RESEARCH ARTICLE

Is Sexual Satisfaction impacted by Sexual Shame, Mental Health, and Religious Affiliation?

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Abstract

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In this study we examined whether sexual shame impacts sexual satisfaction while taking into consideration Depression, Anxiety, and Stress. We also investigated whether there was any link between religion affiliations (Protestants, Christians, and Catholics) on sexual shame, mental health, and sexual satisfaction. Our sample consisted of participants who were sexually active within the past 6 months (N= 625) revealing that mental health does partially impact sexual satisfaction. We also found that there were negative correlations among sexual satisfaction, sexual shame, and mental health. In relation to religious affiliation, there was some slight significance among Protestants, Catholics, and Christians regarding mental health and sexual satisfaction. Further research should include other religions, cultural nuances, and levels of religiosity on the impact of mental health, sexual shame, and sexual satisfaction.

Keywords: sexual satisfaction, religious affiliation, mental health

Introduction

The biopsychosocial paradigm touches on the notion that there are psychological, social, and physical factors that consist of religious affiliation and culture that may impact sexual satisfaction (Engel, 1977; Heinemann et al., 2016). Sexuality and sexual attitudes can sometimes be seen as tabooed topics in some religious and cultural contexts, which may result in sexual shame (Murray et al., 2007; Cense et al., 2018*)*. Research shows that religiosity can both negatively and positively be associated with sexual satisfaction (Leonhardt et al., 2021; Leonhardt et al., 2022). It has also been noted that there are associations between sexual satisfaction and mental health, specifically with reference to depression, anxiety, and stress (Karakose et al., 2023). In terms of coping mechanisms, people often turn to religion for guidance, interestingly, in a 6-month longitudinal study among 214 college students revealed that a person's religiosity impacted their level of depression (Berry & York, 2011), yet those who identified with having depression negatively impacted and mediated religious commitment (Koçak, 2021). In a 13-year longitudinal study conducted in Japan among 67723 participants, it was revealed that those who identified as highly religious were more likely to have major depressive disorders (Kobayashi et al., 2020). It was also found that the higher levels of religiously and the strength of a person's religious affiliation is related to better mental health (Green & Elliott, 2010). In reference to religious affiliation or identification, research shows that in connection with optimism, those that believe in the stricter or more fundamentalistic religious views were linked to lower levels of depression (Curtis & Olson, 2019; Green & Elliott, 2010) and higher levels of life satisfaction compared to those that affiliate with more liberalistic views (Bergan & McConatha, 2001). When touching on religious viewpoints, speaking about sexuality and sexual satisfaction it is often not openly discussed (Navarro-Prado et al., 2023). There are

studies that reveal that religiosity can either not have a significant relationship on sexual shame and sexual satisfaction or have a positive relationship, as research has mixed findings (Marcinechová & Záhorcová, 2020). A study found that sexual shame is negatively correlated with sexual satisfaction and positively correlated with detaching from God (Marcinechová & Záhorcová, 2020). There is limited research showing the association of religiosity with sexual shame, mental health, and sexual satisfaction.

This study examines, Figure 1., the association between sexual shame, mental health, and sexual satisfaction in connection to religious affiliation. We are looking to see whether certain religious affiliations moderate sexual shame, mental health, and sexual satisfaction. Conducting such a study may aide in enhancing the research in this field and bring awareness to mental health professionals regarding integrating a client's religiosity in treatment when dealing with sexual shame, sexual satisfaction, and mental health issues (Koçak, 2021). We hypothesis that:

H1a. Religious affiliation will indirectly impact sexual shame and sexual satisfaction

H1b. Individuals that identify as Protestant will express the lowest levels of Depression, Anxiety, Stress, and sexual satisfaction

H1c. Those that identify as Catholic will express moderate levels of Depression, Anxiety, Stress, and sexual satisfaction

H1d. Those that identify as Christian (non-denominational) will have moderately low levels of Depression, Anxiety, Stress, and sexual satisfaction

H1e. Those that identify with having no religious affiliation will have the lowest levels of Depression, Anxiety, Stress, and sexual satisfaction

H2a. Sexual shame will have a negative correlation on sexual satisfaction

H2b. Sexual shame will have the highest association with Depression compared to Anxiety and Stress

H2c. Sexual shame will have a moderately high association with Anxiety compared to Depression and Stress

H2d. Sexual shame will have the lowest association with Stress compared to Depression and Anxiety

H3a. Depression will have a significant negative impact on sexual satisfaction.

H3b. Anxiety will have a moderately negative impact on Sexual Satisfaction

H3c. Stress will have a negative impact on Sexual Satisfaction

Methods

Participants

Participants (*N* = 625; 222 men, 401 women, 1 other gender, 1 did not respond to gender; *Mage*=36.7 years, *SD*=11.33 years) were recruited from the Amazon Mechanical Turk (MTurk). All participants provided informed consent, received $1.00 for their participation and were in the United States of America. The data used for this study is part of a larger data set which included other measures not used in this study. The sample consisted of primarily being represented by participants who identify with no religion (N= 186), followed by Christians Non-Denominational) (N=167), Protestant (e.g. Methodist, Baptist, or some other Non-Catholic Christian denomination) (N= 142), and Catholics (N=130). Participants mostly identified with being White (78%), followed by African American and/or Black (8.8%), Hispanic, Latino, and/or of Spanish Origin (6.2%), Asian (3.5%), Other (2.1%), and American Indian and Alaska Native (.6%). In reference to relationship status, we had 59.7% who identified as being Married with a Life Partner followed by, 25.6% who are in monogamous dating relationship, 5.3% were

in non-committed dating relationship, 3.8% identified as single (I am not currently in serious relationship but have been in the past), 2.9% were divorced, 1.1% identified as married but legally separated, 1% were widowed, and 6% identified as being single (I have never been in a serious relationship).

We included participants who affiliated with Protestant (e.g. Methodist, Baptist, or some other Non-Catholic Christian denomination), Catholic, Christian (Non-Denominational), and those who identified as other religious affiliation. Our participants consented to take part in the study, responded to whether they attended religious services within the year, and completed the measures listed below. We have also included those that responded "yes" to being sexually active in the past 6 months with their current romantic partner. The following are the exclusionary criteria which included participants that have no religious affiliation and those that did not partake in any of the assessments for the study.

Materials

Demographics

Information about the participants' demographics was collected from all participants. Participants were asked about their gender, age, marriage status, race/ethnicity, relationship status, and religious affiliation. Participants also disclosed whether they had had any sexual encounters in the last six months.

Kyle Inventory of Sexual Shame

Sexual shame was measured by the Kyle Inventory of Sexual Shame, refined version KISS-9, Scale. This measurement is a refined version of the Kyle Inventory of Sexual Shame, KISS, Scale (Lim, 2019). The inventory consists of nine Likert scale questions, unlike the original which has 20 questions. The KISS-9 is divided into two sections. The first touches on

the level an individual feels sexual shame relating to thoughts about others, such as "'I have an overpowering dread that my sexual past will be revealed in front of others' and 'sometimes avoid certain people because of my past sexual choices'" (LIm, 2019, p. 59). The other section touches on the level an individual feels sexual shame relating to thoughts about self. Some examples of questions in the section are "I feel like I am never quite good enough when it comes to sex" and "I feel ashamed about my sexual fantasies" (Lim, 2019, p. 60). There are five questions in the first section relating to thoughts about others and four questions about self. This measurement has been shown to be a valid and reliable tool to assess sexual shame (Lim, 2019).

The Test of Self-Conscious Affect

One measurement used to exclude participants was the Test of Self-Conscious Affect-3, TOSCA (Tangney et al., 2000). The instrument provides individuals with 15 scenarios and using a five-point scale where 1-is very unlike me to 5-which is very like me (Tangney et al., 2000; Woien et al., 2003). The measurement is divided into three subcategories: shame proneness, guilt proneness, and other self-conscious affect (Woien et al., 2003). In this study, we only focused on the shame subgroup considering we were looking for shame proneness in participants.

New Sexual Satisfaction Scale

This study used the New Sexual Satisfaction Scale, NSSS, to measure sexual satisfaction. The measurement consists of 20 self-reported questions. The measurement is divided into five domains with two subcategories (Štulhofer et al., 2009). The first category is the individual lens, also known as the ego subgroup, including the sexual sensations and presence/awareness domains (Štulhofer et al., 2009). The second subgroup is known as the partner and sexual activity centered category and includes the domains sexual exchange, emotional connection, and

sexual activity. Each subgroup has 10 questions. The questions are all based on a five-point scale where 1-is not at all satisfied to 5-which is extremely satisfied (Štulhofer et al., 2009).

Mental Health

The Depression, Anxiety, and Stress Scale (DASS) short version was provided to the participants. This assessment consists of 21 scale questions that measure an individual's current state of depression, anxiety and stress (Antony et al., 1998). The measurement is a self-report tool with a 4-point scale (1-Did not apply to me at all, 2-Applied to me to some degree, or some of the time, 3-Applied to me to a considerable degree, or a good part of time, and 4-Applied to me very much, or most of the time) (Antony et al., 1998). The scale is broken into subcategories relating to depression, anxiety and stress. All measurements were looked upon in this study (Antony et al., 1998).

Results

A Regression Hayes Model 8 and one-way ANOVA analysis, Table 1., was conducted revealing that there is a positive relationship between religion and depression, $F(9,602)= 25.42$, $p <.001$, indicating that the more Protestant the less depression compared to Catholics, $F(9,602)= 25.42$, $p= .105$, and Christians, $F(9,602)= 25.42$, $p= .894$, that had no significance on depression. We have also noticed that TOSCA was statistically significant with church attendance as they are covariate and had no effect which supports the notion that church attendance does not matter in this model. In terms of Anxiety, there is an impact of self-conscious shame $F(9,602)= 25.42$, $p = .005$ and sexual shame $F(9,602)= 19.33$, $p = <.001$, yet due to the large sample size, we are not speaking about marginalization. In reference to stress, we notice that there is statistical significance with sexual shame and self-conscious shame, $F(9, 602) = 29.76$, $p = < .001$. Additionally, there is a significant interaction between stress, sexual shame, and Christians, $F(9,$

602) = 29.76, p = .034. Thus, those that identified as being Christian (nondenominational) resulted in having higher levels of stress. In relation to sexual satisfaction, it was revealed that the more depressed the less sexual satisfaction there is, $F(12, 599) = 18.49$, p = < .001. Sexual Shame is statistically significant with sexual satisfaction $F(12, 599) = 18.49$, p = .029 also revealing that less sexual satisfaction the more Protestant affiliation, $F(12, 599) = 18.49$, p = .029, and showing significance between the interaction of Catholics, sexual shame, and sexual satisfaction, $F(12, 599) = 18.49$, p = .006.

In relation to the indirect effects, it was revealed in Table 2., that the effects are getting larger as zero has the lowest negative impact on predictors of sexual satisfaction and sexual shame, thus there is a stronger impact with a direct relationship with Catholic and sexual shame driving lower levels of sexual satisfaction, showing there is no moderated mediation difference, yet there is a conditional direct impact. There was a significant negative correlation between sexual satisfaction and sexual shame, $r(612) = -.435$, p = <.001. There was a significant negative correlation between sexual satisfaction and the following: depression, $r(612) = -.435$, p = <.001, anxiety, $r(612) = -.313$, p = <.001, and stress, $r(612) = -.370$, p = <.001. However, there was no statistical correlational significance between sexual satisfaction and religious or church attendance, $r(612) = .051$, p = .207, as seen in Table 3.

Discussion

The present study supports hypothesis H1a. partially indicating that there is some form of impact between religious affiliation, sexual shame, and sexual satisfaction. For hypothesis H1b, it was partially supported as Protestants showed lower levels of depression. We are accepting the null hypothesis for: H1c, H1d, H1e, H2c, H2d, H3b, and H3c. Furthermore, we reject the null hypothesis for: H2a, H2b, and H3a. This indicates that there is some form of

impact, although not strong enough to conclude that religious affiliation has a strong impact on sexual satisfaction and mental health, as well as noting that mental health does impact sexual satisfaction. These findings aid in bringing awareness to how mental health professionals may integrate a client's religious affiliation into clinical practice as it relates to mental health, sexual shame, and sexual satisfaction.

Limitations

This study is limited to the participants' culture, religious affiliation, and level of religiosity. Further research would be needed on including other religious affiliations, such as Islam, Hinduism, and Judaism. In addition to looking at the influence of how religious beliefs or cultural nuances or traditions impact sexual satisfaction and sexual shame. Furthermore, looking at the limitations of this study, further research would also be needed to look at an individual's level of religiosity or religious commitment as well as how it affects sexual shame and sexual satisfaction, while also looking at its impact on mental health.

Declaration of Interest Statement

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Data Availability Statement

Data is available upon request provided by Dr. Frederick Volk at fvolk@liberty.edu

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Appendix

Figure 1. *Conceptual Model*

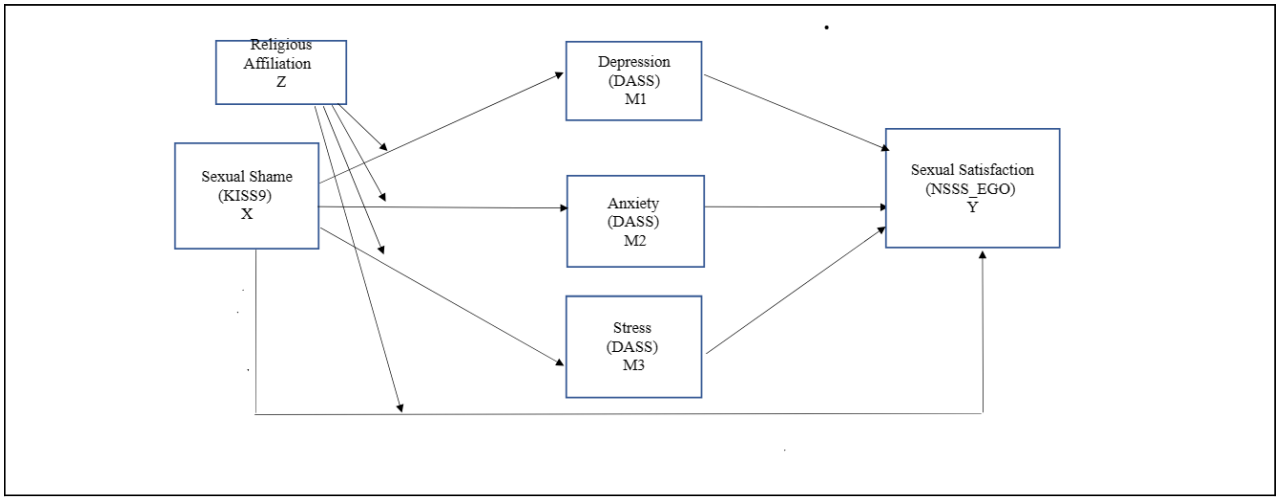

Table 1. *Regression Process Analysis Results*

Source	*b*	*se*	*t*	*p*	*LLCI*	*ULCI*
Depression: $R = .525$, $R^2 = .275$, $MSE = 82.63$, $F(9, 602) = 25.42$, $p < .001$						
Sexual Shame	3.61	.665	5.44	**<.001**	2.31	4.92
Protestant	-3.50	1.08	-3.23	**.001**	-5.62	-1.37
Catholic	-1.74	1.07	-1.62	.105	-3.85	.367
Christian	.136	1.02	-134	.894	-1.86	2.13
Sexual Shame x Protestant	-.155	1.04	-.149	.882	-2.20	1.89
Sexual Shame x Catholic	1.11	1.01	1.10	.270	-.872	3.10
Sexual Shame x Christian	1.23	.903	1.36	.173	-.540	3.00
TOSCA	.197	.049	3.99	**<.001**	1.00	.294
Religious Attendance	-.012	.011	-1.09	.275	-.034	.010
Anxiety: $R = .473$, $R^2 = .224$, $MSE = 55.21$, $F(9, 602) = 19.33$, $p < .001$						
Sexual Shame	2.35	.543	.432	**<.001**	1.28	3.41
Protestant	-1.37	.886	-1.55	.122	-3.11	.367
Catholic	.381	.879	.433	.665	-1.34	2.10
Christian	.403	.833	.484	.629	-1.23	2.04
Sexual Shame x Protestant	.633	.852	.742	.458	-1.04	2.30
Sexual Shame x Catholic	1.49	.829	1.79	.072	-.136	3.11
Sexual Shame x Christian	1.32	.738	1.79	.074	-.129	2.77
TOSCA	.114	.040	2.83	**.005**	.035	.193
Religious Attendance	-.005	.009	-.568	.570	-.023	.013
Stress: $R = .555$, $R^2 = .3.08$, $MSE = 69.66$, $F(9, 602) = 29.76$, $p < .001$						
Sexual Shame	3.43	.610	5.62	**<.001**	2.22	34.62
Protestant	-2.55	.995	-2.57	.010	-4.51	-.603
Catholic	-1.76	.988	-1.78	.075	-3.70	.180
Christian	-.528	.936	-.564	.573	-2.36	1.31
Sexual Shame x Protestant	.252	.957	.263	.792	-1.62	2.13
Sexual Shame x Catholic	.744	.931	.799	.425	-1.08	2.57
Sexual Shame x Christian	1.76	.829	2.13	**.034**	.137	3.39
TOSCA	.231	.045	5.10	**<.001**	.142	.320
Religious Attendance	-.005	.010	-.474	.636	-.025	.015
Sexual Satisfaction: $R = .520$, $R^2 = .270$, $MSE = .698$, $F(12, 599) = 18.49$, $p < .001$						
Sexual Shame	-.137	.063	-2.18	**.029**	-.261	-.014
Depression	-.024	.006	-4.26	**<.001**	-.034	-.013

Anxiety	.007	.007	1.08	.280	-.006	.021
Stress	-.004	.007	-.630	.529	-.017	.009
Protestant	-.216	.101	-2.14	**.032**	-.414	-.019
Catholic	-.079	.100	-.795	.427	-.275	.117
Christian	-.285	.094	-3.03	**.003**	-469	-.100
Sexual Shame x Protestant	-.210	.096	-2.18	**.029**	-.398	-.022
Sexual Shame x Catholic	-.258	.093	-2.75	**.006**	-.441	-.074
Sexual Shame x Christian	-.140	.083	-1.67	.094	-.303	.024
TOSCA	-.008	.005	-1.72	.086	-.017	.001
Religious Attendance	-.002	.001	1.81	.069	<.001	.004

Table 2. *Indirect Effects*

Pathway	Coefficient	LLCI	ULCI
Sexual Shame > Depression> Sexual Satisfaction			
Protestant	-.082	-1.42	-.033
Catholic	-.112	-.280	-.033
Christian	-.114	-.182	-.055
Sexual Shame > Anxiety> Sexual Satisfaction			
Protestant	.022	-.020	.072
Catholic	.028	-.027	.089
Christian	.027	-.026	.085
Sexual Shame > Stress> Sexual Satisfaction			
Protestant	-.015	-.070	.038
Catholic	-.017	-.081	.041
Christian	-.021	-.095	.052

Table 3. *Pearson's R, Means, and SDs*

	1	2	3	4	5	6	7
(1) Sexual Satisfaction	1	-.435**	-.409**	-.313**	-.370**	-.225**	.051
(2) KISS9- Sexual Shame	-.435**	1	.478**	.448**	.508**	.303**	.003
(3) DASS-Depression	-.409**	.478**	1	.730**	.788**	.287**	-.066
(4) DASS-Anxiety	-.313**	.448**	.730**	1	.781**	.233**	-.032
(5) DASS-Stress	-.370**	.508**	.788**	.781**	1	.327**	-.046
(6) TOSCA- Shame	-.225**	.303**	.287**	.233**	.327**	1	-.046
(7) Religious services attendance each year?	.051	.003	-.066	-.032	-.046	-.046	1
M	3.58	2.36	9.04	6.95	10.85	35.97	15.42
SD	.968	1.05	10.59	8.37	9.95	7.87	34.47

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

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

Sample 1 values in lower diagonal and Sample 2 in the upper diagonal.