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Original Article

Sexual functioning in women based on sexual shame and sexual dysfunctional beliefs

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Abstract

Sexual shame and dysfunctional sexual beliefs are very important in sexual relationships. Therefore, the present research was conducted with the aim of predicting sexual performance based on sexual shame and ineffective sexual beliefs. This study was of a descriptive-correlational type. Using the availability sampling, 400 women working in the administrative departments of the universities of Tabriz were selected. By means of the sexual function questionnaire (female sexual function inventory-2004), Sexual Shame Inventory-2021 and Sexual Dysfunctional Beliefs Questionnaire-2003, the data was collected and analyzed simultaneously using Pearson correlation and multiple regression. There was a negative and significant relationship between the general index of women's sexual performance and all components of sexual shame and ineffective sexual beliefs ($p<0.05$). Among the examined components, all sexual shame components and some components of sexual dysfunctional beliefs (body image, emotional priority and maternal priority) had the ability to predict sexual performance and explained 63% of its variance. The results showed that sexual shame and having ineffective sexual beliefs lead to the weakening of sexual performance. Considering dysfunctional sexual beliefs and signs of sexual shame to diagnose and treat sexual problems requires effective conceptualization.

Keywords

Sexual function
Dysfunctional belief
Sexual shame
Sexual inferiority
Sexual relation

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Introduction

Sex life is an important part of daily life that affects many important factors including quality and peace of life**.** The existence of optimal sexual activity is essential for physical, mental, emotional, social, and spiritual health (Cesco, 2023). Actually sexual function is one of the most important issues in life due to its significant impact on various aspects of life (Parnan, Tafazolim, & Azmoude, 2017). In such a way, if it is desirable and satisfactory, it causes an enjoyable and happy life and improves people's function in facing with problems and stresses of life.(Rowland & Incrocci, 2008). On the other hand, any problem in this field can lead to feelings of dissatisfaction, failure, lack of security, and loss of mental health. Many disputes, aggression, and problems in life can be related to the existence of sexual problems (Chedraui et al., 2012). Therefore, sexual activity is a basic need of all people regardless of age and gender (Malatesta, 2018). Understanding sexual behavior in women requires more than just understanding the physiological process (Nappi et al., 2016) And it includes the complex interaction of psychological, social, biological, and physical factors (Barbagallo et al., 2022) And for the majority of women, sex is an important part of life (Štulhofer, Jurin, Graham, Janssen, & Træen, 2020) And it plays a significant role in their health (Roshan Chesli, Soleimani, Erfan, Mantashlou, & Hashemi, 2020). So that more than 60% of women say that satisfactory sexual relations are necessary for their physical and emotional satisfaction (R. C. Rosen & Barsky, 2006). However, the prevalence of sexual problems in women is relatively high and affects millions of people worldwide with increasing prevalence (Imprialos et al., 2018) and its prevalence is reported to be 30-50% (Verbeek & Hayward, 2019).

Sexual dysfunction is a problem with a complex set of psychological, socio-cultural, and relational factors (Isidori et al., 2010) which appears as a disorder in behavior, emotions and in one or more stages of sexual response (desire, arousal, orgasm, and subsidence) which known as an abnormality or lack of physiological

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response (Marques Cerentini et al., 2020). Therefore, any disorder in this cycle that causes pain and discomfort and prevents the feeling of pleasure is considered a sexual dysfunction (Suschinsky et al., 2019).

Sexual issues have a vulnerable structure that can be easily affected by various factors (Aragón, 2020). Cognitive, interpersonal, and sociocultural factors play an important role in a person's vulnerability and cause sexual anxiety, starting sexual problems, and maintaining sexual disorders in the long term (Brotto et al., 2016). During recent decades, the role of cognitive emotional dimensions in sexual function and dysfunction have been investigated in increasing researches. evidence shows that psychological aspects play an important role as vulnerable factors for creating and maintaining sexual disorders (Brotto et al., 2016; P. Nobre, 2014).

Nober (2003) developed the emotional cognitive model. Based on this model, dysfunctional beliefs are the cause of vulnerability for sexual function. In this way, when a negative sexual experience occurs, negative spontaneous thoughts are activated and prevent positive and enjoyable feelings and experiences during sexual activity (P. Nobre, Gouveia, & Gomes, 2003; Peixoto & Nobre, 2020). Sexual dysfunctional beliefs include negative attitudes towards sexuality and unrealistic expectations about sexual function , which have a negative impact on both sexual function and sexual satisfaction (P. J. Nobre, 2010). Therefore, sexual issues are directly related to one's beliefs and thoughts about sexual issues (Nimbi, Tripodi, Simonelli, & Nobre, 2019)**.** Many evidences have shown the influence of beliefs on sexual function, the creation and persistence of sexual problems**.** These beliefs cause feelings of guilt, fear, anger and shame during sexual encounters**.** It leads to inhibition of sexual excitation and orgasm and also disrupts sexual response (Chang, Klein, & Gorzalka, 2013). Sexual beliefs are among the vulnerable factors in the direction of sexual development and make a person suffer from various cognitive distortions. Women with sexual dysfunction significantly show a lot of dysfunctional sexual beliefs (Abdolmanafi et al., 2016; Pascoal, Rosa, Silva, & Nobre, 2018).

Shame is also an affective emotion that can have many negative effects (Harper, 2011). And it has a negative impact on all kinds of personal, interpersonal and social areas (Seebeck, 2021). This feeling plays an important role in sexual relations (Kilimnik & Meston, 2021) So that if sexual issues are affected by shame, it destroys sexual pleasure and interest (Aragón, 2020) severely damage the person's soul and mind and disrupt the person's emotional state (Day, 2019) As a result, he/she withdraws from emotional relationships, physical intimacy and sexual relationships (Seebeck, 2021) And it also disrupts the natural routine of sexual response (Clark, 2017). It can be said that many problems related to sexual issues are the result of sexual shame (Lim, 2019). Sexual shame is a special form of shame and the reasons for that are criticism and negative evaluation which people have about themselves, sexual attractions, thoughts and feelings (Gordon, 2018). The unpleasant and painful feeling and experience of people with the belief that they have shortcomings and because of their past thoughts and experiences, do not deserve to be accepted. (Kyle, 2013). As a result, the person feels incompetent, helpless and humiliated (Clark, 2017).

Usually, in cultures where discussing sexual issues is considered taboo and distasteful and people cannot talk about their sexual desires, so they experience more sexual shame (Litam & Speciale, 2021). Also, negative and unsuccessful sexual experiences and inattention to partner's sexual desires during sex cause sexual shame, And the partner feels ashamed to express his/her wishes and desires (Aragón, 2020)**.** As a result, it causes shame to have sex and avoid it (Seebeck, 2021). Usually, women suffer from sexual shame much more than men (Howarth, 2017).

Therefore, considering that sexual function is an important issue in life (Lammerink et al., 2017) Sex is now a main element for starting and consolidating relationships, and the satisfaction and pleasure of sexual relations are considered essential features for life satisfaction (Rausch & Rettenberger, 2021) And sexual abuse is an important cause of mental distress (Lammerink et al., 2017).due to the onset of a sexual problem, factors related to the way sexual aspects are processed are very important, those are a determining factor for maintaining these problems over time (Tavares, Moura, & Nobre, 2020) Also, many evidences have shown the impact of dysfunctional beliefs on sexual function (Chang et al., 2013) And considering that sexual shame and its extensive and harmful effects are important in the sexual field (Day, 2019). For this reason, it is very important to study human sexual behaviors and factors that predict and determine sexual behaviors (Berman, 2005). Therefore, the aim of this study is to predict women's sexual function based on sexual dysfunctional beliefs and sexual shame.

Method

Participants

The method of the present research is descriptive-correlational in terms of its fundamental purpose and data collection. The population of the current study was women working in the universities of Tabriz in 2022. The sampling method of this research is available sampling, and 400 people were selected as samples. The selection criteria in this research were, over 18 years old married women. After a brief explanation from the researcher about the purpose of the research and getting participants' consent to cooperate in this research, the questionnaires were given to them to answer. After collecting the data, the analysis of these data was done using descriptive statistics methods using the Pearson correlation method to investigate the relationship between the research variables, Also, inferential statistics method using the multiple (simultaneous) Regression method to predict female sexual function based on the research variables. Data analysis was done using spss25 software.

Instrument

The Female Sexual Function Index (FSFI):

The female sexual function Index (FSFI) is a valid and widely used questionnaire by (C. B. Rosen, J. Heiman, S. Leiblum, C. Meston, R. Shabsigh, D. Ferguson, R. D'Agostino, R, 2000) Its design and psychometric properties were examined. This questionnaire has 19 items that measure sexual feelings and response during the last month in 6 areas including desire, psychological stimulation, humidity, orgasm, satisfaction and sexual pain. The scoring of this questionnaire is from 0 to 5, where a score of 0 indicates no sexual activity during the last 4 weeks and a higher score indicates better sexual function. In order to obtain the total score of the questionnaire, first the scores obtained from the questions of each field are added together and then multiplied by the number of factors. The total score of the scale is obtained by adding the scores of six areas together. This questionnaire has good validity and reliability, so that Cronbach's alpha was 89% or higher in Rosen et al.'s (2000) research. The retest reliability of the whole scale is %88 and the subscales are reported from %79 to %86. This questionnaire is widely used in researches. This questionnaire in Iran by (Mohammadi, Heydari, & Faghihzadeh, 2008) Normalized, the alpha coefficient of the whole scale and subscales is higher than 70 and it is widely used in Iran.

Sexual dysfunctional beliefs Questionnaire (SDBQ):

Questionnaire of sexually dysfunctional beliefs devised by (P. Nobre et al., 2003). This scale has 40 items that measure beliefs related to sexual relations in six areas. These six areas include: 1. Sexual conservatism (such as: sexual intimacy during menstruation can cause health problems. 2- Desire and sexual pleasure as a sin (such as: sexual relations are sinful and dirty). 3-Beliefs related to age (such as: when women get older, sexual pleasure decreases). 4-Body image beliefs (such as: women who are not physically attractive cannot have sexual satisfaction). 5-priority of affection (such as: the most important component of sexual relations is mutual love and affection). 6-Maternal primacy (such as: a good mother should control her sexual needs). The scoring of this scale is scored on a 5-point Likert scale (0 completely disagree to 4-completely agree). This questionnaire has good reliability and validity. Retest reliability of %73 and Cronbach's alpha of %93 indicate the validity and reliability of this questionnaire. This questionnaire in Iran by (Abdolmanafi et al., 2015) translated and validated for both versions has been done. Test-retest reliability (r=%81) and Cronbach's alpha 0.82 indicate reliability for measuring sexual dysfunctional beliefs.

Sexual shame inventory (SSI):

The sexual shame scale was recently designed by (Seebeck, 2021). This questionnaire has 10 items and 3 subscales including: Sexual inferiority (such as: I am worried about what people will think of my sexual flaws) which is determined by questions (30, 17, 16). Internalized sexual shame (such as: I feel ashamed that I had to be in uncomfortable sexual situations) was determined by questions (35, 26, 25), And relational sexual shame (such as: I am afraid to share my private thoughts with my sexual partner) is determined by questions (34, 28, 12, 5). This scale is scored on a 6-point Likert scale (1 completely disagree to 6 completely agree). In the first evaluation, this scale had good validity and reliability (above %70). The final reliability by internal consistency and Cronbach's alpha of the subscales was reported from %76to %86 and is a valid criterion for research in this field.

Results

The sample of the present study was 400 women. 5 participants were under 20 years old, 183 people between 20 and 30 years old; 175 people were between 31 and 40 years old and 38 people were between 41 and 50 years old. On the other hand, 19 of the participants were in a relationship for less than a year. 112 people between one and five years; 139 people between six and ten years; 70 people were in a relationship between 11 and 15 years and finally 61 people were in a relationship for more than 15 years.

Table 1. Descriptive indices and correlation coefficients between research variables

Variables	Mean	SD	1	2	3	4	5	6	7	8	9	
Sexual function	74.66	26.03	1									
Sexual inferiority	8.09	4.26	-0.41**	1								
Internalized shame	8.40	4.14	-0.37**	0.49**	1							
relational shame	11.58	4.57	-0.37**	0.46**	0.49**	1						
Conservatism	13.54	9.70	-0.60**	0.23**	0.24**	0.19**	1					
sexual pleasure	7.62	4.94	-0.62**	0.28**	0.25**	0.23**	0.78**	1				
Age-based belief	7.72	5.25	-0.65**	0.25**	0.23**	0.20**	0.76**	0.75**	1			
Body image	6.02	5.44	-0.67**	0.27**	0.28**	0.21**	0.78**	0.78**	0.78**	1		
Priority affection	9.31	4.36	-0.71**	0.23**	0.20**	0.22**	0.71**	0.71**	0.75**	0.74**	1	
Maternal precedence	11.36	5.30	-0.58**	0.19**	0.15**	0.20**	0.49**	0.60	0.59**	0.53**	0.71**	**1**

**p<0.05

According to the data in Table 1, in the sexual shame index, the highest average was the relational shame variable and in the index of sexual dysfunctional beliefs, the highest average is related to conservatism and the

lowest average is related to the body image variable. Pearson's correlation results showed that the components of sexual inferiority and ineffective sexual beliefs have a negative and significant relationship with sexual function. In order to predict female sexual function based on sexual shame and ineffective sexual beliefs, Simultaneous regression analysis was used. Its results are shown in Tables 2 and 3.

Table 2. Significance test of simultaneous regression of multiple relationship between shame components and sexual dysfunctional beliefs with sexual function

Model	R	R^2	R^2 justified	standard error	Watson camera
dependent variables	0.797	0.635	0.627	15.906	**1.729**

According to the contents of Table 2, the components of sexual shame and ineffective sexual beliefs explain %63 of the changes in female's sexual function, and based on the table below, it can be said that the model used in the regression analysis of sexual function based on the components of sexual shame and ineffective sexual beliefs is significant (P<0/05).

Table 3. The results of variance analysis of sexual function

Model	sum of squares	Degree of freedom	mean square	F	significance level
Regression	172153.472	9	19128.164	75.602	**0.001**
Remaining	98927.750	391	253012		
Total	271081.222	400			

According to what can be seen in Table 6, all components of sexual shame can significantly predict sexual function (P<0.05). In this way, the change of one unit in the components of inferiority, Internalized shame and relational respectively 0.14, 0.07 and 0.10 creates a standard deviation in the variable of sexual function. On the other hand, the components of conservatism, sexual pleasure and age-related beliefs could not significantly predict sexual function.

Table 4. Simultaneous regression results of sexual function based on the components of shame and ineffective sexual beliefs

predictor variables	B	Standard error	Beta	T	Significant Level	Endurance Statistics	VIF Statistics
Constant	127.670	2.803	-	45.542	0.001	-	-
Sexual inferiority	-0.905	0.228	-0.148	-3.974	0.001	0.670	**1.493**
Internalized shame	-0.496	0.238	-0.079	-2.080	0.038	0.650	**1.540**
relational shame	-0.589	0.211	-0.103	-2.796	0.005	0.682	**1.466**
Conservatism	-0.060	0.157	-0.022	-0.380	0.704	0.273	**3.658**
sexual pleasure	0.027	0.309	0.005	0.088	0.930	0.271	**3.691**
Age-based belief	-0.467	0.289	-0.094	-1.614	0.107	0.274	**3.652**
Body image	0.907	0.289	-0.190	-3.134	0.002	0.254	**3.932**
Priority affection	-1.943	0.353	-0.326	-5.507	0.001	0.267	**3.749**
Maternal precedence	-0.610	0.225	-0.124	-2.718	0.007	0.445	**3.246**

Discussion and Conclusion

The aim of the present study was to predict female sexual function based on ineffective sexual beliefs and sexual shame. The results showed that sexual dysfunctional beliefs and sexual shame have a negative relationship with sexual function and predicted %63 of changes in female's sexual function. The findings of the present research can be considered in line with the findings of (Brotto et al., 2016; P. Nobre et al., 2003; P. J. Nobre & Pinto-Gouveia, 2008; Peixoto & Nobre, 2020).

In explaining the above findings, it can be said that sexual function in female is not just a physiological phenomenon, Rather, it is the result of the complex interaction of psychological, relational and environmental factors that have a great impact on female's sexual function and behavior (Nappi et al., 2016). People's perception of situations is made through cognitive schemas or beliefs, These beliefs in turn stimulate automatic thoughts and the person reacts to the situation based on these thoughts and beliefs (Beck 1996 cite by (Abdolmanafi et al., 2017). Negative thoughts affect the way information is processed and cause feelings of anxiety, guilt and shame and it disrupts the sexual response and leaves a negative impact on other aspects of life (Géonet, De Sutter, & Zech, 2013). Several clinical studies have shown that people with sexual disorders focus on negative thoughts instead of paying attention to sexual thoughts (P. Nobre et al., 2003; P. J. Nobre, 2010). And they show significantly ineffective thoughts. these ineffective thoughts lead to a decrease in mental and physiological excitation. It is also related to negative feelings such as rebellion, blame, restlessness, despair, as well as lack of pleasure and satisfaction with sex (P. J. Nobre & Pinto-Gouveia, 2008; P. J. Nobre & Pinto-Gouveia, 2006).

On the other hand, according to the prediction of sexual function based on sexual shame, it is in line with the findings of (Day, 2019; Saunders Sr, 2021). For a long time, researchers have realized the existence of sexual shame and its destructive effects (Elise, 2008; Mollon, 2005; Shadbolt, 2009). Sexual shame exists as a feeling of self-disgust, which is accompanied by humiliation feeling and belief in being unlovable. This feeling can

be internal and can exist in the form of individual vulnerability and lack of self-confidence in making decisions in the field of sexual relations. It can also be manifested in interpersonal relationships and has a negative impact on communication, physical intimacy, and emotional intimacy. This feeling can exist in all interactions and interpersonal relationships throughout life (Clark, 2017) And it is so painful that it causes the injured person to avoid situations in which he/she may experience shame and thus avoid relationships (Lewis, 2000).

Recently, in research the negative effect of sexual shame on intimacy and sexual connection has been discussed. the result was that, couples in which each or both parties suffer from sexual shame have less emotional intimacy, and their sexual relationship is limited and not satisfactory. Therefore, sexual shame is an obstacle to enjoy sexual relations (Beck, 2015; Marcinechová & Záhorcová, 2020; Mollon, 2005; Saunders Sr, 2021). When a woman talks about sexual shame, she doesn't just mean the shame of having sex, rather, it can include frankness and intimacy in his romantic relationships. Also, shame of her body image, shame of her function, lack of confidence in her power in sexual encounters, her competence in relationships. Investigations have shown that sexual shame in women is strongly rooted in their cultural background. Their sexual norms and expectations are in accordance with the culture in which they grew up (Clark, 2017).

Also, considering the positive and significant relationship between sexual dysfunctional beliefs and sexual shame, as well as their negative and significant relationship with sexual function, It is in line with the findings of (Del Rey, Stanton, & Meston, 2017). The fundamental beliefs that a person has about sexual issues affect a range of psychological issues. On the other hand, sexual shame is a negative and pervasive feeling that is the result of people's criticism and negative evaluation of themselves, according to their beliefs about themselves and also their beliefs about sexual issues. As a result, beliefs affect sexual function by activating sexual shame. Also, women who experience high levels of sexual shame have more negative core beliefs than women with low levels of sexual shame It can be said that a person's beliefs are the cause of sexual shame.

Limitations

Some limitations of this research should be considered. The first limitation of the research is related to the research sample, the participants were limited to women working in the administrative departments of Tabriz universities, who were often highly educated, and its generalization to other people with low education level should be done with confidence. The second limitation was the studied sample of Tabriz women, considering that there are different cultures, ethnicities and races in Iran, and sexual issues are strongly influenced by culture and ethnicity. Therefore, there are limitations in generalizing the research findings to other cultures. According to the limitations of the research, it is suggested that future researches be conducted in different cultures and ethnicities, and be examined with different levels of education.

Conflict of interest

Author declares that they have no conflicts of interest.

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