

*Adults that Experience Sexual Shame:
Effects on Self-Esteem and Sexual Satisfaction*

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Declaration

Declaration

'I declare that this thesis that I have submitted to Dublin Business School for the award of H.Dip Psychology is the result of my own investigations, except where otherwise stated, where it is clearly acknowledged by references. Furthermore, this work has not been submitted for any other degree.'

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Table of Contents

1. Acknowledgements	5
2. Abstract	6
3. Literature Review	7
3.1 Introduction.....	7
3.2 Sexual Shame and Shame.....	7
3.3 Guilt and Shame, what’s the difference?.....	8
3.4 Sex, Silence and Shame.....	9
3.5 Sexual Shame and Sexual Satisfaction.....	10
3.6 Sexual Shame and Self-esteem.....	11
3.7 Sexual Shame and Society	11
3.8 Purpose of Current Study	13
3.9 Conclusion	15
3.10 Hypotheses	15
4. Methodology	17
4.1 Participants	17
4.2 Design	17
4.3 Materials	18
4.4 Procedure	20
4.5 Data Analysis	20
4.6 Ethics	21
5. Results	22
5.1 Quantitative Results	22
5.2 Qualitative Results	25

6. Discussion	31
6.1 Aim of Research	31
6.2 Significance of findings	31
6.3 Strengths and Limitations	36
6.4 Further research and Practical Applications	39
6.5 Conclusion	40
References	41
Appendices	48
Appendix A – Information Sheet and Consent form	48
Appendix B – Debrief Sheet	50
Appendix C – Kyle Inventory of Sexual Shame	52
Appendix D – Rosenberg Self-Esteem Scale	56
Appendix E – The Sexual Satisfaction Scale	57
Appendix F – Demographic Questions	58
Appendix G - Qualitative Research Questions	59

1. Acknowledgements

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2. Abstract

The aim of the present study was to investigate sexual shame and the effects it has on self-esteem and sexual satisfaction. Furthermore, help recognise a definition for sexual shame while identifying themes that may contribute to experiencing sexual shame. The study used a mixed method approach. Quantitative section used a cross-sectional design by using an online survey using questionnaires; The Rosenberg Self-Esteem Scale, The Kyle Inventory Sexual Shame Scale and The Sexual Satisfaction Scale. From the 92 participants that took part in the study, 25 males and 67 females, aged between 22 and 42 years. Results found a significant relationship between both hypotheses presented in the current study. Also, significant results were found between age and self-esteem, and between gender and sexual satisfaction. The results showed that older participants had higher self-esteem and females had lower sexual satisfaction than males. Qualitative section used thematic analysis, discovering many themes following Braun & Clarke's six step approach.

3. Literature Review:

3.1 Introduction;

Sexual shame is something that is experienced across different sexualities, nationalities, religions, cultures and across the gender divide. In the current study I will attempt to define sexual shame, and examine its origins and impact on the self-esteem and sexual satisfaction of men and women. This research is critical to forming an understanding of sexual shame, and the potentially far-reaching and detrimental impact of its effects. The study will highlight the gap in the reviewed literature, and the lack of empirical studies into sexual shame. This research is critical to understanding sexual shame.

3.2 Sexual Shame and Shame;

Clinical psychologists have used the term ‘sexual shame’ in their research but there is no unanimous agreement on a clinical definition (Clark, 2017). Shame, generally speaking, can be described as a sensation connected to self-conscious and painful emotions that contain a negative valuation of the self (Blum, 2008; Parsa, 2018). Brown (2007), a shame researcher, defined shame as severe painful feeling or experience, thinking yourself as flawed and unworthy. In order to define a type of shame, such as ‘sexual shame’ one must identify the central component of why a person may feel that shame. Sexual shame, therefore, is shame associated with sex, sexuality, sexual desires and other sexual constructs of the self that would discourage a person from discussing or sharing those things with others (Mollon, 2005).

‘Shame’ is a term, which evokes negative emotions, while sexuality is a core element of human function and should be associated with pleasurable experiences and feelings. Sexual shame is the experience of these negative emotions in response to one’s current or

past sexual thoughts, behaviours, or experiences (Kyle, 2013). To attach shame to sexuality and sexual behaviour could be hugely damaging to a person's psyche, and if the sexual part of a person's life is shrouded in shame it may start to affect their emotional state and other areas of their personal life. Kyle (2013) compared the literature on shame and sexual shame; but only a scarce amount of studies have investigated sexual shame and its impact on a person's wellbeing. More research needs to be done into sexual shame as a topic, distinct from the broader topic of 'shame' due to the potential impact it may have on mental health and wellbeing within the population.

3.3 Guilt and Shame, what's the difference?

Shame and guilt are very similar emotional states, and both can be felt at the same time; but they still feature some fundamental differences. The similarities they share include the display of self-conscious, negative emotions in response to a form of bad behaviour and/or the feeling of inadequacy (Tignor & Colvin, 2017). Shame and guilt differ in that 'shame' is how a person feels about themselves. They dislike a part of who they are as a person while 'guilt' is about the outside world witnessing a behaviour that was not expected of them or the absence of an expected behaviour (Lewis, 2000). Tangney (2007) also supports the theory that guilt and shame differ, and has formulated three measures to differentiate between shame and guilt: (1) the type of experience that produces the emotion, (2) was the event private or public, and (3) how the person assesses the experience as failure of self or bad behaviour. According to Tangney and Dearing (2003), guilt is less painful than shame. Guilt is not self-dominant, the main focus is on the activity that was carried out. However, when shame is felt it is directed at the self. There is an interaction between the 'shamer' and the 'shamed'. The 'shamer' can be internal or external, the battle within the self, others and society (Shadbolt, 2009).

3.4 Sex, Silence and Shame;

Sex and sexuality has a profound relationship with shame (Mollon, 2005). The word 'sexual' is related to physiological functions, urges, physical attraction or intimacy between individuals (Sex and Society, 2010). Sexual shame is exhibited through behaviours like lying, secretive behaviour, isolation, repression, guilt, anger and self-loathing (Harper, 2013; Kyle, 2013). Shadbolt (2009) highlighted the interactional nature of shame and the sexual shaming behaviours that are often prompted by one's sexuality, showing the link between sex and shame. Sexual shame has been found to be an underlying cause of sexual dissatisfaction, low sex-drive and can lead to reckless sexual compulsions (McClintock, 2001). Ideas around morality and perceptions of what is the 'norm' with regard to sexual behaviour are shaped through sexual expression in different cultures, but also social sub-groups have an impact on what sexual behaviour is acceptable to disclose and what is too shameful to discuss with one another (Sex and Society, 2010).

In the West, we currently live in a highly sexualised culture. We are bombarded by sexual imagery in advertising, television shows, social media, music videos. Access to pornography has become easier, and use of pornography more mainstream. We are surrounded by sexual content, and yet we lack the ability to have a deep, meaningful, and open conversations about sex. Talking about sex still makes people uncomfortable and provokes feelings of shame and embarrassment (Hastings, 1998).

It has been discussed in research how shame can affect adults and their interpersonal relationships. Shame is associated with secrecy and insecurity leading to a reduction in intimacy in sexual interactions and romantic relationships due to unexpressed sexual emotions and desires, creating stress and avoidance (Brennan, Clark, & Shaver, 1998; Shadbolt, 2009). Dr Harper (2013) speaks about the topic *Shame, Sex and Silence* in a Ted

Talk. She explains how sexual shame is the common denominator in her therapy sessions. She states sexual shame comes in many forms and from many places such as family, peers, society etc. Shame, sex and silence go together because sex is still deemed a taboo subject and people continue to display judgement towards others with different sexual behaviours to their perceived norm, generating sexual shame (Elias, 2008).

3.5 Sexual Shame and Sexual Satisfaction;

Sexual satisfaction is defined as an emotional response resulting from a person's evaluation of their sexual relationships meeting the sexual needs of their partner and themselves, leading to a well-rounded positive outcome and satisfying sexual relationships (Offman & Mattheson, 2005). Sexual problems have been connected to poor levels of expression and communication (Beck, 2015). It is important to study sexual satisfaction because of its link to overall relationship satisfaction and because it is such an integral part of sexual interaction.

A study on sexual satisfaction Nomezko & Dolińska-Zygmunt (2014) demonstrates its importance to most people. Sex can be fun and increase the intimacy in a relationship. A healthy level of sexual satisfaction offers physical and psychological benefits; showing a direct link with one's overall health and wellbeing (Nomezko & Dolińska-Zygmunt, 2014). Shadbolt (2009) discusses how shame often shows up during intimate sexual experiences with partners. It can be deduced from his studies that if someone were to experience sexual shame it is likely to affect their sexual satisfaction. Shame can warp a person's perceptions of their sexual experiences, making it difficult for them to experience any sexual encounter as a positive one.

3.6 Sexual Shame and Self-esteem;

Self-esteem expert Rosenberg (1965) defined self-esteem as an attitude towards one's self, a self-worth with levels of positive and/or negative feelings about the self. Coopersmith (1967) described self-esteem as being an appreciation of oneself and showing self-respect, worthiness and a regard towards one's self. Epstein (1982) describes how people develop a self-theory and create identities to present to the world. Self-esteem is one of the main features of one's self. Studies on self-esteem confirm the relationship between self-esteem and the significance it has on all areas of a person's life (Shackelford, 2001).

When a person feels sexual shame, they are unaccepting of themselves and expressing a feeling of defectiveness which leads to them developing the idea that they are unloved and rejected (Harper, 2013). Sexual shame has the potential to generate inner-turmoil, anxiety, stress and painful emotions,. In turn, these can bring about low self-esteem and mental health issues (McClintock, 2001). Self-esteem is related, both theoretically and empirically, to psychological wellbeing (Whitley, 1985). Sexual shame is believed to lower self-esteem and psychologists have shown a correlation between shame and low self-esteem. Psychological disorders like depression, paranoia, addiction, and sexual dissatisfaction have been connected with low self-esteem (Kaufman, 1996). More studies need to be done to compare the relationship between sexual shame and self-esteem.

3.7 Sexual Shame and Society;

Harper (2013) speaks of society being the source of sexual shame. Mollon (2005) stated the inherent shame that many people feel around sex is unavoidable, due to deep set ideas in one's culture. People are not born with sexual shame, it is shaped by a person's environment and life experiences (Mollon, 2005). Sexual shame is formed by the education system, family unit, history, religion, culture and social aspects of life (Shadbolt, 2009).

When considering human sexual development, sexual shame should be examined through the understanding of cultural diversity, recognising different cultural heritages and examining the sexual concepts and behaviours practiced by other cultures. Robinson et al (2011) discusses cultural, gender and sexual identity when debating cultural influences on women and sexuality. Messages like slut-shaming can be projected by parents, peers, and cultural communities.

Irish society has been dominated by the Catholic church for centuries. The Bible speaks of sex as being acceptable only within the bonds of marriage between a man and a woman (Tweedie, 1964). Christianity presented sex outside of wedlock as sinful, dirty and wrong, and sex within wedlock was to be for the purposes of procreation, and for women in particular, a conjugal duty. Sex was not promoted as being something pleasurable (Bullough, & Bullough, 1995); and homosexuality was condemned as depraved. The church's influence infiltrated schools and other state institutions as well as people's homes, meaning that sexual shame became ingrained in Irish culture. Religion, in setting the moral principles for society, infused shame and fear with sex (Shadbolt, 2009).

Sexual shame in adults can be traced back to teenage years and even childhood. The teenage years are crucial stage in sexual development, gender identity, values construction, and the socialisation progression (Goldman, 2008). Goldman (2008) traces the sexual problems of the youth today back to the educational system. Instead of teaching students about safe sex, schools allowed misinformation to circulate and breed ignorance, and generate unnecessary fear and shame about their own sexuality, and that of other students (Goldman, 2008).

Men and women can experience sexual shame in different ways but it is just as harmful to both genders. Men seem to experience sexual shame through lack of emotional expression, guilt and an inferiority complex. Performance issues in sexual situations can

trigger feelings of failure and inadequacy, and cause stress and high sexual shame, this impacting on self-esteem and sexual satisfaction (Efthim, Kenny, & Mahalik, 2001).

For women sexual shame seems to stem from oppression, abuse, lack of confidence and low self-esteem, especially when it comes to trying to meet societal expectations in relation to beauty standards (Efthim, Kenny, & Mahalik, 2001). Internalising the beauty standards depicted in the media can lead to young women constantly assessing their bodies (Calogero & Thompson 2009). Overexposure to media in the formative years can result in young adults, male and female, sexualising women and basing a woman's worth solely on her ability to attract a partner. The danger for women in particular, is their sexual satisfaction becomes dependent on their sense of sexual attractiveness (Calogero, & Thompson, 2009). Also, sexual shame is provoked in women by society measuring certain sexual behaviours and acts as wrongful for women but acceptable for men. This creates a double standard and female 'slut shaming' which causes confusion, painful and negative emotions in women (Allison & Risman, 2013).

3.8 Purpose of Current Study;

The purpose of the current study will be to explore sexual shame. The research wants to understand the effects sexual shame may have on self-esteem and sexual satisfaction. By utilising past research and discovering a gap and lack of studies in this topic, areas worthy of further study can be identified. The study wants to find out how the public view sexual shame, how they define sexual shame, whether they have experienced sexual shame if so what factors should be identified and explored further. Due to the lack of research done on sexual shame, investigation of this subject is important as it could lead further studies into unresearched areas to help improve mental health and well-being. In relation to the present study if the two main hypotheses are shown to be significant, it may help inform

the population of the harmful effects sexual shame has on a person's well-being, raise awareness of its damaging impact and may bring about a form of treatment for sexual shame.

This study aims to expand on existing knowledge in the field of psychology on the subject of sexual shame, which at present is an under-researched area. There is not yet a large body of literature available which deals with the effects that sexual shame has on individuals and society as a whole, and it warrants further research. This study aims to bridge the gap in the existing literature to some extent, and to propose areas for further research. Research by Kyle (2013) explains "despite the wealth of shame research in the past several decades, the literature reflects little attention to sexual shame" (Kyle, 2013, p.1).

Kyle (2013) decided to come up with a way to measure sexual shame and produced the KISS scale. 'The Kyle Inventory of Sexual Shame' was invented to measure the role sexual shame plays on a person's emotional state. A book on shame and sexuality by Pajaczkowska and Ward (2008) explored the depths of sexual shame and the serious effects it has on people. It explores how reluctant individuals were to consider and discuss the link between shame and sexuality due to feeling offended, unsettled and embarrassed. Sexual shame can have a domino effect on people's mental health, causing a negative impact on self-esteem and sexual satisfaction. Sexual shame can be an obstacle in experiencing shared intimacy and stopping people in developing strong relationships (Pajaczkowska & Ward, 2008).

Curti (2014) an experienced psychologist and sex therapist has found with clients that there are three main components at the centre of sexual issues, firstly guilt, second shame and third fear. These problems can paralyse a person from moving forward, damaging sexual experiences, lowering self-esteem and generally causing unhappiness in their lives. The ability to understand the origin of sexual shame within oneself can benefit all areas of a

person's life. More research into this subject can promise a deeper understanding of the impact it has on the population (Elias, 2008).

3.9 Conclusion;

As stated, previous research has shown a lack of empirical studies into sexual shame with few examining the relationship between sexual shame and self-esteem and sexual satisfaction. Previous literature has shown evidence that sexual shame is a source of negative emotions and has an impact on a person's wellbeing. The current study examines the potential negative impact that sexual shame has on adults and is essential to exploring a causal link between high levels of sexual shame and low self-esteem, as well as a link with sexual shame and low sexual satisfaction. This deserves further exploration. If the hypothesis is correct then it will show a significant relationship between the variables, proving that high sexual shame has a negative effect on self-esteem and sexual satisfaction in adults.

3.10 Hypotheses;

The quantitative section of this current study has two main hypotheses and what will be addressed are :

- (1) There will be a significant relationship between high sexual shame and low self-esteem in adults.
- (2) There will be a significant relationship between high sexual shame and low sexual satisfaction in adults.

Qualitative Questions :

(Q1) How would you define sexual shame?

(Q2) Have you experienced sexual shame?

(Q3) If you answered Yes to Q2, What factors do you feel contributed to this?

(Q4) Have you judged someone else on their sexual behaviours or history?

(Q5) If you answered Yes to Q4, why was this?

4. Methodology:

4.1 Participants;

116 participants took part in the survey but not all completed it. Due to missing data the number of participants used for analysis dropped to 92. The target population for the study were participants in the age range of over 18 to around 40 years of age. Participants were recruited online via social media platforms and using snowball sampling which was used to gather random participants by asking family and friends to take part in the survey. They were also asked to share the survey through their own social and family networks using social media and online forums. Participation was voluntary. The final set of participants used for analysis, i.e. participants who completed all items in the questionnaire, included 25 males and 67 females, aged between 22 and 42 years (mean age = 32.72 years, standard deviation of age 4.73). All participants that took part had at least one sexual partner, 16% of the participants did not identify as heterosexual and 73% were, at the time of the survey, in sexual relationships. 82% of the participants were Irish and 58% of the participants were affiliated with some form of religion, the majority religion being Catholic.

4.2 Design;

The research design employed here is a mixed-methods approach containing quantitative and qualitative components. The quantitative component of the research will use a correlational cross-sectional design using an online survey. The qualitative component of the study will use open ended questions and thematic analysis (Braun and Clarke, 2006) six step approach to explore participants' definitions of sexual shame and to probe certain factors to help reveal influences contributing to sexual shame.

4.3 Materials;

An online survey, created in Google Docs, will be used to collect data. This survey consists of an information sheet, an informed consent form, a brief demographics questionnaire, three validated psychological scales, a short qualitative questionnaire and a debriefing sheet. The demographics questionnaire contained questions assessing participants' gender, age, sexual orientation, nationality, religious affiliation, Irish residency status, and two questions relating to sexual activity. These two questions were "Have you had at least one sexual partner?" and "Are you currently in a sexual relationship?".

The first psychological scale is a measure of sexual shame: The Kyle Inventory Sexual Shame scale (KISS; Kyle, 2013). The KISS was designed to assess participants' feelings about their current and past sexual thoughts and behaviours. This questionnaire is a 20 item questionnaire where respondents are asked to indicate their level of agreement with the following six-point Likert scale: (0) Strongly disagree; (1) Disagree; (2) Somewhat Disagree; (3) Somewhat agree; (4) Agree; and (5) Strongly agree. However, in the present study, an 18-item version of this scale was used as two items were removed due to ethical reasons. The scale is scored from 15 to 75, a high total score on the KISS indicates a high level of sexual shame. The reported Cronbach's alpha reliability of this scale was 0.75 (Carboneau, 2018).

The second psychological scale is a measure of self-esteem, the Rosenberg Self-Esteem scale (RSES; Rosenberg, 1965). The RSES is a 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. All items are answered using a four-point Likert scale format ranging from strongly agree to strongly disagree. The results inform about the level of self-esteem. The scale is scored from 0 to 30 with high scoring for positive items and low scoring for negative items. The higher the total

score, the higher a person's self-esteem. George and Bearon (1980) reported the test/retest reliability to be $r = 0.85$, the scale's validity with other self-esteem measures ranged from $r = 0.56$ to $r = 0.83$.

The third psychological scale is a measure of sexual satisfaction, the Sexual Satisfaction Scale (SSS; Nomejko & Dolińska-Zygmunt, 2014). The SSS is a 10-item questionnaire designed to measure sexual satisfaction. Responses are scored using a four-point Likert scale format, items rated on a scale ranging from strongly disagree to strongly agree. The scale score ranges from 0 to 30 with a low-to-high ranking for positive items and the opposite for negative items, higher the total score on the SSS, the higher the sexual satisfaction. The method's reliability measured by the Cronbach Alpha indicated a high consistency of 0.83 (Nomejko & Dolińska-Zygmunt, 2014; 2015).

The qualitative questionnaire was comprised of five questions, three of the which were open-ended. The questions were designed to investigate causes of sexual shame by using thematic analysis discovering a theme or pattern on the general consensus of how sexual shame should be defined and the contributing factors that cause sexual shame. The following questions were included:

(Q1) How would you define sexual shame?

(Q2) Have you experienced sexual shame?

(Q3) If you answered Yes to Q2, What factors do you feel contributed to this?

(Q4) Have you judged someone else on their sexual behaviours or history?

(Q5) If you answered Yes to Q4, why was this?

4.4 Procedure;

The survey was created in Google Docs and made accessible to the general public for a three-week period. Participants were able to complete the survey remotely using a smart phone, tablet or computer with internet connection. Upon clicking on the link, participants were shown an information sheet. Participants were then required to provide informed consent with the reassurance of complete anonymity and warned of the inability to withdraw after submission due to the data being anonymous. After this, participants could proceed to the survey. The survey took between 10 to 20 minutes to complete. After completion of the survey, participants were shown an online debriefing sheet and thanked for taking part, at the end of the sheet the participant were offered support service's information and contact numbers, in case of any stressed caused due to the sexual nature of the survey. After the three week period of data collection, a spreadsheet containing the survey data was downloaded and was then imported into SPSS.

4.5 Data Analysis;

Two multiple regressions were used to assess the influence of sexual shame, age, and gender on self-esteem, and on sexual satisfaction. In both models, the predictor variables were sexual shame, age and gender. In model one, criterion variable was self-esteem and in model two the criterion variable was sexual satisfaction. The qualitative data will be analysed using thematic analysis. The study followed Braun & Clarke's (2006) six step framework. First step, reading and re-reading all the data collected, becoming as familiar as possible with the answers. Second step, codes in the participants were created, repeated words and phrases were colour coded. Third step, themes and sub-themes were identified by the pattern discovered in the coding stage. Fourth step, themes were reviewed to construct main themes. Fifth step, the main themes were defined and named by using umbrella terms. Sixth step, Reporting the findings and writing up results. This study used an inductive and

semantic approach to the data, the aim was to generate themes and new ideas based on the data.

4.6 Ethics;

The sexual nature of the questions posed in the survey could elicit emotional reactions in participants, including anxiety and stress. The researchers sought approval from the Department of Psychology Research Filter Committee and the DBS Research Ethics Committee. The study was provided with ethical approval by the Ethics Board. The Board confirmed that it was in accordance with The Psychological Society of Ireland Code of Professional Ethics (PSI, 2010) and the DBS Ethical Guidelines (2012) for Research.

Informed consent was sought and obtained by all participants and support services contact and information was made available on the debrief sheet at the end of the survey. All participants of this study were aged eighteen years or older. Full anonymity and confidentiality was assured to all participants, and they were informed that the study had received ethical approval. The information sheet which was provided to participants before taking the survey emphasised that participation was voluntary and that participants had the right to withdraw from the survey at any stage.

5. Results:

5.1 Quantitative Results;

Although 116 participants took part in the survey, 24 participants had missing data for some of the predictor or criterion variables in the multiple regression models. These participants were excluded from the analyses. Furthermore, preliminary inspection indicated that there were significant outliers in the predictor and criterion variables, with extremely high scores for age ($n = 1$), sexual shame ($n = 1$), and extremely low scores on self-esteem ($n = 4$). In total, 5 participants were removed from further analysis due to these outliers (1 participant had an outlier for sexual shame and self-esteem). This left a final sample of 92 participants, with 25 males and 67 females. All three questionnaires displayed good internal reliability with Cronbach's alphas for self-esteem = 0.89, sexual satisfaction = 0.87, and sexual shame = 0.74.

	M	SD	Min	Max
Age	32.72	4.73	22	42
Sexual Shame	34.16	10.01	14	59
Sexual Satisfaction	18.84	4.74	9	30
Self Esteem	20.89	4.74	10	30

Table 1: Descriptive statistics for continuous variables in multiple regression models.

Model 1: Multiple regression predicting self-esteem

Visual inspection of the data using scatterplots and Q-Q plots were carried out to ensure that the data satisfied the assumptions of normality, linearity, and homoscedasticity. The correlations between the predictor variables and the criterion variables and between the predictor variables themselves were assessed (see table 2 for correlation table). The data satisfied the assumptions of multicollinearity as the predictor variables were not highly correlated with each other. There were no outlying points in the model. As such the data satisfied all assumptions for multiple regression.

	Self-Esteem	Age	Gender	Sexual Shame
Self-Esteem	-			
Age	.29**	-		
Gender	-.11	.16	-	
Sexual Shame	-.46***	-.16	-.06	-

Table 2: Correlation table for multiple regression model predicting self-esteem. Note: * = $p < 0.05$; ** = $p < 0.01$; *** = $p < 0.001$.

The three predictor variables explained 29% of variance in self-esteem ($F(3, 88) = 11.96$, $p < .001$). Two of the three predictor variables were found to uniquely predict self-esteem to a statistically significant level: sexual shame ($\beta = -.43$, $p < .001$), and age ($\beta = .25$, $p = .009$), (see Table 3 for full multiple regression table).

	R^2	β	B	SE	CI 95% (B)
Model	.29***				
Age		.25**	.25	.09	.06 / .43
Gender		-.18	-1.88	.97	-3.8 / .04
Sexual Shame		-.43***	-.21	.04	-.29 / -.12

Table 3: Multiple regression model predicting self-esteem levels. Note: R^2 = R-squared; β = standardized beta value; B = unstandardized beta value; SE = Standard errors of B ; CI 95% (B) = 95% confidence interval for B ; Statistical significance: * $p < .05$; ** $p < .01$; *** $p < .001$.

Model 2: Multiple regression predicting sexual satisfaction

As above, the data was inspected for the assumptions of multiple regression. All assumptions were satisfied (see table 4 for correlation table) except that there was one further outlier in this regression model. This outlier was removed from the data and the multiple regression was repeated without it. As such, the final number of participants for this model was 91.

	Sexual Satisfaction	Age	Gender	Sexual Shame
Sexual Satisfaction	-			
Age	.16	-		
Gender	.22*	.17	-	
Sexual Shame	-.64***	-.16	-.06	-

Table 4: Correlation table for multiple regression model predicting sexual satisfaction. Note: * = $p < 0.05$; ** = $p < 0.01$; *** = $p < 0.001$.

The three predictor variables explained 43.9% of variance in sexual satisfaction ($F(3, 87) = 22.73, p < .001$). Two of the three predictor variables were found to uniquely predict sexual satisfaction to a statistically significant level: sexual shame ($\beta = -.62, p < .001$), and gender ($\beta = .17, p = .04$), (see Table 5 for full multiple regression table). Removing the outlier had no effect on the results, as they remained the same when the multiple regression was carried out with the outlier present in the data.

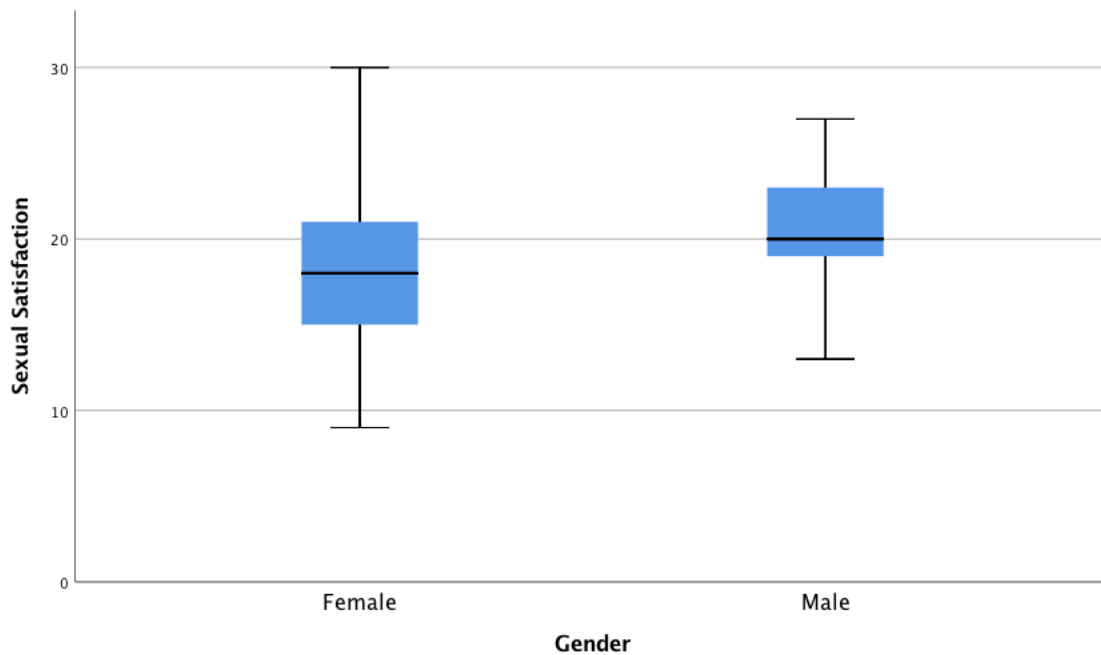


Figure 1: Boxplot illustrating sexual satisfaction scores in females and males.

	R^2	β	B	SE	CI 95% (B)
Model	.44***				
Age		.03	.03	.08	-.14 / .18
Gender		.17*	1.79	.84	.13 / 3.46
Sexual Shame		-.62***	-.29	.04	-.36 / -.21

*Table 5: Multiple regression model predicting sexual satisfaction levels. Note: R^2 = R-squared; β = standardized beta value; B = unstandardized beta value; SE = Standard errors of B ; CI 95% (B) = 95% confidence interval for B ; Statistical significance: * $p < .05$; ** $p < .01$; *** $p < .001$.*

5.2 Qualitative Results;

(Q1) How would you define sexual shame?

Main Themes	Description/Sub-themes	Coding: example by quotes
1. Negative Connotation	Negative terms were continually used throughout the data. Sexual shame was described to cause negative feelings and/or thoughts. Sub-themes like embarrassment, guilt and regret were used to define sexual shame.	“Feeling guilty or shamed regarding some of your past sexual experiences” Participant 46. “Embarrassed by some experience or thought you had have of a sexual nature” Participant 6.
2. Sexual Experiences	44 participants described sexual experiences and activities to be a main	“regret/negative memory of sexual experiences” Participant 57.

	component in defining sexual shame.	“Being embarrassed of previous sexual activities/experiences” Participant 39.
3. Sexual Preferences	Sexual preferences were mentioned by 20 participants they believed the sexual shame was brought on by personal desires, fantasies and a person’s own sexuality.	“Embarrassed of sexual preferences and fantasies” Participant 5. “Having a unusual desire” Participant 65.
4. Judgmental Attitudes	Many of the participants defined sexual shame as feeling judged by others, society or themselves	“Judgement from others about my sexuality or sexual experiences” Participant 53. “Fear of judgement from others” Participant 37.

Table 6: Table showing the theme breakdown regarding the question how would you define sexual shame?

(Q2) Have you experienced sexual shame?

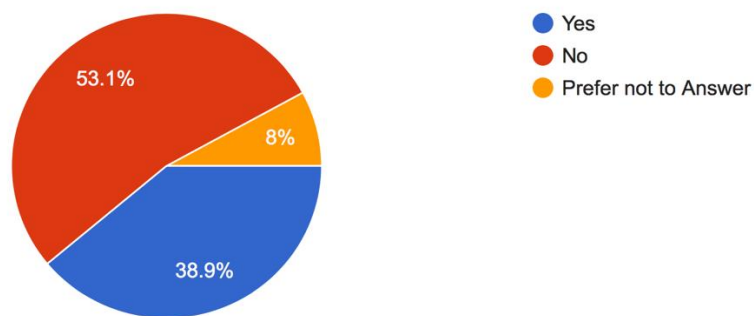


Figure 2: Pie chart showing the answer breakdown from participants regarding the question have they experienced sexual shame.

(Q3) If you answered Yes to Q2, What factors do you feel contributed to this?

Main Themes	Description/Sub-themes	Coding: example by quotes
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1. Alcohol	Many participant identified alcohol or some form of substance as a contributor to their experience of sexual shame.	<p>“I found alcohol loosen my inhibitions during sex but then felt guilty” Participant 52.</p> <p>“Substance use doesn’t help” Participant 23.</p>
2. Society	Participants identified societal and cultural elements as being contributing factors in their experience of sexual shame.	<p>“Catholic upbringing/ society in general” Participant 15.</p> <p>“Society has created a divide between how men and women should act sexually” Participant 27.</p>
3. Poor Choices	Participants deemed some of their sexual experiences as being the result of poor choices, and this resulted in experiences of sexual shame.	<p>“...wanting to be loved and making bad choices because of this” Participant 70.</p> <p>“Poor choices, bad decisions, being naive” Participant 115.</p>
4. Repressed Sexuality	Participants felt that certain aspects of their sexuality should be hidden, and this resulted in feelings of sexual shame.	<p>“not being open about my sexuality” Participant 19.</p> <p>“insecure over being gay” Participant 55.</p>
5. Low Self-esteem	Participants felt that they made poor choices due to low self-esteem, resulting in feelings of sexual shame.	<p>“Low self-esteem” Participant 72.</p> <p>“low self-esteem leading to participate in sexual</p>

		experiences that were unwanted” Participant 88.
6. Pressure to Perform	Male participants in particular identified insecurity around their performance as being the root of sexual shame for them.	“Pressure to perform and nerves” Participant 77. “Finishing to quickly and not having enough sexual experiences” Participant 31.

Table 7: Table showing the theme breakdown regarding the question what factors do you feel contributed to sexual shame?

(Q4) Have you judged someone else on their sexual behaviours or history?

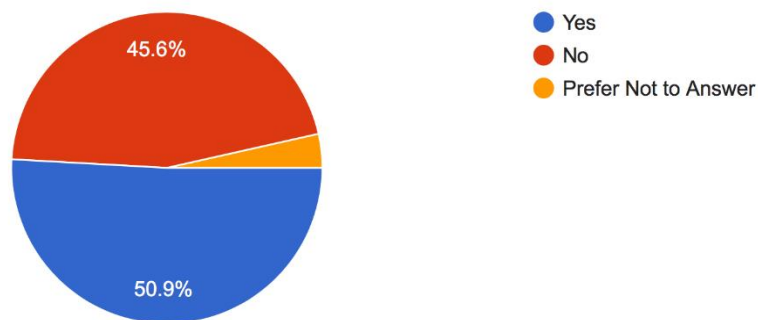


Figure 3: Pie chart showing the answer breakdown from participants regarding the question have they judged someone else on their sexual behaviours or history.

(Q5) If you answered Yes to Q4, why was this?

Main Themes	Description/Sub-themes	Coding: example by quotes
1. Perceived Cultural and Societal Norms	Participants identified that their religious and social conditioning was an influential factor in their judgment of the sexual behaviour of others.	“Built in prejudices from the Catholic Church” Participants 3. “Their choices were against what I had been taught as a child and I feared differences” Participant 8.

2. Female Slut-shaming	A number of participants referred to people generally when referring to promiscuity. However, it was noted that some participants singled-out women in particular for judgment. Men were never singled-out in this way.	<p>“I judged one of the girls in my school because she had a reputation for being a slut because she slept with quite a few guys, and I judged her as a slut too” Participant 42.</p> <p>“I’ve definitely judged girls with sleeping with certain amount of guys or with a certain type of guy” Participant 116.</p>
3. Narrow-minded Attitudes	A number of participants identified ‘narrowmindedness’ as contributing to their judgment of the sexual behaviour of others.	<p>“Because I’m judgemental” Participant 15.</p> <p>“My narrowmindedness at the time” Participant 57.</p>
4. Youth	A number of participants identified their immaturity as being a factor in their judgment of the sexual behaviour of others.	<p>“I was young and ignorant” Participant 64.</p> <p>“When I was younger, I judged people on the amount of partners they had” Participant 71.</p>
5. Perceived Promiscuous Behaviours	Some participants had a perception that ‘promiscuity’ implied a reckless attitude towards feelings of others, a negative attitude towards safe sexual practices and a	“I think I would more so judge someone on the moral implications like cheating or hurting a friend...” Participant 12.

	tendency towards infidelity. Their judgment of sexual behaviour emerged from this.	“Acting carelessly or recklessly in relation to sex” Participant 56.
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Table 8: Table showing the theme breakdown regarding the question have you judged someone else on their sexual behaviours or history?

6. Discussion:

6.1 Aim of Research;

The first aim of the current study was to explore the relationships between sexual shame and self-esteem and sexual satisfaction. The second aim of the study was to investigate the general understanding of sexual shame through generating a definition of sexual shame, finding out if sexual shame exists among the general population, identifying the factors that contribute to sexual shame, and whether the participants themselves feed into commonly held attitudes by judging others for their sexual behaviour. The two hypotheses were supported with the findings, and showed a significant relationship between high sexual shame and low self-esteem, and a significant relationship between high sexual shame and low sexual satisfaction. The qualitative section of the study offered multiple themes and conveyed a rich understanding of the main questions by the participants and will be discussed further in the ‘Significance of Findings’ of this study’s discussion section.

6.2 Significance of findings;

To assess what influences sexual shame, a qualitative approach was introduced into the study. In both models the predictor variables were sexual shame, age and gender. The results of this study confirm that high levels of sexual shame have a significant impact on self-esteem and sexual satisfaction. A notable finding was that self-esteem appeared to increase with age, and older participants presented with higher levels of self-esteem. Another interesting finding was the connection that gender had with sexual satisfaction. Males reported higher sexual satisfaction than females of the same age.

The finding in the study corresponds with findings of an earlier study that connects an increase with self-esteem and ageing. With data taken from 165,000 participants over a large

number of longitudinal studies on self-esteem, it was determined that the majority of the population's self-esteem increases with age (Orth, Erol & Luciano, 2018). In this current study age showed an increase in self-esteem in the older participants, age being linked with a greater acceptance of identity and the self.

When it comes to studies of high sexual shame predicting low self-esteem, there is a gap in the research and this is why this current study is important. Strong research, including many longitudinal studies, show that low self-esteem is linked to depression (Orth, Robins & Meier, 2009). Sexual shame predicting low self-esteem would only be one component of the complex subject that is self-esteem, it can only show a relationship, but cannot prove causation. What the cause or link is, remains unknown. It could be speculated that high self-esteem would correlate to having confidence and with confidence comes a stronger understanding of one's sexual identity. Low self-esteem has been linked to such indicators of psychological distress as depression, neuroticism and anxiety (Whitley, 1985). High sexual shame plays a part in many mental health issues. Higher self-esteem has been strongly linked to overall happiness and wellbeing (Baumeister, Campbell, Krueger & Vohs, 2003; Whitley, 1985; Furnham and Cheng, 2000) recognised in their research that those who had low levels of self-esteem were less happy than those with higher self-esteem, studies understanding how important it is to person to have high self-esteem (Diener & Diener, 1995), practices need to be implemented that would lower sexual shame, and which would in turn, hopefully raise self-esteem and the overall wellbeing of the individual.

The second hypothesis found that sexual shame had a significant impact on sexual satisfaction in adults. Once again a gap in the research exists with little study in relation to these two variables. Even though there is a lack of research on the relationship between sexual shame and sexual satisfaction, there are studies that have acknowledged it to some degree, and those studies support the findings of this study. Sexual satisfaction has been

linked to literature on shame but not specifically sexual shame. Concentrating on sexual shame is a logical step and helped to navigate the current study in a more focused manner. The findings support the hypothesis that sexual shame has a role in low sexual satisfaction. Further studies need to be performed to explore and examine the real impact that sexual shame has on a person's life.

The research question asked the participants "how would you define sexual shame in your own words?" This question was used to explore the general understanding of what sexual shame is. Themes were identified due to generally repeated themes or by virtue of patterns in word-usage. Four main themes were found. Firstly, that sexual shame has negative connotations and generates negative thoughts and feelings such as guilt, embarrassment and regret. The second theme relates to 'sexual experience'. This term was used by a large number of the participants. The third theme relates to sexual preferences. This can be understood to be personal desires, a 'kink' or sexuality. The last theme was judgemental attitudes, and the associations that people form between sexual shame and the attitudes of others and/or themselves. With all themes taken into account it seems the most universal understanding of sexual shame is a negative attitude towards sexual experience and/or sexual shame towards your own sexual preferences with judgment coming from within or from others. It is important to take note that a high number of participants did not answer the questions suggesting they had no experience of sexual shame, didn't know what it was or were unable to verbalise it. Not all participants provided a definition, previous studies have observed the lack of a definition.

The survey posed a closed question: have you experienced sexual shame? Nearly 40% of the participants stated that they had experienced sexual shame (figure 2). The second question answered by the participants was an open-ended one: if you have experienced sexual shame, what are the contributing factors? Six main themes were found.

82% of the participants were Irish nationals. It is possible that Irish cultural attitudes influenced all six of those themes, such as the first theme: alcohol. 74% of people think drinking to excess is 'just a part of Irish culture', according to a study conducted by Drinkaware (The Irish Examiner, 2018). Alcohol is associated with Irish culture, but in the vast majority of Western countries alcohol is consumed socially. Alcohol lowers inhibitions and increases sexual confidence, and is responsible for many sexual encounters that otherwise wouldn't happen. Some participants stated that their sexual shame came from poor choices linked to alcohol misuse. Further education outside of school and college environments around alcohol misuse may be helpful in this regard, but ultimately, learning to accept one's mistakes would be a healthy approach, and sexual shame connected to alcohol misuse shouldn't be encouraged as a preventative measure.

The participants are mostly of an Irish and Catholic background. The average age was 33, which meant that they would have received a traditional Catholic education. This would have been limited by a heteronormative, patriarchal, pro-life outlook, which viewed sex outside of wedlock as sinful, marriage as only acceptable between a man and a woman and women as inferior. They would have received a very basic sex-education. Though the influence of the Catholic Church is waning amongst this age group, sexual shame is likely to have been passed down through formal and informal education, directly and indirectly. Most schools are still run by Catholic orders, and attempts to implement more sex positive and comprehensive sex education continues to be resisted. It is clear that the agenda of the Catholic church, is to continue the cycle of shame around sex and sexuality, despite its negative impact, particularly on women and the LGBTQ+ community (McDermott, Roen & Scourfield, 2008).

The data from the current study showed sexual satisfaction in higher in males than that of the female participants of a similar age, this result was been supported from past

studies. The Zihler and Masten (2010) study showed female students with lower sexual satisfaction than their male colleagues. This could be related to women being discouraged from being assertive generally or women being reluctant to show sexual confidence for fear of being slut-shamed.

Byers (1996) highlighted the traditional sexual script when it came to sex, exploring the issue of sexual shame due to cultural influences on gender roles and society telling us how to behave sexually. The persistence of negative attitudes towards female sexuality was evident from the survey and this contributes to shameful feelings around sex in women.

Women have been harassed and judged for their sexual behaviour or perceived sexual behaviour, but social media has provided easy and instant access to women by individuals that decide to slut-shame them. It is clear that though efforts are being made to spread awareness of the harms of slut-shaming, and change attitudes on social media, there is still much to be done. In addition, there are groups who are pushing against this. Women are being slut-shamed online in increasing numbers (Hunt, 2016) and in different ways to before: revenge porn, anonymous trolling, groups of organised online misogynists targeting women (incels, MRAs) and the constant online commentary on women's bodies.

Pressure to perform in the research was mainly linked to men. Expectations are placed on men to always be willing and able to have sex (Aqualus, 2017) and to be the proactive partner in the bedroom. Pressure can have a detrimental effect on male sexual performance, and if erectile dysfunction or premature ejaculation does occur, shame can be a response to that.

Low self-esteem as we know is related to sexual shame with our quantitative results and here again it can be seen. In particular, shame around one's sexuality resulting in repression due to a fear of being judged can be very destructive (Diener & Diener, 1995). As

expected, our findings were consistent with previous work that has demonstrated associations of shame-proneness and guilt-proneness with substance use (Tangney & Dearing, 2003).

The final question is qualitative: have you judged someone else on their sexual behaviours or history? If yes why? Over 50% said yes (figure 3). The participants offered their reasons for sexually shaming others, and five main themes were discovered (table 8). It was interesting that many participants recognised that narrow-mindedness and a judgmental mind-set was behind their attitudes. Framing judgment of others as coming from negative personality traits meant that the participants showed awareness of and took personal responsibility for them, and viewed their judgments negatively.

Youth was another theme that presented itself regularly through the answers given. Many people put their judgmental attitudes down to their own youth or immaturity, and many identified it as the main contributing factor in relation to their judgment of others and it was something they grew out of. It would be interesting to study older generations to see whether this is universally true, or whether the participants in the current study have simply moved with the times, and been influenced by our increasingly liberal society.

The final theme found was Perceived Promiscuous Behaviour. Words such as ‘reckless’ and ‘hurt’ were used. I feel this judgment comes from people who see others as using sexual behaviour in a hurtful or harmful manner towards others like cheating.

6.3 Strengths and Limitations;

A mixed method approach to the study was used. Using qualitative and quantitative methods allowed for a broader understanding of the topic with many findings. One of the main strengths of this study was the fact that it highlighted the gap in the reviewed literature and the present studies. The gap indicates that sexual shame is a subject worth further investigation.

The survey created for the current study utilised psychologically validated research tools. Findings from the current study build upon and strengthen earlier research in this area. The two main hypotheses were supported and showed significant results, encouraging future research with a view to exploring these variables further. The thematic analysis offered a rich perspective into the views and experiences of a portion of the general population, offering opportunities to explore these hypotheses with further research. The current study contributes to the existing research, as very few studies have looked into the topic of sexual shame and the impact it has on areas such as self-esteem and sexual satisfaction. The study is easy to replicate for future studies in this area.

Though the broad mixed method approach in the study gives a broad understanding this could also be considered a limitation, as the results may be viewed as vague and not concentrated to one or two areas of concern. A more focused approach may benefit future studies. Also, there were possible errors in data collection through misinterpretation of qualitative questions or misreading of questions. Some participants stated that they didn't understand the term 'sexual shame' so were unable or unsure as to how to answer, others didn't answer that question at all, so it is possible rephrasing the question would help; or indeed, creating a clear definition of 'sexual shame' and putting it to participants. This study may assist in creating such a definition.

The sample size was one of the weaknesses in the study. Only 92 participants were valid and fully completed the survey out of the 116 participants that took part, a larger sample size would be recommended for further research.

Demographic weakness was another notable limitation in this study. In terms of nationality, 82% of participants were Irish nationals. This may offer interesting insights on Irish cultural influences on sexuality, but limited it to that. The lack of age variance is also a limitation. The age range was from 22 to 42 years of age, with the average age coming out at

33. The age spread was not representative of the general population, and the attitudes of older generations would benefit from further exploration to see if sexual shame affects a similar percentage. It could be predicted that due to stronger religious beliefs amongst the older population in Ireland, that they would have much higher levels of sexual shame. It would have been interesting to explore the older generation and their attitudes to sexual shame.

Also, gender differences were hard to explore as the vast majority of participants were females. There were 67 females to 25 males, and this may have affected the study. A more balanced approach should be taken in future studies, but inferences could be drawn from the reluctance of men to participate. For example, that men are less comfortable in expressing their views on sexuality generally, and are less likely to complete surveys. In terms of the sexuality of the participants, it would be interesting to explore sexual shame in relation to individuals who do not identify as heterosexual. Only 16% of the participants identified as being part of the LGBTQ+ community. Further exploration of the impact of heteronormativity on levels of sexual shame would be of great value.

Overall, there was a lack of diversity in terms of the participants, and this is likely to impact the findings. The recruitment of participants through the use of snowball sampling may have limited the variety of the sample as people that passed on the survey to their family and friends, are usually of a similar cultural background. The current study could also have benefitted from further demographic questions adding additional variables, including levels of educational, career choices, geographical location and income, developing more information on the participants. Geographical location would allow for cultural or social differences to be taken into account when data analysis is being performed, while items such as education, career and income levels would allow an understanding of the social background of participants. Wider demographics would offer more avenues for conducting correlation analysis, helping future studies with more in-depth results.

6.4 Further research and practical applications;

As stated above, future studies should explore a larger sample size with more diversity in terms of age, nationality more equal distributions in terms of gender and further exploration of shame in the LGBTQ+ community. Additional factors may also be taken into account, such as income and career background and levels of education.

In addition, the current study could be applied as a foundation for further research into the relationship between sexual shame predicting levels of sexual satisfaction and self-esteem. A number of interesting themes worthy of further exploration have emerged from the results of the qualitative section of the current study. For example, the impact of the educational system on early views of sexuality and feelings of sexual shame.

Another possible direction for future studies is additional qualitative research, such as interviews with therapists and people who report sexual shame; this would offer first-hand accounts relating to the issue. If studies are produced over time a longitudinal study could be looked into comparing sexual shame through the generations and the changes in gender roles as Irish society becomes more liberal and distances itself further from the Catholic church. To expand on this study, the researcher recommends further investigation of the relationship between all the variables to see if it extends to the general population. In addition, the findings could be applied to and incorporated into existing clinical environments like therapies the study will help us to understand if certain kinds of therapies could assist people burdened with sexual shame.

This current study will build on the existing literature on sexual shame, the possible impact of sexual shame, and may influence the global understanding of sexual shame. Researchers need to continue to conduct empirical research to build upon these findings to ascertain the impact it has on the factors that contribute to it. The findings that high levels of

sexual shame can affect self-esteem and sexual satisfaction, which in turn can impact the mental health and happiness of a person underlines the importance of this research. It is important that sexual shame, where it exists, is identified and corrected. The current study recognises sexual shame as contributing to low self-esteem, thereby confirming its damaging effects and underlining the importance of a healthy sexual life to mental health.

6.5 Conclusion;

This study showed a significant relationship between sexual shame and self-esteem and that sexual shame has a significant relationship with sexual satisfaction. The study also pieced together the understanding of sexual shame among the general public and the factors that contribute to the development of sexual shame.

The results of the study are supported to an extent by current literature, and contributes to existing knowledge of the area of shame, but very little empirical attention has been given to sexual shame specifically. Therefore, the current study provides data on an area of research that has been ignored and warrants further investigation of its findings and recommendations. The study presents an opportunity for further research, growth and understanding on the topic of sexual shame. With nearly 40% of the participants representing the general population reporting experiences of sexual shame it is clear that this is a problem that needs to be addressed and taken seriously, as sexuality is such an important part of people's lives.

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Appendices:

Appendix A: Information Sheet and Consent form

Information Sheet and Consent form

My name is Orla Day, I am conducting research into sexual attitudes and beliefs for Dublin Business School in the Department of Psychology. This research is being conducted as part of my studies and will be submitted for examination. I am looking for participants between the ages of 18-40 years of age of all gender and backgrounds.

Participation in this study involves completing and returning the attached **anonymous** survey. While none of the items included are expected to cause distress, please be advised that the survey content is of a sexual nature and does include some items related to negative experiences or emotions. If you choose to participate and find that the questions raise difficult feelings for you, support information will be provided upon completion of the study.

Participation is entirely voluntary and you do not have to take part. You also have the right to withdraw at any time for whatever reason over the course of the survey. As responses are anonymous, please note that they **cannot** be attributed to any one participant. For this reason, it will not be possible to withdraw from participation after the questionnaires have been finished and collected.

Time of survey approx. 20-30 minutes.

The questionnaires will be securely stored and data from the questionnaires will be transferred in electronic format and stored on a password protected computer.

It is important that you understand that by completing and submitting the

questionnaire that you are consenting to participate in the study.

Should you require any further information about the research,
please contact Orla Day at xxxxxxxx or contact my supervisor Dr. Aoife Cartwright at
xxxxxxx.

Thank you for taking the time to complete this survey, it is greatly appreciated.

Consent

I have read and understood the attached Information Leaflet regarding this study.

I understand that I am free to withdraw from the survey at any time and don't have to give
reason.

I understand once I press continue I agree to take part in this study

Appendix B: Debrief Sheet

Debriefing information

The study you just participated in focused on attitudes and beliefs people may have on Sexual Shame. The study wants to compare the negative impact Sexual Shame if any, has on other areas of your life like Sexual Satisfaction and Self-Esteem. Also this study examines your views on Sexual Shame by asking you questions, these questions will give us your interpretation on Sexual Shame and helps us evaluate where a person's Sexual Shame might originate from. We used one questionnaire to measure your level of Sexual Shame, and two other questionnaires to measure your Sexual Satisfaction and Self-Esteem. Once we start analysing the data we will be checking if high Sexual Shame correlates with low Sexual Satisfaction and/or low Self-Esteem. Should you require any further information about the research and results please contact Orla Day at xxxxxxxx or contact the research supervisor Dr. Aoife Cartwright at xxxxxxxx.

Support Services

If any of the questions caused you distress, please contact the following support services:

The HSE National Counselling Service contact details are as follows:

HSE Area	Freephone Number
HSE Dublin North East (North Dublin & Meath)	1800 234 110
HSE Dublin North East (Navan, Cavan, Louth & Monaghan)	1800 234 117
HSE Dublin Mid-Leinster (South Dublin, East Wicklow)	1800 234 111
HSE Dublin Mid-Leinster (West Dublin, West Wicklow & Kildare)	1800 234 112
HSE Dublin Mid-Leinster (Laois, Offaly, Longford & Westmeath)	1800 234 113
HSE West (Galway, Mayo & Roscommon)	1800 234 114
HSE West (Limerick, Clare & Tipperary)	1800 234 115

Dublin Business School Student's Counselling Service, please ring Aideen 01-4178748

Thank you very much for your participation!

Appendix C: Kyle Inventory of Sexual Shame

Kyle Inventory of Sexual Shame

Shame has been described as an “excruciating painful and contagious emotion”. It is different than feeling bad or upset about a behavior, because it relates to how you feel about yourself as a person. You might notice feelings of wanting to hide parts of yourself, or even isolate from others at times. The following are some statements related to sexual shame that may or may not describe how you are feeling right now but have felt at some stage. Please rate your agreement with each statement using the 6-point scale below on the 18 items;

Coding/Scoring method: (0) Strongly disagree; (1) Disagree; (2) Somewhat Disagree; (3) Somewhat agree; (4) Agree; and (5) Strongly agree.

1. I think people would look down on me if they knew about my sexual experiences.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

2. I scold myself and put myself down when I think of myself in past sexual situations.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

3. Overall, I feel satisfied with my current and past sexual choices and experiences.

- Strongly Disagree 0
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

4. When I think of my sexual past, I feel defective as a person, like something is inherently wrong with me.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

5. I feel like I am never quite good enough when it comes to sexuality.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

6. I sometimes try to conceal the kind of person I am with regard to sexuality.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

7. I feel ashamed of my sexual abilities.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

8. I feel ashamed about having sexual or kinky fantasies.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

9. I feel ashamed of something about my body when I am in a sexual situation.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

10. I sometimes avoid certain people because of my past sexual choices or experiences.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

11. I feel good about myself with regard to my sexual choices and experiences.

- Strongly Disagree 0
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

12. I replay painful events from my sexual past over and over in my mind.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

13. I have an overpowering dread that my sexual past will be revealed in front of others.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

14. When it comes to sexuality, I feel like I am a worthy person who is at least equal to others.

- Strongly Disagree 0

- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

15. I feel ashamed about having an affair/being unfaithful/being sexually promiscuous.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

16. I feel afraid other people will find out about my sexual flaws.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

17. I feel ashamed about having same-sex attractions.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

18. I feel empty and unfulfilled when I think of my current or past sexual experiences.

- Strongly Disagree
- Disagree
- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

Maximum: Score 75 - Higher the score, higher the level of Sexual Shame.

Minimum: Score 15 - Lower the score, lower the level of Sexual Shame.

Appendix D: Rosenberg Self-Esteem Scale

ROSENBERG SELF-ESTEEM SCALE

The scale is a 10-item Likert scale with items answered on a four point scale--from strongly agree to strongly disagree. The original sample for which the scale was developed consisted of over 5,000 High School Juniors and Seniors from 10 randomly selected schools in New York State.

Instructions: Below is a list of statements dealing with your general feelings about yourself. If you strongly agree, circle **SA**; if you agree with the statement, circle **A**; if you disagree, circle **D**; and, if you strongly disagree, circle **SD**.

1. On the whole, I am satisfied with myself. **SA A D SD**
- 2.* At times, I think I am no good at all. **SA A D SD**
3. I feel that I have a number of good qualities **SA A D SD**
4. I am able to do things as well as most other people **SA A D SD**
- 5.* I feel I do not have much to be proud of **SA A D SD**
- 6.* I certainly feel useless at times **SA A D SD**
7. I feel that I'm a person of worth, at least equal to others **SA A D SD**
- 8.* I wish I could have more respect for myself **SA A D SD**
- 9.* All in all, I am inclined to feel that I'm a failure **SA A D SD**
10. I take a positive attitude toward myself **SA A D SD**

Scoring:

-For questions 1, 3, 4, 7, and 10 score SA=3, A=2, D=1, and SD=0: Your Total_____

-For questions 2, 5, 6, 8, and 9 score SA=0, A=1, D=2, and SD=3: Your Total_____

Grand Total

Appendix E: The Sexual Satisfaction Scale

The Sexual Satisfaction Scale:

The content of the item translated from Polish to English	The Sexual Satisfaction Questionnaire ;
1. I am disconcerted with a part of my sexual life	Strongly Disagree (3) Disagree (2) Agree (1) Strongly Agree (0)
2. Sex is a source of pleasure for me	Strongly Disagree (0) Disagree (1) Agree (2) Strongly Agree (3)
3. Thinking about sex generates negative emotions	Strongly Disagree (3) Disagree (2) Agree (1) Strongly Agree (0)
4. I feel sexually attractive	Strongly Disagree (0) Disagree (1) Agree (2) Strongly Agree (3)
5. I find myself a poor sexual partner	Strongly Disagree (3) Disagree (2) Agree (1) Strongly Agree (0)
6. I do not have any problems in my sexual life	Strongly Disagree (0) Disagree (1) Agree (2) Strongly Agree (3)
7. I like thinking about my sexual life	Strongly Disagree (0) Disagree (1) Agree (2) Strongly Agree (3)
8. My sexual life frustrates me	Strongly Disagree (3) Disagree (2) Agree (1) Strongly Agree (0)
9. I am afraid I have not satisfied past or present sexual partners	Strongly Disagree (3) Disagree (2) Agree (1) Strongly Agree (0)
10. I find my sexual life fulfilling	Strongly Disagree (0) Disagree (1) Agree (2) Strongly Agree (3)

Higher the results higher the Sexual Satisfaction Score = 30 points Max and 0 points Minimum

The Sexual Satisfaction Scale by Nomejko and Dolińska-Zygmunt, 2014 was designed to measure sexual satisfaction. It consists of 10 questions, using a four-point Likert scale ;

Positive Questions - Q 2, 4, 6, 7, 10 – Scoring –

Strongly Disagree = 0 point, Disagree = 1 points, Agree = 2 points, Strongly Agree = 3 points

Negative Questions - Q 1, 3, 5, 8, 9 – Reverse Scoring –

Strongly Disagree = 3 points, Disagree = 2 points, Agree = 1 points, Strongly Agree = 0 point

Appendix F: Demographic Questions

Demographic Questions:

- Age
- Gender
- Sexual Orientation
- Nationality
- Religion
- Resident of Ireland
- Have you had at least one sexual partner?
- Are you currently in a sexual relationship

Appendix G: Qualitative Research Questions

Qualitative Research Questions:

- (Q1) How would you define sexual shame?
- (Q2) Have you experienced sexual shame?
- (Q3) If you answered Yes to Q2, What factors do you feel contributed to this?
- (Q4) Have you judged someone else on their sexual behaviours or history?
- (Q5) If you answered Yes to Q4, why was this?