

Investigating the Relationship Between Sexual Shame, Self-Esteem, and Well-Being

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## Submission of Thesis and Dissertation

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### **Abstract**

The primary objective of this study was to investigate the effects of sexual shame on self-esteem and well-being. Additionally, the study aimed to recognise public experience of sexual shame. The study used a quantitative approach, via a cross sectional design by implementing an online survey using questionnaires: The Rosenberg Self-Esteem Scale, The Kyle Inventory Sexual Shame Scale (KISS) and The Well-Being Questionnaire (W-BQ12). Sample consisted of 118 participants, 20 male and 88 female, aged between 19 and 66 years. Results found a significant relationship between both hypotheses presented in the study. Results also found there to be a significant result between age and self-esteem and well-being. Results showed that older participants had higher self-esteem.

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### **The Effects of Sexual Shame on Self-Esteem & Well-Being**

Sexual shame, more commonly known as “Slut-shaming” is experienced by men and women of all sexualities, cultures, and religions across the world and is not a new phenomenon. A famous example of “slut shaming” dates back to the 1850’s, Nathaniel Hawthornes “The Scarlett Letter”. This study aims to define sexual shame or “slut shaming” and explore the impact this shaming has on the victim’s self-esteem and self-image. This study aims to highlight the lack of research on the effect of sexual shame and is vital for the understanding of sexual shame and the detrimental impact it can have on mental health. Slut shaming is becoming much more prevalent and dangerous in the modern world of technology, with mobile apps such as Snapchat, Facebook, and Instagram (Henzel & Håkansson, 2021).

#### **Sexual Shame & Shame**

Sexual shame is widely present in society and although being discussed in clinical research, has not been defined based on empirical research (Clark, 2017). Shame can be described as a complex experience of painful emotion and negative thoughts towards oneself (Blum, 2008). Sexual shame is specifically associated with shame related to sex, sexuality, or sexual desires, discouraging one from discussing or sharing these thoughts or feelings with others.

"Shame" is a word that evokes negative emotions and thoughts, whereas, sexuality is a human function that is intended to provide pleasurable feelings and emotions. Kyle, 2013, discusses sexual shame as negative emotions being associated with current or past sexual thoughts, behaviours, or experiences. Associating shame with sexuality can have an extremely damaging effect on one’s mental health, in regard their self-esteem, along with emotional stability (Gilbert, 2000).

### **Shame Vs Guilt**

Shame and guilt are commonly related emotions; however, differ in that 'shame' is how one feels about oneself, the feeling of dislike towards oneself; whilst 'guilt' is the feeling a person experiences after displaying a behaviour or the absence of a behaviour that the outside world would not expect from them (Tangney & Dearing, 2003). Tangney et al (2003), further explains that shame is a self-focused emotion and can often be much more overwhelming and painful than that of guilt, which is focused on the act itself. The individual experiencing this shame can often interpret these feelings as being undeserving, unworthy, and generally bad. Within the feeling of guilt, the central object is not the self, but the act or behaviour shown or not shown. Thus, shame is an emotion, feeling or experience in which the self, rather than the act or behaviour, is flawed and/or insufficient. Further to this, one can understand that shame in regard sex, sexuality, or sexual behaviours, as opposed to guilt can have a much more negative effect on mental health due to the negative thoughts one associated with sexual shame. An example of thoughts of a person feeling guilt is "I made a mistake", whilst a person feeling shame may feel "I am a mistake".

### **Sexual Shame, Self-Esteem & Well-Being**

According to Rosenberg (1965), an expert on self-esteem, self-esteem is an attitude toward one's self-worth, with levels of positive and/or negative feelings regarding oneself. Self-esteem can also be described as a love or appreciation for the self, the self-respect and regard toward oneself (Coopersmith, 1965). Supporting these definitions of self-esteem, Neff (2011) classifies self-esteem as an evaluation of self-worthiness and a judgement on one's value.

A Ted Talk, "Shame, Sex and Silence", by Harper (2013), discusses how a person experiencing sexual shame feels powerless, unsafe, and unaccepting of themselves. Sexual shame has the capability of creating overwhelming anxiety, stress, and self-hatred, along with other painful



emotions. In turn, these emotions can result in low self-esteem and be extremely damaging to one's mental health.

The continuity of modernisation within today's world, including the excessive use of photoshop, seen in the majority of photos nowadays (Lago, 2013), has found that body satisfaction, and consequently self-esteem has lowered in girls aged 11-16 years (Daniel Clay, Vignoles & Dittmar, 2005). Chen et al (2019) support these findings, with further suggestions and findings that use of social media apps, such as Snapchat and its photograph filters option, have led to an increased acceptance of cosmetic surgery.

### **Sexualisation of Culture & the Modern World**

The Western world has become highly sexualised over many years, with sexual imagery dominating the advertising and television industries, music videos, and social media, which has continued developing since the turn of the century and become especially prevalent in everyday life (Karsay, Knoll & Matthes, 2018). Although this sexualisation and sexual content surrounds us, the ability to have an open and meaningful conversation about sex is lacking (The Irish Times, 2011). Hastings (1998) discusses the discomfort, shame, and embarrassment that such conversations bring to people which is further supported by Maude (2020) who explain that sex is still considered a taboo subject.

Research has discussed the influencing factors that shame can have on adults and their interpersonal relationships. Brennan, Clark and Shaver (1998) have found that shame can be associated with secrecy and insecurities leading to stresses on relationships, including intimacy issues. Dr Harper (2013), during a TED talk, speaks of "Shame, Sex and Silence", mentioning how sexual shame is often a common factor in her therapy sessions. Harper shares that sexual shame comes from many places, such as family, friends, society, etc, and in many forms. Sex, as mentioned, is still considered a taboo subject, especially in countries influenced highly by the church, such as

Ireland, and people continue to judge others for portraying sexual behaviours, for example, sexuality and sexual preference.

### **Sexual Shame & Irish Society**

Harper (2013) discusses society being responsible and the main source for the majority of sexual shame. One's culture can have an inherent effect on feelings toward sex and shame around it. People are not born with feelings of sexual shame; this is thoughts and beliefs that are formed and shaped by one's culture, environment, and life experience. Sexual shame can be influenced by many areas of life: religion, education, family beliefs and by society in general. (Mollon, 2005)

Ireland is a country previously controlled, and still to some degree by the Catholic religion for centuries, speaking of sex as acceptable only within a marriage between a man and a woman. Thus, presenting sex outside of wedlock as dirty, wrong, sinful. The church presents sex within a marriage as being for procreation purposes only and for woman a duty, as a wife. Homosexuality is considered as morally corrupt within the church beliefs. The church's influence on schooling and other state institutions as well as Irish homes, means that shame has been rooted into Irish culture.

Teenage years are a stage of education and understanding in regard sexuality, sexual development, and identity. McGuire (2014) reports shame and secrecy being a common response to pregnancy outside of wedlock in Ireland, a result of lack of education, promised numerous times by government and opposed each time by religious pressure groups. A review of relationships and sexual education (RSE) in primary and post primary schools (2019) discusses a lack of prioritisation within the school system, with students mentioning the lack of opportunities to learn about numerous areas within a sexual education syllabus and school principals mentioning lack of teacher's time afforded to and inadequate guidance and support to provide such education. O'Beirne (2020) discusses, that in the modern world of the 21<sup>st</sup> century, the lack of sex education and profound sexual ignorance within Irish schools as "failing its students at every turn", further

supported by Dr West, as cited by Staines (2021), who considers the sex education in Ireland as remaining hopelessly outdated.

### **Purpose of the Current Study**

The purpose of this study is to explore sexual shame. This research will attempt to understand the effects that sexual shame may have on self-esteem and general well-being. With the use of previous research and discovering a considerable gap in identifying sexual shame as a damaging factor to one's mental health; and lack of research and studies on the topic, several areas have been identified that are worthy of further research.

This study aims to understand how the public understand and view sexual shame, whether they have experienced sexual shame and if so, how it has affected them and how these factors can be further explored. Due to the lack of research on sexual shame, research, and investigation into this topic is vital as it could allow for understanding into under researched areas affecting mental health and well-being. In relation to the present study, should the two main hypotheses show to be significant, it may assist in informing and teaching the world of harmful effects of sexual shame has on a person's life and mental well-being, raising awareness of its damaging impact, potentially forming a treatment for such.

We aim to contribute to existing psychological knowledge with this study in relation to sexual shame, which at present is an extremely under-researched area. The lack of literature available dealing with the affects that sexual shame has on the individual, and society, warrants for further research. Ultimately, this study aims to bridge a gap in existing literature, and to offer some directions for further research. Kyle (2013) suggests "despite the wealth of shame research in the past several decades, the literature reflects little attention to sexual shame" (Kyle, 2013, p.1).

Kyle (2103) produced the KISS Scale (Kyle Inventory of Sexual Shame), to measure the effect sexual shame has on a person's emotional state. Pajaczowska and Ward (2008) explore sexual

shame and the serious effects it has on individuals. The book explores how people felt offended, unsettled, and embarrassed when they attempted to discuss and consider the link between shame and sexuality. People's mental health can be adversely affected by sexual shame, resulting in a decline in their self-esteem and well-being (Pajaczkowska & Ward, 2008). An individual's ability to understand the origins of sexual shame can be beneficial in almost every area of their lives. A deeper understanding of its impact on the population can be gained through further research into this subject.

### **Conclusion**

As stated, research has lacked empirical evidential studies into sexual shame with a lack of examination into the relationship between sexual shame, self-esteem, and well-being. There is evidence that sexual shame is a source of negative emotions in previous literature. The current study examines the potential negative effects of sexual shame on adults. This study is critical to understanding the causal link between low self-esteem and sexual shame, as well as the link between negative consequences of sexual shame for general well-being. If the hypotheses are correct, a significant relationship between the variables will be seen, confirming that high sexual shame has a negative effect on self-esteem and well-being in adults. Due to the lack of research previously carried out, this study has the potential to further impact the understanding of the ill effects on one's self-esteem and well-being.

### **Hypothesis**

The current study has two main hypothesis and will address the following:

- 1) People who experience high sexual shame will have a lower level of self-esteem.
- 2) People who experience high sexual shame will have a lower level of general well-being.

## Methodology

### Participants

118 participants took part in the survey, with full completion. The target population for the study were participants in the age range 19 to approximately 60 years of age. Participants were recruited online via social media platforms, using convenient sampling. Snowball sampling was also used to gather random participants by asking friends and family to take part in the survey. The survey was also shared by family/friends using social media and online platforms. Participation was voluntary. The final participant set used for analysis included: 30 males and 88 females, aged between 19 to 66 years, seventy-seven of whom were of Irish nationality, with the remaining 41 being of different nationality. Eighty-two participants were based in Ireland, with the remaining 36 based elsewhere.

### Design

The research design employed here is a quantitative approach, implementing a cross-sectional design, using an online survey.

### Materials

An online survey, created using Microsoft Forms, will be used to collect data. This survey will consist of an information sheet and consent form, a brief demographic questionnaire, three validated psychological scales, a short quantitative questionnaire, and a debriefing sheet. The demographic questionnaire contained questions assessing participants' gender, age, nationality, and residency in Ireland.

The first psychological scale is a measure of sexual shame: The Kyle Inventory of Sexual Shame (KISS; Kyle, 2013). The KISS is a measure designed to assess participants' feelings about current and past sexual thoughts and behaviours. Consisting of 20 items, participants are asked to

indicate their level of agreement using a six-point Likert scale: (0) Strongly Disagree, (1) Disagree, (2) Somewhat Disagree, (3) Somewhat Agree, (4) Agree, (5) Strongly Agree. However, the present study uses an 18-point scale as 2 questions were not deemed necessary, by the author, to allow for results. This scale is scored from 15 to 75, with a high total score on the KISS suggested high sexual shame. See appendices for survey.

The second psychological scale, the Rosenberg Self-Esteem scale (RSES; Rosenberg, 1965) is a 10-item scale measuring global self-worth by measuring both positive and negative feelings about oneself. A four-point Likert scale is used, ranging from strongly agree to strongly disagree. This scale scores from 0 to 30 with high scoring for positive items and low scoring for negative items; the higher the total score, the higher the respondent's self-esteem. See appendices for questionnaire.

The third psychological scale is a measure of well-being, W-BQ12 (Bradley, 2000). The W-BQ12 consists of a 12-item scale and produces measures based on 4 sub-sections: Negative Well Being (items 1-2, range 0-12. The higher the score, the greater the sense of negative well-being), Energy (items 6 & 7 are reversed & summed with items 5 & 8. Range 0-12, the higher the score the greater the energy level), Positive Well Being (Items 9-12. Range 0-12, the higher the score, the greater the sense of positive well-being) & General Well Being (Reversal of negative well-being scale score & summed with scores from Energy scale. Range 0-36, the higher the score the greater the sense of general well-being). See appendices for questionnaire.

The final quantitative questionnaire will consist of three questions, attempting to investigate participants experience of sexual shame (both towards themselves and towards others) and a third question investigating into the participants opinion of what classifies as sexually shameful. The following questions were included:

(Q9) Have you ever shamed yourself for your own sexual history or behaviour?

(Q10) Have you judged someone else on their sexual history or behaviour?

(Q11) Please tick the box of what you consider shameful. (List consisted of 11 sexual acts/activities and an option for “None of the Above”). See appendices for questionnaire.

### **Procedure**

The survey was created in Microsoft Forms and made accessible to the public for a 4-week period. On approval by the ethics board survey was published to a small number of people as a pilot study, in order to gain feedback on understandability and sensitive nature of the questions. Once pilot study was completed and results assessed, the study was published to the public via online social media platforms. The survey could be completed using a smart phone, tablet or computer with the assistance of internet connection. Upon clicking on the survey link, participants were redirected to a study information sheet, on which they were asked to provide informed consent to participation, with reassurance that full anonymity and advised of the inability to withdraw after submission due to participation being anonymous. After this, participants were further directed to the first questionnaire within the survey. The survey took 15-20 minutes to complete. Upon completion, participants were shown a debriefing sheet and thanked for taking part. Due to the sexual nature of the survey, at the end of the debrief sheet, participants were provided with contact details for a number of support services, in case any stress was. After a four-week data collection period, the data was downloaded via an excel worksheet and imported to SPSS.

### **Data Analysis**

Two multiple regression tests were carried out to assess the influence of sexual shame on self-esteem and sexual shame on general well-being. The predictor variable for both models were sexual-shame. The criterion variable in the first model was self-esteem, and in model two the criterion variable was general well-being.

**Ethics**

Due to the sexual nature of the posed questions, there is a possibility of emotional reaction from participants, including stress and anxiety. The researchers sought approval from the NCIRL Research Ethics Committee, who granted the study with ethical approval.

Informed consent was sought and obtained from all participants prior to completion of the survey and information on support services was made available on the debrief sheet at the end of the survey. All study participants were above the age of eighteen. Full anonymity and confidentiality were assured and provided to all participants. Participants were advised, prior to taking the survey, that participation was voluntary, and participants had the right to withdraw from the survey at any stage.



## Results

A total of 118 participants took part in this survey. The sample consisted of 30 males (25.4%) and 88 females (74.6%). Frequency statistics for participant age, gender and nationality are presented in Table 1, whilst descriptive statistics for sexual shame, self-esteem and general well-being are presented in Table 2.

**Table 1**

*Frequencies Statistics for Age, Gender and Nationality.*

| Variable           | Frequency | Valid % |
|--------------------|-----------|---------|
| <b>Age</b>         |           |         |
| 18-24              | 28        | 23.7    |
| 25-34              | 58        | 49.2    |
| 35-44              | 11        | 9.3     |
| 45+                | 21        | 17.8    |
| <b>Gender</b>      |           |         |
| Male               | 30        | 25.4    |
| Female             | 88        | 74.6    |
| <b>Nationality</b> |           |         |
| Irish              | 77        | 65.3    |
| Non-Irish          | 41        | 34.7    |

**Table 2**

*Descriptive statistics for Sexual shame, Self-esteem and Well-being.*

| Variable     | <i>M</i> [95% CI]    | <i>SD</i> | Range  |
|--------------|----------------------|-----------|--------|
| Sexual Shame | 54.49 [51.59, 57.40] | 15.93     | 22-108 |
| Self-Esteem  | 2.12 [1.99, 2.25]    | 0.71      | 1-4    |
| Well-Being   | 1.49 [1.36, 1.62]    | 0.70      | 0-3    |

**Model 1: Multiple regression predicting effect of sexual shame on self-esteem**

Standard multiple regression was used to assess the ability of three measures (age, gender and sexual shame) to predict levels of self-esteem. Preliminary visual inspections were carried out to ensure no violation of the assumptions of normality, linearity and homoscedasticity. Correlations between criterion and predictor variables and between predictor variables themselves were assessed (See Table 3). Thus, no violation of the assumption of multicollinearity was found. No outlying points were found in the model and, as such, the data satisfied all assumptions for multiple regression.

**Table 3**

*Correlation table for multiple regression model predicting self-esteem.*

| Variable     | 1.   | 2.   | 3.  | 4. |
|--------------|------|------|-----|----|
| Self -Esteem | -    |      |     |    |
| Age          | -.37 | -    |     |    |
| Gender       | .02  | .01  | -   |    |
| Sexual Shame | .44  | -.22 | .21 | -  |

*Note: \* =  $p < 0.05$ ; \*\* =  $p < 0.01$ ; \*\*\* =  $p < 0.001$ .*

The three predictor variables explained 52.90% of variance in self-esteem ( $F(3, 114) = 14.78$ ,  $p < .001$ ). Two out of three predictor variables were found to predict self-esteem to be statistically significant level: sexual shame ( $\beta = .02$ ,  $p < .001$ ), and age ( $\beta = -.02$ ,  $p < .001$ ). See table 3 for full multiple regression table.

**Table 4**

*Multiple regression model predicting self-esteem levels.*

| Variable     | $R^2$ | $B$  | $SE$ | $\beta$ | $t$   | $p$        |
|--------------|-------|------|------|---------|-------|------------|
| <b>Model</b> | .53   |      |      |         |       |            |
| Age          |       | -.02 | .01  | -.28    | -3.41 | <.001      |
| Gender       |       | -.10 | .13  | -.06    | -.77  | >.001(.44) |
| Sexual Shame |       | .02  | .00  | .40     | 4.77  | <.001      |

*Note:  $R^2$  = R-squared;  $\beta$  = 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 well-being**

As previous, the data was inspected for assumptions of multiple regression, with all assumptions satisfied and no outliers found (see table 5).

**Table 5**

*Correlation table for multiple regression model predicting well-being.*

| Variable     | 1.   | 2.   | 3.  | 4. |
|--------------|------|------|-----|----|
| Well-Being   | -    |      |     |    |
| Age          | .26  | -    |     |    |
| Gender       | -.19 | .01  | -   |    |
| Sexual Shame | -.47 | -.22 | .20 | -  |

*Note: \* =  $p$  < 0.05; \*\* =  $p$  < 0.01; \*\*\* =  $p$  < 0.001.*

The three predictor variables explained 50.90% of the variance in well-being ( $F(15.04, 42.96) = 13.30, p < .001$ ). One variable was found to predict well-being to a statistically significant level: sexual shame ( $\beta = -.41, p < .001$ ). See table 6 for full regression table.

**Table 6**

*Multiple regression model predicting levels of well-being.*

| Variable     | $R^2$ | $B$  | $SE$ | $\beta$ | $t$   | $p$   |
|--------------|-------|------|------|---------|-------|-------|
| <b>Model</b> | .26   |      |      |         |       |       |
| Age          |       | .01  | .01  | .17     | 2.10  | .04   |
| Gender       |       | -.17 | .13  | -.11    | -1.23 | .20   |
| Sexual Shame |       | -.02 | .00  | -.41    | -4.90 | <.001 |

*Note:  $R^2$  = R-squared;  $\beta$  = 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 3: Participant experience of sexual shame & opinions on sexual acts in regard shame.**

Frequency descriptives were ran for participants who have shamed themselves for their own sexual history/behaviour and for participants who have shamed others for their sexual history/behaviours (See table 7 for results).

**Table 7**

*Frequencies Statistics for Age, Gender, and Nationality.*

| Variable             | Frequency | Valid % |
|----------------------|-----------|---------|
| <b>Self-Shamed</b>   |           |         |
| Yes                  | 54        | 45.8    |
| No                   | 64        | 54.2    |
| <b>Shamed Others</b> |           |         |
| Yes                  | 56        | 47.5    |
| No                   | 62        | 52.5    |

## Discussion

### Aim of Research

In the current study, the association between sexual shame, self-esteem and general well-being were explored. The study sought to bridge a gap in the research in providing an understanding of sexual shame and the ill effects it has on mental health.

In support of the first hypothesis, results showed a significant relationship between high sexual shame and low levels of self-esteem. Results for the second hypothesis also found there to be a significant relationship between high sexual shame and low level of general well-being.

### Significance of Findings

It is important to note that the research on high sexual shame predicting low self-esteem is lacking, which explains the importance of the current study. Research, including a number of longitudinal studies, has consistently linked low self-esteem to depression (Ortis, Robins, Meier & Conger, 2016). Both models within this study found, 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 general well-being. A finding that should be noted was that self-esteem and well-being seems to appear to increase with age, resulting in older participants presenting with higher levels of self-esteem and well-being.

In the complex area of self-esteem, sexual shame predicts low self-esteem only provides an indication of a correlation, however, does not demonstrate cause and effect. It is not known what the underlying cause is. It could be speculated that, with high self-esteem comes confidence, which could further suggest that the latter leads to a better understanding of one's sexual identity. Psychological distress indicators such as depression, neuroticism, and anxiety are linked to low self-esteem (Whitley, 1985). Previous research has found that higher levels of self-esteem can have a

positive impact on overall happiness and well-being (Whitley, 1985; Baumeister, Campbell, Krueger & Vohs, 2003; Furnham & Cheng, 2000), whilst also showing that those with lower self-esteem are less happy than people with higher levels of self-esteem. Research has further found the importance of high self-esteem for the individual. (Diener & Diener, 1995). Accordingly, Efforts must be made to implement practices that will reduce sexual shame, which will in turn boost self-esteem and the general wellbeing of the individual.

The final model of the survey posed two closed questions: "Have you ever shamed yourself for our own sexual history or behaviour?" and "Have you judged someone else on their sexual history or behaviours?". Almost 50% of participants stated they had participated both self-shaming and shaming towards other based on sexual history or behaviours (see table 7).

### **Strengths and Limitations**

A quantitative approach was taken for this study. Using such an approach allows for an understanding of the topic. The study's most significant strength was that it pointed out an important gap between the reviewed literature and the presented studies, especially in more recent years. The gap and findings of this study identify that sexual shame is a subject worth further investigation.

A survey based on psychologically validated tools was created for this study. The new research builds on and strengthens the limited research that has been conducted in this area. In both hypotheses, significant results were obtained, providing a bases for future research into these variables. Despite the lack of studies exploring sexual shame and its impact on other areas, such as self-esteem, the present study contributes to the existing research. This study is also easy to replicate for future studies in the area.

A limitation, from the researcher's perspective, within this study was the lack of qualitative research. Such could allow for research into the perspective views and experiences of participants,

via a mixed method approach, using both quantitative and qualitative, allowing for a broader understanding for the reasoning and influences behind such findings.

A further limitation is the sample size within the study. Although sufficient, a larger sample, with more equal gender samples between male and female would allow for better understanding of such effects on genders, especially males, a much less researched gender in regard self-esteem and well-being. Due to majority of participants being females, with 88 females to 30 males, gender differences were difficult to explore, potentially affecting final results of the study. A more balanced approach should be taken in future studies; however, it is possible that men are less likely to express their opinions on sexuality, and thus, less likely to participate in such studies. It may also be interesting to explore the sexuality of participants, in relation those who do not identify as heterosexual. A deeper exploration of the impact of heteronormativity and the LGBTQ+ community on sexual shame would be of great value.

Overall, the lack of diversity explored in terms of participants is likely to have impact on findings. Additional demographic questions could have added further information about the participants, including education level, career choice, and income level, allowing for a deeper understanding of them. Data analysis could also take into account geographical location (although measured by “based in Ireland?”) allowing for a measure based on cultural and social differences, whilst education, career and income levels would provide an insight onto the participants social backgrounds. With a broader demographic base, wider research avenues would be available, allowing future studies to provide more detailed and accurate results.

Demographic weakness was a notable limitation within this study. In terms of nationality, 65.3% of participants were Irish nationals, with the remaining 34.7% of participants from a number of different countries. This may offer an interesting insight on Irish cultural influences on sexual education, however, limited it to that. Additionally, there is a lack of age variance within the sample

population. Despite the wide age distribution, the attitudes of older generations deserve further examination to investigate as to whether there is a similar degree of shame among them. Although indicated otherwise with the 45+ age group (which consisted of 21 participants) within the current study, it could be predicted, that an older population, in Ireland, would be expected to experience much greater levels of sexual shame due to their stronger religious beliefs. Exploring the older generation and their attitudes to sexual shame would be an interesting topic to explore, whilst comparing these to attitudes of a younger population (perhaps that of a Millennial and Gen-Z sample population).

### **Future research and practical applications**

According to our previous recommendations, future studies should entail a larger sample size with a more diverse age and nationality and gender mix, exploring sexual shame within the LGBTQ+ community. Additional factors to explore include educational background, income, and career levels.

The current study could be used as a foundation for future research into the relationship between sexual shame predicting levels of self-esteem and well-being. Several themes could be explored in a quantitative manner, for example, the effect of the educational system and sexuality/feelings of sexual shame.

In addition to quantitative research, future studies may employ a qualitative approach, in that the use of interviews with therapists and those who have experienced sexual shame, providing a valuable first-hand perspective on the issue. Should research within the area continue over time, the potential for a longitudinal study exploring and comparing sexual shame through generations and changes in gender roles as Irish society enters a more liberal stance and further distances itself from the Catholic church.



The current study has allowed to build on existing literatures on sexual shame, its effects on the individual and has great potential to influence the understanding of sexual shame. Further empirical research is required in order to determine how these findings impact various contributing factors. Underscoring the significance of this research is the findings that high levels of sexual shame can adversely impact one's well-being and self-esteem, two aspects that are directly related to one's mental well-being and happiness. In light of the findings in this study, sexual shame needs to be identified and addressed when such levels exist. The current study points to sexual shame as contributing to low self-esteem, thus confirming its harmful effects on mental health.

### **Conclusion**

This study found there to be a significant relationship between sexual shame, self-esteem, and well-being. The study also pieced together the experience of self-shame and shame towards others among the general public.

There is a little empirical attention given to sexual shame specifically, though the findings are supported in part by existing literature and contribute to existing knowledge about shame generally. In light of this, the present study provides data on a neglected area of research and should be investigated further for further conclusions and recommendations. This study provides an opportunity to explore, explore, and understand the topic of sexual shame in more detail. Considering nearly half of the general population participants reported experiencing sexual shame, illustrating that this is an issue that should be addressed and taken seriously, especially since sexuality is an integral part of one's identity.

## References

- Blum, A. (2008). Shame and guilt, misconceptions and controversies: A critical review of the literature. *Traumatology*, 14(3), 91-102. <https://doi.org/10.1177%2F1534765608321070>
- Brennan, K. A., Clark, C. L., & Shaver, P. R. (1998). Self-report measurement of adult attachment: An integrative overview.
- Chen, J., Ishii, M., Bater, K. L., Darrach, H., Liao, D., Huynh, P. P., ... & Ishii, L. E. (2019). Association between the use of social media and photograph editing applications, self-esteem, and cosmetic surgery acceptance. *JAMA facial plastic surgery*, 21(5), 361-367. <https://doi.org/10.1001/jamafacial.2019.0328>
- Clark, N. (2017). The etiology and phenomenology of sexual shame: A grounded theory study.
- Clay, D., Vignoles, V. L., & Dittmar, H. (2005). Body image and self-esteem among adolescent girls: Testing the influence of sociocultural factors. *Journal of research on adolescence*, 15(4), 451-477. <https://doi.org/10.1111/j.1532-7795.2005.00107.x>
- Coopersmith, S. (1959). A method for determining types of self-esteem. *The Journal of Abnormal and Social Psychology*, 59(1), 87. <https://psycnet.apa.org/doi/10.1037/h0048001>
- Gilbert, P. (2000). The relationship of shame, social anxiety and depression: The role of the evaluation of social rank. *Clinical Psychology & Psychotherapy: An International Journal of Theory & Practice*, 7(3), 174-189. [https://doi.org/10.1002/1099-0879\(200007\)7:3%3C174::AID-CPP236%3E3.0.CO;2-U](https://doi.org/10.1002/1099-0879(200007)7:3%3C174::AID-CPP236%3E3.0.CO;2-U)
- Hawthorne, N. (1850). *The scarlet letter: 1850*. Infomotions, Incorporated.
- Harper, F. (2013) Shame, Sex and Silence. TED Talks Retrieved, from <https://www.youtube.com/watch?v=kMyyRBZkqVU>

Harper, K. (2013). *From shame to sin*. Harvard University Press.

<https://doi.org/10.4159/harvard.9780674074569>

Hastings, A. S. (1998). *Treating sexual shame: A new map for overcoming dysfunction, abuse, and addiction*. Jason Aronson, Incorporated.

Henzel, V., & Håkansson, A. (2021). Hooked on virtual social life. Problematic social media use and associations with mental distress and addictive disorders. *PLoS one*, 16(4), e0248406.

<https://doi.org/10.1371/journal.pone.0248406>

Karsay, K., Knoll, J., & Matthes, J. (2018). Sexualizing media use and self-objectification: A meta-analysis. *Psychology of women quarterly*, 42(1), 9-28.

<https://doi.org/10.1177%2F0361684317743019>

Kyle, S. E. (2013). Identification and treatment of sexual shame: Development of a measurement tool and group therapy protocol. *Unpublished doctoral dissertation) American Academy of Clinical Sexologists, San Antonio, TX*.

Lago, A. (2013). *The Negative Impacts of Photoshop*. The Buchtelite.

<https://buchtelite.com/18294/opinion/negative-impacts-of-photoshop/#:~:text=Not%20only%20does%20excessive%20use,esteem%20and%20body%20image%20issues.&text=Alexa%20Lago-,Not%20only%20does%20excessive%20use%20of%20Photoshop%20on%20photos%20send,esteem%20and%20body%20image%20issues>

Maude Team (2020). *Why is sex still taboo?* Retrieved from

<https://getmaude.com/blogs/themaudern/why-is-sex-still-taboo>

McGuire, P. (2014, February 10). *Ireland's historic lack of sex education*. The Irish Times.

<https://www.irishtimes.com/news/education/ireland-s-historic-lack-of-sex-education-1.1679110>

Mollon, P. (2005). The inherent shame of sexuality. *British Journal of Psychotherapy*, 22(2), 167-178.

<https://doi.org/10.1111/j.1752-0118.2005.tb00274.x>

National Council for Curriculum and Assessment (2019). *Report on the Review of Relationships and Sexuality Education (RSE) in primary and post primary schools*.

<https://ncca.ie/media/4462/report-on-the-review-of-relationships-and-sexuality-education-rse-in-primary-and-post-primary-school.pdf>

Neff, Kristin D. "Self-compassion, self-esteem, and well-being." *Social and personality psychology compass* 5.1 (2011): 1-12. <https://doi.org/10.1111/j.1751-9004.2010.00330.x>

O'Beirne, E. (2020, August 16). *Ireland's Sex Education is failing its students at every turn* –. Trinity News. <http://trinitynews.ie/2020/08/irelands-sex-education-is-failing-its-students-at-every-turn/>

Orth, U., Robins, R. W., Meier, L. L., & Conger, R. D. (2016). Refining the vulnerability model of low self-esteem and depression: Disentangling the effects of genuine self-esteem and narcissism. *Journal of personality and social psychology*, 110(1), 133.

<https://psycnet.apa.org/doi/10.1037/pspp0000038>

Pajaczkowska, C., & Ward, I. (2008). Shame and Sexuality. *Psychoanalysis and Visual*.

Rosenberg, M. (1965). Rosenberg self-esteem scale (RSE). *Acceptance and commitment therapy. Measures package*, 61(52), 18.

Staines, M. (2021). *Irish sex education curriculum hopelessly outdated – Expert.*

<https://www.newstalk.com/news/irish-sex-education-curriculum-hopelessly-outdated-expert-1252965#:~:text=16%20Sep%202021-,Ireland's%20sex%20education%20curriculum%20should%20include%20conversations%20about%20sexual%20violence,to%20a%20leading%20sex%20educator.&text=%E2%80%9CAI%20of%20that%20comes%20from,minds%20fill%20in%20the%20gaps.%E2%80%9D>

Tangney, J. P., & Dearing, R. L. (2003). *Shame and guilt*. Guilford Press.

The Irish Times (2011). *We may feel liberated but sex is still a taboo*. Retrieved from

<https://www.irishtimes.com/news/health/we-may-feel-liberated-but-sex-is-still-taboo-1.610732>

Whitley, B. E. (1985). Sex-role orientation and psychological well-being: Two meta-analyses. *Sex roles*, 12(1), 207-225. <https://doi.org/10.1007/BF00288048>

## Appendices

### Appendix A

Demographic Questions: (The below questions will have no effect on participation & are for statistical research purposes only)

2. What age are you?

\_\_\_\_

3. What gender are you?

Male  Female

4. What nationality are you?

Answer: \_\_\_\_\_

5. Are you resident in Ireland?

Yes  No

**Appendix B: 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 behaviour, 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.

6. 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.

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

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

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

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

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

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

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

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

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

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

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



I feel ashamed of my sexual abilities.

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

I feel ashamed about having sexual or kinky fantasies.

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

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

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

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

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

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

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

- Strongly Disagree
- Disagree

- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

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

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

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

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

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

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

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

I feel ashamed about having same-sex attractions.

- Strongly Disagree
- Disagree

- Somewhat Disagree
- Somewhat Agree
- Agree
- Strongly Agree

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

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

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

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

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

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 C: Rosenberg Self-Esteem Scale**ROSENBERG SELF-ESTEEM SCALE

7. Instructions: Below is a list of statements dealing with your general feelings about yourself.

Please rate your agreement with each statement.

On the whole, I am satisfied with myself. **SA A D SD**

\* At times, I think I am no good at all. **SA A D SD**

I feel that I have a number of good qualities **SA A D SD**

I am able to do things as well as most other people **SA A D SD**

\* I feel I do not have much to be proud of **SA A D SD**

\* I certainly feel useless at times **SA A D SD**

I feel that I'm a person of worth, at least equal to others **SA A D SD**

\* I wish I could have more respect for myself **SA A D SD**

\* All in all, I am inclined to feel that I'm a failure **SA A D SD**

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 D – Well Being Questionnaire (W-BQ16)**

8. Please circle one number on each scale, from 3 (all the time) to 0 (not at all), to indicate how often you feel each statement has applied to you in the past few weeks.

|   |          |          |          |          |
|---|----------|----------|----------|----------|
| I have crying spells or feel like it.....   | <b>3</b> | <b>2</b> | <b>1</b> | <b>0</b> |
| I feel downhearted and blue .....   | <b>3</b> | <b>2</b> | <b>1</b> | <b>0</b> |
| I feel afraid for no reason at all .....  | <b>3</b> | <b>2</b> | <b>1</b> | <b>0</b> |
| I get upset easily or feel panicky .....  | <b>3</b> | <b>2</b> | <b>1</b> | <b>0</b> |
| I feel energetic, active, or vigorous .....   | <b>3</b> | <b>2</b> | <b>1</b> | <b>0</b> |
| I feel dull or sluggish .....   | <b>3</b> | <b>2</b> | <b>1</b> | <b>0</b> |
| I feel tired, worn out or exhausted .....   | <b>3</b> | <b>2</b> | <b>1</b> | <b>0</b> |
| I have been waking up feeling fresh & rested .....  | <b>3</b> | <b>2</b> | <b>1</b> | <b>0</b> |
| I have been happy, satisfied or please with my personal life .....                              | <b>3</b> | <b>2</b> | <b>1</b> | <b>0</b> |
| I have lived the kind of life I wanted to .....   | <b>3</b> | <b>2</b> | <b>1</b> | <b>0</b> |
| I have felt eager to tackle my daily tasks or make new decisions .....                          | <b>3</b> | <b>2</b> | <b>1</b> | <b>0</b> |
| I have felt I could easily handle or cope with any serious problem or major change in life..... | <b>3</b> | <b>2</b> | <b>1</b> | <b>0</b> |

**Appendix E – Your Experience and Opinion of Sexual Shame**

9. Have you ever shamed yourself for your own sexual history or behaviour?

Yes

No

10. Have you judged someone else on their sexual history or behaviours?

Yes

No

11. Please tick the box of what you consider shameful.

- Sending Nude/Explicit photos
- One Night Stand
- Several Sexual Partners
- Dressing in short skirts/dresses or tight, revealing clothes
- Going on dates (with different people) on a regular basis
- A lot of friends of the opposite sex
- Casual relationships (for sexual reasons only)
- Group Sex
- Sex Before Marriage
- Sex Activities without Contraceptive Protection
- Diagnosis of a Sexually Transmitted Infection (STI)
- None of the Above

## **Appendix F – Participant Information Sheet**

### **PARTICIPANT INFORMATION SHEET**

#### **PROJECT TITLE**

The Effects of Sexual Shame on Self Esteem & Well-being

#### **INVITATION**

You are being asked to take part in a research study on the effect of sexual shame on self esteem & well-being. This study is being carried out by Colene Faulkner, supervised by Dr Fearghal O'Brien as part of an undergraduate studies and will be submitted for examination by National College of Ireland. Participants **must** be over 18 years of age.

#### **WHAT WILL HAPPEN**

In this study, you will be asked to complete a number of surveys which will allow the measures required to complete research on the above topic. Once surveys have been completed, you will be redirected to a debriefing sheet with information for any aftercare which may be required.

#### **TIME COMMITMENT**

The study approximately 5-10 minutes to complete.

#### **PARTICIPANTS' RIGHTS**

Participant can withdraw from the study at any time by pressing "X" on the screen. No penalty will be applied should the participant choose to withdraw.

#### **BENEFITS AND RISKS**

While there are no direct benefits from participation, studies like this can make an important contribution to our understanding of self-esteem, mental health and well-being in association with sexual shame. Individuals will not be offered any monetary or other regards for participation.

#### **COST, REIMBURSEMENT AND COMPENSATION**

Your participation in this study is voluntary.

**CONFIDENTIALITY/ANONYMITY**

The data we collect do not contain any personal information about you. No identifying information will be requested. The collected data will be securely stored and data from the questionnaires will be transferred in electronic format and stored on a password protected computer.

**FURTHER INFORMATION**

Should you require any further information about the research, please contact Colene Faulkner at x17313796@student.ncirl.ie or contact my supervisor Dr Fearghal O'Brien at fearghal.obrien@ncirl.ie

**It is important that you understand that by completing and submitting the questionnaire that you are consenting o participate in the study.**

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

**CONSENT**

**Researcher:** Colene Faulkner (Student Researcher, x17313796@student.ncirl.ie)

Fearghal O'Brien (Supervisor, fearghal.obrien@ncirl.ie)

By pressing next below, you are agreeing that: (1) you have read and understood the Participant Information Sheet, (2) questions about your participation in this study have been answered satisfactorily, (3) you are aware of the potential risks (if any), and (4) you are taking part in this research study voluntarily (without coercion).

1. I understand the above information and consent to take part in this survey.

Yes



**Appendix G – Debriefing Sheet**

**Title of Study:** Effect of self-control resource depletion on task performance

**Name of Researcher:** Colene Faulkner

Thank you for taking part in this study. This sheet will provide you with full details of the study in which you participated.

The purpose of the study was to investigate the effect of sexual shame on self-esteem & well-being. Sexual shame, more commonly known as slut shaming, is experienced by male & female on a regular basis and is widely present in society, especially with the heightened use of social media sites. This study aims to research into the negative effects that slut shaming can have on the self-esteem and general well-being of the receiver.

In order to complete such research, you have been asked to complete a number of appropriate surveys which will assist in measuring sexual shame, self-esteem and well-being. None of the data collected will be identifiable, however, once data is collected & recorded appropriately, it will be deleted.

Thank you again for taking part. Please see below all supports available.

Name of Researcher: Colene Faulkner

Email: [x17313796@student.ncirl.ie](mailto:x17313796@student.ncirl.ie)

Research Supervisor: Fearghal O'Brien

Email: [fearghal.obrien@ncirl.ie](mailto:fearghal.obrien@ncirl.ie)

AWARE: 1800 80 48 48

Pieta House: 1800 247 247 OR Text "HELP" to 51444

Rape Crisis Center: 1800 77 8888

Womens Aid: 1800 341 900

Alone: 0818 222 024

Bodywhys: 01 210790

MyMind:076 6801060