (2003) explain, one may participate in religious activities but not be particularly committed to the teachings that are promulgated. Determining the level of commitment to one's religious beliefs and values would then be a better way to measure an individual's religiosity.

Religious commitment is measured beyond one's membership or non-membership in a religious organization and extends to the degree to which the person participates in the religious activities of the organization, one's attitudes, and the importance of these experiences, and to the extent that the person espouses the beliefs in the organization's creeds (Worthington et al., 2003). Religiosity can be defined as the degree that a person adheres to their religious beliefs, practices, and values, and the level of implementing each of these constructs into their daily life (Worthington et al., 2003).

### **Sex Guilt**

Sex guilt is a negative affective component attributed to self-imposed punishment that results from either violating or expecting to violate what one considers to be proper sexual

conduct, typically learned from religious teachings (Hackathorn et al., 2016). Persons whose higher levels of religiosity may evidence greater levels of sex guilt than those with lower levels, but these higher levels seem to affect sexual satisfaction only for unmarried persons who show high levels of religiosity, possibly because engaging in premarital sex is proscribed in every major religion, with both eastern and western religions restricting sexual activity to marriage (Hackathorn, et al., 2016; Hernandez et al, 2011; Leonhardt et al., 2020). When sex guilt has an impact on the unmarried person's life, it is negatively associated with sexual satisfaction, with higher levels of religiosity increasing this effect.

### **Sanctification of Sex**

At the opposite end of the spectrum from sex guilt is the sanctification of marital sexuality, with marriage being the only universally recognized context for expressing sexuality (Hernandez-Kane & Mahoney, 2018). Religiosity through religious teachings can certify sexuality within marriage, developing what is considered to be the sanctification of sex for married persons, establishing a spiritual aspect of sexuality that enhances the sexual experience and satisfaction (Leonhardt et al., 2020). Viewing sexual intimacy as a sacred experience with one's partner signifies a powerful spiritual belief that has the possibility of enhancing both the frequency and quality of the sexual experience in marriage (Hernandez-Kane & Mahoney, 2018). It was found that the greater the couple can view sexuality as sanctified, the greater the lasting effects on the marriage, elevating the frequency of sexual intercourse, sexual satisfaction, and marital satisfaction (Hernandez-Kane & Mahoney, 2018). Couples who believe that their marriage has a divine or pure characteristic and godly purpose experience higher levels of marital satisfaction, marital sexual satisfaction, and sexual intimacy than those who do not, with women experiencing orgasm more frequently the higher their levels of religiosity (Hackathorn et

al., 2016). Hernandez et al. (2011) found that the level at which marital sexuality is viewed as sanctified predicts marital satisfaction, sexual satisfaction, sexual intimacy, and spiritual intimacy among married couples, showing that religiosity toward marital sex has many benefits.

The way in which religiosity plays a part in sexual satisfaction for both husbands and wives tends to follow the path of sanctification, with reports of religiosity being associated with greater levels of marital sexual satisfaction (Dew et al., 2020). Joint religiosity of married couples that sanctifies the marriage was found to be associated with behaviors that support the maintenance of the marriage relationship and time spent together, increasing the marital commitment, which led to increased marital sexual satisfaction (Dew et al., 2020). This shows that the sanctification of sexuality for the highly religious married couple affects marital sexual satisfaction through various relationship activities, with research showing that the association between religiosity and sexual satisfaction fosters various mechanisms that mediate this relationship (Dew et al., 2020; Leonhardt et al., 2020).

Religious teachings that sanctify the marriage bed and marital sexuality between married couples at the same time forbid sexual experiences outside of marriage, teaching that such extramarital experiences would be sinful (Hackathorn et al., 2016). These teachings, in light of religiosity, seem to influence sexual satisfaction, intimacy, and relationship satisfaction on a contextual basis, by either provoking sex guilt for the highly religious single individual and sexual sanctification for the highly religious married individual.

This research explored the question of whether the issue of sexual shame, which is raised in the presence of religiosity, was mediated by the same construct that can promote the sanctification of sexuality within marriage.

## **Duration of Marriage**

With sexuality in the context of religiosity studied mostly with young couples, it is important to also determine whether there is mediation or moderation of marital sexuality for the older couple or whether this effect decreases over time. Religiosity and religious norms typically dictate that sex is to be enjoyed within a monogamous marital relationship, which may elicit increased meaning for the sexual relationship between an older couple who has maintained such a relationship (Iveniuk et al., 2016). Despite not studying older couples' behavior, Hernandez-Kane and Mahoney (2018), did show that there are longitudinal effects of sanctification of marital sexuality, and Lazar (2017) found that Jewish religious women who do experience a moderation of the relationship between sexual satisfaction and marital satisfaction over time. In this study, the individuals' ages and duration of marriage were factors to note.

## **Marital Relational Intimacy**

A model of intimacy created by Reis and Shaver (1988) explains that intimacy is the experiential outcome between two people where one of the partners discloses personally revealing feelings or information to a partner, who in turn, responds empathically and supportively, causing the initial discloser to feel understood, validated, and cared for. With marital relationships being interpersonal by nature and with so many different elements of marital relationship satisfaction being derived didactically, marital relationship intimacy should be viewed as an interpersonal exchange with closeness and connectedness developed through communication between spouses (Laurenceau et al., 2005). To solidify the didactic process for the formation of marital relational intimacy Laurenceau et al. (2005) confirmed that the revealing disclosure by the first partner in the marital dyad wasn't enough alone to create intimacy, but the perceived responsiveness is the necessary element in its development. The acknowledgment of

perceived responsiveness as a necessary element of developing marital relational intimacy may be an important component of this research, as its theoretical framework dictates an interpersonal exchange model to be used when disclosure of sexual shame to one's partner is made while seeking improved sexual marital relationship intimacy.

Marital relationship intimacy has been shown to establish the interpersonal interconnectedness needed to increase couple satisfaction, sexual satisfaction, and relational satisfaction with increased feelings and behaviors of closeness (Wetherow et al., 2016). Sexual satisfaction from intercourse is relational, and feelings of closeness with one's spouse are necessary for sexual satisfaction, making marital relationship intimacy an integral part of that satisfaction. Sexual frequency and the frequency of orgasm have been found to indicate sexual satisfaction, with relational intimacy found to be a significant predictor of sexual frequency for married women over their lifespans (Wetherow et al., 2016). This increase in sexual frequency was found to be accrued from marital intimacy and not from age or duration of the marriage.

Marital intimacy has a compensating effect for women against the sexual interference brought on by sexual dysfunction. The wife who experiences sexual dysfunction, yet enjoys a sense of marital intimacy, will intentionally calculate the cost-benefit of engaging in sexual intercourse, even in the presence of sexual distress, knowing that being sexually intimate with her husband gives her a sense of sexual satisfaction because of the relational intimacy that is gained (Wetherow et al., 2017). The marital relational intimacy experience of interpersonal interconnectedness was found to aid women suffering from sexual dysfunction in encountering relationship satisfaction and sexual satisfaction. This sexual satisfaction was not encountered because of the increased frequency of sexual activity or the quality of sexual intercourse, but because the interaction between marital intimacy and the decision to engage sexually created an

interconnectedness that was the predictor of an increase in relationship and sexual satisfaction (Witherow et al., 2016). Marital relational intimacy, generated by the exchange of revealing disclosures by both partners and the perceived receptiveness and support gained from one's spouse, draws the couple into a greater sense of interconnectedness, closeness, and validation of personhood, allowing for greater levels of marital satisfaction.

### **Chapter Summary**

Sexual shame, derived from CSA (Dorahy & Clearwater, 2012), pornography use (Grubbs et al., 2015; Perry, 2017; Volk et al., 2016), societal influences (Weiss, 2010), intimate body shame (Schick et al., 2010; Schooler et al., 2005), and body sexual functionality (Sanchez & Kiefer, 2007) and affects the extent to which one feels unworthy of acceptance and belonging because of current or past sexual thoughts, experiences, or behaviors (Kyle, 2013) negatively affects couple satisfaction (Floyd et al., 2020). However, if the individual is willing to risk the possibility of rejection as a result of sexual communication (Montesi et al., 2010) by talking to their partner about their sexual fantasies, desires, beliefs, dysfunctions, and bodily experiences during sexual intercourse (Sathyanarana et al., 2015), and by discussing both the content and process of their sexuality (Jones et al., 2017), they may through this interpersonal exchange experience sexual satisfaction in an interdependent manner (Lawrance & Byers, 1995). This exchange of content and process that brings greater sexual satisfaction can also promote marital intimacy, as it is the experiential outcome between two persons who disclosed personally revealing information or feelings to their partner (Reis & Shaver, 1988). This marital intimacy facilitates the interpersonal interconnectedness needed to increase marital relationship satisfaction through enhanced feelings and behaviors of closeness (Witherow et al., 2016). In review of the literature, there is no research that seeks to determine whether the positive effect of



sexual communication, which promotes sexual satisfaction, marital intimacy, and marital satisfaction, will mediate sexual shame that the literature shows has a negative effect on sexual satisfaction, intimacy, and marital relationship satisfaction.

The existing literature shows that there is a negative relationship between sexual shame and sexual satisfaction, marital relational intimacy, and marital relationship satisfaction. The profundity of sexual shame supports the contention by Hastings (1998) that sexuality is the most universally shamed domain of human experience. It is not known, however, if sexual shame is experienced didactically in the manner that sexual satisfaction, marital satisfaction, and marital intimacy are. The interdependence of sexual satisfaction and marital satisfaction may indicate that sexual shame may be experienced interdependently even though it may arise individually from prior experiences. Such an association has not been made; nor has the effect of sexual communication on sexual shame as it relates to the negative effect on marital relationship satisfaction.

Interestingly, the literature on religiosity shows that it may have a positive effect on marital relationship satisfaction and sexual satisfaction because of the tenets of the major religions of Christianity, Judaism, and Islam all conferring universal acceptance of sex within the context of marriage. The exploration of religiosity and its moderation of sexual shame for a married couple was not found in the current literature on the effect of religiosity on sexual shame.

The following chapter proposes the methodology for the research study and the manner in which the data was collected. The proposed assessments are explained along with their purpose. The null hypothesis of the research will also be included in Chapter 3.

## **CHAPTER THREE: THE RESEARCH METHOD**

This chapter presents the method, design, procedure, and data analysis for the study of the effect sexual communication has on sexual shame in a parallel-serial mediation path with sexual satisfaction or marital intimacy on marital relationship satisfaction. This method enabled the researcher to determine whether a significant difference exists between marital relationship satisfaction for couples that engage in sexual communication when there is evidence of sexual shame prior to the sexual disclosure in a parallel serial mediation with either sexual communication or marital relationship intimacy.

### **Research Design**

This study utilized a quantitative cross-sectional correlational design to examine the variables of sexual shame, sexual communication, marital relational intimacy, sexual satisfaction, marital relationship satisfaction, and religiosity. An analysis of these variables determined what variance or effect sexual communication had on the independent variable of sexual shame in a mediated path to the dependent variable of marital relationship satisfaction.

Sexual communication, marital relational intimacy, and sexual satisfaction were studied as mediators, and religiosity was studied as a moderator of sexual shame. Each of these variables was measured through the subjects' participation in a self-reported online survey hosted on SurveyMonkey with instruments for each construct to be tested.

Measurements that have been reliability and validity tested were used to promote credibility to ensure that the results and conclusions of this study are valid. Sexual communication was measured to learn at what level a person feels comfortable disclosing revelatory information about their sexuality with their spouse, which includes open discourse of content and process knowledge of sex and sexuality as it pertains to desires, fantasies,

preferences, experiences, and fears. The measurement of marital relational intimacy focused on the connectedness and closeness between the marital couple. Sexual satisfaction was determined by the interdependence of pleasure and mutual enjoyment of sex and not based upon the lack of sexual distress. In the same manner that the measure of sexual satisfaction was focused on pleasure and enjoyment of sex, marital relationship satisfaction examined the contentment and happiness in the couple relationship and not on the lack of distress experienced in the marriage. Sexual shame, which includes the intense feeling of pain and self-loathing brought on by the self-perception that one's essence as a sexual being is reprehensible and unattractive due to inherent flaws was measured at a domain-specific level, not as global shame that encompasses one's sexuality.

After data was collected, it was downloaded and entered into IBM SPSS Version 26 statistical analysis software to run a series of regression analyses to determine to what degree sexual communication in a serial relationship with marital intimacy or sexual satisfaction mediated the role of sexual shame on marital satisfaction.

### **Selection of the Participants**

Participants for this study were respondents to an online survey who meet the selection criteria. Participants were 25 years of age and older and currently living with their spouses. The survey was distributed through Survey Monkey, and selection criteria was used through this software to specifically select married heterosexual individuals. With sexual shame being a necessary component of this study, further criteria for inclusion in these data was limited to respondents who had a score on the measure for sexual shame.

Duration of marriage was not a limiting factor but was included in the demographic data gathered. Yucel and Latshaw (2020) found that there are differences in couple dynamics based

upon union type (whether cohabitating or married) but are not quite clear, as societal norms are continuing to change. Therefore, persons who are in a long-term committed monogamous heterosexual relationship did not qualify as participants in the study because the co-variance between married or cohabitating couples was not being studied. This population could be addressed in the future to expand the knowledge of how sexual shame may function differently in couple dynamics based upon union type. The participants had to affirm that they are married and that they have read and accepted the stipulations included in the informed consent.

## **Instrumentation**

### **Demographics**

The survey started with demographic information. The questions asked age, gender, household income, ethnicity, number of times married, marital status, frequency of sexual intercourse, presence of sexual dysfunction, and if so, the nature of the dysfunction, frequency of orgasm, educational level, religious affiliation, duration of current marriage, and the number of days before the survey the respondents had sexual intercourse.

### **Sexual Shame**

Sexual shame was assessed with the Kyle Inventory of Sexual Shame (KISS; Kyle, 2013). This instrument is a 20-item scale that solicits a response on a 7-point Likert scale that seeks to measure an individual's level of sexual shame, both in the past and currently. An example of a question from the survey that measures past shame is: "I feel ashamed about having sex with someone when I didn't want to." One that measures current shame is "I feel ashamed about my sexual fantasies" (Kyle, 2013). The KISS is scored by averaging all responses and has been found to have internal consistency with a Cronbach's alpha of .929 (Kyle, 2013).

## **Sexual Communication Satisfaction**

The measurement of the level of sexual communication was assessed by the Sexual Communication Satisfaction Scale (SCSS; Wheelless et al., 1984). This scale was developed to measure the level of one's satisfaction with sexual communication when developing intimacy in a couple's relationship. It has 22 items that are scored on a 7-point Likert scale with a range from "strongly agree" to "strongly disagree." In the development of this instrument, it was found to have a .94 reliability rating (Wheelless et al., 1984). The 22 questions cover four sub-concepts that include: (1) Satisfaction with communication about sexual behavior; (2) communication about what sexual behavior is satisfying; (3) satisfaction derived from what is communicated by certain sexual behaviors; and (4) willingness and/or ability to communicate about sex with one's partner (Wheelless et al., 1984).

## **Sexual Satisfaction**

The New Sexual Satisfaction Scale (NSSS; Štulhofer et al., 2010) was used to measure sexual satisfaction. The NSSS is a 20-item questionnaire that requires the respondent to reply to questions based upon their level of satisfaction on a 5-point Likert scale. The items allow the respondent to indicate their level of satisfaction within various domains of the sexual experience, such as the variety of sexual activity in the form of frequency, experimentation, duration, emotional intimacy, and the quality of the sexual experience, such as how often one reaches orgasm. These domains are viewed through a behavioral lens, an individual lens, and an interpersonal lens (Štulhofer et al, 2010). This gives a well-rounded score of sexual satisfaction that considers the interpersonal nature upon which sexual satisfaction is based. All scores are summed and then averaged to give a score of one to five, with five indicating the highest level of satisfaction. The Cronbach's alpha indicating internal consistency and reliability ranged from

.92-.94 across five independent samples in the creation of the instrument (Štulhofer et al., 2010).

### **Marital Relationship Satisfaction**

This research desired to measure marital satisfaction or marital contentment, based on a measure that does not determine satisfaction by the lack of distress in the relationship. A relatively new measure, the Satisfaction with Married Life Scale (SWML) was created by Johnson and associates (2006). This scale was tested for validity and reliability by Ward et al., (2009) and compared to the Revised Dyadic Adjustment Scale (RDAS), which is used by researchers to measure marital relationship satisfaction. However, the RDAS is intended to measure dyadic adjustment by the couple and not actual marital satisfaction, whereas the SWML was created to measure marital satisfaction. The SWML and the RDAS were found to have a Pearson correlation of .782 ( $p < .01$ ) in measuring total couple satisfaction. The SWML was found to have a Cronbach's alpha of .958, while the RDAS has a Cronbach's alpha of .943.

The SWML is a short measure with five questions that are scored on a 7-point Likert scale. The total score of the assessment can range from five to 35, with a higher score indicating greater levels of marital relationship satisfaction. The SWML intends to measure marital satisfaction directly instead of depending on a correlational relationship between marital satisfaction and dyadic adjustment (Ward et al., 2009).

### **Marital Relational Intimacy**

With the assumption that increased levels of sexual communication will promote increased levels of marital relationship intimacy, a measure that shows the interpersonal overlapping of the self with one's spouse was sought out. The Inclusion of Other in the Self Scale (IOS) is a unique pictorial assessment that features seven sets of circles that range from no overlap to almost completely overlapped, allowing the participant to select which set of circles

represents their relationship in a Likert-type measurement of one to seven (Aron et al., 1992). This allows the individual to choose whether they feel no closeness to their spouse or complete closeness. The IOS shows excellent validity, reliability, and was highly correlated to all measures of intimacy against which it was tested against (Aron et al., 1992). This assessment provides great assessment of the interconnectedness of the couple, rendering a sound appraisal of marital relationship intimacy. Marital harmony and closeness can be evaluated by the participant and reported by selecting the appropriate set of circles that the couple feels represents their level of oneness with their spouse. The IOS in a test-retest for reliability was found to have a Pearson's correlation of .83 overall and a Cronbach's alpha of .95 for romantic relationships (Aron et al., 1992).

### **Religiosity**

The measure of religiosity for this study is the measure of commitment to one's religious beliefs, values, and edicts. This was measured by the Religious Commitment Inventory-10 (RCI-10; Worthington et al., 2003), a 10-item assessment that asks respondents to rate their religious commitment to their faith, which would include membership in a religious organization, the degree to which they participate in the activities of the organization or financially support the organization, and how important these religious experiences are to them.

The RCI-10 shows internal consistency and construct validity in measuring explicit behaviors that indicate commitment to one's religion across a variety of religious beliefs which include Christianity, Islam, and Buddhism and was tested in religious and non-religious settings, finding test-retest reliability (Worthington et al., 2003). The coefficient alpha for the full scale is .93 with a Pearson's correlation between intrapersonal religious commitment and interpersonal religious commitment of  $r(154) = .72, p < .001$  (Worthington et al., 2003).

## **Research Procedures**

The study was proposed to the Institutional Review Board (IRB) of Liberty University through a detailed application. Upon approval from the IRB, the data was collected via an online survey that is hosted on SurveyMonkey.com. Due to the length of the survey, which consists of 92 questions and includes 14 demographic questions, a paid subscription to SurveyMonkey.com was utilized and kept active until the conclusion of the study and the presentation of the findings have been completed.

The participants were recruited from a convenience and snowballing sampling, i.e., encouraging participants to forward the invitation to participate in the study to others, from the researcher's membership to the counselor educator listserv database CESNET. Additional participants were solicited through the researcher's Facebook account, counselor peers, and counselor educator mentors. These methods for the recruitment of participants are acceptable, providing that an essential screening of participants is made before data analysis is performed (Heppner et al., 2018). Critical demographic information must also be used to ensure that participants match necessary criteria (Heppner et al., 2018).

## **Ethical Implications**

Prior to beginning the collection of data, IRB approval was obtained from Liberty University. After IRB approval was obtained, participants were solicited through online sources. The respondents to the survey request were directed to SurveyMonkey.com through a provided link that opened with the informed consent. Respondents did not have access to the survey until they signed the informed consent. After the informed consent is obtained, the participant was allowed to start the survey. The informed consent informed the participants of any risks involved and that they could terminate the survey at any time if they found themselves



distressed, as the possibility of completing an assessment on sexual shame might cause anxiety. The survey first asked for demographic information and then include the KISS, RCI-10, IOS, SCSS, NSSS, and SWML.

The entire survey of 92 questions took the participant about 15 minutes to complete. Upon completion, the participants were thanked and asked if they would like to participate in a drawing for a \$50 Amazon gift card, which was the only direct benefit to them. The completion of the survey was anonymous, and the participation in the drawing was through a link provided upon its completion. All data was kept secure and private, without any identifying information being retained, and was used for the purpose of this research study.

### **Data Processing and Analysis**

The collected data was loaded into the most recent version of IBM SPSS and Hayes (2018) PROCESS macro that correlates to model 81. The data was screened for completeness and outliers. Respondents who did not score on the KISS were eliminated from the study. The data was analyzed based upon statistical analysis, providing descriptive statistics, Pearson's correlation coefficients, and regression analysis of the research questions and null hypothesis.

### **Research Question /Null Hypothesis One**

What effect does increased levels of sexual communication have on sexual shame as it relates to couple satisfaction?

***Hypothesis 1:*** Sexual communication will mediate the relationship between sexual shame and couple satisfaction.

***Null Hypothesis 1:*** Sexual communication will not mediate the relationship between sexual shame and couple satisfaction.

### **Research Question /Null Hypothesis Two**

Will sexual communication interact with emotional intimacy to have an effect on sexual shame as it relates to couple satisfaction?

*Hypothesis 2:* Sexual communication will have a significant effect on couple satisfaction in a serial mediation with emotional intimacy between sexual shame and marital relationship satisfaction.

*Null Hypothesis 2:* Sexual communication will not have a significant effect on couple satisfaction in a serial mediation with emotional intimacy between sexual shame and marital relationship satisfaction.

### **Research Question /Null Hypothesis Three**

Will sexual communication interact with sexual satisfaction to have an effect on sexual shame as it relates to marital relationship satisfaction?

*Hypothesis 3:* Sexual communication will have a significant effect on couple satisfaction in a serial mediation with sexual satisfaction between sexual shame and marital relationship satisfaction.

*Null Hypothesis 3:* Sexual communication will not have a significant effect on couple satisfaction in a serial mediation with sexual satisfaction between sexual shame and marital relationship satisfaction.

### **Research Question /Null Hypothesis Four**

Will the moderation of sexual shame by religiosity have a significant effect on marital relationship satisfaction when sexual shame is also mediated in a parallel pattern of either sexual communication and emotional intimacy or sexual communication and sexual satisfaction?

*Hypothesis 4:* Though religiosity may moderate sexual shame, it will not significantly

affect marital relationship satisfaction when sexual shame is mediated in a parallel process by either sexual communication and emotional intimacy or sexual communication and sexual satisfaction.

***Null Hypothesis 4:*** The moderation of sexual shame by religiosity will significantly affect marital relationship satisfaction through the mediation of the moderated sexual shame by sexual communication in a parallel-serial mediation of either marital intimacy or sexual satisfaction.

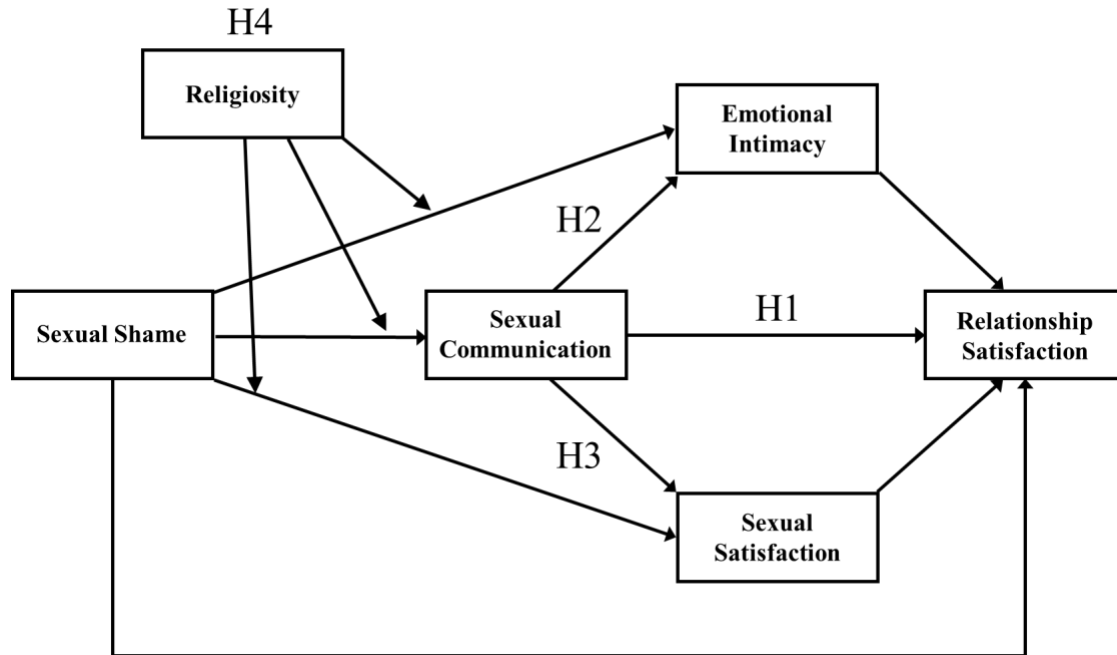
### **Research Model**

Figure 3.1 shows the hypothesized model of the serial mediation of the relationship between sexual shame and relationship satisfaction. The model indicates that sexual shame has a significant relationship with relationship satisfaction and that this relationship may be mediated by two parallel paths. The first path flows from sexual shame to sexual communication followed by emotional intimacy, terminating in marital relationship satisfaction. The second path flows in a parallel relationship to the first path from sexual shame to sexual communication followed by sexual satisfaction, terminating in marital relationship satisfaction. This model will show whether there is significance between the two paths. Religiosity is shown to be a potential moderator of sexual shame prior to the mediation process.

Hypothesis One is indicated by the direct mediation of the relationship between sexual shame and relationship satisfaction by sexual communication. Hypothesis Two is represented by path number one, and Hypothesis Three is represented by path number two. Hypothesis Four is indicated by the moderation of sexual shame by religiosity.

**Figure 3.1**

*Conceptual Model with Hypotheses*



**Chapter Summary**

This chapter presented the proposed methodology for this research by outlining the research design and the purpose of the study. Furthermore, the selection of the participants, instruments to be used in the survey, and replicable research procedures were explained. The type of analysis that was performed on the data, along with the research questions and hypothesis were also presented along with a diagram of the research model. The following chapter reports on the results of the study.

## **CHAPTER FOUR: RESULTS**

This study examined the relationship between sexual shame and marital relationship satisfaction and how sexual communication, intimacy, and sexual satisfaction mediates this relationship. Also, religiosity as a possible moderator was investigated in relation to sexual shame and sexual communication, intimacy, sexual satisfaction and the indirect mediation of marital satisfaction.

This chapter reports the results of this study, beginning with an analysis of the demographic data, followed by the analysis of the data generated for each research question. After the analysis of the data for each research question, a section is included that reports on unexpected correlations that were not considered in the original design of the study. A summarization of all findings is presented graphically and in a table at the end of the chapter.

### **Purpose of the Study**

The purpose of this study was to discover the effect of sexual communication on sexual shame in a path towards marital relationship satisfaction, particularly through a parallel path of either sexual satisfaction or relational intimacy in the interpersonal dyadic relationship. Furthermore, an additional purpose of this study is to explore how religiosity may have a moderating effect on any of the variables in this mediated path.

### **Demographic Summary**

To qualify for inclusion in the study, the participants had to be married, living with their spouse, and heterosexual. After attesting to these criteria, demographic data were collected and followed by an assessment of sexual shame, sexual communication, relational intimacy, sexual satisfaction, relationship satisfaction, and religiosity. In order to continue with the survey, each

question had to be answered, or the respondent could not proceed to the next portion of the survey. Further elimination of the participants was triggered by skip logic in the demographic section pertaining to marital status. That is, if participants answered with a response other than “married,” they were dismissed from the survey after submitting their answers for the demographic questions. A total of 133 participants started the study with one answering “married” in the demographic section and 28 not completing the survey, with the number of final completed surveys totaling 104 participants ( $N=104$ ).

Data from the survey were downloaded from SurveyMonkey and then loaded into IBM’s SPSS Statistics Version 26 (2019) with Haye’s Process Macro (2018). The SPSS syntax function was used to code and prepare all the data for the analyses of the research model and hypotheses. Items that were recorded in a string format (i.e., word responses) were transformed and coded as numeric entries. Afterwards, the individual items were coded into the respective scales and associated subscales consistent with the individual scoring for each measure. Some items in the survey were reverse coded, so before computing the total and sub-scales, they were all reverse coded appropriately. Finally, the dataset was screened to examine missing cases for individual items and the computed scales. Since only completed surveys were included in the dataset from SurveyMonkey, there were no missing cases. After all prior screening, the final sample included 104 participants ( $N=104$ ) from the United States that were heterosexual, married, and above the age of 25. Demographic data are reported in Table 4.1, and the demographic questions are included in the complete survey document in Appendix A.

**Table 4.1***Demographics*

Variable	<i>N</i>	%
<b>Age</b>		
25 to 34	28	26.9
35 to 44	28	26.9
45 to 54	29	27.9
55 to 64	15	14.4
65 to 74	4	3.8
<b>Number of times married</b>		
Once	92	88.5
Twice	10	9.6
Three times	2	1.9
<b>Length of current marriage in years</b>		
0 to 5	26	25.0
6 to 10	20	19.2
11 to 15	17	16.3
16 to 20	5	4.8
20 to 30	24	23.1
30 to 40	8	7.7
40 and up	4	3.8
<b>Gender</b>		
Female	66	63.5
Male	38	36.5
<b>Ethnicity</b>		
White	32	30.8
African American	61	58.7
Asian	3	2.9
Hispanic, Latino, or of Spanish Origin	6	5.8
Other	2	1.9
<b>Religious Identification</b>		
Christian	77	74.0
Non-denomination Christian	7	6.7
Catholic	3	2.9
Lutheran	1	1.0
Methodist	1	1.0
Latter-Day Saints (LDS)	3	2.9
Islam	2	1.9
None	6	5.8
Atheist	1	1.0
<b>Frequency of Sexual Intercourse</b>		
Every day	2	1.9
2-3 times a week	36	34.6
About once a week	11	10.6
A few times a month	26	25.0
Once a month	7	6.7
Less than once a month	22	21.2
<b>Days since last intercourse</b>		

0 to 1	24	23.1
2 to 3	16	15.4
4 to 7	27	26.0
8 to 14	14	13.5
15 to 30	8	7.7
31 to 90	2	2.9
91 and above	13	12.5
Frequency of orgasm		
Always	54	51.9
Often	26	25.0
Sometimes	22	21.2
Never	2	1.9
Educational Level		
High school diploma/GED	3	2.9
Some college	16	15.4
Undergraduate college degree	22	21.2
Some graduate studies	3	2.9
Master's degree	35	33.7
Ph.D. or Doctoral degree	25	24.0
Household income		
Under \$49,000	6	5.8
Between \$50,000 and \$74,999	24	23.1
Between \$75,000 and \$99,999	26	25.0
Between \$100,000 and \$150,000	30	28.8
Over \$150,000	18	17.3

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According to the demographic data collected there were 66 females (63.5%) and 38 males (36.5%) in the sample. Participants reported frequency of sexual intercourse that ranged from every day to less than once a month. The highest percentage of participants engaged in intercourse two to three times a week (34.6%) with the second-highest percentage of participants engaging a few times a month (25.0%) while those who engage in sexual intercourse less than once a month having the third-highest percent of participants (21.2%). The overall frequency of orgasm ranged from always to never. The highest percentage of frequency of orgasm was always (51.9%), followed by often (25.0%), sometimes (21.2%), and lastly never (1.9%). When observing gender differences in frequency of orgasm, 76.32 % of the males always reached orgasm, and 38.81% of females always did. There were only four participants over the age of 65, with an even distribution among the age ranges of 25 to 34 (28), 35 to 44 (28), and 45 to 54



(29). There were 15 participants in the age range of 55 to 64. The large majority of the sample consisted of persons under the age of 64 (96.15%), and sexual dysfunction occurred in only two participants, which may account for the percentage of male participants who either always or often orgasm (94.73%) during sexual intercourse.

### **Correlations and Internal Consistency**

#### **Cronbach's Alpha**

The measures used in the survey for the desired variables all demonstrated internal consistency in validation studies, but it was also necessary to determine whether the survey actually measured what it was intended to measure in this study and participant sample. In order to measure internal consistency of the different measures, Cronbach's Alpha was calculated for each variable studied. All variables had sufficient Cronbach's Alpha, with KISS =.894 (sexual shame), SCSS =.948 (sexual communication), NSSS =.952 (sexual satisfaction), SWML=.948 (marriage satisfaction), and RCI-10 =.954 (religiosity). Internal consistency is evident with the strength of this calculation, giving confidence that the assessment did accurately measure the variables. With IOS (Inclusion of the Other in Self) being a one-item pictorial measure, a Cronbach's Alpha is not calculated for this measure.

Before conducting the moderation and mediation analysis which are the basis of the hypotheses, it was necessary to determine whether individual relationships between variables are consistent with expectations. To assess these relationships Pearson's correlations were conducted (see Table 4.2)

**Table 4.2***Pearson's r, Means, and Standard Deviations*

	1	2	3	4	5	6
(1) Sexual Shame	1					
(2) Sexual Communication	-.444**	1				
(3) Emotional Intimacy	-.315**	.568**	1			
(4) Sexual Satisfaction	-.471**	.813**	.525**	1		
(5) Marital Satisfaction	-.249*	.473**	.571**	.494**	1	
(6) Religiosity	-.326**	.197*	.245*	.227*	.263**	1
Mean	2.426	113.164	4.567	66.798	26.750	37.981
SD	.850	27.367	1.581	17.508	7.440	11.211
Cronbach's $\alpha$	.894	.948	NA	.952	.948	.954

\*Correlation is significant at the .05 level (2-tailed).

\*\*Correlation is significant at the .01 level (2-tailed).

**Pearson's *r* Correlation Results**

The Pearson's *r* correlation test was consistent with expectations showing sexual shame to be significantly negatively correlated with sexual communication ( $r = -.444$ ,  $p > .01$ ), sexual satisfaction ( $r = -.471$ ,  $p < .01$ ), emotional intimacy ( $r = -.315$ ,  $p < .01$ ), and marital satisfaction ( $r = -.249$ ,  $p > .05$ ). Sexual communication was significantly positively correlated with both emotional intimacy ( $r = .568$ ,  $p < .01$ ) and sexual satisfaction ( $r = .813$ ,  $p < .01$ ). Additionally, emotional intimacy ( $r = .571$ ,  $p < .01$ ) and sexual satisfaction ( $r = .494$ ,  $p < .01$ ) were both found to be significantly positively correlated with marital satisfaction. Lastly, religiosity was found to be significantly negatively correlated with sexual shame ( $r = -.326$ ,  $p < .01$ ) and positively correlated with each of the sexual health variables (see Table 4.2). These findings indicate that the relationship between each variable is significantly correlated in a manner consistent with expectations, including the direction of the relationship, both positively and negatively.

## Summary of Research Questions

In order to address all four hypotheses, two separate analyses had to be completed based on the conceptual model and hypotheses (Figure 3.1). The first analysis involved testing the parallel-serial mediation using Hayes Process Macro (Model 81) (2018). This first analysis served to answer Research Questions One through Three and their associated hypotheses (H1, H2, H3). The second analysis involved customizing Model 81 from Hayes Process Macro (2018), creating a parallel-serial moderated mediation model. This customized model was to test Hypothesis Four (H4), with religiosity being analyzed as a moderator of the parallel-serial mediation model.

When determining whether the effect that each variable has within the model is significant or not, the *p-value* cut-off for this study's significance is less than .05, and the confidence interval between the lower limits (LLCI) and the upper limits (ULCI) does not include zero. The individual effects of each variable in the model are discussed before addressing the research questions and hypotheses.

### Individual Effects

A parallel-serial mediation model was tested in which it was hypothesized that the effect of sexual shame on marital relationship satisfaction would be mediated through three paths, first through sexual communication ( $X \rightarrow M1 \rightarrow Y$ ) or through a parallel path of sexual communication and intimacy ( $X \rightarrow M1 \rightarrow M2 \rightarrow Y$ ) and sexual communication and sexual satisfaction ( $X \rightarrow M1 \rightarrow M3 \rightarrow Y$ ) (see Figure 4.1 and Table 4.2). Initial analysis was to determine what, if any, were the significant individual effects.

Findings showed that sexual shame had a strong significant negative effect on sexual communication ( $b = -14.291$ ,  $SE = 2.857$ ,  $CI = [-19.957 \text{ to } -8.624]$ ). Results also showed that

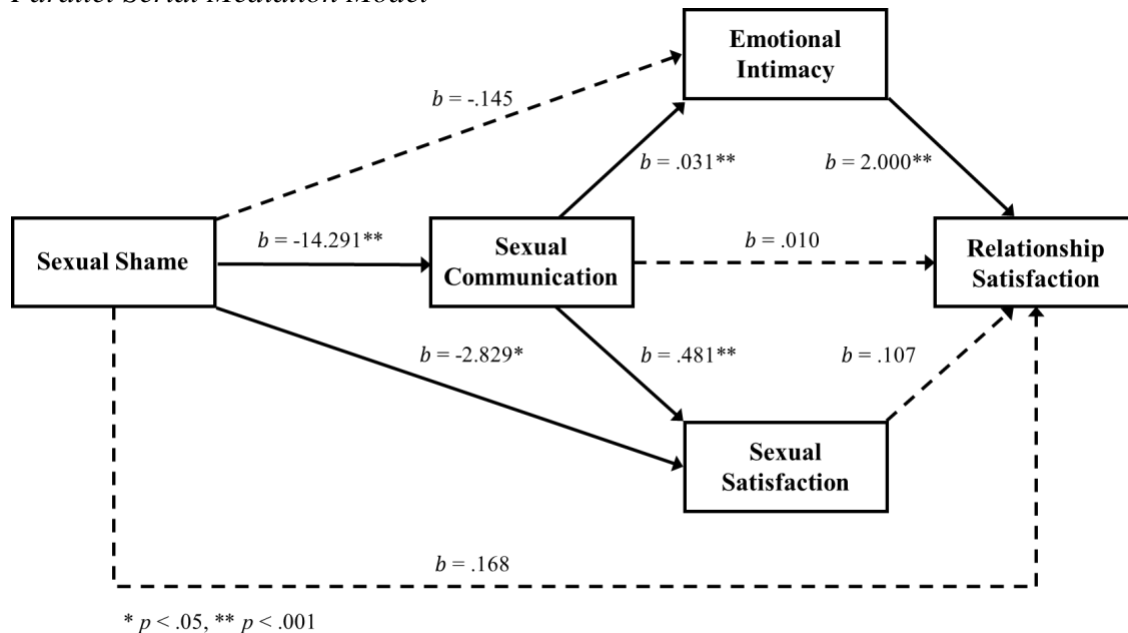
sexual communication had a significant positive effect on both emotional intimacy ( $b = .031$ ,  $SE = .005$ ,  $CI = [.020 \text{ to } .041]$ ) and sexual satisfaction ( $b = .481$ ,  $SE = .040$ ,  $CI = [.401 \text{ to } .562]$ ). In addition, while findings indicated that emotional intimacy had a significant positive effect on marital satisfaction ( $b = 2.000$ ,  $SE = .458$ ,  $CI = [1.092 \text{ to } 2.908]$ ), sexual shame, sexual communication, and sexual satisfaction were not found to transmit significant effects on marital satisfaction (see Figure 4.1 and Table 4.3).

### Direct and Total Effects

Findings suggested that sexual shame did not transmit a significant direct effect on marital relationship satisfaction ( $b = .168$ ,  $SE = .793$ ,  $CI = [-1.406 \text{ to } 1.741]$ ); however, the total effect of sexual shame on marital relationship satisfaction was found to be significant ( $b = -2.117$ ,  $SE = .839$ ,  $CI = [-3.842 \text{ to } -.512]$ ). The total effect through the mediated pathway is explained by an analysis of the total effects of H1, H2, and H3.

**Figure 4.1**

*Parallel Serial Mediation Model*



**Table 4.3***Parallel Serial Mediation Model*

<i>Source</i>	<i>b</i>	<i>se</i>	<i>t</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
Sexual Communication: $R = .444$ , $R^2 = .197$ , $MSE = 607.290$ , $F(1, 102) = 25.024$ , $p < .001$						
Sexual Shame	-14.291	2.857	-5.002	<.001	-19.957	-8.624
Intimacy: $R = .572$ , $R^2 = .327$ , $MSE = 1.715$ , $F(2, 101) = 24.584$ , $p = <.001$						
Sexual Shame	-.145	.169	-.855	.394	-.481	.191
Communication	.031	.005	5.857	<.001	.020	.041
Sexual Satisfaction: $R = .823$ , $R^2 = .677$ , $MSE = 101.001$ , $F(2, 101) = 105.789$ , $p = <.001$						
Sexual Shame	-2.829	1.300	-2.176	<.05	-5.408	-.250
Communication	.481	.040	11.922	<.001	.401	.562
Relationship Satisfaction: $R = .615$ , $R^2 = .379$ , $MSE = 35.783$ , $F(4, 99) = 15.084$ , $p = <.001$						
Sexual Shame	.168	.793	.211	.833	-1.406	1.741
Communication	.010	.039	.250	.803	-.067	.087
Intimacy	2.000	.458	4.370	<.001	1.092	2.908
Sexual Satisfaction	.107	.060	1.789	.077	-.012	.255

**Research Question One: Mediation of Sexual Shame**

**RQ1:** What effect does sexual communication have on sexual shame as it relates to marital relationship satisfaction?

**Hypothesis 1:** Sexual communication will mediate the relationship between sexual shame and couple satisfaction.

It was hypothesized (H1) that sexual communication (M1) would significantly mediate

the effect of sexual shame (X) on marital satisfaction (Y). In contrast to expectations, analysis of the data did not provide support for a significant indirect effect of sexual shame on relationship satisfaction through sexual communication ( $X \rightarrow M1 \rightarrow Y$ ) ( $b = -.139$ ,  $SE = .707$ ,  $CI = [-1.615$  to  $1.204]$ ) as can be seen in Figure 4.1. Therefore, H1 is not supported.

### **Research Question Two: Indirect Effect of Sexual Communication and Marital Intimacy**

**RQ2:** Will sexual communication interact with emotional intimacy to have an effect on sexual shame as it relates to marital satisfaction?

**Hypothesis 2:** Sexual communication will have a significant effect on marital satisfaction in a serial mediation with emotional intimacy between sexual shame and marital relationship satisfaction.

It was also hypothesized (H2) that the effect of sexual shame (X) on relationship satisfaction (Y) would be significantly mediated through a serial mediation of first sexual communication (M1) and then emotional intimacy (M2); that is, evidence would be found for a significant indirect effect through sexual communication and then emotional intimacy.

Consistent with expectations, the findings provided evidence of a strong significant negative indirect effect of sexual shame on relationship satisfaction through sexual communication and then emotional intimacy ( $X \rightarrow M1 \rightarrow M2 \rightarrow Y$ ) ( $b = -.881$ ,  $SE = .379$ ,  $CI = [-1.777$  to  $-.311]$ ).

Findings suggested that sexual shame may be associated with decreased sexual communication, which is associated with a reduction in emotional intimacy, which leads to reduced relationship satisfaction. Hypothesis Two is supported.

### **Research Question Three: Indirect Effect of Sexual Communication With Sexual**

#### **Satisfaction**

**RQ3:** Will sexual communication interact with sexual satisfaction to have an effect on

sexual shame as it relates to marital relationship satisfaction?

**Hypothesis 3:** Sexual communication will have a significant effect on couple satisfaction in a serial mediation with sexual satisfaction between sexual shame and marital relationship satisfaction.

Lastly, it was hypothesized (H3) that the effect of sexual shame (X) on relationship satisfaction (Y) would be significantly mediated by sexual communication (M1) and then sexual satisfaction (M3) through a serial mediation pathway ( $X \rightarrow M1 \rightarrow M3 \rightarrow Y$ ). In contrast to expectations, findings did not provide support for a significant indirect effect of sexual shame on relationship satisfaction through sexual communication and then sexual satisfaction ( $b = -.734$ ,  $SE = .480$ ,  $CI = [-1.766 \text{ to } .167]$ ). Hypothesis Three is not supported.

#### **Research Question Four: Religiosity as a Moderator**

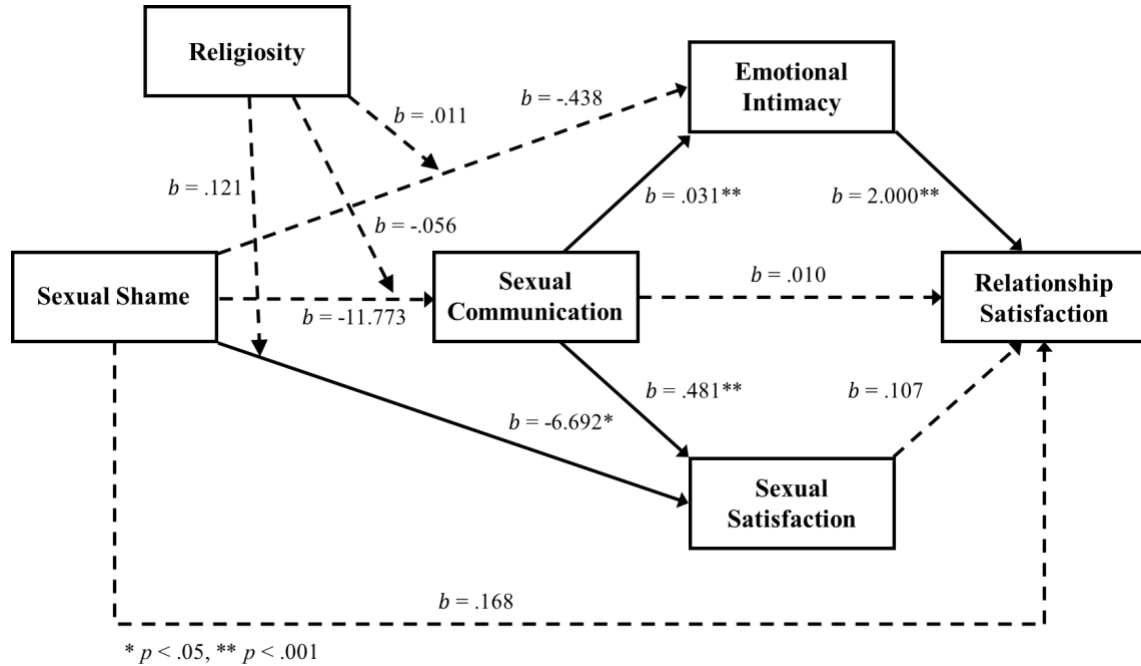
**RQ4:** Will the moderation of sexual shame by religiosity have a significant effect on marital relationship satisfaction when sexual shame is also mediated in a parallel pattern of either sexual communication and emotional intimacy or sexual communication and sexual satisfaction?

**Hypothesis 4:** Though religiosity may moderate the effect of sexual shame on the mediators, it will not significantly affect marital relationship satisfaction when sexual shame is mediated in a parallel process by either sexual communication and emotional intimacy or sexual communication and sexual satisfaction.

To answer this question and test the hypothesis, a serial-parallel moderated mediation was tested to assess whether religiosity moderated the effect of sexual shame on each of the mediators and if religiosity moderated any of the indirect effects (see Figure 4.2 and Table 4.4).

**Figure 4.2**

*Parallel Serial Moderated Mediation Model*



**Table 4.4**

*Parallel Serial Moderated Mediation Model*

Source	<i>b</i>	<i>se</i>	<i>t</i>	<i>p</i>	<i>LLCI</i>	<i>ULCI</i>
Sexual Communication: $R = .448$ , $R^2 = .201$ , $MSE = 616.725$ , $F(3, 100) = 8.360$ , $p < .001$						
Sexual Shame	-11.773	8.255	-1.426	.157	-28.151	4.605
Religiosity	.282	.609	.463	.644	-.927	1.491
Shame X Religiosity	-.056	.226	-.249	.804	-.505	.393
Intimacy: $R = .590$ , $R^2 = .348$ , $MSE = 1.697$ , $F(4, 99) = 13.187$ , $p < .001$						
Sexual Shame	-.438	.437	-1.001	.319	-1.306	.430



Communication	.031	.005	5.806	<.001	.020	.041
Religiosity	-.009	.032	-.274	.785	-.072	.055
Shame X Religiosity	.011	.012	.909	.366	-.013	.034
Sexual Satisfaction: $R = .827$ , $R^2 = .684$ , $MSE = 100.839$ , $F(4, 99) = 53.520$ , $p = <.001$						
Sexual Shame	-6.692	1.300	-1.985	<.05	-13.382	-.001
Communication	.481	.040	11.900	<.001	.401	.562
Religiosity	-.243	.247	-.986	.327	-.733	.246
Shame X Religiosity	.121	.092	1.326	.188	-.060	.303
Relationship Satisfaction: $R = .615$ , $R^2 = .379$ , $MSE = 35.783$ , $F(4, 99) = 15.084$ , $p = <.001$						
Sexual Shame	.168	.793	.211	.833	-1.406	1.741
Communication	.010	.039	.250	.803	-.067	.087
Intimacy	2.000	.458	4.370	<.001	1.092	2.908
Sexual Satisfaction	.107	.060	1.789	.077	-.012	.255

### Moderation and Index of Moderated Mediation

When performing the analysis of the moderation of the mediators in the model, the findings indicated that the interaction of sexual shame and religiosity did not transmit a significant effect on sexual communication ( $b = -.056$ ,  $SE = .226$ ,  $CI = [-.505 \text{ to } .393]$ ), emotional intimacy ( $b = .011$ ,  $SE = .012$ ,  $CI = [-.013 \text{ to } .034]$ ), or sexual satisfaction ( $b = .121$ ,  $SE = .092$ ,  $CI = [-.060 \text{ to } .303]$ ); that is, religiosity did not moderate the effect of sexual shame on any of the proposed mediators. There was no evidence found for a conditional or unconditional interactive effect on sexual communication, emotional intimacy, or sexual satisfaction. Consequently, the index of moderated mediation for each indirect effect was

insignificant, and no evidence of moderation of any of the proposed indirect effects was found. The hypothesis that religiosity would moderate the indirect effect of sexual shame on relationship satisfaction through sexual communication and then emotional intimacy (H4a), and the hypothesis that religiosity would moderate the indirect effect of sexual shame on relationship satisfaction through sexual communication and then sexual satisfaction (H4b) was not supported (see Table 4.3 and Figure 4.2).

### **Additional Findings**

The results of the correlation test indicate that sexual shame is the only variable in the study that has a significant negative correlation with the other variables. All other variables have a significant positive correlation with each other. This positive correlation between variables is strongest between sexual communication and sexual satisfaction ( $r = .813, p < .01$ ). This indicates that as sexual communication increases, there is a strong significant correlation that sexual satisfaction will increase. The strongest significant correlation on marital relationship satisfaction was emotional intimacy ( $r = .571, p < .01$ ). So, between sexual communication ( $r = .473, p < .01$ ), sexual satisfaction ( $r = .494, p < .01$ ), and emotional intimacy ( $r = .571, p < .01$ ), emotional intimacy has the strongest positive correlation with marital relationship satisfaction.

Religiosity showed a significant positive correlation with all of the sexual and relational health variables. However, the weakest positive correlation was between religiosity and sexual communication ( $r = .197, p > .05$ ), indicating that individuals who have increased levels of religiosity may find a stronger correlation in increased levels of emotional intimacy ( $r = .245, p > .05$ ), sexual satisfaction ( $r = .227, p > .05$ ), and relationship satisfaction ( $r = .263, p < .01$ ) than increased levels of sexual communication. Relationship satisfaction ( $r = .263, p < .01$ ) has the strongest positive correlation with religiosity.

## Chapter Summary

This chapter reported the results of this research study, which included demographic information and statistical analysis. The participants were recruited through the researcher's Facebook page, CESNET-L, and through snowballing. They filled out a survey on SurveyMonkey, with the first page being an informed consent and included skip logic that required the participants to indicate that they are 25 years or older, married living with their spouses, and heterosexual. The data gleaned from the survey was entered into IBM's SPSS Version 26 (2019) and Hayes Process Macro (2018) for statistical analysis. Model 81 of Hayes Process Macro (2018) was used to analyze a parallel-serial mediation and was also customized to perform a parallel-serial moderated mediation analysis.

Research Question One studied mediation of sexual shame by sexual communication on a path to couple relationship satisfaction. Hypothesis One stated that sexual communication would mediate the relationship between sexual shame and couple satisfaction. This was not found to be true, as no significant effect was found.

Research Question Two sought to determine whether there was a significant mediation of sexual shame in a serial mediation path through sexual communication and emotional intimacy. The findings show that there is a strong positive effect on marital relationship satisfaction when passing through this path. Therefore, the results show that Hypothesis Two is supported.

Research Question Three examined the relationship between sexual shame and marital satisfaction through a serial mediated path of sexual communication and sexual satisfaction. While the results show that sexual communication serves as a mediator of sexual shame in the path towards sexual satisfaction the indirect effect of this serial mediation through both variables to marital satisfaction was not significant, not supporting the hypothesis that there would be a

significant mediation through this path.

Research Question Four sought to determine whether religiosity would moderate the effect of sexual shame on the mediators and therefore change the outcome of the parallel-serial mediation of sexual shame. When religiosity was studied as a moderator, the results showed that there was no significant moderation of sexual shame for any of the mediators. However, the hypothesis that religiosity would not have a significant effect on marital relationship satisfaction through the indirect effects of the parallel-serial mediation of sexual shame was upheld.

The summary of the findings, limitations of the study, implications for clinical practice and research, and recommendations for further research are discussed in the next chapter.

## **CHAPTER FIVE: SUMMARY, CONCLUSION, AND RECOMMENDATIONS**

The basis for this current study was established on prior research that indicates a deleterious relationship between sexual shame and other sexual and emotional health variables such as sexual satisfaction, sexual communication, emotional intimacy, and marital relationships. This study added to the existing research by probing the direct and indirect effects of sexual shame on these variables to determine whether there is a path from sexual shame through these variables to the marital relationship that can be utilized to improve the marriage relationship. This chapter provides a thorough examination of the findings based upon statistical analysis of the research questions, allowing conclusions of this study to be made. This is followed by the implications of the study on clinical practice as well as research and suggestions for further research. The limitations of this study are examined followed by an overall summary of the research to close out the chapter.

### **Summary of the Study**

The participants in this study were solicited from the Facebook page of the researcher and by posting a call for participants on the CESNET-L listserv, an e-mail list comprised of counselor educators. The solicitation encouraged snowballing by inviting the participants to forward the opportunity to participate to others. The participants were invited to complete a survey by clicking on a link that would take them to the survey that was hosted on SurveyMonkey. The first page of the survey was the informed consent (Appendix B) that required the survey takers to acknowledge that they were 25 years or older, married living with their spouse, and heterosexual. After affirming that they qualified and met these criteria, they were given access to the survey. There were 133 individuals who gained access to the survey, but after the demographic information section of the survey, only 104 continued and completed

the survey, yielding a total of 104 participants in the study ( $N=104$ ). The demographics of the 104 participants include age, marital status, number of times married, duration of current marriage in years, gender, ethnicity, religious affiliation, presence of sexual dysfunction, frequency of intercourse, number of days since last intercourse, frequency of orgasm, household income, and educational level. The demographics that may have research implications are discussed later in this chapter, both in the implications section and suggestions for further research section.

After completing the demographic section of the survey, the 104 participants completed six assessments, each measuring one of the variables in the study. These assessments measured sexual shame, sexual communication, sexual satisfaction, marital satisfaction, emotional intimacy, and religiosity. The scores for these assessments were coded and compiled into IBM's SPSS Version 26 (2018) and analyzed for internal consistency to make sure that the survey was measuring the desired variable accurately. Each variable was found to have internal consistency with Cronbach's Alpha coefficients of KISS =.894 (sexual shame), SCSS =.948 (sexual communication), NSSS =.952 (sexual satisfaction), SWML=.948 (marriage satisfaction), and RCI-10 =.954 (religiosity). After finding that the survey measures had internal consistency data analysis was performed to test the conceptual model and hypothesis.

### **Discussion of the Findings and Conclusions**

The building blocks for this study are sexual shame, sexual communication, emotional intimacy, sexual satisfaction, and marital relationship satisfaction. Each of these variables has been researched, with sexual shame currently garnering increased attention. However, the compilation of all of these variables within one study seeking to determine whether there is a pathway from sexual shame to marital satisfaction has not been researched to this point.

Research indicates that sexual shame has a negative effect on relationship satisfaction (Floyd et al., 2020) sexual satisfaction (Sanchez-Fuentes et al., 2014) sexual communication (Mollon, 2005), and religiosity (Volk et al., 2016) indicating that there should be a significant negative relationship between sexual shame and our other research variables. Positive relationships have been shown between sexual communication and relationship satisfaction (Frederick et al., 2017; Montesi et al., 2010) sexual satisfaction (Montesi et al., 2010 and intimacy (Sanchez-Fuentes et al., 2014) as well as between sexual satisfaction and relationship satisfaction (Meltzer et al., 2017) and religiosity (Hernandez et al., 2011) and intimacy (Sanchez-Fuentes et al., 2014).

Rauer and Volling (2005) found emotional intimacy to be positively related to marital relationship satisfaction. Research also shows how sexual satisfaction, marital intimacy, and sexual communication can improve marital relationship satisfaction (Laurenceau et al., 2005; Lawrance & Byers, 1995; McNulty et al., 2016; Montesi et al., 2010). From this previous research that shows relationships between these variables individually, the expectations of significant correlational relationships are what the conceptual research model (Figure 3.1) is built upon. Furthermore, the theoretical framework of this study, Interdependence Theory (IT), is based upon the between-person process that includes behaviors and interactions in dyads (Van Lange & Balliet, 2015), with IT's key concepts and principles all being important concepts to this study to ascertain the dynamic of the dyad in lowering sexual shame.

Correlational expectations between the variables were tested by analyzing the data and calculating Pearson's  $r$  to assess the relationship between each variable. These correlations are found in Table 4.1 and show that the expectations in the direction of positivity or negativity are correct and hold true for each variable, in this study. Sexual shame was found to have a significant negative correlation to each variable while all other variables have significant positive

correlations to each other. These strong significant correlations confirm the interpersonal nature of the marital relationship. The between-person process indicated by IT confirms that the interpersonal relationship between spouses is valid as indicated by these variables, due to the consistent nature of the correlation between them.

The correlation between religiosity and sexual shame was found to be negatively correlated ( $r = -.326, p < .01$ ). This would mean that as sexual shame increases religiosity would decrease. This finding may indicate that the individual who experiences sexual shame will become more distant or less committed to their spiritual beliefs. The aim of Question Four was to discover whether a negative correlation exists: “Will the moderation of sexual shame by religiosity have a significant effect on marital relationship satisfaction when sexual shame is also mediated in a parallel pattern of either sexual communication and emotional intimacy or sexual communication and sexual satisfaction?” The study used the moderated parallel-serial mediated model to answer this question and is discussed later in the chapter.

### **Research Question One**

The first research question sought to find out whether increased sexual communication in the presence of sexual shame would increase marital satisfaction. According to Montesi et al. (2010), sexual communication will improve relationship satisfaction, and Nekoolaltak et al. (2016), in a qualitative study found sexual communication between spouses in a culture where sexual shame is high, to be important in increasing relationship satisfaction. Based upon this research it was hypothesized that sexual communication (M1) would significantly mediate sexual shame (X) in a path towards marital satisfaction (Y).

Analysis of the data did not support this hypothesis in this mediated path ( $X \rightarrow M1 \rightarrow Y$ ). The findings did not provide support for a significant indirect effect of sexual shame on



relationship satisfaction through sexual communication ( $b = -.139$ ,  $SE = .707$ ,  $CI = [-1.615$  to  $1.204]$ ).

The correlational data support Montesi et al. (2010) and Nekoolaltak et al. (2016) in that sexual communication is positively related to marital satisfaction, meaning that as sexual communication increases marital satisfaction will increase ( $r = .473$ ,  $p < .01$ ). In seeking answers to learn what variables will significantly affect marital satisfaction in the presence of sexual shame, statistical analysis indicates that sexual communication by itself does not significantly mediate the effect of sexual shame on marital satisfaction. Therefore, the study fails to reject the null hypothesis that sexual communication will not mediate the relationship between sexual shame and marital relationship satisfaction.

### **Research Question Two**

The conceptual model of this study considers that there is possibly an indirect path from sexual shame through sexual communication and then emotional intimacy that will increase marital satisfaction. That is to say, sexual communication between spouses has an immediate purpose other than marital satisfaction. The reasons for discussing with one's spouse sexual problems, desires, fantasies, and in the case of this study, the shame of one's sexuality, is to either improve upon the sexual relationship (Frederick et al., 2017; Montesi et al., 2010) or to regain or improve emotional intimacy (Witherow et al., 2015). The second research question of this study addresses the latter, emotional intimacy.

There is clear evidence that emotional intimacy will improve marital satisfaction (McNulty et al. 2016; Witherow et al., 2016). Intimacy is shown to be one of the interpersonal building blocks in the marital relationship that operates in circular causality between sexual shame and relationship satisfaction and is built upon open disclosure of self-revealing

information that is, and then received and reciprocated by someone with which the individual has a relationship (Reis & Shaver, 1988). With intimacy in a relationship being built upon open disclosure of self-revealing information, it was assumed that open disclosure in the form of sexual communication in the presence of sexual shame will also produce intimacy. The prevailing problem is that sexual shame promotes the fear of not being accepted sexually and shuts down the communication about sexuality and sexual perceptions of oneself, breaking the cycle and possibly decreasing intimacy (Shadbolt, 2009). It is from this literature and research of the link between sexual shame, intimacy, and relationship satisfaction that the second research question arises.

This second research question investigated whether sexual communication between a married couple will increase emotional intimacy, which has been shown to increase couple satisfaction (Montesi et al., 2010), having a serial mediating effect on sexual shame in the path to marital relationship satisfaction. The conceptual model addresses the question, “Will sexual communication (M1) interact with emotional intimacy (M2) to have an effect on sexual shame (X) as it relates to couple satisfaction (Y) through the mediated path as  $X \rightarrow M1 \rightarrow M2 \rightarrow Y$ ?” Because this is a serial mediation path, the question can be broken up into a series of questions. First, is there a significant effect of sexual shame on sexual communication? Second, is there a significant effect of sexual communication on emotional intimacy? And finally, if sexual communication has a significant effect on emotional intimacy is there a carry-over significant indirect effect on marital satisfaction between emotional intimacy and marital satisfaction?

The results of this path are significant in this study, and exciting. Drawing from Figure 4.1 and Table 4.3, the analyzed results of the research question are also broken into both direct and indirect effects to yield the outcome that answers the research question. The path from

sexual shame (X) to sexual communication (M1) has a strong significant negative effect, with the findings showing that sexual shame had a significant negative effect on sexual communication ( $b = -14.291$ ,  $SE = 2.857$ ,  $CI = [-19.957 \text{ to } -8.624]$ ). This indicates what we believed to be true: high levels of sexual shame reduce the level of sexual communication that the individual is willing to participate in. The second step in this mediated path to marital satisfaction is through the mediator of sexual communication with the research question exploring whether sexual communication (M1) will have a significant effect on emotional intimacy (M2). The results of the study and analysis show that sexual communication had a significant positive effect on emotional intimacy ( $M1 \rightarrow M2$ ), ( $b = .031$ ,  $SE = .005$ ,  $CI = [.020 \text{ to } .041]$ ), meaning that when the participants are willing to increase their level or frequency of sexual communication, this positive relationship indicates that it will have an effect of increasing their emotional intimacy. This is where the excitement starts. Though sexual shame may negatively affect the individual's participation in sexual communication, if one is willing to communicate, the positive effect of the behavior will increase emotional intimacy. The degree of this effect between sexual communication and intimacy may not be great ( $r = .031$ ), but it is significant within a .5% standard of error, which means that there is only a .5% chance that this effect happened due to other means.

The second aspect of the serial mediation pertains to the effect of emotional intimacy (M2) on marital satisfaction (Y). It was found that emotional intimacy (M2) had a significant positive effect on marital satisfaction ( $M2 \rightarrow Y$ ), ( $b = 2.000$ ,  $SE = .458$ ,  $CI = [1.092 \text{ to } 2.908]$ ), adding to the potentiality of the value of the findings. This means that the findings in this study supports the contention that when a couple experiences emotional intimacy resulting from the process and experience that develops in the marriage relationship because of the disclosure of

intimate topics and shared intimate experiences, their marital satisfaction increases. The findings from this study concur with Witherow et al., (2016) in showing an interconnectedness between spouses that will increase marital relationship satisfaction. The statistical significance of such a strong positive effect between the emotional intimacy of spouses and marital satisfaction indicates that in the proposed serial mediation path ( $X \rightarrow M1 \rightarrow M2 \rightarrow Y$ ), emotional intimacy plays a large role in the mediation of sexual shame. Within this cyclical process, marital relationship intimacy is the interpersonal process that develops connectedness and closeness by the communication of self-revealing information that is accepted empathically and responsively. The data suggests that emotional intimacy is the link between sexual shame, sexual communication, and marital satisfaction.

The overall indirect effect of the serial mediated path from sexual shame to marital relationship satisfaction through sexual communication and then emotional intimacy ( $X \rightarrow M1 \rightarrow M2 \rightarrow Y$ ) was found to have a significant negative indirect effect of ( $b = -.881, SE = .379, CI = [-1.777 \text{ to } -.311]$ ).

In the understanding of intimacy as it places the individual in a vulnerable position in terms of sense of self, and as to how the person may be reluctant to disclose self-revealing information about sex found to be shameful, the findings give confidence to both the clinician and researcher. The findings suggest that sexual shame may be associated with reduced sexual communication, which is associated with a reduction in emotional intimacy, which leads to reduced relationship satisfaction. The findings support the hypothesis that sexual communication in serial mediation with emotional intimacy between sexual shame and marital relationship satisfaction produces a significant effect. The fact that the significant total indirect effect between sexual shame and marital satisfaction was negative was unexpected. Because of

findings from the literature of the positive effect of sexual communication on intimacy (Theis, 2011), and of intimacy on marital satisfaction (Greeff & Malherbe, 2001) there was a biased opinion that these variables would have such a powerful interaction that they would turn the negative relationship of sexual shame and marital satisfaction into a positive one. However, because a significant effect is shown on this path, signifying that these variables are interrelated as believed from the cyclical nature explained, there is an opportunity to develop an intervention that addresses sexual shame through sexual communication that promotes emotional intimacy, thus improving marital satisfaction. This is discussed in the section on recommendations for future research.

### **Research Question Three**

Just as Research Question Two addressed the conceptual model of this study taking into account that there is possibly an indirect path from sexual shame to marital satisfaction, Research Question Three proposes that there is an alternate path to the one described in Question Two, which is from sexual shame (X) to marital satisfaction (Y), first through the mediator of sexual communication (M1) and then sexual satisfaction (M3), on a serial mediation path that runs parallel to the path in question two ( $X \rightarrow M1 \rightarrow M3 \rightarrow Y$ ). Again, understanding that sexual communication between spouses has an immediate purpose other than marital satisfaction to either improve one's sexual relationship or satisfaction (Frederick et al., 2017; Montesi et al., 2010) or to regain or improve emotional intimacy (Witherow et al., 2015) the third research question of this study addresses the former, sexual satisfaction. With sexual satisfaction being interdependent on one's sexual partner, with greater levels of sexual satisfaction being reached when it is known or perceived that one's spouse is sexually satisfied (Pascoal et al., 2018), the communication of this satisfaction should also operate within a circular causality the same way

sexual communication and emotional intimacy operate. The components of sexual satisfaction operate systemically in the marital dyad with increased satisfaction based on the satisfaction of one's spouse (Theiss, 2011). Again, the communication of this satisfying sexuality is necessary (Lawrance & Byers, 1995).

Prior research has shown that sexual communication has a positive relationship with sexual satisfaction (Frederick et al., 2017; Montesi et al., 2010), and sexual satisfaction has a positive relationship with couple satisfaction (Montesi et al., 2010). Montesi et al. (2010) found a significant positive relationship of sexual communication on sexual satisfaction ( $r = .72, p < .01$ ), which is similar to the findings from this study, with a significant positive relationship of  $r = .813, p < .01$ . Additionally, in step with Montesi et al. (2010) who found a significant positive relationship between sexual satisfaction and relationship satisfaction ( $r = .49, p < .01$ ), this study also found a significant relationship between sexual satisfaction and marital satisfaction ( $r = .494, p < .01$ ). Research Question Three, serial mediation of sexual shame to marital satisfaction by these variables ( $X \rightarrow M1 \rightarrow M3 \rightarrow X$ ) are built on the basis of these correlations.

Looking at this serial mediated pathway in a series, the first variables for the study would be the relationship of sexual shame to sexual communication. As reported before, when looking at Research Question Two, the path from sexual shame (X) to sexual communication (M1) has a strong significant negative effect with the findings showing that sexual shame had a significant negative effect on sexual communication ( $b = -14.291, SE = 2.857, CI = [-19.957 \text{ to } -8.624]$ ). The second step in this mediated path to marital satisfaction is through the mediator of sexual communication (M1) to sexual satisfaction (M3), with the study exploring whether sexual communication has a significant effect on sexual satisfaction ( $M2 \rightarrow M3$ ). Analysis of the data shows that this is the case with sexual communication having a significant positive relationship

with sexual satisfaction ( $b = .481$ ,  $SE = .040$ ,  $CI = [.401 \text{ to } .62]$ ), similar to the parallel mediation of sexual communication to emotional intimacy. This is when the parallel process breaks down, however. The next step in the serial mediation, sexual satisfaction (M3) to marital satisfaction (Y) does not have a significant effect. The significant effects that go from sexual shame to sexual communication and on to sexual satisfaction stop there.

Further analysis of this serial-parallel mediation pathway from sexual shame to marital satisfaction ( $X \rightarrow M1 \rightarrow M3 \rightarrow Y$ ) did not provide support for a significant indirect effect of sexual shame on relationship satisfaction through sexual communication and then sexual satisfaction ( $b = -.734$ ,  $SE = .480$ ,  $CI = [-1.766 \text{ to } .167]$ ). The path shows that sexual satisfaction is positively affected by sexual communication, but in this sample, it did not continue on to marital satisfaction.

The findings of this study support the cyclical systemic interpersonal relationship between sexual communication and sexual satisfaction but indicate that marital satisfaction is not a significant part of this interpersonal relationship which could demonstrate the existence of two interpersonal cycles, one that includes sexual communication and sexual satisfaction only, and a second that includes all of the variables in the study. In other words, one can be sexually satisfied but unhappy in the marriage and not emotionally close. Analysis of the data shows that there are individuals within this data set that indicated high levels of sexual satisfaction and high levels of satisfaction with their sexual communication, but low intimacy scores and low satisfaction with their marriage scores. This would indicate that one may increase personal sexual satisfaction by communicating about sexual desires, needs, misgivings, changes, and physical ability. However, this increase in sexual satisfaction may be individualistic and not necessarily translate to marital satisfaction.

#### **Research Question Four**

Research Question Four serves as an exploratory question to see whether there is a significant interaction by religiosity in the relationship between sexual shame and the research study's mediators and the outcome variable of marital satisfaction. Pew Research (2019) reports that 65% of the population in the United States identifies as Christian. Hook and Worthington (2009) found that professional counselors who provide Christian marital counseling report that 72% of the couples presenting for marital counseling are interested in including Christian values in the counseling session. This would indicate that many of the couples seeking counseling are, to some degree, religious, and religiosity may have some influence on the way they view the elements that are causing them problems in their marriage.

Religiosity can certify sexuality within marriage, establishing a spiritual aspect of sexuality that enhances the sexual experience and satisfaction (Leonhardt et al., 2020). For the highly religious couple, viewing sexual intimacy as a sacred experience with a partner signifies a powerful spiritual belief that has the possibility of enhancing both the frequency and quality of the sexual experience in marriage (Hernandez-Kane & Mahoney, 2018). Marriage is the only universally recognized context for expressing sexuality (Hernandez-Kane & Mahoney, 2018), with both eastern and western religions restricting sexual activity to marriage (Hackathorn et al., 2016; Hernandez et al, 2011; Leonhardt et al., 2020). From this context, it was important to determine whether levels of religiosity would moderate the effect of sexual shame on the mediator variables. With sexual intercourse not only accepted but embraced by the religious married couple, the hypothesis for Research Question Four expects that sexual shame will not have a significant effect on marital satisfaction.

The hypothesis from Research Question Four can be broken down into two parts: (H4a)



Religiosity will moderate the indirect effect of sexual shame on relationship satisfaction through sexual communication and then emotional intimacy and (H4b) through sexual communication, and then sexual satisfaction, when sexual shame is mediated in a parallel process by either sexual communication and emotional intimacy or sexual communication and sexual satisfaction.

To find out if religiosity functions as a moderator, as hypothesized, an analysis was performed to determine whether there was an interaction between religiosity and sexual shame. The findings indicated that the interaction of sexual shame and religiosity did not transmit a significant effect on sexual communication ( $b = -.056$ ,  $SE = .226$ ,  $CI = [-.505 \text{ to } .393]$ ), emotional intimacy ( $b = .011$ ,  $SE = .012$ ,  $CI = [-.013 \text{ to } .034]$ ), or sexual satisfaction ( $b = .121$ ,  $SE = .092$ ,  $CI = [-.060 \text{ to } .303]$ ); that is, religiosity did not moderate the effect of sexual shame on any of the proposed mediators (see Figure 4.2). This is not what was expected since other research did find religiosity to be a moderator between sexual and relationship satisfaction (Lazar, 2017), probability of shame provoking activity (Perry, 2017), and a promoter of couple sexual satisfaction (Dew et al., 2020). As such, evidence was not found for a conditional or unconditional interaction effect on sexual communication, emotional intimacy, or sexual satisfaction. Consequently, the index of moderated mediation for each indirect effect was insignificant, and no evidence of moderation of any of the proposed indirect effects was found. Furthermore, the hypothesis that religiosity would moderate the indirect effect of sexual shame on relationship satisfaction through sexual communication, and then emotional intimacy (H4a) and the hypothesis (H4b) that religiosity would moderate the indirect effect of sexual shame on relationship satisfaction through sexual communication and then sexual satisfaction was not found to be significant (see Table 4.4 and Figure 4.3). This means that religiosity does not interact significantly with sexual shame between any of these variables or in the mediated path to

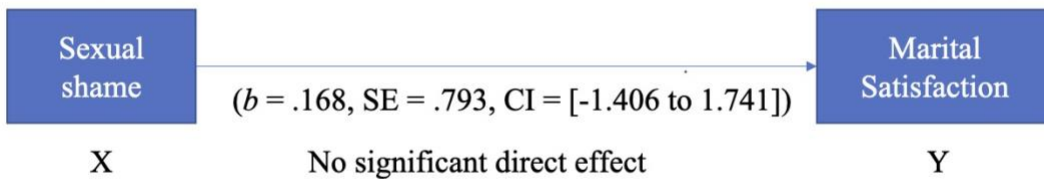
marital satisfaction. Although the finding shows no statistical significance in clinical practice, it nonetheless is an extremely significant finding and is discussed in the clinical implications section.

### Additional Statistical Analysis

The direct and total effect of sexual shame (X) on marital satisfaction (Y) was calculated to analyze if there were significant effects present. Findings suggested that sexual shame did not transmit a significant direct effect on marital satisfaction ( $X \rightarrow Y$ ) ( $b = .168$ ,  $SE = .793$ ,  $CI = [-1.406$  to  $1.741]$ ) (see Figure 5.1). This was not expected, since sexuality and intimacy are important facets of the marriage relationship. The assumption prior to conducting the study was that sexual shame would have a direct effect on marital satisfaction.

**Figure 5.1**

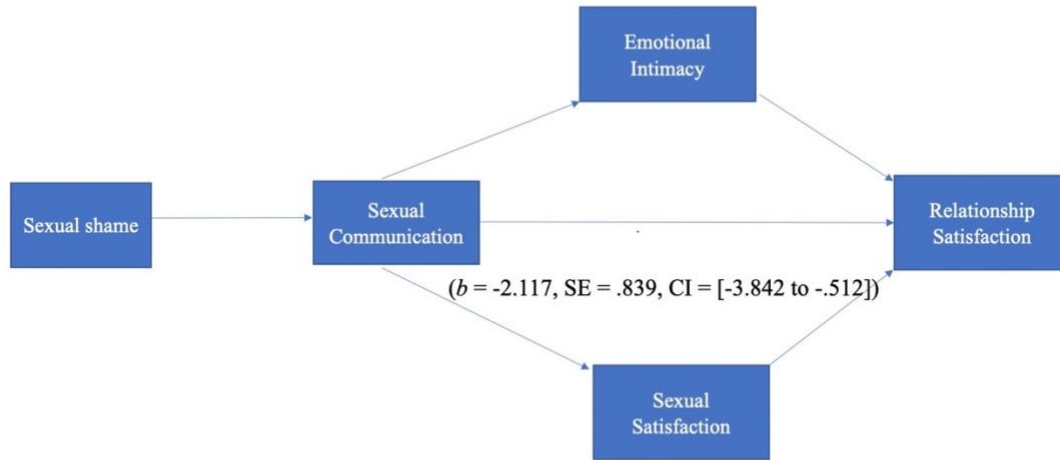
*Direct Effect of Sexual Shame on Marital Satisfaction*



However, the total effect, which included all variables and paths of sexual shame on marital satisfaction was found to be significant ( $b = -2.117$ ,  $SE = .839$ ,  $CI = [-3.842$  to  $-.512]$ ) (see Figure 5.2). This would indicate that even though there was not a significant indirect effect through the mediated path of sexual communication and sexual satisfaction when all variables are considered and the roles they play in the model, there is a significant total effect.

**Figure 5.2**

*Total Effect of Sexual Shame on Marital Satisfaction*



Total effect of sexual shame on relationship satisfaction was found to be significant

The absence of a significant direct effect but the presence of a significant total effect demonstrates the complexity and totality of the marital relationship. Multiple variables and factors combine and work together to produce marital satisfaction. When looking at sexual shame within the confines of the marital relationship, the data suggest that sexual communication, sexual satisfaction, and emotional intimacy are all factors that work together to significantly affect marital satisfaction.

The need to have an exchange between these variables to affect marital satisfaction when sexual shame is present solidifies Interdependence Theory (IT) as the theoretical framework for this study. The between-person process that includes behaviors and interactions in dyads, and IT's key concepts and principles such as attribution and self-presentation, trust and distrust, and love and commitment (Van Lange & Balliet, 2015), come to life through the analysis of the data

from this study. Sexual communication, sexual satisfaction, and emotional intimacy are all interactions within the marital dyad, with an interplay that communicates and incorporates trust, love and commitment, self-presentation, and attribution. The fundamental concept of IT that each person in the dyad will affect each other in complex ways (Wickham & Knee, 2012) is evident in this study illustrated by the significant direct effect that sexual shame has on sexual communication but not on marital relationship satisfaction while having a significant total effect on marital satisfaction. The evidence of the study thus supports the complexity of the exchange in this model.

### **Additional Findings and Observations**

Within the demographic section of this study is included questions about the frequency of sexual intercourse, orgasm, and days since last intercourse. The purpose of these questions was to determine whether the participants in the sample experience a robust sex life. The findings indicate that the couples surveyed participate regularly in sexual activity, with 47.1% of them engaging in intercourse at least weekly, and 78 % within the past 14 days. The females in the sample reported that they always experience orgasm 38.8% of the time, and experience orgasm often 28.4% of the time, while 76.3 % of the males reported that they always experience orgasm. This suggests that although intercourse may occur frequently, it doesn't culminate in an orgasm on every occasion. If goal-oriented pleasure is the measure of sexual satisfaction a large portion of the sample would be dissatisfied, but that wasn't the case. There seems to be a benefit to physical intimacy other than goal-oriented pleasure, which the study and data analysis suggest leads to emotional intimacy.

For the Christian married couple, the etiology of shame about nakedness is found in Genesis with Adam and Eve in the Garden of Eden. Adam and Eve went from being naked and

not ashamed, to seeing their nakedness and seeking to hide because of it (Gen. 3:10). This shame nakedness continues throughout the Bible to the book of The Revelation, with the admonition to cover one's shameful nakedness (Rev. 3:18). This would indicate that from the moment mankind lost its innocence, human beings have a sense of shame when their nakedness is in view of others. Bringing that observation to the current day in the field of mental health Mollon (2005) stated that when nakedness and shame are linked together, they are elemental in the formation of sexual shame, as nakedness in the realm of one's sexuality may provoke sexual shame. But such an observation does not explain why one would be ashamed by nakedness alone. The Bible in Genesis also states that "God created man in His own image, in the image of God created He him; male and female created he them." (Gen. 1:27). To the Christian, humankind was created in the image of God, naked, glorious, and without shame. It is when man gained knowledge that he became ashamed. The loosing of innocence seems to be key to shame in the first account of nakedness and shame. The loss of innocence broke intimacy with God. Adam and Eve, in their states of innocence, had an intimacy with God that allowed them to walk naked, in full view both physically and emotionally, and not be ashamed. Without this intimacy, shame ensued, shame about nakedness.

This reveals the most important finding in this study. This study found intimacy to be a key variable within the interdependent relationship of all the variables. The path from sexual shame to marital satisfaction does not have a significant indirect effect through sexual satisfaction, but it does have such an effect through emotional intimacy. Sexual communication was found to be positively related to both sexual satisfaction and emotional intimacy. That is to say, greater levels of sexual communication bring greater levels of sexual satisfaction and greater levels of intimacy. However, those greater levels of sexual satisfaction do not carry through to

marital satisfaction, while emotional intimacy does. An individual and couple may enjoy a more fulfilling and exciting sex life if they learn to communicate openly about sexuality, but if it doesn't result in emotional intimacy, the couple is not likely to enjoy increased satisfaction in their marriage. This signifies that the goal of sexual communication in the presence of sexual shame is to increase intimacy if increased marital satisfaction is desired. Because increased sexual satisfaction is a result of sexual communication resulting from the significantly positive effect on sexual satisfaction by sexual communication, this is an added benefit when striving to improve emotional intimacy within the marriage through sexual communication in the presence of sexual shame.

### **Implications for Clinical Practice**

For the counselor who works with married couples, it has been found that 30 % of the couples who come for counseling suffer from a clinically significant sexual problem (Péloquin et al., 2019). This makes the need for informed sexual health and sexual relationship counseling imperative for the marriage therapist. This study served to further the understanding of the sexual relationship of the married couple and what variables serve as important factors to address in the counseling setting.

Furthermore, there are other couples who are experiencing sexual shame but not experiencing clinical sexual problems. As Hastings (1998) has said, sexuality is the most shamed human domain worldwide, indicating that there are many people suffering from sexual shame. There are many people experiencing sexual shame that are married, and this study found that left untreated, sexual shame has a significant negative effect on marital satisfaction. These findings should promote marriage counselors to give all their clients an assessment for sexual shame. Due to the significant negative relationship between sexual shame and marital

satisfaction through the indirect effect of the variables in this study, unreported sexual shame will negatively affect marital satisfaction.

With the finding that emotional intimacy is a key variable among all variables in the interdependent cycle of sexual shame and marriage satisfaction, the therapist can direct the focus towards intimacy. This study shows that the counselor working with a couple who is experiencing sexual problems should promote open dialogue about sex between husband and wife with the goal to increase the couple's emotional intimacy. The study indicates that this will improve marital satisfaction with an additional benefit of improving their sexual satisfaction. Intimacy is created by a self-revealing disclosure of the first spouse who then perceives that their partner responsively accepts the disclosure and responds in a manner that is supportive and caring (Laurenceau et al., 2005). Marital relationship intimacy is the interpersonal process that develops connectedness and closeness by communication of self-revealing information that is accepted empathically and responsively by the non-disclosing spouse in the marital dyad. The findings of this study promote such connected and self-revealing information with the help of the trained marriage therapist. This sharing of self in the state of sexual shame will allow the couple to see each other in a vulnerable manner with the guidance of the counselor to promote acceptance from the spouse, developing marital relational intimacy as the process and experience that develops because of disclosure of intimate topics and shared intimate experiences.

For the Christian counselor, pastoral counselor, and lay counselor, the analysis of the data for hypothesis four was one of the most important findings of this study. Increased religiosity will not change the effect of sexual shame on the marriage. As discussed, a large number of couples present to Christian counseling to improve their marital relationship due to clinical sexual distress. The data shows statistically that religiosity will not attenuate sexual shame,

which means the Christian couple experiencing sexual shame need an intervention that lowers sexual shame other than increased church attendance or adherence to religious edicts. The clinical implication for the pastor and lay counselor is that they must gain competency in counseling issues related to sexual shame and sexuality and not rely on religious teachings as a way to provide marriage counseling when sexual shame is present. Sexual shame in the marriage may arise from behavior that is considered a sin, or against the foundational belief of one's religion, however, eliminating the "sin" does not eliminate the shame. In other words, changing behaviors to conform with religious teachings will not eliminate sexual shame or its effect on the marital relationship; this will need to come through evidence-based counseling that promotes sexual communication directed towards increasing intimacy.

### **Implications for Research**

This study found that religiosity is not a moderator on the serial mediation of sexual shame on marital satisfaction through sexual communication and then emotional intimacy nor through sexual communication and then sexual satisfaction. With religiosity showing moderation tendencies in other studies, this outcome was not expected. The study sample consisted of individuals that typically profess some level of religiosity, with only seven individuals (6.7%) not identifying as having some religious affiliation. To ascertain a more accurate influence of religiosity in the study, the findings on religiosity as a moderator should be tested with a survey sample that would be closer to the general population and not skewed towards highly religious individuals.

As assessments are created, updated, and validated, this research could be duplicated with different measures to test the outcome of this study. Many studies on couple satisfaction use the Revised Dyadic Adjustment Scale, and new measures are being developed to measure the



existence of sexual shame that may be more effective than the KISS. A duplication of this study with different assessments that are validated to measure the same variables as were studied could give strength and robust validation of the findings.

The sample size for this study was 104 participants from varying ethnic backgrounds, mainly from the Midwest and regions of the southeastern United States. This demographic was sufficient for statistical analysis and significance studies. However, a larger sample that would include participants from all geographic regions of the United States might yield different results, as the sample from this study was comprised of a more conservative demographic, which may espouse less liberal viewpoints of sex and sexuality. While this should not affect the validity of the results, nevertheless, duplication with a different sample is encouraged to bolster the findings of this study.

Diversity and multicultural considerations should also be considered when looking at the findings of this study. Gender, ethnicity, and age were not selection criteria for this study, but each criterion could be an important variable to study in the area of sexual shame, sexual communication, and intimacy. Screening of the demographic data shows that clear differences exist in the prevalence of orgasm during intercourse between genders and age groups. Intimacy also changes between gender and age groups. These areas could provide insight if between groups comparison studies were done on this research.

### **Recommendations for Further Research**

This study opens the door for many future studies that would benefit the counselor who works with married couples. First, it shows that a significant negative indirect effect exists between sexual shame and marital satisfaction through sexual communication and then emotional intimacy, and that research and development of an intervention protocol that promotes

sexual communication between husband and wife that promotes intimacy would be most beneficial. This would extend the research on sexual shame and its relationship with sexual communication and intimacy while enhancing the field of marriage and sex therapists. Another intervention that might be developed through future research would be one that is directed towards lowering levels of sexual shame by sexual communication.

To develop the second intervention for lowering levels of sexual shame through sexual communication, further research needs to be done on sexual shame and its etiology. The research on how to measure sexual shame is ongoing (Gordon, 2018; Kyle, 2013); however, the construct of sexual shame needs further validation that views it as a domain-specific construct with the robust inclusion of the many factors and characteristics that determine and contribute to it.

It is suggested that a heuristic qualitative study be performed to assess the etiology of sexual shame as well as its characteristics and components. Qualitative methods in outcome research can give a more personalized human experience, evaluating the effects of therapy by using data sets obtained from individual or group interviews with clients, therapists, and transcripts of therapy sessions. This will provide richly described accounts of change, giving an exquisite understanding of the informant and therapist who participated in the study (McLeod, 2011). A heuristic qualitative inquiry allows the researcher to become involved in what is being studied, not only immersing themselves into the study but also being personally changed by the process. The heuristic researcher capitulates to the research question and to some extent is personally transformed by the process, which has the potential to transform others (McLeod, 2011). Such a study might highlight the means by which intimacy and nakedness interact to cause sexual shame with the researcher able to feel the depths of the experience and interact with the participants, providing a more robust understanding of the etiology of sexual shame. In that

vein, it would be important to include individuals from diverse cultural backgrounds to give greater validation to what gives rise to sexual shame across cultures.

Additional research might also be performed by using a different conceptual model that would place the variables in different locations in the model to determine whether the direction of the effect has polarity, and also by investigating whether other possible moderators exist other than religiosity. Other possible moderators might be childhood sexual abuse, sexual trauma, or nationality. Building on the findings that two interpersonal cyclical systems might be at play, one between sexual communication and sexual satisfaction and another between all other variables from this study, these systems might be studied based on the Social Exchange Model, probing what other exchange cycles are operating using different combinations of these variables.

Nationality and multicultural considerations are definite research considerations to extend this study, as different groups of people observe different sexual and cultural mores pertaining to sexual communication. The need for improved marital relationships is universal, and sexual shame is also universal. After the development of an intervention protocol that addresses sexual shame that promotes sexual communication and intimacy, continued research would need to be performed to validate and authenticate the protocol for other nationalities so that it could be implemented by marriage counselors worldwide.

### **Implications for Counselor Education and Supervision**

With the need for the development of therapeutic protocols and marriage counseling theory built upon encouraging intimacy and healthy sexuality within a marriage, counselor education and supervision programs also must update and embrace change in this area.

According to Hook and Worthington (2009), on average, licensed professional counselors see 22

couples who seek marital counseling per year, with 30 percent of them experiencing some form of sexual distress (Péloquin et al., 2019), thus indicating that from six to seven couples per year who experience sexual distress will employ the services of a licensed professional counselor. These numbers do not include those couples who seek a marriage and family therapist.

According to Zamboni and Zaid (2017), counselor education programs do not provide sufficient training in the area of human sexuality for those who are going to provide marriage counseling. This contributes to their discomfort with addressing human sexuality and the related behaviors that may indicate a client has sexual shame (Bloom et al., 2016). Thus, neither the newly trained counselor, nor the educators who have trained them are sufficiently prepared to serve the significant number of clients who will present for marriage counseling. This is a gross disservice that falls short in meeting the CACREP (2016) standards of education and ethical care set forth by the ACA code of ethics (2014).

CACREP-accredited programs need to be adjusted and held accountable for training counselors competent in the area of human sexuality as it pertains to marriage counseling. This study highlights the importance of marital counseling in a manner that addresses intimacy and sexuality, with both needing to be addressed in a way that identifies the significance of the relationship between sexual shame and marital satisfaction. Additionally, those who supervise counselors must improve their competency to guide those whom they mentor in providing appropriate care in the area of sexuality. This would indicate that counselor education and supervisory programs also must update their curriculum to incorporate this area of counselor education in human sexuality.

This research study illuminates the need for advocacy for best practices in the care of the marital client who presents with sexual distress and sexual shame—especially advocacy in

requiring CACREP- accredited programs to teach counselor educators the theory and practice of human sexuality. Without a standard requirement in education and supervision in the area of human sexuality for all counselor education programs, clients will continue to receive inadequate, unethical, and substandard care.

### **Limitations**

The first limitation of this study is that the participants came from mainly two sources: from the CESNET-L email list of counselor educators, and a promotion of the study on Facebook. The first source may be biased because of these counselors' working knowledge of assessments from their professional practices. Moreover, these populations may not reflect the best generalizability. Additionally, it is assumed that the participants told the truth that they are married, over the age of 25, and heterosexual. While there isn't evidence to the contrary, it also could be a possible limitation.

Due to the nature of the questions pertaining to shame and sexuality, the participants' responses may have been skewed in a manner that would make them appear more socially desirable (Osborne 2012). To try to alleviate this possible limitation, all surveys were collected anonymously, and informed consent forms ensured that the participants were aware of its anonymity and that they could terminate their participation at any time if they felt uncomfortable.

Finally, the survey was comprised of reliable and validated measures, each with excellent Cronbach's Alpha demonstrated. However, the combination of the different measures into one survey may have unobserved effects. The nature of the data analysis is correlational, and causal relationships are not inferred or implied.

## **Chapter Summary**

This chapter opened with a summary of the study, stating its purpose and describing its methodology and design, followed by the results of the validity tests of the measures used in the study. This set the stage for discussion and conclusion analysis of the study's findings. Each research question was explained and discussed by first establishing the literature on which the question was based, and then how the study was supported by data analysis. Additional analysis was reported on the findings of the direct effect of the independent variable of sexual shame on the dependent variable of marital satisfaction as well as the total effect of the entire conceptual model (Figure 3.1).

Additional findings and observations bolstered the implications of the study for clinical practice and research. After reporting on these implications, suggestions were advanced for additional research to further the knowledge presented by the study. Finally, the limitations of the study were presented.

### **Summary of the Study**

Research of the effects of sexual shame on relationship satisfaction, sexual satisfaction, and intimacy has been performed in previous research studies. However, combining these variables in a conceptualized model of serial mediation through sexual communication had not been. This study delved into this unresearched area and studied the effect of sexual shame on marital satisfaction through the parallel-serial mediation paths of sexual communication and then emotional intimacy and sexual communication and then sexual satisfaction (Figure 3.1). Additionally, an exploration of religiosity moderating these conceptual paths was performed (Figure 4.2). It was found that although it had no significant direct effect on sexual shame as it relates to marital satisfaction, the total effect of all indirect effects of the model did have a

significant negative effect on sexual shame related to marital satisfaction.

Further analysis of the parallel-serial mediated paths found that the path through sexual communication and emotional intimacy has a significant negative indirect effect on sexual shame as it relates to marital satisfaction, while the path through sexual communication, followed by sexual satisfaction was found to show no significant effect. Additionally, the interaction of religiosity and sexual shame did not have a significant effect on any of the mediators or on any indirect effects.

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## Appendix A: Survey

### Demographic Information

1. Age
2. Marital status
3. Number of times married
4. Duration of current marriage in years
5. Gender
6. Ethnicity
7. Religious affiliation
8. Frequency of sexual intercourse
9. Number of days since you last had sexual intercourse
10. Frequency of orgasm (1) Always (2) Often (3) Sometimes (4) Never
11. Educational level
12. Do you have a medically diagnosed sexual dysfunction? Yes or No If you answered yes, in the box, please list the medical diagnosis and how long you have had this diagnosis.
13. Household income: (1) Less than \$45,000 (2) \$46,000 to \$100,000 (3) \$101,000 - \$150,000 (4) \$150,000+
14. National identity

### Sexual Shame

Instructions: The following are some statements related to sexual shame that may or may not describe how you are feeling right now. Please rate your agreement with each statement using the 6-point scale (1) Strongly disagree (2) Disagree (3) Somewhat disagree (4) Somewhat agree (5) Agree (6) Strongly agree

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### Sexual Communication Satisfaction

Instructions: You are to respond to each statement by rating the level you agree or disagree based on a 7-point response ranging from Strongly agree to strongly disagree.

(1) Strongly agree (2) Agree (3) Somewhat agree (4) Neither agree or disagree (5) Somewhat disagree (6) Disagree (7) Strongly disagree

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### Sexual Satisfaction

Instructions: For each item, rate your level of satisfaction with your sex life in the preceding 6 months using the following 5-point Likert type scale: 1 (not at all satisfied), 2 (a little satisfied), 3 (moderately satisfied), 4 (very satisfied), 5 (extremely satisfied)

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### Satisfaction with Married Life

Instructions: Below are five statements with which you may agree or disagree. Using a 1-7 scale indicate your agreement with each item by selecting the appropriate number as follows: (1) Strongly disagree, (2) Disagree, (3) Slightly disagree, (4) Neither agree or disagree, (5) Slightly agree (6) agree, (7) Strongly agree

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### Intimacy Assessment

Instructions: Please select the number below the picture that best describes your relationship.

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Religiosity (Religious commitment)

Instructions: Read each of the following statements. On a 5-point Likert scale rate the response that best describes how true each statement is for you by selecting the appropriate number: (1) Not at all true of me (2) Somewhat true of me (3) Moderately true of me (4) Mostly true of me (5) Totally true of me

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## Appendix B: Informed Consent

**Title of the Project:** Mediation of Sexual Shame on Marital Satisfaction by Sexual Communication in a Parallel Path of either Intimacy or Sexual Satisfaction.

**Principal Investigator:** Mark A Saunders Sr. MA MCFC, PhD Candidate, Liberty University

### Invitation to be Part of a Research Study

You are invited to participate in a research study. In order to participate, you must be at least 25 years of age, married, living with your spouse, and heterosexual. You must confirm that you meet these criteria before access will be given to the survey. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

### What is the study about and why is it being done?

The purpose of this study is to determine if sexual communication will improve marriage satisfaction when one or both partners experience sexual shame and if this improvement will include improvement in intimacy and sexual satisfaction. Furthermore, an additional purpose of this study is to explore how religiosity may affect the couple experiencing sexual shame.

### What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following thing:

1. Complete an online survey containing 92 questions. The survey is divided into the following seven sections: Demographic information, sexual shame, sexual communication, sexual satisfaction, marital satisfaction, intimacy, and religiosity. The entire survey is estimated to take between 30 and 40 minutes.

### How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include improved understanding of how marriage counselors can work with couples who are suffering from sexual distress in their marriages brought on by sexual shame. This study will show how marital satisfaction may or may not be improved through a path of increased intimacy or sexual satisfaction that first starts with sexual communication. This will help guide Counselor Educators in training masters level counselors as well as current counselors in how they can help their clients improve their marital satisfaction in the presence of sexual shame.

### What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life. However, due to the nature of some of the questions asking about sexual shame, you may experience an increased level of anxiety. If this does occur, you are free to terminate the survey at any time. If your level of anxiety experienced because of these

questions becomes greater than what you would encounter in everyday life you are encouraged to terminate the survey to minimize any risk to you, the participant.

#### **How will personal information be protected?**

The records of this study will be kept private. Records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be anonymous with no ability for the researcher to match survey results to participant.
- Data obtained from the survey results will be stored on a password-locked computer and may be used in future studies, articles, and presentations of the researcher. After three years all electronic records particular to this study will be deleted.

#### **How will you be compensated for being part of the study?**

Participants may be compensated for participating in this study. Upon 100 percent completion of the survey, each participant may choose to be placed in a drawing for a \$50.00 Amazon gift card. There is no obligation to participate in the drawing. If you choose to be included in the drawing, your email address will be requested for compensation purposes; however, the survey platform will pull and separate your email address from your survey responses to maintain your anonymity.

#### **Is study participation voluntary?**

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time prior to submitting the survey without affecting those relationships.

#### **What should you do if you decide to withdraw from the study?**

If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

#### **Whom do you contact if you have questions or concerns about the study?**

The researcher conducting this study is Mark A. Saunders, Sr. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact him at \*\*\*\*\*@liberty.edu. You may also contact the researcher's faculty sponsor, Dr. John C. Thomas, at \*\*\*\*\*@liberty.edu

#### **Whom do you contact if you have questions about your rights as a research participant?**

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at [irb@liberty.edu](mailto:irb@liberty.edu).

### **Your Consent**

Before agreeing to be part of the research, please be sure that you understand what the study is

about. You can print a copy of this document for your records. If you have any questions about the study later, you can contact the researcher using the information provided above. Please **confirm that you are 25 years old or older, married, living with your spouse, and identify as heterosexual.**

Are you 25 years old or older? (yes or no)  
Marital Status: (married, single, divorced, or separated)  
Living condition: (separate or living with spouse)  
Sexual identity: (heterosexual or homosexual)

*I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.*

[Take the Survey]