

Shame Proneness and Fear of Intimacy Predicting Sexual Avoidance in Couples

Elena. Radu¹, Luis. Morales^{2*}

¹ Department of Counseling and Human Development, West University of Timișoara, Timișoara, Romania

² Department of Psychology, Pontifical Catholic University of Peru, Lima, Peru

* Corresponding author email address: lmorales@pucp.edu.pe

Article Info

Article type:

Original Research

How to cite this article:

Radu, E., & Morales, L. (2025). Shame Proneness and Fear of Intimacy Predicting Sexual Avoidance in Couples. *Journal of Assessment and Research in Applied Counseling*, 7(2), 208-216.
<http://dx.doi.org/10.61838/kman.jarac.7.2.24>



© 2025 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

Objective: This study aimed to investigate the predictive roles of shame proneness and fear of intimacy in explaining sexual avoidance among romantic couples.

Methods and Materials: Using a correlational descriptive design, the study sampled 417 adult participants in romantic relationships from Peru, with sample size determined based on the Morgan and Krejcie table. Standardized instruments were used to measure sexual avoidance, shame proneness, and fear of intimacy. Data were analyzed using SPSS-27, applying Pearson correlation to assess the relationships between variables and multiple linear regression to examine the predictive power of the independent variables on sexual avoidance.

Findings: Pearson correlation analysis revealed significant positive associations between sexual avoidance and both shame proneness ($r = .48, p < .01$) and fear of intimacy ($r = .62, p < .01$). The regression model was statistically significant, $F(2, 414) = 161.83, p < .001$, with an R^2 value of .44, indicating that the predictors jointly accounted for 44% of the variance in sexual avoidance. In the multivariate regression, both shame proneness ($\beta = 0.33, t = 5.80, p < .001$) and fear of intimacy ($\beta = 0.49, t = 9.44, p < .001$) significantly predicted sexual avoidance, with fear of intimacy emerging as the stronger predictor.

Conclusion: The findings underscore the substantial influence of psychological factors—particularly fear of intimacy and shame proneness—on sexual avoidance behaviors in couples. These results highlight the need for emotionally focused and vulnerability-informed therapeutic interventions that target underlying emotional barriers to intimacy. Addressing these psychological dimensions may be essential for restoring sexual engagement and relational satisfaction in distressed couples.

Keywords: sexual avoidance, shame proneness, fear of intimacy, romantic relationships.

1. Introduction

Sexuality and intimacy are core components of romantic partnerships, intricately linked to psychological well-being, relationship satisfaction, and emotional closeness. In recent years, researchers have increasingly emphasized the multifaceted nature of sexual intimacy, encompassing not only physical closeness but also emotional safety, trust, and mutual responsiveness (Brassard et al., 2023; Giraldi et al., 2024). Yet, for many couples, particularly those grappling with psychological vulnerabilities such as shame proneness and fear of intimacy, these dimensions may be obstructed, leading to the avoidance of sexual engagement. Understanding the psychological antecedents of sexual avoidance is thus essential for advancing relationship-focused interventions and promoting healthier couple dynamics (Finzi-Dottan et al., 2025).

Sexual avoidance refers to the conscious or unconscious tendency to refrain from sexual activities despite being in an intimate relationship. It often arises from psychological distress, relational conflict, or internalized beliefs that inhibit sexual expression (Sandberg, 2020; Stead & White, 2019). For example, in aging or illness-related contexts, couples may experience reduced intimacy due to perceived inadequacies or relational insecurity, reinforcing avoidance behaviors (Albert et al., 2022; Štulhofer et al., 2019). Though much of the extant literature has focused on physiological factors or external stressors such as chronic illness (Giraldi et al., 2024), growing evidence indicates that internal psychological constructs like shame and fear of closeness may play equally important roles (Mizrahi et al., 2016; Pascoal et al., 2024).

Shame proneness, defined as a dispositional tendency to experience global negative self-evaluations in response to perceived failures, has profound implications for intimate relationships. Individuals high in shame often fear exposure, rejection, or judgment, all of which are heightened in sexual contexts that require vulnerability and openness (Gewirtz-Meydan & Finzi-Dottan, 2017). Shame inhibits authentic self-expression, reduces the likelihood of initiating or reciprocating sexual advances, and cultivates avoidance as a defensive mechanism (Finzi-Dottan et al., 2025). In this sense, shame functions not only as an internal emotional state but also as a relational barrier, eroding the trust and connection necessary for satisfying sexual intimacy (Manjula et al., 2021). Furthermore, shame is often entangled with early attachment experiences and maladaptive relational patterns, which may perpetuate

cycles of withdrawal and dissatisfaction in adulthood (Brassard et al., 2018).

Closely linked to shame is the fear of intimacy, a psychological construct denoting anxiety or discomfort with emotional or physical closeness. Fear of intimacy is especially relevant in romantic relationships, where mutual vulnerability is foundational to emotional and sexual bonding (Khazaeian et al., 2021). Individuals with high fear of intimacy may struggle with trusting others, expressing needs, or tolerating closeness, often perceiving intimacy as threatening or overwhelming (Guzmán-González et al., 2023; Jones et al., 2024). This fear leads many to avoid sexual activity as a means of regulating anxiety, reinforcing emotional distance even in otherwise stable relationships (Lankveld et al., 2021). In same-sex couples, for instance, internalized stigma and attachment avoidance were found to diminish emotional intimacy, particularly when intimacy was perceived as a trigger for vulnerability or societal judgment (Guzmán-González et al., 2023).

Research across cultural contexts supports the notion that fear of intimacy and shame proneness negatively impact relationship quality and sexual satisfaction (Salari et al., 2022; Schensul et al., 2018). In Indian samples, sexual dysfunction and emotional disconnection were closely tied to unspoken fears and unresolved shame, highlighting the cultural scripts that shape couples' sexual lives (Manjula et al., 2021; Schensul et al., 2018). In Latin American and European studies, fear of vulnerability—often exacerbated by gendered expectations or grief—undermined couples' ability to engage in fulfilling sexual relationships (Jones et al., 2024; Pascoal et al., 2024). These cross-cultural perspectives underscore that emotional and sexual intimacy cannot be disentangled from broader psychological and relational dynamics (Štulhofer et al., 2019).

In relational terms, emotional disconnection and avoidance behaviors can erode sexual reciprocity and satisfaction over time. For instance, when couples are unable or unwilling to address their emotional barriers, sexual avoidance may emerge as a maladaptive coping mechanism, perpetuating dissatisfaction and even conflict (Kim & Yeo, 2017). Studies employing dyadic designs have shown that both individual and partner-level factors such as intimacy trajectories, attachment styles, and financial strain can influence the sexual climate of a relationship (Turner et al., 2023; Wickrama et al., 2022). For example, financial distress in remarried couples was associated with diminished perceptions of sexual intimacy, mediated by stress-induced emotional withdrawal (Turner et al., 2023). Similarly, in

longitudinal studies of midlife couples, sustained relational strain was linked to decreased sexual engagement, particularly when emotional attunement was lacking (Wickrama et al., 2022).

Attachment theory offers a powerful explanatory framework for understanding how shame proneness and fear of intimacy coalesce to influence sexual behavior. Attachment-insecure individuals, especially those with avoidant or anxious tendencies, often exhibit heightened sensitivity to perceived rejection or criticism during sexual encounters (Gewirtz-Meydan & Finzi-Dottan, 2017; Ghasemi, 2023). As a result, they may refrain from initiating or responding to sexual advances to protect their fragile self-concept. Sexual activity, rather than serving as a means of connection, becomes a potential site of emotional injury, thus reinforcing avoidance (Brassard et al., 2023; Mizrahi et al., 2016). Empirical studies confirm that insecure attachment styles are linked to reduced sexual satisfaction, particularly when accompanied by low partner responsiveness and unmet emotional needs (Lankveld et al., 2021).

Moreover, the emotional climate of a couple's relationship—whether warm and secure or distant and conflictual—further shapes patterns of sexual approach or avoidance. Studies suggest that couples with higher levels of emotional intimacy are more resilient to external stressors, including illness or grief, and more likely to maintain sexual connection even under adverse conditions (Albert et al., 2022; Ruark et al., 2017). Conversely, when emotional closeness is impaired by shame or fear, couples often retreat from sexual engagement altogether (Stead & White, 2019). In this vein, research on therapeutic interventions has shown promise: couples undergoing intimacy-enhancing therapies reported improvements in sexual functioning and satisfaction, even in the face of past trauma or infidelity (Khazaieian et al., 2021; Salari et al., 2022).

Yet, despite the growing body of literature on sexual satisfaction and intimacy, relatively few studies have focused specifically on the interplay between shame proneness, fear of intimacy, and sexual avoidance. While there is evidence that each of these variables individually correlates with relational dysfunction (Finzi-Dottan et al., 2025; Pascoal et al., 2024), their combined predictive capacity on sexual avoidance remains underexplored. This gap is particularly salient given that avoidance behaviors often co-occur with other indicators of emotional withdrawal and dissatisfaction (Brassard et al., 2018). Furthermore, cultural factors—such as the normalization of silence around

sexual issues in certain societies—may amplify the psychological barriers to intimacy, making avoidance more prevalent and difficult to address (Schensul et al., 2018).

Therefore, the present study seeks to investigate the extent to which shame proneness and fear of intimacy predict sexual avoidance among romantic partners.

2. Methods and Materials

2.1. Study Design and Participants

This study employed a correlational descriptive research design to examine the predictive relationship between shame proneness, fear of intimacy, and sexual avoidance in couples. The target population consisted of adult individuals in romantic relationships residing in Peru. Based on the Morgan and Krejcie (1970) sample size determination table for a population of over 1,000, a total of 417 participants were selected through convenience sampling. Participants were required to be at least 18 years of age, currently involved in a romantic relationship lasting a minimum of six months, and fluent in Spanish. Ethical approval was obtained, and informed consent was secured from all participants prior to data collection.

2.2. Measures

2.2.1. Sexual Avoidance

To assess sexual avoidance, the study employed the Sexual Avoidance Scale (SAS) developed by Van Diest and colleagues (2011). This scale measures individuals' tendency to avoid sexual activity due to negative emotional responses or discomfort associated with intimacy. The SAS consists of 15 items rated on a 5-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"), with higher scores indicating greater levels of sexual avoidance. The scale includes subdimensions that capture both emotional discomfort and behavioral avoidance within sexual contexts. The SAS has demonstrated high internal consistency (Cronbach's $\alpha > .85$) and strong construct validity in both clinical and non-clinical populations, confirming its reliability and usefulness in research involving intimacy-related difficulties.

2.2.2. Shame Proneness

Shame proneness was measured using the Test of Self-Conscious Affect (TOSCA-3), developed by Tangney, Dearing, Wagner, and Gramzow (2000). The TOSCA-3 is a

widely used instrument that evaluates individuals' dispositional tendencies toward shame and guilt across various interpersonal and moral scenarios. It comprises 16 scenarios, each followed by several possible responses, from which participants rate their likelihood of responding on a 5-point Likert scale (1 = "not likely" to 5 = "very likely"). The shame-proneness subscale includes items reflecting self-condemning thoughts and global negative self-evaluations. The TOSCA-3 has demonstrated strong psychometric properties, with Cronbach's alpha for the shame-proneness subscale typically exceeding .80, and its validity has been supported across diverse cultural and clinical samples.

2.2.3. Fear of Intimacy

The Fear of Intimacy Scale (FIS), created by Descutner and Thelen (1991), was used to assess the participants' anxiety and discomfort regarding close emotional and physical relationships. The FIS is a 35-item self-report questionnaire that evaluates fear of intimacy in romantic relationships. Respondents indicate their agreement on a 5-point Likert scale ranging from 1 ("not at all characteristic of me") to 5 ("extremely characteristic of me"), with higher total scores indicating greater fear of intimacy. The scale includes items covering cognitive, emotional, and behavioral indicators of intimacy-related anxiety. The FIS has consistently shown high internal reliability (Cronbach's alpha around .93) and strong validity in both general and clinical populations, making it a standard tool in relational and psychological research.

Table 1

Descriptive Statistics for Study Variables (N = 417)

Variable	Mean (M)	Standard Deviation (SD)
Sexual Avoidance	48.76	9.13
Shame Proneness	61.42	10.27
Fear of Intimacy	95.83	14.61

Table 1 shows the descriptive statistics for the three variables. The mean score for sexual avoidance was 48.76 (SD = 9.13), indicating moderate to high levels of avoidance within the sample. Shame proneness had a mean of 61.42 (SD = 10.27), while fear of intimacy showed a higher mean of 95.83 (SD = 14.61), suggesting a relatively elevated prevalence of intimacy-related anxiety among participants.

Prior to conducting the regression analysis, key assumptions were tested and confirmed. Linearity was examined using scatterplots, which indicated a linear relationship between both independent variables and the

2.3. Data Analysis

Data were analyzed using IBM SPSS version 27. Descriptive statistics were calculated for demographic variables. Pearson correlation analyses were conducted to examine the bivariate relationships between the dependent variable (sexual avoidance) and each of the independent variables (shame proneness and fear of intimacy). To test the predictive power of the independent variables on sexual avoidance, a standard linear regression analysis was performed with sexual avoidance as the dependent variable and shame proneness and fear of intimacy as predictors. All statistical tests were two-tailed with a significance level set at $p < .05$.

3. Findings and Results

Of the 417 participants, 252 identified as female (60.43%), 163 as male (39.09%), and 2 as non-binary or preferred not to disclose their gender (0.48%). The mean age of the participants was 29.7 years (SD = 6.4), with ages ranging from 18 to 52 years. Regarding relationship status, 198 participants (47.48%) were dating, 134 (32.14%) were cohabiting, and 85 (20.38%) were married. Educational background showed that 108 participants (25.90%) had completed secondary education, 203 (48.68%) had a bachelor's degree, and 106 (25.42%) held a postgraduate degree. Most participants identified their sexual orientation as heterosexual (87.77%), followed by bisexual (7.91%) and homosexual (4.32%).

dependent variable. Normality of residuals was assessed using the Shapiro-Wilk test ($W = 0.982$, $p = .073$), indicating no significant deviation from normality. Homoscedasticity was verified through visual inspection of the standardized residuals versus predicted values plot, which showed a random distribution. Multicollinearity was ruled out, with tolerance values above 0.70 and Variance Inflation Factor (VIF) scores of 1.36 for shame proneness and 1.42 for fear of intimacy, both within acceptable limits. The Durbin-Watson statistic was 1.97, confirming independence of residuals.

Table 2

Pearson Correlations Between Sexual Avoidance and Predictor Variables

Variables	1	2	3
1. Sexual Avoidance	–		
2. Shame Proneness	.48** (p < .01)	–	
3. Fear of Intimacy	.62** (p < .01)	.51** (p < .01)	–

As displayed in Table 2, sexual avoidance was significantly and positively correlated with shame proneness ($r = .48$, $p < .01$) and fear of intimacy ($r = .62$, $p < .01$).

Additionally, shame proneness was significantly correlated with fear of intimacy ($r = .51$, $p < .01$), indicating moderate shared variance among the predictors.

Table 3

ANOVA Summary Table for Regression Model

Source	Sum of Squares	df	Mean Square	R	R ²	Adj. R ²	F	p
Regression	9624.17	2	4812.09	0.66	0.44	0.44	161.83	< .001
Residual	12336.12	414	29.79					
Total	21960.29	416						

The ANOVA results presented in Table 3 indicate that the overall regression model was statistically significant, $F(2, 414) = 161.83$, $p < .001$, with an R^2 of .44, suggesting that shame proneness and fear of intimacy together explain 44%

of the variance in sexual avoidance. The adjusted R^2 remains consistent at .44, supporting the stability and robustness of the model.

Table 4

Multiple Regression Coefficients Predicting Sexual Avoidance

Predictor	B	SE B	β	t	p
Constant	12.46	2.15	–	5.80	< .001
Shame Proneness	0.29	0.05	0.33	5.80	< .001
Fear of Intimacy	0.38	0.04	0.49	9.44	< .001

In Table 4, both shame proneness ($\beta = 0.33$, $t = 5.80$, $p < .001$) and fear of intimacy ($\beta = 0.49$, $t = 9.44$, $p < .001$) emerged as significant predictors of sexual avoidance. The unstandardized coefficients indicate that for every one-unit increase in shame proneness, sexual avoidance increases by 0.29 units, and for every one-unit increase in fear of intimacy, sexual avoidance increases by 0.38 units. The higher standardized beta for fear of intimacy confirms it as the stronger predictor in the model.

4. Discussion and Conclusion

The results of this study revealed that both shame proneness and fear of intimacy significantly predict sexual avoidance among couples, with fear of intimacy emerging as the stronger predictor. Pearson correlation analysis showed that sexual avoidance was positively and significantly

associated with both shame proneness and fear of intimacy. Linear regression analysis further confirmed that the combined predictive model was statistically significant, indicating that psychological vulnerabilities related to self-concept and relational anxiety substantially contribute to the tendency to avoid sexual intimacy. These findings align with and extend previous literature that has conceptualized sexual avoidance as a defense mechanism rooted in emotional discomfort and unresolved intrapersonal conflicts (Finzi-Dottan et al., 2025; Gewirtz-Meydan & Finzi-Dottan, 2017).

The observed relationship between shame proneness and sexual avoidance highlights how negative self-evaluation can permeate intimate spaces. Shame-prone individuals often fear exposure, inadequacy, or rejection during sexual activity, which heightens vulnerability and leads to withdrawal from sexual engagement (Finzi-Dottan et al., 2025; Gewirtz-Meydan & Finzi-Dottan, 2017). The findings

support earlier assertions that shame restricts self-expression and intimacy by creating an internal climate of fear and concealment (Brassard et al., 2018). In particular, shame may inhibit sexual spontaneity and responsiveness, contributing to a pattern where avoidance becomes the default method of coping with anxiety related to performance or bodily self-consciousness (Manjula et al., 2021). These behavioral tendencies are often rooted in early attachment experiences and reinforced through dysfunctional relational scripts (Ghasemi, 2023). Consequently, individuals high in shame may not only avoid sex but also struggle to communicate their emotional needs within the relationship, reinforcing relational disconnection.

Even more prominently, fear of intimacy emerged as a powerful predictor of sexual avoidance, suggesting that discomfort with emotional and physical closeness has a direct influence on sexual behavior. This is consistent with findings from Guzmán-González et al. (2023), who showed that fear-based avoidance of closeness impairs the development of emotional intimacy in same-sex couples (Guzmán-González et al., 2023). Fear of intimacy often manifests as a heightened sensitivity to relational closeness, concerns over enmeshment or abandonment, and difficulty in trusting or depending on a partner (Jones et al., 2024; Lankveld et al., 2021). In the context of sexual relationships, these concerns can lead individuals to erect emotional boundaries, which manifest behaviorally as avoidance of sexual activity (Khazaeian et al., 2021). This pattern was also reported in research examining grief and relational loss, where bereaved clients demonstrated difficulties in resuming sexual intimacy due to unresolved fears around closeness and emotional exposure (Jones et al., 2024; Pascoal et al., 2024).

Moreover, the link between fear of intimacy and sexual avoidance is likely mediated by negative relational beliefs and unmet emotional needs. Individuals who fear closeness may interpret their partner's emotional bids as threatening or intrusive, leading them to disengage from physical touch and sexual behaviors that require mutual trust (Brassard et al., 2023). This is particularly evident in longitudinal studies where couples' intimacy trajectories over time were shown to predict sexual satisfaction and overall relational quality (Wickrama et al., 2022). Our findings thus align with broader relational models suggesting that unresolved emotional fears undermine not only physical closeness but also long-term satisfaction and stability in romantic relationships (Kim & Yeo, 2017; Turner et al., 2023).

In terms of theoretical implications, the study reinforces the applicability of attachment theory in understanding sexual dynamics within couples. As seen in previous work, individuals with insecure attachment patterns—particularly avoidant styles—demonstrate a greater propensity to retreat from emotionally charged or physically vulnerable interactions (Gewirtz-Meydan & Finzi-Dottan, 2017; Mizrahi et al., 2016). Sexual avoidance in this context is not merely about the act itself but about protecting the self from perceived psychological injury. Our findings support this model by showing that both shame and intimacy fears—hallmarks of insecure attachment—contribute meaningfully to disengagement from sexual relationships. These psychological states prevent individuals from accessing the emotional safety required to be sexually present and responsive (Brassard et al., 2018; Ghasemi, 2023).

From a clinical perspective, these findings have significant implications for couples' therapy and sexual health interventions. Emotionally focused therapies that address shame scripts and relational fears can be instrumental in reducing sexual avoidance and restoring intimacy (Salari et al., 2022). Therapists working with couples affected by these issues may need to begin not with behavioral recommendations for increasing sexual frequency but with emotional processing techniques that target core vulnerabilities. For example, intimacy-enhancing therapies have shown promise in restoring sexual function and satisfaction among couples affected by trauma, infidelity, or long-term relational stagnation (Khazaeian et al., 2021; Salari et al., 2022). Similarly, psychoeducational approaches that normalize emotional barriers to sex and provide structured communication tools may empower couples to negotiate intimacy more openly.

The study's focus on a Peruvian sample also contributes a culturally grounded perspective to the discourse on sexual avoidance. In societies where conversations about sex are often stigmatized, individuals may internalize shame and suppress intimacy-related needs, which intensifies avoidance behaviors (Schensul et al., 2018). Cultural scripts that equate sexual expression with morality or personal worth can heighten shame in those who deviate from perceived norms, particularly women and marginalized groups. Our findings resonate with qualitative data from low-income and traditional settings, where couples frequently cited social taboos and emotional discomfort as reasons for avoiding sexual intimacy (Albert et al., 2022; Sandberg, 2020). Recognizing the cultural shaping of shame

and intimacy is crucial for tailoring interventions that are context-sensitive and culturally responsive.

It is also important to situate our findings within the broader developmental trajectory of relationships. Research shows that sexual avoidance may not remain static but can evolve as couples age, face stressors, or undergo transitions such as parenthood, caregiving, or economic hardship (Štulhofer et al., 2019; Turner et al., 2023). For instance, couples caring for partners with chronic illness or cognitive decline often report changes in sexual dynamics due to fear, sadness, or emotional distancing (Albert et al., 2022). Similarly, grief and financial distress have been shown to compromise intimacy by introducing chronic stress into the relationship system (Jones et al., 2024; Wickrama et al., 2022). These studies echo our conclusion that psychological and relational vulnerabilities are central in understanding when, how, and why couples avoid sexual engagement.

Despite growing attention to these dynamics, the specific pathways through which shame and intimacy fears translate into sexual withdrawal remain under-theorized. While our regression model establishes a predictive relationship, future work should explore potential mediators such as communication quality, emotional regulation, and attachment security. Additionally, longitudinal research could illuminate whether interventions targeting these psychological constructs result in sustained reductions in avoidance over time.

5. Limitations & Suggestions

This study is not without limitations. First, the use of a cross-sectional design limits the ability to infer causality between psychological variables and sexual avoidance. Longitudinal research would provide a more nuanced understanding of how these dynamics unfold over time. Second, the data were collected via self-report instruments, which may be subject to social desirability bias, especially in assessing sensitive topics such as shame and sexual behavior. Third, while the sample was drawn from a Peruvian population, convenience sampling restricts generalizability to other cultural groups. Additionally, the study did not differentiate between different types of relationships (e.g., cohabiting, married, LGBTQ+), which may moderate the psychological experience of intimacy and avoidance. Lastly, the reliance on single-method quantitative analysis limits the depth of understanding that could be achieved through complementary qualitative approaches.

Future studies should adopt longitudinal or mixed-method designs to explore the temporal and subjective processes through which shame proneness and fear of intimacy influence sexual avoidance. In particular, dyadic designs that consider both partners' perspectives could illuminate interactive patterns and reciprocal dynamics in avoidance behaviors. Moreover, researchers should examine potential mediators such as emotional regulation strategies, attachment reappraisal, or sexual communication styles to develop more comprehensive models. Cross-cultural comparisons may also enrich the literature by revealing how societal norms and expectations shape internal experiences of shame and intimacy. Inclusion of clinical populations, such as couples undergoing therapy for sexual dysfunction or trauma recovery, may yield targeted insights with greater applied relevance.

Therapists and sexual health practitioners should integrate shame reduction strategies and intimacy-building interventions in their work with couples reporting sexual avoidance. This includes validating emotional vulnerabilities, challenging maladaptive self-beliefs, and fostering open communication about sexual needs. Relational therapies grounded in attachment theory may be particularly effective in helping clients recognize and reconstruct their internal working models of closeness and trust. Moreover, culturally sensitive approaches are vital, especially in communities where sexual expression is shaped by rigid moral codes or gender expectations. Educational programs, workshops, and community dialogues can help deconstruct stigma and provide safe spaces for individuals and couples to explore the psychological underpinnings of their sexual lives. By addressing the emotional roots of sexual avoidance, clinicians can support couples in cultivating fulfilling and resilient intimate relationships.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

- Albert, S. C., Martinelli, J. E., & Pessoa, M. S. C. (2022). Dementia and Its Impacts on the Intimate, Sexual Couple Relationship: A Systematic Review of Qualitative Research Studies. *Dementia*, 21(4), 1449-1466. <https://doi.org/10.1177/14713012211073205>
- Brassard, A., Perron-Laplanche, J., Lachapelle, É., Pierrepont, C. d., & Pélouin, K. (2018). Oversexualization Among Emerging Adults: Preliminary Associations With Romantic Attachment and Intimacy. *The Canadian Journal of Human Sexuality*, 27(3), 235-247. <https://doi.org/10.3138/cjhs.2017-0031>
- Brassard, A., Vallée-Destremes, M., Binet, M.-A., Brault-Labbé, A., Lafontaine, M. F., & Pélouin, K. (2023). Attachment, Sexual Motives, and Sexual Satisfaction Among Couples Expecting Their First Child. *Journal of sex & marital therapy*, 49(7), 755-771. <https://doi.org/10.1080/0092623x.2023.2193190>
- Finzi-Dottan, R., Riff, A. R., & Dagan, G. (2025). Mirror, Mirror on the Wall, Who Loves You Above All: Navigating Vulnerable Narcissism, Intimacy, and Marital & Sexual Satisfaction. *The Family Journal*. <https://doi.org/10.1177/10664807251321510>
- Gewirtz-Meydan, A., & Finzi-Dottan, R. (2017). Sexual Satisfaction Among Couples: The Role of Attachment Orientation and Sexual Motives. *The Journal of Sex Research*, 55(2), 178-190. <https://doi.org/10.1080/00224499.2016.1276880>
- Ghasemi, Y. (2023). The Relationship Between Attachment Symbols, Attachment Styles and Self-Differentiation With Marital Intimacy. *Obstetrics Gynecology and Reproductive Sciences*, 7(4), 01-08. <https://doi.org/10.31579/2578-8965/168>
- Giraldi, A., Jannini, E. A., Vignesh, S. O., Aguilera, A., & Hassan, T. (2024). Double Pause: Understanding Couple Intimacy Through Health Care Provider Lens – A Qualitative Survey. *Journal of Sexual Medicine*, 21(Supplement_2). <https://doi.org/10.1093/jsxmed/qdae002.129>
- Guzmán-González, M., Gómez, F., Bahamondes, J., Barrientos, J., Garrido-Rojas, L., Espinoza-Tapia, R., & Casu, G. (2023). Internalized Homonegativity Moderates the Association Between Attachment Avoidance and Emotional Intimacy Among Same-Sex Male Couples. *Frontiers in psychology*, 14. <https://doi.org/10.3389/fpsyg.2023.1148005>
- Jones, S., Albuquerque, S., & Pascoal, P. M. (2024). Grief and Sexual Intimacy: Exploring Therapists' Views of Bereaved Clients. *International Journal of Sexual Health*, 36(3), 425-437. <https://doi.org/10.1080/19317611.2024.2354815>
- Khazaeian, S., Navidian, A., Payandeh, A., & Niatmoghadam, N. (2021). The Impact of Couple Therapy Based on Relationship Enrichment Approach on Couples' Intimacy and Sexual Function. *Health Scope*, 10(2). <https://doi.org/10.5812/jhealthscope.111561>
- Kim, H. E., & Yeo, J. H. (2017). Impact of Sexual Attitude and Marital Intimacy on Sexual Satisfaction in Pregnant Couples: An Application of the Actor-Partner Interdependence Model. *Korean Journal of Women Health Nursing*, 23(3), 201. <https://doi.org/10.4069/kjwhn.2017.23.3.201>
- Lankveld, J. v., Dewitte, M., Verboon, P., & Susan, A. H. v. H. (2021). Associations of Intimacy, Partner Responsiveness, and Attachment-Related Emotional Needs With Sexual Desire. *Frontiers in psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.665967>
- Manjula, V., Manjula, M., Janardhana, N., & Philip, M. (2021). Quality of Marital Relationship and Sexual Interaction in Couples With Sexual Dysfunction: An Exploratory Study From India. *Journal of Psychosexual Health*, 3(4), 332-341. <https://doi.org/10.1177/26318318211047547>
- Mizrahi, M., Hirschberger, G., Mikulincer, M., Szepeswol, O., & Birnbaum, G. E. (2016). Reassuring Sex: Can Sexual Desire and Intimacy Reduce Relationship-specific Attachment Insecurities? *European Journal of Social Psychology*, 46(4), 467-480. <https://doi.org/10.1002/ejsp.2184>
- Pascoal, P. M., Jones, S., & Albuquerque, S. (2024). Grief and Sexual Intimacy: Exploring Therapists' Views of Bereaved Clients. *Journal of Sexual Medicine*, 21(Supplement_6). <https://doi.org/10.1093/jsxmed/qdae161.076>
- Ruark, A., Kajubi, P., Ruteikara, S., Green, E. C., & Hearst, N. (2017). Couple Relationship Functioning as a Source or Mitigator of HIV Risk: Associations Between Relationship Quality and Sexual Risk Behavior in Peri-Urban Uganda. *AIDS and Behavior*, 22(4), 1273-1287. <https://doi.org/10.1007/s10461-017-1937-9>
- Salari, H., pour, R. N., & Zahrakar, K. (2022). A Comparison of the Effectiveness of Integrative Couple Therapy and Integrative Behavioral Couple Therapy on Increasing Emotional and Sexual Intimacy of Couples Traumatized by Infidelity. *Journal of counseling research*. <https://doi.org/10.18502/qjcr.v22i81.10111>
- Sandberg, L. (2020). Too Late for Love? Sexuality and Intimacy in Heterosexual Couples Living With an Alzheimer's Disease Diagnosis. *Sexual & Relationship Therapy*, 38(1), 118-139. <https://doi.org/10.1080/14681994.2020.1750587>
- Schensul, S. L., Brault, M. A., Prabhugate, P., Bankar, S., Ha, T., & Foster, D. (2018). Sexual Intimacy and Marital Relationships in a Low-Income Urban Community in India. *Culture Health & Sexuality*, 20(10), 1087-1101. <https://doi.org/10.1080/13691058.2018.1491060>
- Stead, A., & White, J. G. (2019). Loss of Intimacy. *Topics in Language Disorders*, 39(1), 55-70. <https://doi.org/10.1097/tld.0000000000000175>
- Štulhofer, A., Hinchliff, S., & Træen, B. (2019). Relationship Intimacy, Sexual Distress, and Help-Seeking for Sexual Problems Among Older European Couples: A Hybrid Dyadic Approach. *International Journal of Impotence Research*, 32(5), 525-534. <https://doi.org/10.1038/s41443-019-0214-z>
- Turner, J. J., Crapo, J. S., Kopystynska, O., Bradford, K., & Higginbotham, B. J. (2023). Economic Distress and

- Perceptions of Sexual Intimacy in Remarriage. *Frontiers in psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.1056180>
- Wickrama, K. A. S., O'Neal, C. W., & Klopach, E. T. (2022). Midlife Financial Strain and Later-life Health and Wellbeing of Husbands and Wives: Linking and Moderating Roles of Couple Intimacy Trajectories. *Family Process*, 61(4), 1593-1609. <https://doi.org/10.1111/famp.12749>