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## **Narratives of Sexual Self-Esteem as a Domain of Sexual Well-Being in Cisgender Women's Long-Term Intimate Relationships**

Lisa Criswell  
*Walden University*

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# Walden University

College of Psychology and Community Services

This is to certify that the doctoral dissertation by

Lisa Criswell

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University  
2025

Abstract

Narratives of Sexual Self-Esteem as a Domain of Sexual Well-Being in Cisgender

Women's Long-Term Intimate Relationships

by

Lisa Criswell

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Health Psychology

Walden University

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## Abstract

Only within the last few decades has female sexual health become a topic of focus for researchers and practitioners to begin focusing on, leading to a gap in research between female sexual health and male sexual health. This has led to lack of knowledge and understanding on female sexual dysfunction and how interventions can effectively address it. An identified gap in knowledge of female sexual health and self-esteem is the lack of understanding of female narratives. This study was developed with the purpose of filling that gap and addressing domains within sexual health and self-esteem through exploration of the narratives of females on their sexual self-esteem, as a domain of sexual well-being, within their long-term intimate relationships, as a domain of sexual health. The research question is: What are the narratives of sexual self-esteem as a domain of sexual well-being in cisgender women's long-term intimate relationships? Sociometer theory provided a framework for the study. The qualitative study utilized narrative interviews to explore the perspectives of 15 females who have been in a long-term relationship for 3 years or more. Three themes emerged from the study with subthemes: (a) relationship communication impacts sexual self-esteem, (b) relationship satisfaction impacts sexual self-esteem, and (c) overall self-esteem impacts sexual self-esteem. These findings offer insight for future practitioners on areas to address to work with women on improving sexual self-esteem. The study contributes to social change by identifying areas of further research to continue reducing the gaps that impacts women's health and overall well-being. In addition, the study may help improve the improvement of interventions meant to improve female sexual dysfunction.

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## Dedication

I have always dreamed of earning a doctorate and this is dedicated to everyone who believed in me along the way. This is dedicated to Votie because he asked me why I wasn't already working on my doctorate when we first met and made me realize I needed to pursue my dream. This is dedicated to my parents, Tim and Terri, who always believed in me and have always encouraged my education. This is dedicated to my daughter, Addison, who will be going into college soon, and my nieces, I hope this inspires you all to know you can do anything you want.

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## Table of Contents

List of Tables .....	vii
Chapter 1: Introduction to the Study.....	1
Introduction.....	1
Background.....	3
Problem Statement.....	7
Purpose of the Study.....	9
Research Question .....	11
Theoretical Framework for the Study.....	11
Nature of the Study.....	14
Definitions.....	15
Assumptions.....	16
Scope and Delimitations .....	18
Limitations .....	19
Significance.....	22
Summary.....	24
Chapter 2: Literature Review.....	26
Literature Review.....	26
Introduction.....	26
Literature Search Strategy.....	29
Theoretical Framework.....	31
Sociometer Theory.....	31

Sociometer Theory and Sexual Health .....	32
Sociometer Theory, Sexual Self-Esteem, and Long-Term Intimate Relationships.....	33
Sexual Health.....	36
Defining Sexual Health.....	36
Relevance of Sexual Health to Public Health.....	37
Gaps in Literature on Sexual Health.....	38
Sexual Well-Being.....	42
Defining Sexual Well-Being.....	42
Relevance of Sexual Well-Being to Public Health.....	44
Sexual Self-Esteem as a Variable of Sexual Well-Being .....	46
Summary.....	52
Chapter 3: Research Methods .....	55
Introduction.....	55
Research Design and Rationale .....	56
Role of the Researcher .....	62
Methodology.....	66
Participants/Population .....	66
Instrumentation .....	71
Data Collection .....	73
Data Analysis .....	76
Issues of Trustworthiness.....	79

Credibility .....	80
Transferability.....	82
Dependability .....	83
Confirmability.....	85
Ethical Procedures .....	85
Social and Clinical Value.....	86
Favorable Risk-Benefit Ratio .....	87
Informed Consent.....	88
Respect for Potential and Enrolled Subjects.....	89
Fair Subject Selection .....	90
Independent Review.....	91
Scientific Validity .....	91
Other Ethical Considerations .....	92
Summary .....	93
Chapter 4: Results .....	95
Introduction.....	95
Research Question and Purpose.....	95
Pilot Study.....	96
Setting .....	96
Demographics .....	97
Data Collection .....	102
Sample Size.....	102

Collection .....	103
Transcription .....	103
Variations in Plan.....	104
Unusual Circumstances.....	105
Data Analysis .....	105
Data Analysis Process.....	105
Emerging Codes, Categories, and Themes .....	107
Discrepant Cases.....	109
Evidence of Trustworthiness.....	110
Credibility .....	110
Transferability.....	112
Dependability.....	112
Confirmability.....	113
Results.....	114
Emergent Theme 1: Communication Influences on Sexual Self-Esteem.....	114
Overall Communication.....	115
Sexual Communication.....	116
Sexual Pressure .....	118
Emergent Theme 2: Relationship Satisfaction Influences Sexual Self-Esteem.....	120
Partner Affirmation.....	121
Relationship Growth (Time, Friendship, Comfortability, Safety).....	123
Sexual Satisfaction.....	126

Sexual Dissatisfaction.....	127
Emergent Theme 3: Overall Self-Esteem Influences Sexual Self-Esteem .....	129
Self-Confidence .....	131
Confidence in Partner’s Approval .....	132
Body Image (Weight Influences, Age Influences) .....	134
Overall Health (Physical Health Influences, Mental Health Influences, Sexual Health Influences).....	136
Historical Influences (Cultural Impacts, Sexual Assault).....	141
Summary.....	146
Chapter 5: Discussion, Conclusions, and Recommendations .....	148
Introduction.....	148
Study Overview .....	149
Interpretation of the Findings.....	150
Findings and the Literature .....	153
Findings and Theoretical Framework .....	169
Limitations of the Study.....	173
Recommendations.....	174
Implications.....	176
Positive Social Change .....	176
Theoretical Implications .....	178
Recommendations for Future Research .....	178
Recommendations for Practice .....	179

Conclusion .....	179
References.....	181
Appendix A: Informed Consent Form .....	191
Appendix B: Flyer.....	193
Appendix C: Semi-Structured Interview Guide.....	195

## List of Tables

Table 1. Demographics .....	98
Table 2. Emergent Themes and Subthemes .....	109
Table 3. Narrative Voices: Communication .....	114
Table 4. Narrative Voices: Satisfaction .....	120
Table 5. Narrative Voices: Self-Esteem.....	130

## Chapter 1: Introduction to the Study

### **Introduction**

While sexual health is integral to women's overall health it is impacted by many factors, including a female's own preferences and experiences (Frederiksen et al., 2021; Mollaioli et al., 2020; Stanley & Pope, 2022). Poor sexual health in women can include a lack of advocacy with sexual partners, sexual dysfunction, and lack of seeking sexual health services (Mollaioli et al., 2020; Stanley & Pope, 2022). Women often develop chronic health conditions as a result of such poor sexual health. While female sexual dysfunction is frequently overlooked in literature, it has been identified that female sexual dysfunctions can contribute to females developing long-term chronic health conditions (Stanley & Pope, 2022). Discomfort accessing or seeking sexual health services as well as the inability to communicate with sexual partners, especially when sexual activity is uncomfortable or painful, also has short and long-term impacts on the physical health of females and their well-being and mental health. However, there are significant gaps in the research on female sexual health which continues to impact the ability to develop appropriate programs and interventions to help improve female sexual health and positively impact their overall well-being and overall health (Sakaluk et al., 2020).

An example of this gap in research on female sexual health is the historical connection between female sexual health and self-esteem. The assumption of the research community as well as health practitioners that self-esteem influences sexual health in females has been the basis of programs and interventions targeting female sexual health.

However, the relationship between these two concepts may not be clearly understood within research. The meta-analysis conducted by Sakaluk et al. (2020) identified that no significant relationship between the two concepts was identified within research. Sakaluk et al. (2020) also suggested that the terms sexual health and self-esteem may be too broad to explore their relationship and that exploration of domains within these concepts may provide essential insight into their relationship as well as the long-term impacts on female overall health and well-being. Current research is also beginning to separately define sexual health and sexual well-being, as well as explore their differing impacts on overall health and well-being (Martin & Woodgate, 2020; Mitchell et al., 2021).

As suggested by Sakaluk et al. (2020), research that focuses on domains of sexual health and self-esteem can provide insight necessary to guide further essential research on these topics. Within the meta-analysis by Sakaluk et al., long-term intimate relationships, as a sexual health domain, was identified as having some significance in relation to self-esteem. Sexual self-esteem, a domain of overall self-esteem within sexual well-being, was identified within the research as an area for further research. Lorimer et al. (2019) identified that lived experiences of sexual self-esteem within long-term intimate relationships was an area of qualitative literature in which there was a gap in the research. To attempt to address this gap in the literature, which has significant implications for the health and well-being of women, this study proposed to examine the narratives of female sexual self-esteem within long-term intimate relationships with the purpose of understanding how women perceive their sexual self-esteem within their long-term intimate relationship. Future implications of addressing this gap in research includes

providing an understanding of the role of long-term relationships on female sexual self-esteem, the role of couples in addressing female sexual dysfunctions that derive from poor sexual self-esteem and contributing to the overall knowledge on the essential topics of female sexual health and well-being and female self-esteem through (Hanier et al., 2022; Sakaluk et al., 2020). This study proposed a narrative exploration of sexual self-esteem in cisgender women's long-term intimate relationships, with sexual self-esteem a domain of sexual well-being and long-term intimate relationships a domain of sexual health.

In this chapter, a review of the background of sexual health and sexual well-being, as well as their domains of long-term intimate relationships and sexual self-esteem will be provided to support the examination of sexual self-esteem within long-term intimate relationships. The problem statement for the study, purpose of the study, research question, and theoretical framework will also be included and discussed in this chapter. The chapter will also define key terms and discuss the nature of the study. The assumptions, scope and delimitations, and limitations of the study will be explored in the chapter and the chapter will conclude with a discussion of the significance and social implications of the study.

### **Background**

Sexual health is essential in the physical health of an individual as well as the individual's overall well-being (Kingsberg et al., 2019; Molliaoli et al., 2020; WHO, 2022). While this is true for both females as well as males, female sexual well-being and sexual health, and related domains of sexuality in females have been overlooked in

research, creating a gap in knowledge. This has led to assumptions and pervasive myths about female sexual health that negatively impact females, especially when programs and interventions are built with these assumptions as the foundation (Fowler et al., 2022; Fudge & Byers, 2021; Kingsberg et al., 2019). The role of self-esteem in the sexual health of females is one area in which assumptions have been regularly accepted in the research, academic, and health professional fields, with possible detriment to female health and well-being (Sakaluk et al., 2020). In the meta-analysis by Sakaluk et al. (2020), studies exploring the relationship between sexual health and self-esteem were examined and the analysis indicated that no significant relationship between the two concepts was identified. This directly contradicts historical linkage between the two concepts that assumed a positive link between sexual health and self-esteem; the assumption of a positive relationship between self-esteem and sexual health has been used for decades in research as well as to develop programs and interventions meant to tackle poor sexual health. Within the meta-analysis, Sakaluk et al. only identified one domain of sexual health, long-term intimate relationships, which had any significant relationship with the concept of self-esteem. It was suggested in the discussion of the meta-analysis and its findings, that the concepts of sexual health and self-esteem may be too broad to fully explore their relationship and that further research on the relationship between domains of these concepts should be considered. Based within this meta-analysis and its contradictions of previous assumptions in literature, this study was developed to explore long-term intimate relationships as a domain of sexual health.

Additionally, current literature on sexual health identifies that the concepts of sexual well-being and sexual health, historically defined together, should be defined and explored as two separate concepts. Sexual health has long been identified as a pillar of public health that is essential for overall health and well-being and refers to more external aspects, such as seeking reproductive health services and positive intimate partner relationships (Mollaioli et al., 2020; WHO, 2022). Sexual well-being, like sexual health, is a pillar of public health and is defined by more internal or personal aspects, such as the ability to engage in pleasurable sexual activity and comfortability with sexual communication (Martin & Woodgate, 2020; Mitchell et al., 2021; WHO, 2022). Individuals who do not have good sexual health or good sexual well-being are at increased risk for physical and mental health disorders and for females, sexual health and sexual well-being remain areas that lack the knowledge and research that has been conducted within male populations, placing females at greater risk for dysfunction and poor health impacts (Kingsberg et al., 2019; Mollaioli et al., 2020).

Current research attempting to define sexual well-being separate from sexual health identified sexual self-esteem as a key element. Sexual self-esteem relates to the value an individual places on their sexuality (Hanier et al., 2022). It is more indicative of how an individual perceives themselves rather than how they are perceived by others. However, the perceptions of others may be impactful because it influences how the individual is treated. Sociometer theory posits that how an individual perceives their own relational value is impacted by their experiences of perceived social inclusion or exclusion and that this informs the development of their sexual self-esteem (Perinelli et

al., 2022). Used as a framework, it is theorized that long-term intimate relationships will create experiences that may be perceived by an individual as social inclusion or social exclusion and as a result will have impacts on the individuals' sexual self-esteem (Hanier et al., 2022; Perinelli et al., 2022). As a long-term intimate relationship will shape an individual's perceptions and their experiences of social inclusion or exclusion, it is likely to contribute to shaping their perception of their relational value and thus their sexual self-esteem.

This study was developed to explore the gap in knowledge about female sexual self-esteem, as a domain of sexual well-being, and the impacts of long-term intimate relationships, as a domain of sexual health. As sexual health and sexual well-being have only recently been explored as different concepts, and the female population has been historically overlooked in research on topics of sexual health and sexuality, this study sought to contribute knowledge in an area of research that is lacking but essential for overall health and well-being for females (Martin & Woodgate, 2020; Mitchell et al., 2021). Additionally, due to the findings in Sakaluk et al. (2020) contradicting assumptions of a relationship between self-esteem and sexual health and the suggestion that domains of self-esteem and sexual health require further research, this study was needed to fill a gap in knowledge exploring the relationship between domains of self-esteem and sexual health and sexual well-being. This study explored sexual self-esteem as a variable of sexual well-being and how it is affected by long-term intimate relationships. Sexual self-esteem develops due to a result of experiences and the individual's perceptions of those experiences (Hanier et al., 2022; Perinelli et al., 2022).

Given the role of sexual self-esteem, as a domain of sexual well-being, in female health and well-being, it is crucial to explore how specific factors and experiences, such as long-term intimate relationships, impact female sexual self-esteem.

### **Problem Statement**

The research problem that this study proposed to address is the lack of understanding of the narratives of sexual self-esteem, as a domain of sexual well-being, in cisgender women's long-term intimate relationships. This research problem is relevant to health psychology because of the impact of female sexual health and sexual well-being on the overall health and well-being of women (Kingsberg et al., 2019; Mitchell, et al., 2021; Mollaioli et al., 2020). Research into the sexual health of women has not been as prevalent as research into the sexual health of men, leaving a gap in research and knowledge on the female population (Mollaioli et al., 2020). Gaps in research on female sexual health and sexual well-being may result in poorly developed interventions and programs, as research assumptions, such as self-esteem having a significant relationship to sexual health, are used to develop these programs and interventions (Guttmacher Institute, 2021; Guttmacher, n.d.). The inequity in healthcare between males and females results in higher costs for women seeking healthcare and contributes to economic losses. In 2021, women paid 20% more than men for out-of-pocket healthcare costs, which equates to about \$15 billion in expenditures annually for women to pay for their healthcare needs (Deloitte, 2023). Women also spend more of their lives in poor health, which impacts their economic contributions and creates significant economic loss (McKinsey Health Institute, 2024). Reducing the gap in research between male health

and female health, particularly in sexual and reproductive health areas, is one way in which the inequities can begin to be reduced (Guttmacher Institute, 2021; McKinsey Health Institute, 2024). The emerging research and data made it clear that increased understanding of female sexual health and female sexual well-being is imperative for overall health for females and is a relevant and significant area for further research (Kingsberg et al., 2019; Mollaioli et al., 2020).

Two things in recent research have been identified that make this problem more relevant. Sakaluk et al. (2020) conducted a meta-analysis on studies about sexual health and self-esteem and found that contrary assumptions in research, academics, and health professions, there was no significant relationship found to link the concepts of sexual health and self-esteem. This contradicted historical linkage between the concepts that assumed increases in self-esteem would positively correlate to increases in sexual health. In discussion of their findings, Sakaluk et al. (2020) suggested that the concepts may not have a significant relationship but also suggested that the broadness of the terms made their relationship too difficult to fully examine and understand. It was their suggestion that further research exploring the relationship between domains of sexual health and self-esteem may be necessitated. In the findings of the meta-analysis, only intimate long-term relationships as a domain of sexual health showed a significant relationship with self-esteem (Sakaluk et al., 2020). Based on this finding and the suggestions of Sakaluk et al. (2020), as well as the importance of sexual health in overall female health and the gap in knowledge on the topic in female populations, long-term intimate relationships was selected for this study to be explored as a domain of sexual health.

Another thing that has recently come out of research into the topic of sexual health is the separation of the terms sexual health and sexual well-being and an identified need to explore these terms separately and in relation to each other (Martin & Woodgate, 2020; Mitchell et al, 2021). While there is more information defining and exploring sexual health, recent research has begun to define sexual well-being and a key concept to define sexual well-being is sexual self-esteem. This current research indicates that sexual self-esteem is core to sexual well-being and as such is imperative to the overall health and well-being of an individual. Based within this newer research defining sexual well-being, sexual self-esteem as a domain of sexual well-being was selected to be explored in relation to the domain of long-term intimate relationships. The rationale for this exploration was provided by Sakaluk et al. (2020) who suggested exploration of domains of the broader concepts to address gaps in knowledge. This gap in knowledge within female health is critical to address due to the impacts on female physical and mental health that can occur from poor sexual well-being and sexual health. Understanding the relationship between these concepts provided enhanced insight into how to address poor sexual well-being and sexual health adequately and effectively in a way that increased overall health and well-being within the female population. This is an area that is important in health psychology and helping to improve female health through programs and interventions.

### **Purpose of the Study**

The purpose of this study was to understand the narratives of cisgender females of their sexual self-esteem within their long-term intimate relationships. Utilizing

interpretivism within a study focuses on the assumption that reality is subjective to an individual and is also socially constructed by the individual, so that an individual's reality must be understood from the individual's own perspective (Pulla & Carter, 2018). The researcher explores meaning behind human behavior and interactions. This is the paradigm that guided the development of this study, which explored the individual female's descriptions of their experience for the purpose of identifying and understanding if commonalities exist within their described experiences. Interpretivism is often associated with qualitative research because of its focus on questions and observations that generate rich, thick descriptions of an individual's experience (Pulla & Carter 2018). Interpretivism is suited to the purpose of this study to obtain thick, rich descriptions from cisgender females on how they make sense of their sexual self-esteem within their long-term intimate relationships with the intent of exploring the role of long-term intimate relationships in sexual self-esteem. By exploring the narratives of sexual self-esteem within the long-term intimate relationships of cisgender females, this study attempted to address the gap in research and contribute knowledge that can be used to develop future interventions and programs that address issues within female sexual health such as female sexual dysfunction and lack of advocacy that have significant impacts on overall health and well-being. Understanding the narratives of females and commonalities or themes within their experiences can contribute to the development of more effective programs and interventions for female sexual health and well-being.

### **Research Question**

What are the narratives of sexual self-esteem as a domain of sexual well-being in cisgender women's long-term intimate relationships?

### **Theoretical Framework for the Study**

Sociometer theory was developed in 1995 by Mark Leary and Deborah Downs and focused on self-esteem as part of an individual's system to monitor their interpersonal acceptance or rejection. Leary (1999) further explored the role of self-esteem and its uses within interpersonal relationships; he identified that the motive of self-esteem was avoidance of social devaluation and rejection. The primary proposition of the theory is that self-esteem monitors relational value of an individual, which is based on their subjective perspective, and that if an individual experiences perceived devaluation or rejection the lowering of their self-esteem will motivate them to increase behaviors that have are perceived to enhance their relational value (Leary, 1999; Leary & Downs, 1995; Perinelli et al., 2022). Essentially, self-esteem is the meter within sociometer theory which is used to measure interpersonal relationships. It is important to understand that self-esteem as a sociometer is only indicative of how an individual perceives their value, based on their perceptions of acceptance or rejection in experiences with others, and is not a measure of how others view the individual (Perinelli et al., 2022). Sociometer theory is discussed in further detail in Chapter 2.

Sociometer theory was chosen as the framework for this study due to self-esteem being a core aspect of the theory and its relevance to sexual health and sexual well-being (Perinelli et al., 2022; Sakaluk et al., 2020). Sexual health and sexual well-being both are

comprised of and defined by behaviors that can be perceived as increasing or decreasing an individual's value (Sakaluk et al., 2020). As a result, sexual health and sexual well-being behaviors will be impacted by how an individual perceives that they will be viewed based on the sexual health or sexual well-being behavior they display; self-esteem is the core human system that will monitor this and respond to cues during these experiences. It would be theorized that how an individual perceives another person responds to their behavior in this experience will impact their self-esteem and similarly the self-esteem will then adjust how an individual responds in future experiences. Focusing specifically on sexual self-esteem, this would be the meter or gauge used to measure the interpersonal relationships on a sexual level. As with general self-esteem, this would be the individual's perceptions of their sexual value and not how others see them, and it would develop from the process of sexual self-esteem monitoring in situations when they feel their sexual value is being assessed by others. Essentially, sociometer theory is about survival and reproduction, with the assumption that social inclusion is necessary and sexual self-esteem developed as a way to mentor sexual relational value.

This study utilized sociometer theory to explore the narratives of sexual self-esteem in cisgender women within their long-term intimate relationships. Within the framework of sociometer theory, this study explored the concept that being valued relationally will affect an individual's sense of self-esteem (Perinelli et al., 2022). Based on the tenets of the theory, a long-term intimate relationship may be assumed as indicating relational value, which would impact sexual self-esteem; however, if an individual does not perceive that it is indicating value or even perceives rejection within

the relationship that will, in turn, impact their sexual self-esteem. In Chapter 2, it is identified and discussed that long-term intimate relationships have been shown to have protective factors against negative self-esteem for individuals, but other studies indicate that self-esteem for women decreases within long-term intimate relationships (Hanier et al., 2022). This is an area of research which requires further exploration. Understanding perspectives of relational value within long-term intimate relationships and impacts on sexual self-esteem will contribute to knowledge on how sexual self-esteem develops within relationships. Understanding these perspectives can only be done through the narratives of females within these relationships.

Sociometer theory therefore provides the foundation for exploration of how long-term intimate relationships may shape narratives of sexual self-esteem for females. Self-esteem within the sociometer theory is based on the perspectives an individual has of their social inclusion or exclusion; this theory is relevant to research in understanding how females perceive the quality of their relationship and their perception of how this affects their sexual self-esteem (Perinelli et al., 2022). It is important to understand the narratives of females as it pertains to their sexual self-esteem because sexual self-esteem is impacted by an individual's perception of their experiences; understanding the narratives of females regarding their sexual self-esteem within long-term intimate relationships can contribute to theoretical development of self-esteem as it relates to variables of sexual health (Sakaluk et al., 2020). This is important because current theories do not comprehensively explore the variables of self-esteem and sexual health and this study sought to contribute to and support the development of more

comprehensive theories to guide future research into self-esteem and sexual health (Sakaluk et al., 2020). This study was developed using a semi-structured interview design, which aligns with sociometer theory by allowing the researcher to ask questions developed to explore how participants perceive their sexual self-esteem and relational value within their long-term intimate relationships. Sociometer theory will be used to guide the discussion of the meanings derived from these narratives and any themes that arise during analysis.

### **Nature of the Study**

The nature of this qualitative study is a narrative inquiry. Narrative inquiry explores the life experiences of participants with the goal of obtaining thick, rich stories that provide insight and understanding into the participants' perspectives of their experiences (Clandinin, 2013). Narrative inquiry was suited to the purpose of this study and to addressing the study's research question because it allowed me to explore each participant's narrative or perspective of their experiences of sexual self-esteem within their long-term intimate relationships. Narrative inquiry requires the narrator, or participant, to reflect on their lived experiences and through an interpretive process, construct meaning (Head, 2020). As the purpose of this study was to explore how females understand and perceive the role of their long-term intimate relationships on their sexual self-esteem, narrative inquiry was relevant to allow the participants to construct the meaning of their experiences of both sexual self-esteem and their long-term intimate relationships and how they perceived these concepts related to or impact each other. Using a semi-structured interview design allowed for flexibility in the questions asked

during the interview and provided for follow-up questions or discussions that allowed participants to fully explore and express their narratives.

Data was collected from participants who fit the identified criteria: female, age 21 and older, in a long-term intimate relationship lasting 3 or more years. Data that was collected consisted of the interview and field observations. Once data saturation was reached, narrative analysis was used to analyze the data. Narrative analysis focuses on interpretation of the core narratives of the participants personal stories; this means that it is not just the words, but how a question is answered and interpreted, as well as any non-verbal observations, that are used to understand the narrative (Mihas, 2023). Narrative analysis includes initial coding of data, comparative analysis to conceptualize relationships between coded data, and categorization of related data which then allows for thematic analysis in which categories are reviewed for identified themes or patterns that serve to answer the research questions (Mihas, 2023; Sargeant, 2012). Narrative analysis occurred once transcription of the first interview was completed and was continually analyzed, which allowed for ongoing insight, interpretation, and adjustment through the research and analysis process. Using sociometer theory to guide the narrative analysis process allowed exploration of themes in the data regarding personal experiences and perspectives of the influences of these experiences.

### **Definitions**

This section provides definitions for words or phrases as they are used in this study.

*Sexual health:* An individual's physical, emotional, mental, and social well-being as it relates to their sex and sexuality defines sexual health (World Health Organization [WHO], 2022). Key aspects of sexual health include an absence of negative sexual health outcomes as well as the existence of positive sexual health outcomes (Kingsberg et al., 2019; Molliaoli et al., 2020; WHO, 2022)

*Sexual well-being:* Comprised of several critical attributes, sexual well-being is defined by: Sexual self-esteem, self-determination, self-efficacy, and sexual satisfaction and comfort in one's sexuality (Martin & Woodgate, 2020; Mitchell et al., 2021). Sexual well-being focuses on the individual's internal or personal evaluations as it relates to their sex and sexuality, which distinguishes it from sexual health which encompasses more external aspects.

*Sexual self-esteem:* Includes both emotional and behavioral aspects, such as appraisals of sexual behavioral, sexual feelings, and an individual's body within a sexual context (Hanier et al., 2022; Mitchell et al., 2021). It is the valuation an individual puts on their own sexuality and ability to engage in sexual experiences (Hanier et al., 2022).

*Sexual dysfunction:* Sexual dysfunction refers to difficulties that may occur for an individual within their sexuality which may prevent or reduce their ability to experience satisfaction from sexual activity (Faubion & Rullo, 2015) Dysfunctions may arise from biological issues but can also result from mental health issues.

### **Assumptions**

The assumptions of this study are addressed within this section. The assumptions are parts of the study that the researcher supposed but could not verify (Roberts & Hyatt,

2018). My first assumption was that the inclusion criteria that was developed was appropriate to the research question and ensured that the participants had adequate experience within their long-term intimate relationships. The research objectives of the study and the characteristics of the study's population was used to determine which people to select for participation (Mack et al., 2005). Participants were required to be age 21 and over and have a relationship of 3 years or more. This ensured that the participants experience of their long-term intimate relationships were as an adult (over the age of 18). The assumption of this study was that this criterion ensured participants had experience relevant to the research question and purpose of the study. Additionally, it was assumed that participants provided honest responses to the pre-screener to meet the inclusion criteria and did indeed meet the criteria.

Another assumption was that participants were open and fully expressed their experiences during the interview. Although the nature of the topic of sex and sexuality may be sensitive, it was assumed that by responding to the online flyer and providing consent, that individuals participated out of genuine interest and willingness to openly share their experiences. It is essential to ensure that the informed consent is worded to ensure voluntary participation without any suggestion of coercion (Mack et al., 2005). With voluntary participation, assurances of confidentiality, and an emphasis on the purpose of the study, I assumed that the participants selected for this study were honest about their experiences. Doody and Noonan (2013) suggested when these steps are taken it can encourage participants to answer questions honestly and even provide in-depth conversation on the topic, but this is not guaranteed.

It was also assumed that relevant themes would emerge from the in-depth data obtained from participants' interviews. The nature of qualitative research is that it is inductive and interpretive (Roberts & Hyatt, 2018). Qualitative research moves from the specifics of an individual's experience to broader themes. It was assumed within this study that during the data analysis, relevant themes would emerge from the differing experiences of the cisgender females who participated.

### **Scope and Delimitations**

The scope of the study was limited to recruiting cisgender females age 21 and over who were currently in long-term intimate relationships of at least 3 years. Participants were recruited through an online flyer, and individuals who were interested contacted me, and I followed up through email. The recruitment period remained open until saturation is achieved, which is likely to occur at 10-15 interviews (Guest et al., 2020; Hennick & Kaiser, 2021). Data were gathered through a process of semi-structured interviews which allowed for obtaining the collective views of participants on their sexual self-esteem within their long-term intimate relationships. This process included analysis of the interviews in which the participants described their narratives addressing the research question to provide understanding on how they perceive their sexual self-esteem is affected within their long-term intimate relationships. The scope of this study was to explore sexual self-esteem as a domain of sexual well-being and its relationship with long-term intimate relationships, a domain of sexual health. Through this, research on sexual health and sexuality within the female population was addressed as well as the relationship between domains of sexual health and well-being and self-esteem to increase

knowledge on a topic that is essential for overall health and well-being (Mollaioli et al., 2020; Stanley & Pope, 2022). The process of analysis was continuous throughout the study; as each step of analysis was conducted, insights and identified themes were used to shape future interviews and analysis and deeper understanding of past and future data (Robinson & Kerr, 2015).

Requiring that participants were female, over the age of 21, and are currently in a long-term intimate relationship of at least 3 years is a delimiting factor. Although this study sought to achieve saturation, within qualitative studies there can be some concern about transferability due to small participant samples, as a result it is important to collect thick, rich descriptions that clearly portray experiences to improve transferability (Stahl & King, 2020). It was important to target the participants that could address the scope of the study and for the scope of this study, to address the research problem, it was necessary to target the specific population of females in long-term intimate relationships. The age target was chosen to ensure that the long-term intimate relationship had been experienced during the participants adulthood and not while they are minors. These delimitations allow the study to be more relevant to the research problem and in addressing research question.

### **Limitations**

The use of a semi-structured interview to address the research question and purposes of this study as supported by the research. Dolczewski (2022) suggested the use of semi-structured interviews when exploring the domains of self-esteem because of the dynamic nature of self-esteem, which can fluctuate. The protocol of the semi-structured

interview allowed for exploration of these fluctuations throughout the interview because it provided flexibility for me to follow-up as these fluctuations occurred. Adams (2015) and Dolczewski both recommend the use of semi-structured interviews when the goal of the study was to explore a topic and obtain rich information and knowledge that can contribute to further exploration of the topic. Given these recommendations, the semi-structured interview was identified as the method that should be used for this study because it allowed for reflexive exploration of sexual self-esteem within long-term intimate relationships in a way that more structured protocols cannot. Despite this, there are two significant limitations that must be considered when using a semi-structured interview protocol to obtain narratives.

First, there are two common biases that may occur and affect the final outcome of the results. Self-report bias, or response bias, may occur and affect a participants' expressed narrative while biases that occur during the coding process may transform the narrative, this is referred to as researcher bias (Dolczewski, 2022). To address these limitations, member checking or review of the findings with participants and peers can help to validate and clarify research results and help to reduce any researcher bias that may transform the results. Additionally, it is important that questions are carefully developed so that they are not leading and are neutral, which will help to reduce response bias from the participants. The second limitation is the possibility of researcher effect on the participant, which can direct or otherwise influence the narrative (Dolczewski, 2022). This limitation is common with the semi-structured interview methodology. It is the role of the researcher to encourage the participant to provide their own narrative of their

personal experiences regarding the topic of focus; this makes it important for the participant to lead the context and narrative of the interview. Careful development of questions is essential in addressing this limitation and reducing researcher effect on the participant. Despite these limitations of narrative inquiry, the methodology remains the best selection for studies with the purpose of collecting rich, thick data which may not be possible with other methodologies (Dolczewski, 2022). As a result, the narrative inquiry methodology was selected as the best methodology for this study and its goal of collecting thick, rich data on the narratives of sexual self-esteem for cisgender women within their long-term intimate relationships.

Transferability and dependability are two essential areas to address within qualitative studies and any potential related issues that may occur. Dependability is the establishment of trust in the study (Stahl & King, 2020). Stahl and King (2020) state that researcher biases cannot be eliminated completely in qualitative research, but dependability can be established when biases are owned and discarded. Reflexive auditing and peer review were processes that were used during analysis of the data in this study, with the goal being to provide insight into the researcher's process of analysis and the decisions they made during analysis for transparency and reflection. Transferability is the extent to which the patterns and descriptions of the study may be applicable in other contexts (Stahl & King, 2020). This study followed the suggestions of Stahl and King (2020) to establish transferability by obtaining thick, descriptive data so that a participant's experience and its applicability to others' situation can be clearly understood. It is also important for transferability that anything that may influence the data was

outlined during the data analysis process. For this study, I utilized reflexive journaling, peer debriefing, and member checking to communicate and reflect on biases with the purpose of owning and discarding these biases.

### **Significance**

I sought to fill a gap in knowledge on the narratives of sexual self-esteem for cisgender women in long-term intimate relationships. Gaps in knowledge and resources between addressing male health and female health has long caused women to lose years of life to poor health and early death, but it also has national and global economic costs. McKinsey Health Institute (2024) reported that closing this gap could boost the global economy by \$1 Trillion and they emphasized the importance of investing in women-centric research to narrow the health gap between men and women. Additionally, in the United States, the cost for women's healthcare out of pocket is estimated to be \$15 billion more per year than men's health care (Deloitte, 2023). McKinsey Health Institute (2024) identify that equity in healthcare for women is essential for female health and well-being as well as economic growth and suggest that sexual and reproductive health is an important area for further study. This study was designed to contribute and advance knowledge on research into the sexual health and well-being of females and female self-esteem. Sexual health in females was a historically overlooked aspect of research, as research was typically focused on male sexual health and sexuality (Stanley & Pope, 2022). Sexual well-being has recently been separated from sexual health and identified as a pillar of overall health and well-being, alongside sexual health, but it has lacked exploration in research (Martin & Woodgate, 2020; Mitchell et al., 2021). Sexual self-

esteem as an aspect of self-esteem and a domain of sexual well-being, may be important to explore as it relates to domains of sexual health, such as long-term intimate relationships and how it can help to improve sexual well-being for females (Mitchell et al., 2021). Sakaluk et al. (2020) identified that current theories are not adequate for exploration of self-esteem and related domains and aspects. This study sought to advance knowledge by understanding the narratives of sexual self-esteem which can guide further theoretical development and improve future research into this topic.

Contributes to the advancement of practice was also sought with this study, with the goal of providing knowledge to guide development of macro level programs target female sexual health and well-being to improve overall health and well-being (Mitchell et al., 2021; Sakaluk et al., 2020). The narratives gathered in this study may also help to guide the micro level individual treatment of women with poor sexual self-esteem (Mollaioli et al., 2020; Sakaluk et al., 2020). Historical linkages between self-esteem and sexual health which has been assumed in both research and program development were challenged by the meta-analysis done by Sakaluk et al. (2020) which did not identify any significant relationship between self-esteem and sexual health. Inaccurate assumptions such as these can result in the development of ineffective programs. At the macro level, programs such as sexual counseling and sexual education cannot be fully effective when there are gaps in the knowledge on the topic or inaccurate assumptions made about relationships between concepts. Mollaioli et al. (2020) suggests that knowledge of psychosocial factors such as experiences can help to improve these macro level modalities. This study may contribute to the improvement of these macro level modalities

by increasing knowledge of the narratives of sexual self-esteem for females within their long-term intimate relationship. Knowledge of how these experiences are perceived by females may contribute to the advancement of macro and micro level practice.

The significance of this study is theoretical development based within the narratives of sexual self-esteem of cisgender women in long-term intimate relationships. The results of the study may inform theoretical develop of more comprehensive theories of self-esteem. This not only serves to potentially contribute to advancing knowledge but also advancement of practice. This has implications for positive social change by possibly contributing knowledge that help improve the sexual health and sexual well-being of females. Given the essential role of sexual health and sexual well-being in the overall health and well-being of females, this study may have implications for positive social change by improving female health and well-being and reducing the sexual dysfunctions and negative health impacts that occur when females have poor sexual health and/or poor sexual well-being. This study can serve to improve female health and well-being through understanding and targeting sexual self-esteem as a domain of sexual well-being.

### **Summary**

In this chapter, the background of female sexual health, sexual well-being, and sexual self-esteem was provided to support the exploration of female narratives of sexual self-esteem within their long-term intimate relationships. The problem statement for the study, as well as the purpose and the research question, were also identified within this chapter. An examination of the theoretical framework was provided as well as an

explanation of the nature of the study. Within this chapter, definition of key terms essential for understanding the study will also be provided. The assumptions, scope and delimitations, and limitations of the study were clearly outlined. An overview of the significance of the study was provided to conclude the chapter. In this study, the narratives of females on their sexual self-esteem within their long-term intimate relationships was explored. These data can be used to guide future exploration of an under-studied topic that has significant impacts on female health and well-being. In Chapter 2, a review of the literature on the available research on topics of female sexual health, sexual well-being, and sexual self-esteem is provided to understand the research problem and necessity for this study.

## Chapter 2: Literature Review

### Literature Review

#### Introduction

This study was developed to explore what the narratives are of sexual self-esteem as a domain of sexual well-being in cisgender women's long-term intimate relationships as a research question. It was developed to explore domains of sexual health and sexual well-being as they interact and to understand their impact on each other, to gain a deeper understanding of both sexual health and sexual well-being in females. Sexual health and sexual well-being are two concepts that have significance in female health and well-being. Both female sexual health and female sexual well-being as separate and independently defined concepts are pillars of female health. Sexual health and well-being have been identified as impactful on female overall health and well-being as chronic physical conditions (Stanley & Pope, 2022). It was identified that almost half of females experience sexual problems. Female sexual health is a prevalent issue that has been under researched. Although research into female sexuality and sexual dysfunction has gained popularity within the last decade, there remains a dearth of literature on the topic, leaving gaps in knowledge that impact research and service provision. While some sexual problems are rooted in physical issues, there are sociocultural influences that can contribute to the development of female sexual dysfunction (Mollaioli et al., 2020; Stanley & Pope, 2022). These dysfunctions have mental health and physical health impacts that reduce the overall well-being of women; but with the gaps in the literature, female sexual dysfunctions that stem from sociocultural impacts cannot be adequately

addressed through programs or interventions. For example, research and practitioners have long intuited a relationship between sexual health and self-esteem, but newer analysis of the existing research shows that there may not be a significant relationship between self-esteem and variables of sexual health (Sakaluk et al., 2020). Programs and interventions that have attempted to address female sexual health utilizing self-esteem may thus be inadequate to address the problems experienced by females regarding their sexual health and sexuality.

Furthermore, the concept of sexual well-being has often been placed under the umbrella of sexual health. Recent researchers have begun to examine if sexual well-being should be considered and defined as a concept separate from but as important to health and well-being as sexual health (Martin & Woodgate, 2020; Mitchell et al., 2021). However, sexual well-being is still being defined by researchers and its importance to female sexuality and sexual health is a topic that requires further exploration. Martin and Woodgate (2020) and Mitchell et al. (2021) have delved into exploration and definition of sexual well-being as a concept that is separate from but related to sexual health and within both definitions there is a focus on the individual's perspective of self; additionally, one variable that was used to consistently define and characterize sexual well-being was the variable of sexual self-esteem. Sexual self-esteem is the positive perspective of one's own sexual experiences and attractiveness as it relates to their sexuality. Sexual self-esteem develops from the influence of sociocultural factors that impact sexuality, but research has not fully explored how sociocultural factors influence sexual self-esteem, leaving a gap in the literature. Long-term relationships are one

sociocultural factor that has been identified as having a relationship with sexual self-esteem, but this relationship is not clearly understood. In the analysis by Sakaluk et al. (2020), long-term relationships were the only variable to show a significant relationship with self-esteem.

While the concepts of sexual health and sexual well-being may be too broad to examine together, it may be useful to explore the relationship between variables within these concepts to understand how they may relate to and impact each other. Lorimer et al. (2019) identifies that there is a gap in qualitative literature on the lived experiences of sexual self-esteem within long-term intimate relationships. This study proposed to fill this gap in the literature with a qualitative examination of the narratives of female sexual self-esteem within long-term intimate relationships. Focusing on the narratives of sexual self-esteem from cisgender women in long-term relationships, the purpose of the study was to understand how women perceive their sexual self-esteem within their long-term relationship. This can help to understand the role of long-term relationships in sexual self-esteem and the role of couples counseling in addressing female sexual dysfunctions that derive from poor sexual self-esteem (Hannier et al., 2022). As suggested by Sakaluk et al. (2020) this study can also guide theoretical development within the variables of self-esteem and sexual health to create theoretical frameworks for further research into the variables of sexual health and sexual well-being. This study proposed a narrative exploration of sexual self-esteem, as a variable of sexual well-being, in cisgender women's long-term relationships, as a variable of sexual health.

This chapter will review the literature search strategy utilized to explore the topics of sexual health, sexual well-being, and self-esteem. Multiple databases were used to expand the literature search, including use of Thoreau, Google Scholar, PsycInfo, and CINAHL. The chapter will follow with a discussion of sociometer theory as the theoretical framework that guided the development of the study. Sociometer theory suggests that how an individual perceives the quality of their relationships with significant others will influence their self-esteem (Leary, 1999; Leary & Downs, 1995; Perinelli et al., 2022). The literature review will discuss sexual health and sexual well-being as significant concepts within the study as well as sexual self-esteem as a variable of sexual well-being. A review of the purpose and impact of the study will be discussed in the final section of the chapter and a discussion on how the study proposed to fill the identified gaps in the literature.

### **Literature Search Strategy**

I obtained literature relevant to sexual health and sexual well-being from the World Health Organization (WHO; 2022) online website, the Centers for Disease Control and Prevention (CDC; 2022) online website, Walden University's online library publication journal databases, and google scholar. Specifically, within Walden University's online library publication, I used the following library databases: Academic Search Complete, APA PsycBooks, APA PsycInfo, CINAHL plus with full text, EBSCO, Thoreau (library search), Medline with full text, ProQuest Central, Psychology databases combined search, Sage Journals, ScienceDirect, and Taylor and Francis online. I also utilized Google Scholar to search online. For the search terms I used the following

keywords and terms to identify relevant literature: *sexual health, female sexual health, female sexual health and well-being, female sexual well-being, self-esteem, female self-esteem, sexual self-esteem, female sexual self-esteem, self-esteem and long-term intimate relationships, sexual self-esteem and long-term intimate relationships, female sexual health and long-term intimate relationships, sexual well-being and self-esteem, sociometer theory, Sociometer theory and sexual health, sociometer theory and self-esteem, sociometer theory and relationships, female sexuality and mental health, female sexuality and physical health, positive sexual health, sexual health behaviors, female sexual dysfunction, treatment for female sexual dysfunction, self-esteem and sexual dysfunction, definition of sexual health, and female sexual health and sexual dysfunction.*

I reviewed the resources on government websites, including WHO and CDC particularly relating to the definitions of the term sexual health as they provided standardized definitions of the terms that are utilized nationwide and worldwide.

Although sexual health and sexual well-being have become the focus on more research recently, there remains limited research and gaps regarding the terms as they relate to women. However, in the last decade, researchers have been focusing on female sexual health and well-being, increasing the available research. I limited my initial literature search to articles and materials published in 2019 or after. Initial searches of terms sexual health and sexual well-being returned expansive search results, so I focused on narrowing my search based on the population (cisgender females) and subsequently narrowed the search using terms found in relevant articles, such as sexual self-esteem and self-esteem. I also narrowed the time frame to more recent literature, 2020 and after,

when large numbers of results were returned. In researching sociometer theory, I initially allowed for a broader search to find source material regarding the development of sociometer theory and then limited the search to 2019 and after to find current articles that utilized sociometer theory. Peer reviewed, scholarly journals were the primary sources I used as literature to support this study with support from government websites to support term definition and other data.

## **Theoretical Framework**

### **Sociometer Theory**

Sociometer theory posits that it is an individual's perception of the quality of their relationships with significant others that affects their self-esteem (Perinelli et al., 2022; Leary, 1999; Leary & Downs, 1995). Sociometer theory was developed by Mark Leary and Deborah Downs in 1995 to conceptualize the role of self-esteem as a motivator for maintaining interpersonal relationships. According to Leary and Downs (1995) self-esteem is part of a specific system that monitors interpersonal acceptance or rejection. Leary (1999) clarified that the motive of self-esteem is to avoid social devaluation and rejection. According to the theory, self-esteem is used to monitor interpersonal relationships through cues of acceptance or rejection. The focus of the theory is on relational value in an individual's life and the role of self-esteem in monitoring relational value. Relational value is the value that arises from a relationship and depends on the subjective perspective of whether the individual feels valued within the relationship (Perinelli et al., 2022). When an individual experiences cues that they are not valued or

accepted by other people, they will experience lower self-esteem which is intended to motivate them to increase behaviors to enhance relational evaluation (Leary, 1999).

According to Sociometer theory, self-esteem functions as the gauge, or sociometer, that is used to measure interpersonal relationships; when feeling valued by a greater degree by others, an individual's self-esteem will increase but failing to meet other's standards or feeling undervalued by others will result in a decrease to an individual's self-esteem (Perinelli, et al., 2022). An important aspect of sociometer theory is that it is based on the individual's perception. This means that self-esteem as a sociometer functions only to indicate how the individual perceives their value or quality of their relationship and is independent of how others view the individual (Leary, 1999; Leary & Downs, 1995; Perinelli, et al., 2022). The individual uses cues to assess whether they are valued and accepted by others and then adjusts behaviors as necessary to enhance their relational value based on these cues as they attempt to avoid social devaluation and rejection. The assumption is that early humans who belonged to social groups were more likely to survive and reproduce, which made acceptance essential to an individual's well-being. As a result, self-esteem developed as an important survival strategy to detect levels of social inclusion or exclusion.

### **Sociometer Theory and Sexual Health**

Sakaluk et al. (2020) identified sociometer as a theory to assess self-esteem and sexual health. It was suggested that observable aspects of sexual health, such as condom use, that can be perceived as increasing or decreasing the value of an individual to others will be linked with self-esteem. Self-esteem is essentially a core human system that

monitors and responds to cues related to acceptance and rejection; and sexual health and sexual well-being behaviors will then be impacted by how the individual perceives that others will view them as a result of the behavior (Leary, 1999; Leary & Downs, 1995; Perinelli et al., 2022). For example, if an individual engages in a sexual health or well-being behavior that they perceive their significant other does not approve, they may experience a decrease of self-esteem. Similarly, if they engage in a behavior that they perceive their significant other approves, then their self-esteem will increase.

Additionally, levels of self-esteem may be a gauge of how willing an individual will be to engage in a healthy sexual behavior regardless of their partner's approval. For example, if an individual's partner does not like condom use, an individual's self-esteem may predict whether they will continue to insist on the use of condoms during sexual activity. Using this theory, sexual self-esteem can be examined as a sociometer to explore aspects of an individual's sexual health behaviors. This allows the exploration of how long-term intimate relationships, as a variable of sexual health, impact and are impacted by sexual self-esteem.

### **Sociometer Theory, Sexual Self-Esteem, and Long-Term Intimate Relationships**

The purpose of this qualitative study was to use sociometer theory to explore the narratives of sexual self-esteem among individual cisgender women in long-term intimate relationships. Sociometer theory was used to guide the development of the study with a focus on the core concept that being valued relationally affects an individual's sense of self-esteem (Perinelli et al., 2022). Long-term intimate relationships indicate a level of relational acceptance. Thus, it is assumed that long-term intimate relationships, as a

variable of sexual health, would have an impact on sexual self-esteem, as a variable of sexual well-being and aspect of self-esteem. However, it is unknown how long-term intimate relationships impact self-esteem. By using sociometer theory as the lens to guide the development of the study and analysis of the results, it provided a foundation to explore how long-term intimate relationships may shape the narratives of cisgender women's sexual self-esteem.

Sociometer provides the theoretical framework to understand how a cisgender woman's perception of the quality of their relationship with their significant other affects the narratives of their self-esteem (Perinelli et al., 2022). Although long-term intimate relationships indicate a level of relational value, being in a long-term intimate relationship does not reflect whether the individual perceives themselves as being valued relationally (Perinelli et al., 2022; Sakaluk et al., 2020). This is why it is important to understand the narratives of individual women as it pertains to their sexual self-esteem within their long-term intimate relationship; how their perceptions of the relationship impact their sexual self-esteem. Exploring the narratives of cisgender women's sexual self-esteem within their long-term intimate relationships can help to better inform further theoretical development of self-esteem as it relates to variables of sexual health. Current theories of sexual health have been identified as uncomprehensive for a full exploration of the variables of self-esteem and sexual health within research (Sakaluk et al., 2020). Thus, using current theories such as sociometer theory to explore variables of self-esteem and sexual health, such as sexual self-esteem and long-term intimate relationships, helps

to understand the needs of women and supports the development of more comprehensive theories.

Sociometer theory provides a framework for understanding self-esteem as a tool to evaluate relational value. Applying this theory to the core concepts of this study, sexual health and sexual well-being, the study sought to explore and understand the relationships between their respective variables of long-term intimate relationships and sexual self-esteem. Long-term intimate relationships, as a variable of sexual health, provide the structure for development of sexual self-esteem, whether positive or negative. While some research has shown certain long-term relationships have protective factors against negative self-esteem, other studies show that self-esteem decreases for women within a long-term relationship (Hannier, et al., 2022). Based on sociometer theory, it is assumed that if a female perceives themselves as having high relational value, they will assess a greater likelihood of acceptance versus rejection or exclusion by other people in the immediate situation. A long-term intimate relationship may indicate an assumption of relational value, but if the individual does not perceive that value, this in turn impacts their self-esteem. Understanding the perspectives of relational value within long-term intimate relationships and their differing impacts on sexual self-esteem for women is important for understanding how sexual self-esteem develops within relationships. The impact of long-term intimate relationships on sexual self-esteem can only be understood through the narratives of women within these relationships and understanding their perspectives of relational value.

This study was designed to explore these narratives within the lens of sociometer theory, in order to understand relational value by exploring women's perspectives in long-term intimate relationships and how this relates to their sexual self-esteem. The design utilized a semi-structured interview method to identify aspects of self-esteem and elicit details from women of the relationship between their self-esteem and relational value within their long-term intimate relations. Utilizing this method, questions for the semi-structured interview were developed to explore how participants perceived the quality of their relationship with their significant other and how their perceived relational quality affected their narratives of their self-esteem. Utilizing questions developed within the sociometer framework guided exploration of the impact between relational value and self-esteem for women to understand the impacts of long-term intimate relationships. Further discussion of the meanings derived from these narratives will be understood explored within the framework of sociometer theory as they relate to the concepts of sexual health and sexual well-being.

## **Sexual Health**

### **Defining Sexual Health**

Sexual health is a fundamental aspect of physical health and overall well-being (WHO, 2022); it is also a newer concept for research and development. Their definition of sexual health was only created within the last 50 years. The definition states that sexual health is a “state of physical, emotional, mental and social well-being in relation to sexuality.” A key aspect of their sexual health definition is that there is both an absence of negative sexual health outcomes and presence of positive sexual health. Lack of

sexually transmitted infections (STIs; also referred to as sexually transmitted diseases [STDs] in past literature) and prevention of unintended pregnancy are examples of the absence of negative sexual health outcomes. Engagement with sexual reproductive health services is an example of the presence of positive sexual health outcomes (Kingsberg et al., 2019; McKellar et al., 2020; Molliaoli et al., 2020; WHO, 2022). Sexual health by definition is broad and encompassing.

### **Relevance of Sexual Health to Public Health**

In recent decades sexual health has become a more prominent area of public health concern because of new understandings of its importance to individual health and daily functioning (Kingsberg et al., 2019; Molliaoli et al., 2020; WHO, 2022). While sexual health is an important topic for both males and females, recent research has begun to focus on female sexual health as prior lack of research has left a gap in the literature. These gaps in knowledge regarding female sexual health contribute to pervasive myths and societal stigma that negatively impact female individuals' sexual health beliefs and behaviors (Fowler et al., 2022; Fudge & Byers, 2021; Kingsberg et al., 2019). This recent research into female sexuality and sexual health can reduce stigmas that prevent help seeking behaviors and lead to an increase in women's positive attitudes towards and their application of knowledge to their sexual health behaviors (Bond et al., 2020; Goldfarb & Lieberman, 2021). By filling gaps in the literature on topics related to female sexual health, researchers and professionals can create more effective interventions and education programs that address sexual health behaviors and help to improve overall well-being for women.

Since the development of the standardized definition of sexual health by the WHO (2022), there has been continuing research into sexual health topics that have expanded scholarly knowledge. However, research into the sexual health of women has remained relatively unexplored compared to that of men until recent years (Levy, 2022). While women have similar biological responses in sexual drive when compared to men, there are different sociocultural influences that impact the development of a women's sexuality (Goldfarb & Lieberman, 2021). What is known about female sexuality and sexual health is that experiences and education are foundational in how they develop sexual health beliefs and behaviors, whether positive or negative. This means that it is essential to understand the sociocultural factors that impact the development of female sexuality and sexual health beliefs and behaviors to improve overall female health and well-being. Stanley and Pope (2022) identify that female sexual health issues are shown to have as much impact on overall female well-being as chronic physical health conditions. However, there remain gaps in knowledge regarding the sociocultural factors that influence female sexuality and sexual health development; these gaps have significant implications for individual physical and mental health (Goldfarb & Lieberman, 2021; Sakaluk et al., 2020).

### **Gaps in Literature on Sexual Health**

Women have unique sexual health needs and sociocultural factors that impact their sexuality. There are gaps in the literature in understanding how women develop positive sexual health beliefs and behaviors, their development of sexual self-esteem and sexual well-being, and how to help overcome stigma to improve engagement with sexual

health services. The result of these gaps is that women continue to experience sexual diseases and dysfunctions in sexual relationships that could be avoided or treated with appropriate and effective knowledge and resources (Levy, 2022; Mollioli et al., 2020). Such knowledge can help to develop educational programs and sexual interventions that have increased effectiveness within the female population and help practitioners learn to effectively provide and engage women in sexual health services. Greater gender equality will occur when women have greater access to information, products, and services that support positive sexuality and sexual health practices (Wilson et al., 2021).

One sociocultural factor that has been consistently identified as an influence on the development of positive sexual health beliefs and behaviors is self-esteem. Research into sexual health has consistently correlated positive sexual health beliefs and behaviors with positive self-esteem (McKellar et al., 2020; Sakaluk et al., 2020). However, this highlights the gap in research into sexual health, particularly with women. As a Sakaluk et al. (2020) identified within their meta-analysis, while there was a slight correlation between the sexual health domain of long-term relationships and self-esteem, there was little to no correlation between self-esteem and other domains of sexual health. This indicates that contrary to popular belief in research, there may be no relationship between self-esteem and female sexual health beliefs and behaviors (Bond et al., 2020; Fudge & Byers, 2020; Sakaluk et al., 2020). The correlational link between the two concepts has been intuited by researchers for decades, but current research does not support that there is a correlational relationship. Instead, no significant relationship between sexual health and self-esteem was found and it was suggested that the correlation between sexual

health and self-esteem may be over-estimated and insufficiently understood. Multiple sexual health variables were reviewed for their relationship to self-esteem with there being a weak to no correlation between most variables and self-esteem. Only one variable, long-term relationships, showed a significant relationship with self-esteem. Further research is necessary to increase understanding of the concepts of self-esteem and sexual health; with the suggestion that the concepts of self-esteem and sexual health may be too broad to explore the links between them, but that additional research focusing on the relationship between variables of the concepts may be more essential to filling the gaps in research.

The finding of Sakaluk et al.'s (2020) meta-analysis, which contradicts decades of popular belief, highlights the impact of the gaps in research on female sexual health. Research and interventions have been developed on the intuitive assumption that there is a significant correlational relationship between sexual health and self-esteem; a relationship that may not have significance. When interventions are based upon inaccurate or limited research, they can be inadequate in meeting the needs of the groups they serve. Given that research into female sexual health is newer and remains limited, this places women at risk for programs and interventions being developed that may inadequately address their needs or even worse, may cause harm to their sexual health. The importance of filling these gaps is that it can help to improve the development of sexual health education programs and interventions that can be used to address female sexual dysfunctions effectively and improve female sexual health and well-being (Sakaluk et al., 2020). This requires understanding of how domains of sexual health and

self-esteem are related. Further research into female sexual health and well-being should be narrowed to focus on variables within these concepts and understanding how these variables can be addressed to create more effective programs and interventions for female sexual health and well-being.

Sakaluk et al. (2020) stated in their research that it is likely that concepts of self-esteem and sexual health are too broad to be explored and fully understood without narrowing down research to focus on the variables within these domains as well. They also identify that theories guiding this research are imprecise, and that the development of theories may be a focus of further research. While there was little to no significant relationship between most variables of sexual health and global self-esteem, there was some significant correlation between self-esteem and long-term relationships as a variable of sexual health. Further research into long-term relationships and the relationship with self-esteem as a sociocultural factor is an area that can help understand the role of each in female well-being. Research into these variables can explore the processes by which self-esteem may play out in different domains of sexual health (Sakaluk et al., 2020). It is important that research into female sexual health continue to explore, broaden, and deepen the understanding of variables within sexual health.

Female sexual health and well-being has long been impacted by the limited research into topics of female sexuality and female sexual health. Although there are some sexual similarities among males and females biologically, sociocultural factors and the unique needs of females means that scholarly research must explore both male and female sexual health and sexuality. Modern research has begun to explore female sexual

health and sexuality and this current knowledge has challenged some long health beliefs and assumptions about female sexual health and the role of self-esteem. It is necessary to continue to research self-esteem and its role in female sexual health and well-being, to understand how to effectively address female sexual dysfunction and poor sexual health. Focusing of variables of self-esteem and sexual health has been suggested as an area for future research; additionally, separating the concepts of sexual health and sexual well-being to explore the impacts of each on overall female health and well-being.

### **Sexual Well-Being**

#### **Defining Sexual Well-Being**

With increasing frequency, the term sexual well-being has been included in research and even policy frameworks. While sexual well-being has been accepted as a being encompassed within sexual health and the idea that sexual health goes beyond the absence of disease, there are some researchers arguing for the separation of sexual health and sexual well-being as concepts that are related but distinct from each other. Mitchell et al. (2021) and Martin and Woodgate (2020) both identify the need to consider sexual well-being a distinct concept from sexual health which should be separately defined and addressed independently in areas of practice, research, and public health. Although sexual well-being can be considered a correlate of sexual health, both sexual health and sexual well-being are separate pillars of public health within the female population (Mitchell et al., 2021). This means that it is necessary for both concepts to be further explored in research and addressed in practice. Women who do not have sexual health and/or sexual well-being face increased risk of physical and mental health disorders, while high levels

of sexual health and sexual well-being are associated with both sexual and general health (Mitchell et al., 2021; Mollaioli et al., 2020; Sakaluk et al., 2020).

As the concept of sexual well-being has been under the umbrella of sexual health for many decades, there is not a set definition of the term within research to this date. Clarifying the definition of a concept is a necessity in furthering the research, practice, and policy that use that concept; it helps to increase the understanding of the proposed concept so that advances in knowledge can occur (Walker & Avant, 2011). Through concept analyses, such as that conducted by Martin and Woodgate (2020) and review of the literature on the topic in articles such as the one written by Mitchell et al. (2021), there has been an increased understanding and clearer definition of what sexual well-being is and how it is related to and separate from sexual health and sexuality. The first associations of sexual well-being focused on satisfaction with one's sexual experience but evolution of the concept through the years began to include more than just satisfaction; it now includes sexual awareness, clarity of sexual values, and comfort in sexual communication (Martin & Woodgate, 2020). More recently, studies have begun to focus on physiological aspects of sexual well-being. The physiological definitions of sexual well-being identified the ability of individuals to physically engage in pleasurable sexual activities with some researchers including the ability to achieve orgasm. These historical definitions are used by Martin and Woodgate in their concept analysis to identify the critical attributes of sexual well-being as capability in performing sexual functions, ability to achieve sexual satisfaction, self-esteem, and sexual self-efficacy. To define and understand sexual well-being, Mitchell et al. developed a model with seven

critical attributes: sexual safety and security, sexual respect, sexual self-esteem, resilience in relation to past sexual experiences, forgiveness of past sexual events, self-determination in one's sex life, and comfort with one's sexuality.

Although some of the critical attributes within the definitions varied, there are strong similarities between the definitions from both Mitchell et al. (2021) and Martin and Woodgate (2020). Self-esteem, self-determination, and self-efficacy, alongside a sexual satisfaction and comfort in one's sexuality appear to be defining elements of sexual well-being that can be used to operationalize and further explore the concept in research. One distinction between sexual well-being and sexual health is that sexual well-being has elements of the individual's own cognitive and emotional evaluations where sexual health focuses on the more physical aspects such as absence of disease and presence of positive behaviors. Mitchell et al. also specified that a definition of sexual well-being should distinguish it from sexual health as well as be applicable to all people regardless of whether they are sexually active and regardless of their relationship status. Despite the need for continued conceptualization of the term sexual well-being, what is clear from emerging research is that sexual well-being is imperative for overall health and as such, requires attention in research, healthcare, and public health domains (Martin & Woodgate, 2020; Mitchell et al., 2021).

### **Relevance of Sexual Well-Being to Public Health**

Mitchell et al. (2021) states that sexual well-being is imperative in the field of public health and that incorporation of sexual well-being can help to address gender inequities in sexuality and sexual behavior. Addressing sexual well-being in public health

can help to address the unique needs of marginalized people such as females by focusing on anti-oppressive approaches. Sexual well-being contributes to positive health outcomes (Rosen & Bachmann, 2008). The variables of sexual well-being have been identified as having effects on different aspects of an individual's overall well-being. One variable of sexual well-being, sexual self-efficacy, has been identified as having an effect on a healthy and satisfying sexual relationship; sexual self-efficacy was identified as a factor for both sexual satisfaction and marital satisfaction and there is a bidirectional correlation between sexual satisfaction and marital satisfaction (Assarzadeh et al., 2021). As relationships are a variable of sexual health, it is important to understand how this variable of sexual health correlates with variables of sexual well-being.

Although sexual well-being has historically been identified as an aspect of sexual health, newer research has focused on defining these terms separately. Separating sexual well-being from sexual health and understanding its role as a distinct concept allows for research and understanding on how both sexual well-being and sexual health have differing impacts on female health and well-being. Additionally, it allows to explore how sexual health and sexual well-being, and variables within these concepts, relate to and impact each other. Only by understanding these concepts independent of each other can their mutual impact and correlations between variables be better explored and understood. As a primary distinction is that sexual well-being focuses on an individual's own evaluations while sexual health focuses on more objective physical aspects, exploring the relation between variables of sexual well-being and sexual health will allow for a more comprehensive understanding of all aspects of female functionality.

## **Sexual Self-Esteem as a Variable of Sexual Well-Being**

### ***Defining Sexual Self-Esteem***

Although Mitchell et al. (2021) and Martin and Woodgate (2020) identify multiple factors that define sexual well-being, they both identify that sexual self-esteem is a key concept. Sexual self-esteem is a newer topic that has been identified in research within the last few years. Although it is a newer concept and no clear definition of sexual self-esteem has emerged, there have been attempts to define and measure the concept through the last few decades. In 1992, Zeanah and Schwarz (1996) created the sexual self-esteem inventory (SSEI) for women which was meant to assess the affective reactions of women to self-appraisals of sexuality. The SSEI identified five subscales of domains that defined sexual self-esteem: skill/experience, attractiveness, control, moral judgements, and adaptiveness. Mitchell et al. additionally defined sexual self-esteem as the affective appraisal of oneself as a sexual being.

In other definitions, the positive appraisal is specified to include appraisals of sexual thoughts, feelings, and behaviors as well as the body within a sexual context (Hannier et al., 2017). What is clear from these various definitions is that sexual self-esteem is made up of both emotional and behavioral components. It also relates to the valuation an individual puts on their sexuality and ability to engage in sexual experiences; As posited in the sociometer theory regarding self-esteem, how an individual self-perceives is more influential to their sexual self-esteem than how an observer perceives them (Hannier et al., 2017; Leary, 1999; Leary & Downs, 1995). Sexual self-esteem can be influenced by family, peers, and personal experiences and

these all contribute to the development of either a positive or negative sexual self-esteem. Using the sociometer theory as a framework for understanding sexual self-esteem, it would be assumed that it is the individual's perception of relational value, of social inclusion or exclusion, during these experiences that inform their sexual self-esteem (Perinelli et al., 2022). For the purposes of this study, these historical definitions of sexual self-esteem were used to identify a clear and concise definition of sexual self-esteem; Sexual self-esteem is how an individual evaluates their sexuality and their ability to engage in sexual experiences and include personal evaluations of one's attractiveness and experiences as they relate to sexuality (Hannier et al., 2017; Mitchell et al., 2021).

The sense of sexual self is distinct from but contributes to the global sense of self (Zeanah & Schwarz, 1996). This means that a sense of sexual self relates to a sense of overall sexual well-being. Sexual self-esteem is a positive sense of sexual self as it relates to one's sexuality and sexual physical appearance. Deficiencies in sexual self-esteem are linked with poor sexual well-being (Martin & Woodgate, 2020). Within the articles that sought to define sexual well-being, each identified sexual self-esteem as a variable, a cognitive affect factor that not just contributes to but helps to define sexual well-being (Lorimer et al., 2019; Martin & Woodgate, 2020; Mitchell et al., 2021). This study explored sexual self-esteem as a variable of sexual well-being and how it is affected by long-term intimate relationships. As discussed, sexual self-esteem develops as a result of experiences and the perceptions of an individual as a result of those experiences. As sexual self-esteem is a newer concept, there is limited research on the factors that shape its development. However, given the role of sexual well-being, and thus sexual self-

esteem as a variable, in female over health and well-being, it is important to explore how specific factors and experiences (sociocultural factors) impact female sexual self-esteem.

### ***Antecedents and Consequences of Sexual Self-Esteem***

Sociocultural factors are both antecedents and consequences that contribute to the development of sexual self-esteem and therefore the presence of sexual well-being.

Antecedents are factors that improve the chance of an individual developing good sexual self-esteem and sexual well-being. Self-confidence is a trait that Martin and Woodgate (2020) suggest must be present for the development of sexual self-esteem as a variable of sexual well-being. Individuals with confidence will have more comfortability with their body and sexual experiences. This leads to increased likelihood that an individual will have self-esteem about their sexual attractiveness and their sexual performance, creating sexual self-esteem. Sexual experiences and relationships contribute to the development of this confidence or comfortability with one's body and sexuality, however, negative sexual experiences can negatively impact confidence and reduce the likelihood an individual will develop positive sexual self-esteem. Consequences occur as a result of an individual exhibiting a characteristic of sexual well-being. Individuals with sexual self-esteem, as a variable of sexual well-being, may be more comfortable with their partner and discussing sexual matters, increasing likely satisfaction from the sexual experience and repeated engagement of sexual activities. Increased satisfaction and repeated engagement may create security and contentment within the intimate relationship. However, there is not enough research to understand how relationships impact and are impacted by sexual self-esteem. Lorimer et al. (2019) identifies the importance of

formative experiences and how they impact an individual's sexual well-being and their sexual relationships. This further suggests the need to explore the relationship between variables of sexual well-being and relationships. There is a gap in qualitative studies that explore the lived realities of influences, such as relationships, on an individual's sexual well-being. This identified gap within sexual well-being and the potential relationship between sexual self-esteem, as a variable of sexual well-being, and relationships guided the development of this qualitative study into the narratives of sexual self-esteem of cisgender females in long-term relationships. The study explored both sexual well-being and sexual health as independent concepts and how variables within these concepts may be related.

### ***Sexual Self-Esteem and Relationships***

Sexual well-being and sexual health were both identified as pillars of female health and well-being (Mitchell et al., 2021; Molliaoli et al., 2020). Within the research it is clear that there are gaps in the literature on both sexual health and sexual well-being for women. However, as suggested by Sakaluk et al. (2020) it may be too difficult to explore the relationships between broad concepts such as sexual health and sexual well-being. It was suggested, instead, to focus on variables of these concepts and explore their interrelationship to provide a framework to better understand the relationship between sexual health and sexual well-being. In the meta-analysis, long-term relationships, as a variable of sexual health, showed positive correlation with self-esteem. Further research into how long-term relationships, as a variable of sexual health, relates to aspects of self-esteem was recommended based on these findings. This study proposed to fill the gap in

research by exploring long-term intimate relationships and sexual self-esteem, as a variable of sexual well-being and aspect of overall self-esteem. Given the gaps in the research on sexual well-being and sexual self-esteem, exploring sexual self-esteem, as a variable of sexual well-being, within long-term relationships, identified as a variable of sexual health, will help to understand how these variables relate to each other individually and as variables of the larger concepts (Lorimer et al., 2019; Martin & Woodgate, 2020; Mitchell et al., 2021).

Hannier et al. (2022) further identified that there is a relationship between sexual self-esteem and relationships that is not fully explored within the research. In the study a negative link between the length of a relationship and a female's sexual self-esteem was identified suggesting that female sexual self-esteem is highest in the early stages of a relationship and decreases over time. McCool-Myers et al. (2018) identified that while marriage and relationship satisfaction are protective factors against female dysfunction, which can emerge as a result of low sexual self-esteem, among other factors, partnerships showed mixed protective and risk factors. This suggests that the impact of relationships on sexual self-esteem and resulting sexual dysfunctions are poorly understood. What Hannier et al. suggested is that sexual self-esteem is influenced by a relationship's dynamics and that this could mean that couple interventions may be effective in addressing female sexual dysfunction that emerges from low sexual self-esteem as a variable of sexual well-being. Lorimer et al. (2019) identified that there is a need for qualitative studies to understand the lived experiences, or narratives, of sexual self-esteem within long-term relationships to better understand the role of long-term intimate

relationships in increasing or decreasing the sexual self-esteem of women. This study was developed to explore the narratives of sexual self-esteem of cisgender women in long-term relationships. This is because sexual self-esteem is not formed in a vacuum and is powerfully shaped by sociocultural factors, such as relationships.

### ***Gaps in the Literature on Sexual Self-Esteem***

Sexual well-being has been identified as a concept separate from but related to sexual health. Although sexual well-being has not been clearly defined, sexual self-esteem was identified among all scholarly definitions as a defining factor of sexual well-being. To understand the relationship between sexual well-being and sexual health, and their combined impact of overall female well-being, it is important to understand sexual self-esteem as a defining variable of sexual well-being and how it relates to sexual health. Suggestions for future research also identified the importance of exploring the variables of sexual health, rather than sexual health as a broad concept, and long-term intimate relationships were the only variable identified as having a significant correlation with self-esteem. There is a gap in the literature on understanding the role of long-term intimate relationships in female sexual health and sexual well-being and this study fills that gap by exploring how long-term intimate relationships impact sexual self-esteem from the perspectives, or narratives, of women. Using sociometer theory as a foundation, it is the perspective of the individual about their relational value is important to the development of sexual self-esteem. This study helps to understand how sexual self-esteem is impacted by the sociocultural factor of long-term intimate relationships; it also

provides understanding of the relationship between variables of sexual well-being (sexual self-esteem) and sexual health (long-term intimate relationships).

### **Summary**

This study is significant in that it will fill a gap in knowledge on the narratives of sexual self-esteem for cisgender women in long-term intimate relationships. Sexual self-esteem and long-term relationships, as variables of sexual well-being and sexual health respectively, can impact female well-being including their physical health, mental health, and contribute to the development of female sexual dysfunction (Hannier et al., 2022; McCool-Myers et al., 2018; Mitchell et al., 2021; Mollioli et al., 2020). Expansion of research into the significance of and relationship between these variables can help to understand how to address both sexual self-esteem and long-term relationships and their impact on each other. As suggested by Hannier et al. (2022) couples' interventions may be effective in addressing female sexual dysfunctions that arise from poor sexual self-esteem; developing effective interventions that address the impact of poor sexual self-esteem on long-term relationships requires an understanding of the relationship between these variables. Additionally, as sexual self-esteem is a variable of sexual well-being, understanding how it relates to a variable of sexual health, i.e. long-term relationships, can help to understand how to influence sexual well-being in females (Mitchell et al., 2021).

Currently, sexual well-being is an important concept that has not been adequately explored in research. Alongside sexual health, sexual well-being is a pillar of overall health and well-being (Martin & Woodgate, 2020; Mitchell et al., 2021). Some of the

challenges of researching both sexual health and sexual well-being is the lack of adequate theories to explore these concepts. Understanding the narratives of sexual self-esteem within long-term intimate relationships, with a focus on theoretical development, can help to frame the development of additional studies within the topic of sexual health and sexual well-being. It can also guide development of macro level programs and micro level interventions with women with poor sexual self-esteem (Mitchell et al., 2021; Mollaioli et al., 2020; Sakaluk et al., 2020;). Mollaioli et al. (2020) identified that understanding sociocultural factors, such as long-term relationships, that influence sexual self-esteem can be used to improve both macro and micro level modalities. Based on this, the results of this study may be used to understand how targeting sexual self-esteem as a variable of sexual well-being can be used to improve overall female well-being.

The purpose of this proposed study was to fill the gap in the qualitative literature on female sexual self-esteem within long-term relationships. Although there are identified links between sexual self-esteem and relationships or partnerships, the narratives of sexual self-esteem of the women within long-term relationships has not been explored (Lorimer et al., 2019). Some research indicates that marriage may be a protective factor against sexual dysfunctions, which may arise from poor sexual self-esteem, but that romantic partnerships are not as clearly protective; additionally, other research indicates that there may be a negative correlation between the length of a relationship and female sexual self-esteem (Hannier et al., 2022; McCool-Myers et al., 2018). What is known is that sexual self-esteem, as a variable of sexual well-being, and long-term relationships, as a variable of sexual health impact the overall health and well-

being of women. The purpose of this study was also to understand how cisgender women define their narratives of sexual self-esteem within their long-term relationships. Using semi-structured interviews to explore the perspectives of women on their relational value in their long-term intimate relationship and their perceptions of how this impacts their sexual self-esteem helps to fill the gap in the literature on the interaction between these variables of sexual health and well-being. By exploring women's narratives, we can understand areas for further research on the relationship between sexual self-esteem and long-term intimate relationships, as well as contribute to gaps on the relationship between variables of sexual health and sexual well-being. Understanding these variables and their relationship can contribute to theoretical development that can help further study the broad concepts of sexual well-being and sexual health.

## Chapter 3: Research Methods

### **Introduction**

The purpose of this study was to understand how cisgender women describe their sexual self-esteem within their long-term intimate relationships. It became evident that further research into female sexual health and sexual well-being are essential for addressing overall female health and well-being (Sakaluk et al., 2020; Stanley & Pope, 2022). Understanding the role of these concepts and their domains helps to develop programs and interventions that are effective at improving female sexual health and well-being as well as their overall health and well-being. Female sexual self-esteem has been identified as a domain of sexual well-being that may have impacts on the domains of sexual health, such as long-term intimate relationships (Fudge & Byers, 2020; Kingsberg et al., 2019; Mollioli et al., 2020). An articulation of this connection can develop an understanding the role of long-term intimate relationships in female sexual dysfunction and relationship issues, and address concerns related to poor sexual self-esteem that can occur in long-term intimate relationships. This study proposed to explore sexual self-esteem, as a concept central to sexual well-being, in cisgender women's long-term intimate relationships, through the use of narrative inquiry.

This chapter will contain a description of the methodological components with the following sections: research design and the rationale, the role of the researcher, the methodology, address issues of trustworthiness, and address ethical procedures. The chapter will review the use of narrative inquiry in the research design and provide rationale for exploring the research questions with this design. Additionally, the chapter

will review and address the role of the researcher and any relationships or biases that may impact this research as well as any plans to address ethical concerns. The methodology section will review the sampling of participants, any instrumentation utilized, and the plan utilized for collection of data and the data analysis. This chapter will also address issues of trustworthiness and any procedures necessary to address ethical concerns or issues, including issues of informed consent and confidentiality. A review of the design and how it addressed the identified research questions will be discussed in the summary.

### **Research Design and Rationale**

This qualitative study intended to provide in-depth understanding of the perspective of cisgender females in long-term intimate relationships on their sexual self-esteem. The research question for this study was:

*RQ1: What are the narratives of sexual self-esteem as a domain of sexual well-being in cisgender women's long-term intimate relationships?*

The study utilized narrative interviews to explore sexual self-esteem within long-term intimate relationships with a focus on theoretical development. While sexual health and sexual well-being have been identified as too broad to explore their correlation, it was suggested that domains of these concepts can be used for theoretical exploration. At this time, according to Sakaluk et al. (2020) theories of sexual health are not comprehensive. This study added to the knowledge gap about sexual self-esteem and long-term intimate relationships, concepts central to sexual health and sexual well-being.

For this study, the central concept was the narratives of cisgender females who are in long-term intimate relationships with the intention of exploring their sexual self-

esteem. Within this concept, both the positive and negative perspectives of sexual self-esteem within females' long-term intimate relationships were included. In Chapter 2, the definitions of sexual health and sexual well-being were provided and the historical linkage between the two terms were explored. What was highlighted in the literature is that both sexual health and sexual well-being impact the overall health and well-being of women, but that the terms are too broad for their relationship to have been adequately explored in research. In the findings of Sakaluk et al. (2020), which contradicted the historical intuitive link researchers made between sexual health and self-esteem, they determined that the broadness of sexual health as a concept as well as the lack of a comprehensive theory of sexual health to frame the research impacts researcher ability to adequately study the topic. Mitchell et al. (2021) identifies the need to narrow research to domains of sexual health and sexual well-being with a focus on theoretical development. Sakaluk et al. identified long-term intimate relationships as a contributor of sexual health showed some significance in correlation to self-esteem. Mitchell et al. suggested a focus on sexual self-esteem as a domain of sexual well-being. Thus, sexual self-esteem and long-term intimate relationships were identified as domains of sexual well-being and sexual health respectively. By exploring these domains in relationship to each other further, this study sought to add to the literature on female sexual health and well-being, which has been overlooked and limited in the past.

This study proposed to explore the two domains of sexual self-esteem within long-term intimate relationships to fill the gap in knowledge of understanding the female narrative as it impacts sexual health and sexual well-being. With consideration to these

identified domains, the study focused on the concept of cisgender females' narratives of sexual self-esteem within their long-term intimate relationships. This study was developed to use an approach that allowed for rich, detailed exploration and understanding of the concept, through narrative inquiry. Narrative inquiry focuses on the lived experiences of individuals within their contexts for deeper understanding of the concept (Clandinin, 2013). The exploration of this concept allows for a detailed look into the cisgender female perspective of their self-esteem within their long-term intimate relationship.

Narrative inquiry was chosen as the method that was best for exploring this research question because it allows for exploration of the life of an individual to tell their story of their individual experience (Creswell & Poth, 2017). After careful consideration of alternative research designs, narrative inquiry was selected for the ability to gather in-depth, complex descriptions of the experiences of individuals. This in-depth information can be used to shape policies, interventions, and even guide theoretical development. For this study, the purpose was to understand the narratives of cisgender females and their descriptions of their sexual self-esteem within their long-term intimate relationships. This exploration of an individual's descriptions of their experiences to understand if commonalities exist and the relevant domains as perceived by the individuals is best serviced through a research method that allows for thick, rich descriptions of individual experience such as narrative inquiry (Creswell & Poth, 2017).

In Chapter 2, it was identified that sexual self-esteem and long-term intimate relationships are domains of sexual well-being and sexual health respectively (Mitchell et

al., 2021; Sakaluk et al., 2020). Both sexual well-being and sexual health have significant impacts on the overall health and well-being of females, but the topics have been under researched within the female population; additionally, the concepts of sexual well-being and sexual health are too broad for exploration of correlation between them (Sakaluk et al., 2020). Qualitative research into selected domains of sexual well-being and sexual health can help to begin to understand the roles of these domains in the lives of females and contribute to theoretical development in an area that does not have a clear theory to guide research development. This study aimed to investigate the perspectives of cisgender females about their sexual self-esteem and long-term intimate relationships. Given this focus on the perceptions and experiences of females, the narrative approach was most suitable.

Consideration of other qualitative methods such as phenomenological, grounded theory, ethnographic, and case study was conducted, but these methods were determined as inadequate for gathering the rich, detailed stories to provide insight into the experiences of cisgender females regarding their sexual self-esteem within long-term intimate relationships. Grounded theory was considered initially due to the focus of this research in contributing to theoretical development in an area of research that does not have clear, guiding theories of sexual health. The purpose of grounded theory is to study a topic that has little research at a broader level, and through analysis of the data develop a theory that is grounded from the data collected in the field (Creswell & Poth, 2017). Grounded theory will be an important avenue for future research within sexual health and sexual well-being, as it is necessary to develop a theory of sexual health that can guide

more targeted research on the topic (Sakaluk et al., 2020). However, grounded theory differs from narrative inquiry in its focus on obtaining the theory behind the phenomenon by exploring the bigger picture. In contrast, narrative inquiry focuses on the background of the phenomenon, to understand how an individual makes sense of their experience, and in obtaining data for intervention. Theory development may follow after treatment interventions are implemented. Therefore, it was determined that narrative inquiry was more suited to the purpose of the study of understanding how females make sense of their experiences of sexual self-esteem within their long-term intimate relationships, with a focus on obtaining data for future interventions by answering the research question. Additionally, given that the study focused only on domains of sexual health and sexual well-being, it would have been difficult to gather sufficient insight to develop a theory related to sexual health that was grounded in the data. What this study can do is provide insight into these domains of sexual health and well-being from the perspectives of females to contribute to future research into these topics that can result in the development of theories grounded in the data. Before a grounded theory of sexual self-esteem can be created as suggested by Sakaluk et al. (2020), exploration of varying domains of sexual health as they relate to individual experiences must first occur.

Phenomenology was also considered as a viable research design because it focuses on the perspectives of an individual's experience of a lived event; the goal of phenomenology is to understand the essence of the experience through the perspectives of individuals who shared that experience (Creswell & Poth, 2017). Phenomenology also provides the rich data that this study sought and there is wide overlap between

phenomenology and narrative inquiry. However, phenomenology is focused on the essence of a single experience, with people as a tool, while narrative inquiry focuses on multiple experiences that become an individual's narrative, and the focus is on how individuals make sense of their experience (Clanindin, 2013). To answer the research question, this study must understand how females make sense of their sexual self-esteem within their long-term intimate relationships, making narrative inquiry the better suited method for this study's research design in order to answer the research question.

Ethnographic is a method focused on observing and interpreting patterns displayed within a culture sharing ground (Creswell & Poth, 2017). The focus on ethnography is on stories that occur within the framework of culture or the group and description of the cultural themes that are found in the data. Identification of cultural themes would not have been effective in answering the research question, which focuses on individual experiences. Finally, case study was determined as ineffective for this study because of its narrow focus on a single or few cases; this can cause a lack of generalizability of findings and make it difficult to establish reliability. Additionally, it does not allow for understanding commonalities among the narratives of females or answer the research question about the narratives of females. After careful review and consideration, narrative inquiry was chosen due to its nature of gather rich, thick descriptions of individual experiences that would bring value to the study and ultimately serve to answer the research question of the narratives of sexual self-esteem of cisgender females in their long-term intimate relationships.

### **Role of the Researcher**

Qualitative research is not as standardized as quantitative. The qualitative researcher's role is to collect data and analyze the data, and to present the findings, while monitoring and reducing bias and maintaining the credibility of the research (Sutton & Austin, 2015). The research team develops the methodology, recruits the participants, facilitates the interviews, maintains the data, synthesizes the results, and reports the findings while guarding against potential biases in data collection and analysis that may occur. Such biases can lead to false conclusions in the presentation of data and impact the reliability and validity of the study. It is essential to the research process and integrity of the study that biases, or the researcher's previous knowledge and dispositions, are controlled and disclosed (Creswell, 2009). This disclosure allows the researcher to recognize and address potential bias that impact the credibility of the study. The researcher's role is to conduct the study in a manner that is ethical, with bias addressed, and can be presented credibly to the scientific community. While the integrity of the research in quantitative research is based on the integrity of the design, methods, and instruments used and to a less extent on the researcher, the integrity of qualitative research is to a great extent dependent on the performance of the researcher (Sutton & Austin, 2015). Thus, the researcher's role must be scrutinized to ensure the validity of their study and the credibility of the findings they present.

Qualitative research is a reflection of the researcher: their lived experiences influence the development of the study, the formulation of interview questions, the data collection, and the data analysis (Sutton & Austin, 2015). These researchers suggest that

biases cannot be ignored or avoided because it is impossible to completely eliminate them. Additionally, Olmos-Vega et al. (2022) stated that subjectivity must be acknowledged and its influence on the research discussed to enhance confirmability and transferability; they also suggest that subjectivity, or bias, can be capitalized on to enhance research. This allows the researcher to identify, acknowledge, and understand any filters through which the interview questions are asked, and the data analyzed and interpreted (Sutton & Austin, 2015). The process of acknowledging, explaining, and capitalizing on subjectivity is done through reflexivity.

Reflexivity is how qualitative researchers account for how subjectivity shaped their inquiry (Olmos-Vega et al., 2022). According to Olmos-Vega et al. (2022), reflexivity is defined as a continuous practice of self-critiquing, appraising, and evaluating how their preconceptions and knowledge influence the research process and they talk about different aspects of the reflexive process including both interpersonal reflexivity as well as personal reflexivity. For personal reflexivity it involves the researcher reflecting on and clarifying any expectations they had, any assumptions or reactions to contexts that occurred, participants, and the data. Interpersonal reflexivity addresses the relationships within the research process and how they can influence context, the people, and the results, with the most significant relationship being that between the researchers and participants (Olmos-Vega et al., 2022). Unexpected power dynamics, if overlooked by the researcher, can harm the data by causing the participant to feel pressured or silenced, which prevents them from fully sharing their experience

(Sutton & Austin, 2015). Interpersonal reflexivity helps the researcher reflect on the relationships within the research and how power dynamics may be at play.

This study was conducted as part of the primary investigators PhD research in Health Psychology. All of the participants were made aware of this feature of the study context. As a clinical social worker, I have worked with females and that often brings up the concept of sexual health. Based on these experiences, I noticed the lack of information females appeared to have about their own sexual health, which influenced my interest in the area of female sexual health. I was disappointed in the lack of research, practice guide lines, and general information available in literature to guide their understanding of sexual health within the female population. This is what influenced the development of a study within the area of sexual health. My personal insight shaped the direction of the study to focus on domains of sexual health and well-being. Engaging in personal reflexivity, I had to manage their assumptions regarding the role of sexual self-esteem within long-term intimate relationships that are based on their experiences as a clinical social worker. Being open to the lived experiences of others that may contradict or vary from my own personal experiences, would allow the exploration of the data and reflection on nuances and differing knowledge that may arise during collection, analysis, or interpretation.

Researchers, by default, often occupy a power position. They are the interpreters of data, decisions makers on what is valid, and often hold widely recognized credentials (Olmos-Vega et al., 2022). As clinical social worker, my credentials could contribute to a power dynamic in which they are recognized as an expert. Qualitative research in itself is

used to promote equality of the participants, and the researcher can contribute to this by creating a welcoming, nonthreatening environment and engaging in an unstructured, informal atmosphere to establish relations with power equality (Karnieli-Miller, et al., 2009). Acknowledging the participants expertise in their own experiences and their contributions to the research help to create power equality and reduce any power dynamics. The semi-structured interview guide included questions designed to encourage participants to express their perspectives on their own experiences of sexual self-esteem in their long-term intimate relationships and I utilized open ended questions to target information without limiting their expression of thoughts and experiences. In addition to creating a welcoming environment and acknowledging the participants equal role in the research, none of the individuals selected for participation in this study had employment or social connections with me to ensure that there were no power or relationship dynamics impacting the research or data. My experience in social work added to the credibility of establishing effective rapport and a safe place to share experiences. These qualities also help to ensure unbiased participant selection.

The self-reflection in reflexivity helps to identify and disclose any biases that impact the collection and interpretation of the data. Reflexivity also helps researchers to identify any power dynamics that are overlooked within the research, critically consider the impacts of their methodological decisions, and consider the cultural and historical context of the study including how research questions and their answers are influenced by current assumptions and practices within the field (Olmos-Vega et al., 2022). Reflexivity helps to ensure that the study is conducted in an ethically sound manner and that all

potential sources of bias have been addressed. A helpful tool in reflexivity is journaling to address and manage assumptions, reflect on new information as its gathered, identify power dynamics and their influence on the process, and understand the impact of methodological decisions and the contextual influence. During the interview, I took notes on any moments of surprise in response to the respondents' narratives; these notes were used by me to reflect on elements of surprise and what their expectation was in that moment, to help reveal their biases. This helped me understand and explore biases so that they may be shared. I utilized reflexive journaling and reflection throughout the study process to understand and acknowledge to readers the impacts of these aspects on the research.

## **Methodology**

### **Participants/Population**

I utilized both purposeful sampling and snowball sampling for this study to obtain female individuals who were in long-term intimate relationships to understand their perspectives on their sexual self-esteem within these relationships. Specific inclusion and exclusion criteria was indicated, making this study non-probabilistic and purposive in nature. Purposive sampling is a non-probability sampling strategy that is widely used in qualitative research because it seeks to match the sample to the aims and the objectives of the research; this helps to improve the trustworthiness of the data (Campbell et al., 2020). Purposive sampling focuses on obtaining participants who meet pre-determined criteria and allows for rich, detailed data. Utilizing purposive sampling allowed me to focus on depth of understanding the perspectives of females in long-term intimate relationships by

selecting respondents who are more likely to yield appropriate and useful information. In addition to purposive sampling, snowball sampling was utilized. Snowball sampling is a sampling technique in which the participants are asked to refer other individuals who may meet the criteria and become participants in the study (Naderifar et al., 2017). The use of snowball sampling can be helpful in finding hard to reach target groups or increasing the sampling population when purposive sampling is not achieving saturation. Using both purposive sampling and snowball sampling can be a more comprehensive sampling method and yield participants who provide rich data (Naderifar et al., 2017). With both sampling methods, I sought participants that have been in a long-term intimate relationship, defined as 3+ years, for their unique knowledge and experiences regarding their sexual self-esteem within these relationships.

Utilizing both these sampling methods enhances transferability as the detailed nature of the criteria allows for a clear description and picture of the participants involved in the study (Campbell et al., 2020). This detailed criterion will remain part of the audit trail that contributes to dependability. The con of utilizing purposive sampling is the researcher and the influence of their own beliefs and perspectives on participant selection. The influence of the researcher's beliefs and perspectives can be addressed through the reflexive process and use of clearly establish criteria for selection. A con of snowball sampling is that it is reliant on the willingness of participants to use their own network to refer potential participants to the researcher (Naderifar et al., 2017). However, use of snowball sampling is still suggested as it can help the researcher gain access to the target group who share the experience. The goal of utilizing both methods of sampling

was to find information rich cases and learn in depth about the concept central to the purpose of the study; these yielded insights rather than empirical generalizations, which are not the goal of this study (Patton, 2015).

The first inclusion criterion for the study was that participants needed to be in long-term intimate relationships. For the purposes of this study, long-term relationships were identified as 3 years and over. To ensure that participants were in long-term intimate relationships I prescreened potential subjects to ask about their current romantic relationships. The second inclusion criterion is that the participant must be ages 21 years or older. Individuals under the age of 21 were excluded due to their relationships being started as minors, prior to reaching the age of 18 and the potential differences in adolescent and adult experiences of long-term intimate relationships. This study was focused on female adults' long-term intimate relationships and thus the criterion that they met the 3+ year criteria as adults was necessary. Participants over 21 also helped identify participants who are able to linguistically share experiences, meaning, and depth in the interview. The third inclusion criterion was that participants must identify as cisgender females. This study was not developed to explore or compare the differing experiences between cisgender and transgender individuals. The focus of the literature review on female sexual health focused on cisgender females and may not be generalizable to transgender female populations. As a result, including transgender female participants would not have been grounded within the literature for this study. This study was designed to identify common themes across the experiences and perspectives of cisgender females regarding their sexual self-esteem within long-term intimate

relationships and as such, a broad variety of female participants were selected for the study. Any individual living outside of the United States was excluded from the study as the literature review explored sexual health and well-being trends within the United States and the research question was developed to address issues facing females within the United States.

With purposeful sampling the sample size was flexible and not pre-determined; this allowed for the qualitative researcher to address adequacy of sample throughout the project (Guest et al., 2020). The sample size depends on the method, topic, and population so it is essential to ensure that saturation is reached. Saturation is defined as the point in which additional data does not yield new insights; at this time the researcher will not find new codes, themes, or theories within new data during the analysis process (Guest et al., 2020; Hennick & Kaiser, 2021). Another way to view it would be that the sampling is stopped when the data becomes redundant. The sample size for narrative inquiry should be small and purposeful, to capture rich stories and deep understanding of perspectives. Based on the research from Guest et al. (2020) that identifies redundancy in narrative inquiry occurs after 12 interviews and the research of Hennick and Kaiser (2021) that saturation is reached within nine to 17 interviews; this study recruited 15 participants to reach saturation. The sampling was continuously evaluated through the study and sample size was adjusted as necessary.

Procedures for recruitment included posting flyers on social media. Participants who were identified as meeting the predetermined inclusion criteria of age 21 years or older, living in the United States, and in long-term intimate relationships were asked if

they would be willing to participate in the study. The flyers included clear inclusion criteria and identified the nature of the study so that individuals who expressed interest were aware of the nature of the study and more likely to maintain interest and meet the criteria after being contacted. Once an individual expressed interest, the process was to reach out to them by email to explain the details of the study, screen them for inclusion eligibility, and to explain the informed consent. I then followed up through email with the informed consent form and ask each participant to respond to the email with “I consent.” The informed consent form that was used will be found as Appendix A. After each interview, the individual was asked to refer any individuals within their network that may meet the criteria to me as potential participants. The individual was allowed to provide me with contact information of these other individuals and was also provided with the flyer to forward to their contacts so that their contacts could contact me independently as well.

Once an individual was determined to meet eligibility and consented to participate, they were scheduled for an interview through Zoom. Zoom has been shown as a user-friendly video conferencing platform that has been identified as suitable for qualitative research (Archibald et al., 2019). Providing an alternative to in-person interviews will be important in obtaining an adequate sample size as well as participants from diverse backgrounds. The use of Zoom allowed for the narrative inquiry interview format without limiting to participants who can attend in person interviews. Interviews conducted through Zoom were recorded using audio. No in person interviews were conducted. All interviews used Zoom transcription services. The participants were

informed of the recording process and how the recordings and transcriptions will be used and secured after the interview. The intention was to make the interviews as convenient and comfortable as possible for each participant; individuals who chose to complete the interview in-person would have been allowed to pick the place to meet but not interviews were conducted in person. Participants who selected to complete the interview through Zoom were recommended to select a location that is safe, comfortable, and private for them to complete the interview. The flyer that was used for marketing purposes will be found as Appendix B.

### **Instrumentation**

For this study, I used semi-structured interviews of a range of 30-60 minutes in length to collect data from participants. Semi-structured interviews are a research-based method of qualitative data collection. The semi-structured interview guide was developed by me and was used to organize and guide the interview, but allowed for follow-up questions, expansion on information, and without the limitations imposed on participants by close-ended questions (Dolcczewski, 2022). Semi-structured interviews allow for participants to provide rich, detailed perspectives and experiences while allowing the interviewer to guide the topic and direction of the study. The semi-structured interview guide will be found in Appendix C. The IBR approval number is 10-15-24-0534679. The initial demographic questions were asked by me to gain background information as well as to re-screen for participant eligibility. This was followed by the questions that were oriented to the study and that focused on the participants' thoughts, perspectives, opinions, and experiences of their sexual self-esteem within their long-term intimate

relationships. I used this interview method with each participant and took notes on how each participant interpreted the question, answered the question, and any other observations made during the interview. I conducted 2 pilot interviews to test the interview questions for clarity and relevance to the research question and study topic. These interviews were conducted on friends and family. Pilot interviews are useful to test the effectiveness and content validity of instrumentation and can be an important part of qualitative research (Shakir & Rahman, 2022).

The interview questions were based within the literature so that they aligned with and answered the research question. Basing the interview questions within the literature helped to ensure the appropriateness of the questions and the value of the data derived from the interview (Creswell & Poth, 2017). The use of the interview guide, based in the literature, provided flexibility to seek rich, deep descriptions from participants by utilizing open-ended questions that allow for follow up. Open-ended questions are often accompanied by how or why questions that creates meaningful dialogue around the topic of interest (Adams, 2015; Dolczewski, 2022). Although the semi-structured interview is not suited to creating generalizability, it was used to understand the individual thoughts of each participant and was sufficient to answer the research question of this study on the narratives of sexual self-esteem for cisgender women in long-term intimate relationships.

This approach allows for asking open-ended questions that allow the participant to express their perspectives, or narratives. The use of semi-structured interviews is recommended when there is not much information on an issue and the goal of the study is to examine that topic for deep, rich information that contributes to further exploration of

the topic (Adams, 2015; Dolczewski, 2022). Given the nature of semi-structured interviews, it suited the needs of this study to examine the perspectives of females regarding sexual self-esteem within long-term intimate relationships to contribute to knowledge and further exploration of the domains of sexual health and sexual self-esteem which are historically under-researched (Dolczewski, 2022; Mollaioli et al., 2020). Sufficiency and content validity of the semi-structured interview guide was also continually assessed throughout the study and adjusted as necessary to capture the information essential to answering the research question. Adams (2015) suggested that the interview guide be considered a work in progress and that through incorporation of new insights the interview guide can be refined to increase validity and sufficiency of the instrument.

### **Data Collection**

A flyer was completed for advertising the study and posted on social media and physical locations. The flyer was also posted on the Walden Student Pool. Individuals expressed interest in participation by contacting me by phone number, email, text, or through social media, which was included on the flyer. Once an individual expressed interest, I collected their email and provided the informed consent and information on the purpose and nature of the study. I scheduled the interview once the individual emailed their consent for participation. Once the individual consented and was scheduled for an interview, they were provided with a form to fill out demographics prior to the scheduled interview. The interview was offered in person or through Zoom based on participant

preference and the availability of both the participant and myself. All participants selected to complete through Zoom.

The participants were informed of the expectation of the interview to take at least 30 minutes with a 90-minute limitation on time. The interviews were audio recorded through Zoom. All interviews were transcribed using the Zoom services. Additionally, I took notes on visual observations of body language and behavior to add to the data for analysis. Visual observation is a common qualitative research method that adds to the richness of interviews by supporting the interpretation of participant responses and meaning (Creswell & Poth, 2017). Participants were debriefed at the end of the interview on the reason for the study, the confidentiality and privacy of their data, and they were provided mental health resources if they indicated any feelings of psychological distress from discussing sensitive or traumatic experiences. I also provided information to the participants on the potential for member-checking in the future.

Through the interview process, each participant was asked predetermined questions from the interview guide, which focused on the study topic. The interview guide contained predetermined questions, but the use of follow-up questions was utilized to gather rich details and thick descriptions as necessary, aligning with the semi-structured method of narrative interview (Clanindin, 2022). The use of semi-structured interviews is important and an effective method to collect participants' stories and their perceptions of their experiences. This method was used with each participant to ensure that the interviews focused on the study topic while allowing the participant space to respond and myself the ability to follow-up for more information. During the interview, I

also took field notes on observations of how participants interpret each question and any nuances in participant's or researchers' responses. All interviews were conducted utilizing Zoom and were audio recorded, and the Zoom transcription services were used for immediate verbatim transcription of the interviews. No interviews were conducted in-person. The observation field notes added elements of richness and helped to interpret the meaning in the participants' stories (Creswell & Poth, 2017).

After the interviews were completed, the participants were debriefed. This debriefing process included sharing the intended use of the data collected and reviewing the purpose of the study. No participants expressed any distress during or after the interview, but I had available a list of mental health resources on the consent form if it were necessary for any participant. Each participant was reminded of these resources during the interview. I listened to each interview following the conclusion of the interview and had the opportunity to follow up with participants through email with any questions; I also followed up by email to engage member checking and to ensure credibility. To reduce risk of having too few participants to reach saturation, snowball sampling was used by myself by asking for referrals from any participants who expressed interest in the study and meet the criteria. Although some participants indicated possible referrals, no participants were obtained through snowball sampling; however, saturation was reached through the use of the purposive sampling and two additional interviews beyond saturation were completed.

## **Data Analysis**

Qualitative analysis in qualitative research is complex and requires organized and thoughtful strategies to avoid researcher error and ensure that that analyzed data is valid (Thorne, 2008). The qualitative data in this study consisted of audio recordings of interviews which were transcribed verbatim and also included observational field notes I kept. Qualitative data must be sorted, organized, conceptualized, refined, and interpreted (Sargeant, 2012; Thorne, 2008). This study utilized narrative analysis, which focused on interpreting the core narratives from the group of participant's personal stories (Mihas, 2023). Narrative analysis does not focus on just the words, but how a question is answered, interpreted, and non-verbal observations I made to understand the entire narrative. Interviews were automatically transcribed by Zoom during the meeting and reviewed by myself to edit and ensure accuracy of the transcription. Once the transcription was completed, I began coding and categorizing the data. The analysis of the interview began once transcription was complete but review and continual analysis continued throughout the study. Participants were asked to complete member checking, with all participants indicating willingness and three participants engaging in the process. All participants were sent their transcripts to review for clarification and sent the main categorizations that arose from the analysis of their interview for review. Each was asked to respond if there were necessary changes or clarifications needed. Of the participants, three responded and indicated no changes to transcripts and felt the categorizations aligned with their experiences. Member checking helps to ensure rigor and evaluation

accuracy by allowing participants to validate and clarify any categorizations to reduce researcher bias.

These full narratives, which included the verbatim transcript and observational field notes were coded and compared in order to conceptualize possible relationships through the data. For this study, coding of the data began by identifying meaningful phrases and terms that were used to label and organize the narrative data. This process was completed by listening to the audio and reading the transcriptions six times to make notes of words or phrases that were notable. This coded data were compared to other coded data that may be different or the same to conceptualize a possible relationship and coded data was placed into categories that describe the meaning. This is the step of interpretation in qualitative analysis, according to Sargeant (2012). This process of comparative analysis allowed for the conceptualization of possible relationships between the data as the coded data is used to create categories of related data. This allowed thematic analysis to occur, in which the categories are compared and reviewed for commonalities that fall into identified themes, or patterns, in the data that serve to answer the research questions (Mihas, 2023; Sargeant, 2012). These themes consisted of repeated patterns in the responses that were used to interpret and identify the main narrative themes within the stories that were shared by participants. According to Sargeant, one or two central themes will emerge with additional subthemes that support and contribute to the central themes.

This cycle of analysis occurred multiple times, so that all general themes are identified. Completing this process multiple times helped reduce bias or error I could

make as the researcher by ensuring the data was critically reviewed. The data was then organized into clusters, with similar themes defined and interpreted, for the final conclusions. Each interview underwent this process of coding and organization into categories and larger themes and this began once the first interview was completed. This allowed for reflexivity and changes throughout the study based on interpretations of the initial data. Conclusions from the data were built based on the complete analysis of the data and the identified themes and subthemes within the data. The final report focused on identifying how the narratives addressed the research question, utilizing a summary of the extracted data and identified themes to give meaning to the study. The final conclusions were emailed to participants to solicit their feedback regarding the accuracy of the data and data analysis. This helps to ensure credibility and is considered productive in qualitative research (Stahl & King, 2020).

This approach to narrative analysis is an inductive approach (Mihas, 2023). Using an inductive approach, I began the process of coding without any preconceived notions so that themes and patterns can emerge from within the data. This approach allows the data to speak for itself and explain the story; it is a data led approach. According to Mihas (2023) utilizing the inductive approach allowed me to observe and interpret patterns to draw conclusions that relate to the goals of the research. This differs from a deductive approach, which utilizes tests the narratives against existing theories. The inductive approach was utilized for this study for two primary reasons. First, the research question was to understand the narratives of cisgender females regarding their sexual self-esteem within their long-term intimate relationships thus, to answer the research question it was

necessary to use an inductive approach and allow the data to lead the interpretation. This allowed for deeper knowledge of the narratives and identification of themes related to the research questions. Secondly, Sakaluk et al. (2020) identified a lack of adequate theory for research into topics related to sexual health and this study was developed in part to contribute to future theoretical development in this area. Lacking adequate theories to guide sexual health research, utilizing the deductive method would not have been feasible for this study. The use of the inductive method is consistent with qualitative research and an exploratory approach to research.

Analysis of the data is a complex phase within qualitative research due to it requiring the researcher to process and interpret large chunks of data. Using narrative analysis involves spending considerable time with the transcriptions to familiarize with the data to process and identify commonalities and patterns that can be conceptualized into categories and themes (Mihas, 2023). This process begins with the first interview as soon as it is transcribed and is continuous throughout the data collection process as interviews are reviewed, coded, and re-coded based on the information gathered during each coding. The process of manual coding was lengthy but allows for the researcher to seek more connection to the data and increased critical exploration of both the transcription data and visual observation data in conjunction.

### **Issues of Trustworthiness**

Trustworthiness of a study is essential in the research process (Stahl & King, 2020). However, establishing trustworthiness within qualitative research is not an exact process. Stahl and King (2020) identified the elements of trustworthiness including

credibility, transferability, dependability, and confirmability. Additionally, they discussed how each of these elements can be addressed through the study. In qualitative research, trustworthiness refers to the confidence a reader can have in what is reported in the study. This study demonstrated clear and detailed methods of data collection, consistent with the elements of trustworthiness to present the findings of the study grounded within the data to provide insight on the narratives of sexual self-esteem of cisgender females in long-term intimate relationships.

### **Credibility**

According to Stahl and King (2020) different methods of triangulation can be utilized in qualitative research to establish credibility, the equivalent of internal validity in quantitative research. One method of triangulation they identify is environmental triangulation in which more than one context or situation is used. This study focused on the sexual self-esteem of females within their long-term intimate relationships, but to address environmental triangulation, participants of differing backgrounds or situations were included. Participants were sought through social media from a variety of backgrounds, locations, and employments. This created a variety of contexts from which the focus of the study was researched. This use of triangulation uses variety to test and establish the credibility of research and this particular study utilized environmental triangulation to test and establish credibility.

Member checking is a process in research in which the participants are included to verify the researcher's interpretations (Stahl & King, 2020). Member checking occurred at two stages in this study, to help test and ensure credibility. The first stage at

which member checking occurred was after the full transcription of the interview. I listened to each interview and then provide the participant the full verbatim transcripts to review for clarity. Providing the full transcript allowed participants to be able to review their full transcript in order to validate, clarify, and revise any to reduce researcher bias and ensure the validity of the data. Once the first member check was completed, I organized the data.

The second stage at which member checking occurred was after the data analysis process concluded and the overarching themes and subthemes were identified with conclusions aimed at answering the research question. This analysis and the conclusions were sent to participants to provide additional feedback on the accuracy of the data and the data analysis. Engaging the members in multiple roles in the research and soliciting their feedback helps to ensure the credibility by testing the researcher's data analysis. Using member checking helps to shape the researcher's interpretations and reduce bias (Stahl & King, 2020).

Saturation was discussed in the methodology section and is an element used to establish credibility of a study. The expectations for sample size for this study were establish through thorough review of the research. The research identified that in saturation typically is reached within nine to 17 interviews and that generally after 12 interviews redundancy begins to occur (Guest et al., 2020; Hennick & Kaiser, 2021). This study aimed to collect 12-15 interviews to reach saturation but engaged in data analysis after each interview in order to identify when saturation was reached. Redundancy occurred and saturation was reached at 13 interviews, but I completed an additional two

interview as the participants had consented and been scheduled for interviews prior to saturation being reached. The flexibility of the sample size and the reflexivity of re-evaluation helped to create credibility for the study. Reflexivity is the process of self-analysis, which will be used throughout this study. The process of reflexivity encourages researchers to constantly question their own findings (Stahl & King, 2020). When it is continuously engaged throughout the study, it helps the researcher to make adjustments to reduce bias, increase credibility, and ensure that the thick descriptions are analyzed into rich descriptive data that accurately reflects the participants. Reflexivity is also discussed in this chapter in the section on the role of the researcher due to its importance in establishing elements of trustworthiness and reducing bias in the research.

### **Transferability**

Transferability of a study is the equivalent of external validity in quantitative research and indicates that to an extent, the patterns and descriptions from one study are applicable in other contexts (Stahl & King, 2020). Transferability in qualitative studies requires thick, rich descriptions that portray clearly and palpably the circumstances or experiences of the participants from the initial study. This allows for the rich descriptive data to be transferred to other contexts. Stahl and King (2020) indicate the importance of identifying any memberships, organizations, or other influences from the original study that may influence data collection and of clearly detailing the methods and time frames of data collection. This study clearly outlined the methodology used for data collection so that it could be repeated in other contexts or by other researchers and the data analysis provided thick, descriptive data so that the experiences of the participants were clearly

understood including their applicability to others' situations. Additionally, anything that influenced the data collection was outlined within the data analysis. This study followed the suggestions of Stahl and King (2020) for establishing transferability of the study.

### **Dependability**

Dependability is the establishment of trust in the study (Stahl & King, 2020). Peer debriefing is one way to establish trust in the study. Using an outside person to review and react to data helps to confirm and create trust in the embedded researcher's interpretations. This study utilized peer debriefing through my committee to ensure that interpretation of data and results are scrutinized, and feedback were provided to me. This helped to establish the dependability of the study. Additionally, the continuous reflexive process of the researcher helped to establish dependability of the study (Stahl & King, 2020). Part of the reflexive process that helps to establish dependability is bracketing, or the separation of observations and interpretations from the recorded data. This process of bracketing, similar to journaling, helps to establish the process the researcher uses for analysis and allows for reflection of that process by both the researcher and any peer reviewers as necessary. According to Stahl and King (2020), the researcher's biases, which cannot be eliminated completely, can be owned and discarded through the bracketing process. This process, referred to as reflexive auditing, helps to establish the involvement of the researcher in the decisions made during the process.

Another way that dependability will be established, apart from peer review and reflexivity through bracketing, will be audit trails. The audit trail can be used as a record of how the processes of the study were conducted and provides clear documentation of

how the conclusions were arrived at (Carcary, 2020). The transparency of an audit trail ensures that all steps of the research are documented to show that the study was rigorous and that the findings and conclusions are dependable. According to Carcary (2020) there are two necessary audit trails, the confirmability audit and the dependability audit. For the dependability audit, the focus is on establishing the processes in which data is collected, analyzed, and interpreted. For this study, a comprehensive audit trail was recorded to establish dependability. This audit trail included details about the data collection, analysis, reduction, and synthesis including the researcher's choices theoretically, methodologically, and analytically which contribute to the findings of research (Carcary, 2020). The audit method included: raw data, field notes, summaries of data reduction and analysis including bracketing and theoretical notes, data reconstruction and synthesis including all coding, categorical structures, how overarching and subthemes were found and the relationships identified in the data, the findings and conclusions based on these themes, and how the data is connected to the literature. Additionally, process notes were taken to record methodology and trustworthiness notes were taken to identify aspects of credibility, dependability, and confirmability as they arise through the research process. Other materials for the audit trail included reflexivity notes and journaling and anything else relating to how the data was collected and analyzed. According to Carcary (2020) these are the necessary components to ensure that an audit trail is comprehensive so that it can be shown that findings are grounded in the research and ensure the dependability of the study.

## **Confirmability**

As identified by Carcary (2020) audit trails also establish confirmability by showing that there is data to support the interpretations and findings and by establishing that the interpretations and findings are consistent and grounded in the data, and not a reflection of the researcher's own preconceptions. Confirmability is the establishment of the objective reality of the study. Although objective reality cannot be perfectly achieved in qualitative research, confirmability is the process of ensuring the study gets as close to objective research as it can (Stahl & King, 2020). The use of a confirmability audit trail, as identified by Carcary, is one process of showing that the interpretations are grounded in the data by documentation the data and the process by which the researcher reached their conclusions, including bracketed observations and interpretations and reflexive journaling of the data analysis process. The audit trail ensures careful record keeping during the study and encourages the researcher's critical scrutiny, or reflexivity, to challenge assumptions. This study followed the suggestions and guidelines from Carcary to create a comprehensive audit trail of the processes of the research to ensure that it is transparent and establishes confirmability of the study. Confirmability was reinforced with another dive into the literature once themes have been identified to discover theme connections to previous research, and this will be presented in the discussion of the themes.

## **Ethical Procedures**

This study was developed with consideration for ethical research practices with the focus on improving knowledge of females within the domain of sexual well-being

and the domain of sexual health. Ethical research must include seven principles including social and clinical value, scientific validity, fair subject selection, favorable risk-benefit ratio, independent review, informed consent, and respect for potential and enrolled subjects (U.S. Department of Health and Human Services, 2016). This study was designed with these seven main principles in mind and during the research process the study was continually assessed for meeting these guiding principles. I will address how these each of principles were considered for the study and any other ethical considerations that arose during the research process.

### **Social and Clinical Value**

There is a gap in scientific literature on the sexual well-being and sexual health of females which impacts the overall health and well-being of females. Without adequate information on these topics micro level interventions and macro level policies and programs will not be adequate to address the needs of females and may lack effectiveness in treating specific issues. Within the domains of sexual health and sexual well-being, sexual self-esteem within long-term intimate relationships has been identified as an area for further study. This study was developed to fill a gap in knowledge on the narratives of sexual self-esteem for cisgender women in long-term intimate relationships, with sexual self-esteem a domain of sexual well-being and long-term intimate relationships a domain of sexual health. This study served to expand on the areas of sexual health and well-being for females as they relate to each other and may help to improve micro and macro level work with females in these areas. This brings social and clinical value to the study because it can provide knowledge for theoretical development in the area of sexual

health, which can guide future research, it may serve to improve interventions, programs, and policies that service women, and is ultimately designed to contribute to research meant to improve the overall health and well-being of women.

### **Favorable Risk-Benefit Ratio**

Sexual self-esteem in females may be a sensitive topic, which may create challenges and poses the ethical consideration of whether there is a favorable risk-benefit ratio. Research into topics of sexual self-esteem in women remains crucial to research, despite its sensitive nature, due to the role of sexual self-esteem within sexual well-being of females, which has significant impacts on the overall health and well-being of women (Mitchell et al., 2021; Martin & Woodgate, 2020; Molliaoli et al., 2020). Additionally, there is a lack of comprehensive theories to study this topic in women and this study contributes to theoretical development in sexual health. Pinto et al. (2022) states that when considering research on a sensitive topic, it is important to consider the negative impacts that occur from a lack of knowledge or understanding of that topic and weigh that against any possible risks to the well-being of participants. Consideration for the well-being of participants was considered throughout this study, from development of the methodology, informed consent, interview question guide and any distress identified by participants will be addressed. In addition to clear informed consent, which will be discussed below, a list of mental health resources was provided in the initial email with the informed consent forms and I had it available for any participants who expressed distress at any point during the interview process or after.

## **Informed Consent**

Informed consent was developed with the sensitive nature of this topic in mind. Informed consent is an essential process to inform participants of the potential risks to being involved in the study so that they can make an informed decision regarding their participation (Byrne, 2001). The informed consent forms were clear and transparent, with the goal of recruiting participants who have a full understanding of the nature and purpose of the study. After initial interest was indicated by an individual, they were provided with a description of the nature and purpose of the study as well as the informed consent form prior to agreeing to participate in the study. They were also given space to ask any questions or address any concerns they had prior to agreeing to participate in the study and at any time throughout the study process. Written consent from potential participants was required through email and verbal consent was gained at the start of the interview after a reminder of the informed consent and voluntary nature of participation. This continuous process of informed consent helped to prevent psychological distress that could have arisen from discussing sensitive or traumatic experiences by ensuring that the participants did not feel pressured to share and engaged only if they were willing (Klykken, 2022). Only individuals who clearly provided both verbal and written consent were considered for participation in the study. Participants were told they can remove themselves from the study at any time without penalty. This informed consent process and voluntary nature of the study helped to ensure that the study followed the ethical principles of informed consent per U.S. Department of Health and Human Services (2016) guidelines.

### **Respect for Potential and Enrolled Subjects**

The entirety of the study including the interview process and any procedures that involved participants was developed to respect the subjects. This includes the clear informed consent process, ensuring potential participants and participants were given the opportunity to ask questions at any point in the process, seeking to develop rapport and ensure comfortability during the interview, providing them with breaks as necessary, ensuring the participants had adequate time to share their experiences while establishing a flexible time limit to respect their time, and providing a list of resources that could address any distress they may experience as a result of the research. To respect the participants' privacy, I informed them of how their privacy would be protected and their confidentiality maintained, included the maintenance of data records. If at any point the participant chose to no longer participate, they would have been allowed to withdraw without penalty; however, no participants chose to withdraw. This voluntary nature of the study was expressed to the participant in the initial communication and prior to beginning the interview. It would have also been reiterated if the participant expressed distress at any point and they would have been referred to obtain counseling with a list of mental health resources made available to them; however, this was not necessary at any point. I cannot engage the dual role of researcher and counselor and I ensured that I did not act in the role of a counselor if participants experienced distress while providing a referral to mental health resources to address the participants' needs. Rapport was also central to ensuring respect for participants and is a crucial aspect of the interview process (Bell et

al., 2016). These are all the measures that were developed and utilized to ensure respect for all potential and enrolled subjects.

### **Fair Subject Selection**

Fair subject selection indicates that study subjects should be chosen based on the scientific goals of the study and that is should not be based on bias, privilege, vulnerability, or any other factors that are not related to the study (MacKay & Saylor, 2020). This study had inclusive criteria that was extended to all cisgender females over the age of 21 years who met the study-based criterion of being in a long-term intimate relationship. The exclusion criterion of age 18 years or older and cisgender female was selected due to the study not being developed to explore or understand the differences that occur in minors (age 18 years or younger) relationships or transgender relationships. Purposive sampling was done based on the scientific goals of this study, which was to understand narratives of cisgender women in long-term intimate relationship, and the population was targeted and screened for eligibility accordingly. There was no basis for inclusion or exclusion apart from the identified inclusion and exclusion criterion identified within the section on sampling and all inclusion and exclusion is based within the literature and scientific goals for this study. Recruitment was done through social media and online advertising. To ensure fair subject selection and minimize conflicts of interest and possible bias, no potential participants with a social or occupational relationship with myself were selected for participation in the study.

**Independent Review**

Independent review was conducted through peer and institutional entities. Through the development of the study, the process has been monitored, including the design, data collection procedures, and data analysis. This is a continuous process of independent review that helps to ensure that the ethical standards will be met throughout the research process. In addition to these peer reviews through the development of the study, the study underwent review through the Institutional Review Board (IRB) at Walden University and obtained the IRB approval number 10-15-24-0534679. The IRB ensures that research complies with application U.S. federal regulations, the University's ethical standards, as well as any legal and institutional requirements and relevant ethical standards (Office of Research and Doctoral Standards, 2023). This process allowed me to ensure that all ethical considerations for this study have been met.

**Scientific Validity**

The study was designed to gain an understandable answer to the research question regarding the narratives of cisgender females in long-term intimate relationships. To ensure scientific validity, the research question must be answerable, the research methods valid and feasible, and the study must be designed in a way that aligns with ethical principles, clear and acceptable methods, and reliable practices (U.S. Department of Health and Human Services, 2016). This methods section has outlined how the research answered the research question and identifies the methods and practices that were used to ensure that the research is valid and does not expose participants to risk or waste resources without purpose. A standardized interview guide was utilized to ensure that the

rapport building conversation does not derail the intent of the interview, referred to as the “interviewer effect” (Bell et al., 2016). By utilizing a standardized interview guide during all interviews, it reduced the risk of interviewer error and ensured that the focus remained on answering the research question of the study through the standardized questions, while allowing for more probing follow-up questions.

### **Other Ethical Considerations**

Confidentiality and privacy were primary ethical concerns in this study. This includes the handling of the data, securing the data, and protecting the confidentiality of the participants. Each participant was given a pseudonym so that their identities were only be known to myself, thus ensuring confidentiality for the participants. Their confidential data was securely stored on password protected devices which is the sole property of myself, and I was the sole user of the devices. This secured data includes will include recordings of the interviews, transcripts of the interviews, and all coding and data analysis, as well as any other respondent related data. The data is securely stored on these devices and will be for five years, and then it will be destroyed, including but not limited to deletion of the information from the secure devices. Any communication with participants maintained their privacy and I conducted continuous evaluation to ensure that confidentiality and privacy are protected. The participants were provided with the information on my procedures for securing their data and protecting their confidentiality, and I addressed any identified concerns from the participants during the informed consent process and as necessary thereafter.

Given that the participants discussed a topic that could be perceived as distressful or sensitive, I ensured ethical research by being mindful of the possible psychological discomfort that could have occurred while staying within their scope as a researcher. Researchers should not provide clinical services to participants of their study (Pinto et al., 2022). It is important to address the psychological distress within the role as a researcher, despite me having a background as a clinical social worker. To do this I ensured the participants had space to tell their story, were given the opportunity to stop the interview if they expressed discomfort and were provided with mental health resources that can be accessed if they were negatively affected by their participation. No participants expressed negative impact from the interview despite the acknowledged sensitivity of the topic.

### **Summary**

In this chapter, I reviewed the methodological practices selected to conduct this study, outlining the design and rationale and how it intended to address the research question. My role was explored, and any biases or other impacts addressed within the chapter. Additionally, I reviewed the sampling, which included recruitment, participant criteria, and sample size. The instrumentation that was used to collect the data and how the data was analyzed was also discussed within this chapter. I also addressed how trustworthiness was established through ensuring credibility, transferability, dependability, confirmability, and ethical procedures within the study. This study was developed and organized to gain insight and further understanding into the narratives of sexual self-esteem of cisgender women in long-term intimate relationships and inform future research on sexual self-esteem and sexual health. In Chapter 4, the results of the

study will be discussed by myself and an analysis and interpretation of the data provided using the identified methodology.

## Chapter 4: Results

### **Introduction**

In this chapter, the findings from this qualitative narrative inquiry exploring females' perspectives on their sexual self-esteem within long-term intimate relationships will be presented. In this chapter, there will be an outline of the process completed for the pilot study. Also included within the chapter will be discussion of the setting, highlights on the participant demographic information, and a discussion of data collection procedures that were utilized for the study including sample size, time frames of data collection, method of recording and transcription, and data collection variations from the plans discussed in Chapter 3. There will also be a discussion of the analysis process, a summary on issues of trustworthiness, and the chapter will conclude with a summary of the findings from the data.

### **Research Question and Purpose**

This qualitative study is a narrative inquiry with the purpose for understanding the perspectives of women about their sexual self-esteem within their long-term intimate relationship to understand the variables of sexual health and sexual self-esteem for future theoretical development and contribute to knowledge on how to create programs addressing issues with female sexual self-esteem. For this study, the research question is: What are the narratives of sexual self-esteem as a domain of sexual well-being in cisgender women's long-term intimate relationships?

### **Pilot Study**

A pilot study for this study was developed with the intent of identifying areas of improvement for the instrumentation, the semi-structured interview guide, that was developed for the study. I conducted two pilot interviews. The pilot interview data was reviewed. After the review, no changes to the instrumentation of the study was made. The same interview protocol questions and prompts were used for the full study that were utilized during the pilot interviews. Based on the pilot interviews, I attended additional training through Walden University in conducting qualitative interviews, including watching modules on qualitative interviewing techniques. The learned techniques were incorporated into the interviews conducted for the full study to ensure I obtained rich, thick data. This meets the purpose of a pilot study, which can be used to improve instrumentation or, according to Shakir and Rahman (2022), to give the researcher a chance to improve their skills before beginning the full study. This helps to ensure that research is high quality and scientifically sound. The purpose of the pilot interviews was to check that my interview skills were sufficient and that the interview protocol would obtain meaningful data.

### **Setting**

This study was conducted utilizing the online platform of Zoom. There were some technology glitches, including inaudible speech at times, but participants were given the opportunity to clarify any unintelligible statements and the interviewer used reflection and paraphrasing to ensure that all statements and speech were clearly heard and understood. I asked each of the participants for permission if it was necessary to follow-

up with them regarding the results of analysis of their transcript in a process known as member checking to further ensure accuracy of the interviews. Additionally, prior to the start of each interview, the interviewer reviewed the voluntary nature of the study and the informed consent, ensuring the participants that they could stop at any time and referring them to the resources provided in the informed consent if they experienced emotional distress during or after the interview. There was no other personal condition nor any organization conditions with the appearance of influencing the participants during their participation or interpretation of the results of the study.

### **Demographics**

At the time of the study completion, 15 participants had met the inclusion criteria and consented to participate in the research study. All individuals who met the inclusion criteria and expressed interest in participation were provided with the invitation letter by email which included the informed consent as an attachment; this invitation letter clearly outlined the study purpose, inclusion criteria, risks and benefits of participation, and the voluntary nature of the study ensuring that participants could withdraw at any time they chose. The invitation letter also provided information on resources they could reach out to if they needed additional support during or after the interview. I predicted that interviews would last 60 minutes, however they lasted from 30 minutes to 60 minutes.

Through the demographics form and at the start of the interview, I ensured all participating individuals did meet the inclusion criteria: living in the United States, self-identified female, over the age of 21, and had been in a long-term intimate relationship of at least 3 years. For the privacy and protection of each participant, they were assigned a

number 1-15 for identification and the participant assignments were not shared with anyone to avoid unintended exposure. The presentation findings and summary will utilize these participant numbers for identification. Table 1 summarizes the participant demographics.

**Table 1**

*Demographics*

Variable	Characteristics	(N=15)	Percent
Gender	Female	15	100
Age	25-29	1	6.67
	30-34	2	13.3
	35-39	6	40.0
	40-44	2	13.3
	45-49	1	6.67
	>50	1	6.67
	Unknown	2	13.3
Ethnicity	Caucasian	8	53.3
	African-American	2	13.3
	Indian	1	6.67
	Native American	1	6.67
	Caucasian-Mexican	1	6.67
	Caucasian-Native American	1	6.67
	Caucasian-Pacific Islander	1	6.67
Marital status	Dating 3-15 years	2	13.3
	Dating > 15 years	1	6.67
	Married <10 years	4	26.7
	Married 10-15 years	3	20.0
	Married 16-20 years	2	13.3
	Married > 20 years	3	20.0
Children	Yes	10	66.7
	No	5	33.3

**Participant 1**

Participant 1 is a 39-year-old female. She identifies as heterosexual and is currently with a male partner. They have been married for 17 years and she identified that they were dating 1 year prior to the marriage. She identified as Caucasian and Pacific-

Islander and currently resides in South Carolina. She also identified that she and her partner have children.

### **Participant 2**

Participant 2 is a 44-year-old female. She identifies as heterosexual and is currently with a male partner. They have been dating for 6 years and she identified that they were friends from 10 years prior to dating. She identifies as Caucasian and currently resides in California. She also identified that she and her partner do not have children.

### **Participant 3**

Participant 3 is a 34-year-old female. She identifies as bisexual and is currently with a non-binary, assigned female at birth partner. They have been married for 3 years and dating for 6.5 years prior to the marriage. She identifies as Caucasian and currently resides in California. She also identified that she has a child from a previous relationship that she raises with her partner.

### **Participant 4**

Participant 4 did not state her age. She identifies as heterosexual and is currently with a male partner. They have been married for 29 years. She identifies as Indian and currently resides in California. She also identified that she and her partner have children.

### **Participant 5**

Participant 5 did not state her age. She identifies as bisexual and is currently with a male partner. They have been dating for 4 years. She currently identifies as Caucasian and lives in Southeastern United States. She also identified that she and her partner do not have children.

**Participant 6**

Participant 6 is a 34-year-old female. She identifies as heterosexual and is currently with a male partner. They have been married for 8 years and were dating for 1 year prior to the marriage. She currently identifies as Caucasian and lives in North Carolina. She also identified that she and her partner have children.

**Participant 7**

Participant 7 is a 36-year-old female. She identifies as heterosexual and is currently with a male partner. They have been married 15 years and dating 1 year prior to the marriage. She currently identifies as African American and lives in Texas. She also identified that she and her partner have children.

**Participant 8**

Participant 8 is a 51-year-old female. She identifies as heterosexual and is currently with a male partner. They have been married for 23 years. She currently identifies as Mexican and Caucasian and lives in California. She also identified that she and her partner have children.

**Participant 9**

Participant 9 is a 37-year-old female. She identifies as heterosexual and is currently with a male partner. They have been married for 15 years and dating 1 year prior to the marriage. She currently identifies as American Indian and Caucasian and lives in Arkansas. She also identified that she and her partner have children.

**Participant 10**

Participant 10 is a 28-year-old female. She identifies as heterosexual and is currently with a male partner. They have been married for 8.5 years and dating 5 years prior to the marriage. She currently identifies as Caucasian and lives in California. She also identified that she and her partner do not have children.

#### **Participant 11**

Participant 11 is a 35-year-old female. She identifies as heterosexual and is currently with a male partner. They have been married for 10 years. She currently identifies as Caucasian and lives in Arizona. She also identified that she and her partner have children.

#### **Participant 12**

Participant 12 is a 46-year-old female. She identifies as heterosexual and is currently with a male partner. They have been dating for 18 years. She currently identifies as Caucasian and lives in Illinois. She also identified that she and her partner do not have children.

#### **Participant 13**

Participant 13 is a 37-year-old female. She identifies as heterosexual and is currently with a male partner. They have been married for 17 years. She currently identifies as African American and lives in North Carolina. She also identified that she and her partner have children.

#### **Participant 14**

Participant 14 is a 40-year-old female. She identifies as lesbian and is currently with a female partner. They have been married for 7 years. She currently identifies as

American Indian and lives in Florida. She also identified that she and her partner do not have children.

### **Participant 15**

Participant 15 is a 37-year-old female. She identifies as heterosexual and is currently with a male partner. They have been married for 24.5 years and dating 2 years prior to the marriage. She currently identifies as Caucasian and did not identify where she lives. She also identified that she and her partner do not have children.

### **Data Collection**

Participants were sought through flyers that were posted on social media (Facebook) and through the Walden Participant Pool. Participants expressed their interest in participating through phone or email and then received the consent forms and provided their written consent through email, as outline in Chapter 3. Once consent was obtained, the participants were scheduled for an interview through Zoom, on a date and time that they identified as convenient for them.

### **Sample Size**

During the recruitment process, 16 potential participants reached out to express interest. All 16 potential participants did meet the inclusion criteria set for the study and moved forward with the consent process. Each potential participant signed the informed consent by responding to the consent email with the words “I consent.” One participant dropped out of participation due to issues with interview scheduling. The remaining 15 participants were scheduled for interviews through Zoom and did complete the full interview process. The process of recruitment was continued during the conducting of

interviews until saturation was reached. Saturation was reached at 13 participants and two additional participants were interviewed due to the participants having already consented and scheduled interviews.

### **Collection**

Each interview was allocated 60 minutes and potential participants were informed of this time commitment prior to scheduling. All 15 interviews were completed within the 60-minute time frame, with an average length of 30 minutes. The interviewer ensured that they conducted the interviews in a safe, private area and participants shared that they were also in a safe and private location for the interview. The terms sexual well-being and sexual health were defined for participants at the start of each interview to help them understand and answer some of the interview questions. For data collection, I utilized a semi-structured interview guide and also audio recorded the interview through the Zoom platform. All communication, including emails, were stored in folders that were password protection and on devices that were also password protected.

### **Transcription**

All interviews were conducted through Zoom and Zoom audio recording and transcription services were used for all interviews. The interviewer reviewed the transcription six times, initially reviewing the transcription with the audio recording to ensure accuracy of the transcription and notate any meanings from the audio that were not present in the transcription. The transcriptions were reviewed another five times for coding and thematical analysis. This process of reviewing multiple times aligns with the five phases of qualitative analysis suggested by Bingham (2023) who identifies the

necessary phases of analysis as organizing and reviewing data, sorting data and first stage of coding, reviewing for emerging ideas, identifying patterns and finding themes, and review through a theoretical lens. The use of the five phases of analysis helps to create more transparent data analysis. The recordings were stored separately from the transcriptions and other data to protect the identity of the individuals. Both the audio recordings and the transcriptions were stored in password protected folders on a password protected computer. No names or identifying information was saved with the transcriptions.

### **Variations in Plan**

Qualitative research frequently uses purposive sampling. This is because it is a non-probability sampling strategy. This strategy is used because of how it attempts to match the aims and objectives of the research with its sampling. By focusing on this match, purposive sampling helps to improve data trustworthiness (Campbell et al., 2020).

In Chapter 3, it was proposed to use both purposeful and snowball sampling strategies. Purposeful sampling was aimed to obtain participants who met the pre-determined criteria and was done through posting of the flyer on social media and utilizing the Walden Sample Pool. Purposive sampling was used because it attempts to match the aims and objective of the research with the sample, which serves to improve data trustworthiness (Campbell et al., 2020). Snowball sampling was also proposed in chapter 3 as a technique to ask participants to refer other individuals who may meet the criteria to reduce risk of not obtaining the necessary number of participants for saturation. Snowball sampling focuses on asking participants to refer other individuals who may

meet the criteria and can serve to find hard to reach target groups, which was the purpose of proposing its use in Chapter 3 (Naderifar et al., 2017). Although the interviewer asked participants to refer other individuals who may meet the criteria, no participants were collected through this method. The plans submitted to the Walden University Institutional Review Board for data collection were outlined in Chapter 3 and no changes to that original plan were made during data collection.

### **Unusual Circumstances**

There was one unusual circumstance that occurred during the process of data collection. When the Zoom transcription for participant 4 was reviewed, there were parts of the transcription from Zoom that indicated the audio was unintelligible. There were no moments during the Zoom interview in which the connection was disrupted, or the participant was not intelligible. The interviewer reviewed and was able to understand these portions of the interview through the audio recording and corrected the transcription to reflect the content of the participant's interview.

## **Data Analysis**

### **Data Analysis Process**

Narrative analysis is used to focus on individual lived experiences for deeper understanding of concepts (Clandinin, 2013). The purpose of this study was to understand the lived experiences of cisgender females on their sexual self-esteem within their long-term intimate relationships. Using narrative inquiry in exploring the participant's descriptions of their sexual self-esteem within their long-term intimate relationships can help to understand if commonalities exist. Narrative analysis was utilized for data

analysis of this study to interpret core narratives of the females' personal stories of their sexual self-esteem within their long-term intimate relationships. The Zoom transcripts were reviewed and corrected to verbatim within one week of the interview and once the transcript was fully reviewed once by the interviewer for correction and notation of non-verbal communication, the analysis of the interview began. This process of narrative was continual, and the interviewer read each interview five times to code, categorize, and develop themes from the participant's story. Member checking was completed with participants who indicated their willingness at the end of the interview and were provided with the main categorizations that arose from the analysis of their interview for their review. The use of member checking was to validate the themes and clarify any categorizations to reduce researcher bias (Dolczewski, 2022)

Inductive coding was used through the narrative analysis process. Inductive coding occurs when codes and themes are derived directly from the data in a "bottom-up" approach. According to Mihas (2023), using inductive coding allows themes and patterns to emerge from the data and the researcher can interpret these to draw conclusions that address the research question.

I coded the data using highlights and notes of words or phrases that were notable, creating a coding table that included these words or phrases that was used to compare the coded data and conceptualize possible relationships. This allowed me to place the coded data into categories. I completed this process of reviewing the transcript, coding data, and comparing the coded data 6 times for each interview to begin forming the identified categories. Through this process of coding, reflecting, and comparison, I was able to

identify larger overarching themes that connected the identified categories. This is the process of thematic analysis, in which the data coding and categories are compared and reviewed for commonalities that fall into themes, or patterns, in the data (Mihas, 2023; Sargeant, 2012). Through this thematic analysis, themes were identified in the data that served to answer the research question. These themes represent the main narratives within the stories that were shared by the participants.

During the first review of the transcript, I made notations about non-verbal communication and corrected the transcripts utilizing the audio recording. During the second review of the transcript, I began coding the data and continued with coding and conceptualizing relationships between the codes during the second review. At this point, the research created coding tables for each interview to further conceptualize relationships between the codes and building categories to indicate these identified relationships. Two general themes began to emerge at this point. I then began a fourth and fifth cycle of reviewing the transcripts, comparing the identified categories with initial coding and recoding as necessary. During these later reviews, another general theme emerged as a pattern in the data.

### **Emerging Codes, Categories, and Themes**

A coding table for all interviews was completed at this time to compare the identified themes across the transcripts. Identified categories within the data included aspects of partner interaction such as affirmation, rejection, communication non-sexually and sexually, sexual pressure, and partner approval. It also included aspects of the participants own perspective of the relationship and themselves, including satisfaction

and dissatisfaction within the relationship, relationship growth, friendship in the relationship, relationship comfortability and safety, personal self-esteem including issues with weight and age, and the individual's health including physical, sexual, and mental. Finally, identified categories included how the individual perceived their relationship interacted with historical issues of abuse, sexual assault, and cultural impacts.

Communication was one of the most salient concepts discussed, with Participant 13 stating: "Being able to talk about everything has, I think, made us stronger, and the more we talked about things the stronger we got." The shared belief among participants was that communication made the relationship stronger and helped build other aspects of the relationship. Additionally, affirmation appeared to be an important aspect of determining relationship satisfaction. When asked what she believed is important to building sexual self-esteem, participant 15 stated that it was important to have "a partner that also loves and accepts you also, and just so happens that mine does."

In the sixth cycle of the process, subthemes were identified and compared against the main identified themes, which included (a) relationship satisfaction impacts sexual self-esteem, (b) relationship communication impacts sexual self-esteem, (c) overall self-esteem impacts sexual self-esteem. These themes were built on the categories identified and how important participants noted these aspects were to their sexual self-esteem within their long-term intimate relationships. This will be further discussed during the results section of this chapter. During this cycle, the coding table was finalized. I completed the six independent and isolated reviews of that data and development of coding, categories, and themes to ensure that the data were thoroughly analyzed and the

rich descriptions and stories fully explored. Table 2 details the main themes and subthemes that emerged.

**Table 2**

*Emergent Themes and Subthemes*

Total 15	Subtheme
Communication influences on sexual self-esteem	Overall Communication Sexual Communication Sexual Pressure
Relationship satisfaction influences on sexual self-esteem	Partner Affirmation Sexual Satisfaction Sexual Dissatisfaction Relationship Growth (Time, Comfortability, Safety, Friendship)
Overall self-esteem influences on sexual self-esteem	Self-Confidence Confident in Partner's Approval Body Image (Weight influences, Age influences) Overall Health (Physical health influences, Mental Health influences, Sexual health influences) Historical Influences (Cultural Impacts, Sexual Assault)

**Discrepant Cases**

In qualitative research, it is essential to look for the disconfirming or “discrepant” case. This is a hallmark of trustworthiness and seeking and handling of discrepant cases helps researchers to spot errors in their own judgement when analyzing data (Booth et al., 2013). Researchers look for similarities and commonalities in participants’ experiences and so it is important that cases that do not fit the emerging patterns are discussed to explore researcher errors and thinking processes. It was identified by the research from the data of the current study that regardless of how the participants view their current sexual self-esteem and their current sexual relationship, the participants felt that their current relationship had positive impacts on their sexual self-esteem when comparing how it was prior to the relationship to how it is currently and within the relationship. One

participant expressed more influence on improving her sexual self-esteem from time spent by herself than from relationship impacts. To handle discrepant cases or information, I used reflexive journaling to explore biases held after each interview. Further details of divergent data will be discussed in the Results section under each emergent theme.

### **Evidence of Trustworthiness**

Establishing trustworthiness within a study is not an exact process but for the research process it is an important component in order to address the confidence a reader can have in what is reported in the study (Stahl & King, 2020). Elements of trustworthiness include credibility, transferability, dependability, and confirmability. For this study, I followed clear methods to collect and analyze the data to be consistent with the elements of trustworthiness to ensure the study contributed to and was not detrimental to the knowledge base and future researchers.

#### **Credibility**

In qualitative research, credibility is equivalent to the internal validity in quantitative research according to Stahl and King (2020) and indicates the accuracy of the study's findings. I developed this study with the purpose of reflecting the narrative of cisgender women on their sexual self-esteem within their long-term relationship and credibility is the extent to which their perspectives are accurately analyzed and reflected. This study was developed utilizing empirically supported methods as a way to establish credibility; one method was the use of reflexivity in the process of self-analysis. Reflexivity requires the researcher to question their own findings and this process was

continuously engaged through the analysis of the data for this study (Stahl & King, 2020). Through each cycle of coding for each transcript, I would reflexively journal about the identified codes and reflect on their findings. Achieving saturation was another established method of ensuring credibility. A review of the literature indicated that saturation typically occurs within 9-17 interviews, with redundancy beginning after 12 (Guest et al., 2020; Hennick & Kaiser, 2021). I recruited 15 participants, which was within the identified range of desire participants for this study, which was identified as 10-15, and saturation had been reached at this point.

Another method suggested by Stahl and King (2020) for establishing credibility is environmental triangulation, in which more than one context is used. To address environmental triangulation, the study obtained participants from differing backgrounds or situations to create a variety of contexts from which the research question will be explored. Using environmental triangulation establishes credibility by testing the analysis and patterns that emerge between participants within different contexts (Stahl & King, 2020). Member checking was also used for establishing credibility, as members were given the full transcript and were also provided with the overarching themes and subthemes. Providing the full transcript allowed participants to validate and clarify, if necessary, while provision of the overarching themes and subthemes allows participants to provide feedback on the data accuracy and accuracy of the data analysis. No participants indicated any changes were required.

**Transferability**

In qualitative research, transferability is equivalent to the external validity in quantitative research according to Stahl and King (2020) and indicates the degree to which patterns and themes from the study are applicable in other contexts. In qualitative research, it is necessary that rich, thick descriptions are obtained that clearly and palpably portray the circumstances or experiences of the participants from the study so that the concepts can be transferred to different populations or group sizes. Stahl and King (2020) state that clearly detailing the methods and the time frames of the data collection is important in a study to ensure transferability so that other researchers can repeat the study again in other contexts. This study utilized purposive sampling to seek participants who were cisgender female and in long-term intimate relationships, to ensure the inclusion criteria was met and participants would be able to provide their perspectives on the research question. The concepts explored within the study are broad and the presentation of the results was designed to resonate with the similar lived experiences of other females.

**Dependability**

Establishing trust in the study establishes dependability (Stahl & King, 2020). This study utilized peer debriefing to establish dependability. The committee of the research helped to support the data interpretation through review of the coding process, coding table, and overarching themes and subthemes. Feedback from the committee was provided to myself which helped with scrutinizing the data. This use of peer debriefing set the dependability of the study. Additionally, dependability is established through the

continuous reflexive process of the researcher, in which they used reflexive journaling, similar to bracketing, to reflect on and scrutinize their observations and interpretations to identify biases and challenge the identified patterns. Although Stahl and King (2020) suggest that researcher bias cannot be eliminated completely, the biases can be owned and discarded through the journaling or bracketing process. This is a process referred to as reflexive auditing and helps to establish the involvement of the researcher in the decisions made during the process. During the process of the analysis of the data in this study, I used a journal to track decisions they made in coding and re-coding, particularly why meaningful sentences or words were re-coded through the process and reflected on how emerging themes were different or similar.

### **Confirmability**

Carcary (2020) identified that audit trails help to establish the confirmability of a study. Audit trails are used to show that there is data to support the interpretations and findings and help to establish that the interpretations and findings are consistent and grounded in the data. According to Stahl and King (2020), confirmability is the process of getting as close to objective research as possible for a qualitative study. An audit trail ensures careful record keeping through bracketed observations and interpretations and reflexive journaling during the data analysis process, which encourages my critical scrutiny to challenge assumptions. I followed these guidelines for an audit trail from Carcary (2020) to create a comprehensive audit trail of the processes I used during data analysis. Additionally, confirmability is reinforced during the results section as themes are connected to previous research during the discussion on themes.

## Results

Qualitative research is often inductive and interpretive, according to Roberts and Hyatt (2018) and moves from the specifics of an individual's experience to broader themes. Congruent with this, after analysis of the participants' transcripts and coding, I began to create themes and then identify sub-themes. As assumed for this study, relevant themes emerged from the differing experiences of the cisgender females who participated.

### **Emergent Theme 1: Communication Influences on Sexual Self-Esteem**

The participants reported communication within their long-term intimate relationship as helping them improve their sexual self-esteem. The participants discussed the importance of communication with some identifying the importance of subtheme "overall communication" with positively influencing their sexual self-esteem and some also identifying that subtheme "verbal and non-verbal sexual communication" was also important in helping build sexual self-esteem. In discussing communication, participants identified that communication around subtheme "sexual pressure" within their relationship negative influences their sexual self-esteem. Table 3 details the narratives of communication and subthemes.

**Table 3**

*Narrative Voices: Communication*

Theme and subthemes	Example quote
Communication influences on sexual self-esteem <sup>a</sup>	
Positive overall communication with partner is perceived to positively impact sexual self-esteem	"Communication outside of sex is paramount." – P1

The ability to have sexual communication with partner is perceived to positively impact sexual self-esteem	“He would talk me through it, help me breathe. Help me, you know, remind me that I was safe and apologize, and you know, we’d stop. We’d talk through every...so my sexual self-esteem would go way up.” – P5
Sexual pressure within the relationship is perceived as negatively impacting sexual self-esteem.	“Sometimes you hear, like, fake it till you make it and I’ve definitely tried, um, just engaging just to for his well-being, and his, like, self-esteem and it actually just made me feel even worse. It just ruined my self-esteem and made me more stressed.” – P11

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### **Overall Communication**

Overall communication within the relationship was the most salient concept that participants perceived influenced their sexual self-esteem within their current relationship. Even participants who expressed that their current sexual self-esteem was poor identified a belief that their relationship had positive influence on their sexual self-esteem and that being able to communicate with their partner was a reason for the relationship’s positive influence on their sexual self-esteem.

Participant 19 frequently referred to communication through her interview. She shared her thoughts that: “Communication outside of sex is paramount.” This was echoed by multiple participants and Participant 3 endorsed that it was important to work on communication within the relationship: “We work really hard to make sure that the other person can come to us if they have any problems.”

Other participants identify how communication made the relationship stronger, such as Participant 8 who expressed some difficulties in the sexual relationship but stated: “It [sexual self-esteem] was still high in the sense I was able to speak to him about it and say, ‘What’s going on?’” Participant 14 identified a clear link between her sexual self-esteem and communication:

I think it's all interconnected somehow. The better I feel about me, the higher my sexual self-esteem, the better my relationship is, communication improves, comfortability improves...happiness goes up, confidence goes up. You know, new things come in, we get to try things. We get to talk about things.

In all 13 interviews that directly addressed overall communication, the participants indicated how it positively impacted their sexual relationship with their partner, their own self-esteem, and ultimately their sexual self-esteem. The participants indicated a belief that without communication, their relationship and their sexual self-esteem would be more negative than it currently was, regardless of how they felt their current sexual self-esteem was.

### **Sexual Communication**

In addition to overall communication, sexual communication was identified as important in building the sexual self-esteem of the participants within their relationship. The participants identified sexual communication as a positive influence on sexual self-esteem. Participants expressed that sexual communication, both verbal and non-verbal, with their partner helped them explore sexually and build their willingness to explore and engage in sexual activity with their partner. The ability to communicate sexually became particularly important for the seven participants who expressed that they had a history of either sexual assault or abuse outside of the relationship and found that communication and safety were important for their partner to provide in order for them to work through the sexual impacts of the assault/abuse.

In referring to how her partner utilized communication to help her overcome her past sexual assault, Participant 4 referred to the importance of her partner obtaining consent for sexual activity and trying new things, and how it made her feel more comfortable in engaging sexually, which she'd previously felt negative about: "He will always ask, he still asks sometimes." Participant 11 similarly shared how knowing her partner's intentions sexually was important since she'd experienced a sexual assault:

I think it's really coming down to communication at this point and making sure that we're communicating intentions. Not just the, you know, the verbal words, but the physical components of communication, those nonverbal cues. I think that is going to be the biggest thing that improves my self-esteem.

Participant 5 identified how communication had both positive and negative impacts in helping her build sexual self-esteem while coping with trauma memories of a sexual assault prior to the relationship. Early in the relationship she felt that communication helped her work through triggered memories of nonconsensual sex and touch: "He would talk me through it, help me breathe. Help me, you know, remind me that I was safe and apologize and, you know, we'd stop. We'd talk through everything...so my sexual self-esteem would go way up."

Recent issues in their sexual relationship had made the communication around sex more negatively impactful, triggering feelings of pressure and guilt. Participants without a history of sexual trauma also endorsed importance of sexual communication within the relationship. Participant 13 identified that it was only in her current relationship that she expressed to her partner that she hadn't orgasmed previously during sex and that she had

this need. She felt that telling him she hadn't had an orgasm was the hardest part of communication within the relationship and that this has been a key conversation in improving their communication, relationship, and ultimately sexual self-esteem: "Once you're able to have that level of a difficult conversation, then everything else kind of is like, you know, whatever."

Of the participants who identified sexual communication as important to their sexual self-esteem, each suggested that being open in sexual communication led to open conversations about other aspects of the relationship. Their perspective was that this led to an overall improvement in the relationship and their individual sexual self-esteem.

### **Sexual Pressure**

Although overall communication and sexual communication were both clearly discussed by participants as an important positive influence on their sexual self-esteem, seven participants identified an aspect of communication within the relationship that negatively impacted their sexual self-esteem. This communication focused on sexual pressure within the relationship. This occurred when participants identified a difference between their desire for sexual intimacy and their partner's, as well as a sense of pressure, both internal and external to still engage sexually with their partner despite their lack of desire and willingness. As discussed above, for Participant 5, conversations and activity with her partner focused on her attempting to meet his sexual needs triggered emotions from past sexual trauma: "but I'm still having sex I don't want to have...I hate that I have to do it in order for him to have his needs met. It impacts my sexual self-esteem a whole lot." This feeling was similarly shared by Participant 11 who felt that

attempting to meet her partner's sexual needs was feeling forced and making her feel worse about herself sexually:

Sometimes you hear, like, fake it till you make it and I've definitely tried, um, just engaging just to for his well-being, and his, like, self-esteem and it actually just made me feel even worse. It just ruined my self-esteem and made me more stressed.

Participant 14 in past relationships and participant 13 in her current relationship, identified that although they have experienced negative impacts from sexual pressure, they felt that improving their sexual communication in their current relationship helped to reduce the negative impact which ultimately served to positively impact their sexual self-esteem. Participant 13 identified guilt associated with the sexual pressure and difficulty having sex but stated that her partner's open communication had helped to reduce these negative impacts: "He would say, 'it's ok, you can't, you know, help what your body is doing.'"

Of the participants who identified sexual pressure as having negatively impacted their sexual self-esteem, most felt that they had improved their sexual self-esteem through further communication with their partner and reducing their feelings of guilt. Some expressed that communication around sexual engagement remained tense and continued to negatively impact their sexual self-esteem, but also identified a belief that they were working together to improve sexual communication while reducing the pressure, which they felt was essential to re-building her sexual self-esteem within the relationship. There was a participant who did not endorse any belief that communication

sexually would help to improve her sexual self-esteem within the current relationship. Regardless of how each of the seven indicated their current sexual self-esteem was, each still endorsed belief that their sexual self-esteem was better now because of their relationship than it was prior to the relationship, regardless of sexual pressure.

### **Emergent Theme 2: Relationship Satisfaction Influences Sexual Self-Esteem**

Satisfaction within the relationship was discussed by participants as influencing their sexual self-esteem. Three different subthemes, “partner affirmation,” “sexual satisfaction,” and “relationship growth,” were identified as key to positive relationship satisfaction, while subtheme “sexual dissatisfaction” was identified as a contributor to negative relationship satisfaction and a decrease in sexual self-esteem. Relationship growth was discussed using concepts such as comfort, friendship, time, and feeling safe. Each of these terms was discussed as positively impacting their sexual self-esteem. The participants referred to growth and comfortability developing in the relationship, with some mentioning developing friendship and safety were important to grow the relationship. Table 4 details the narratives of satisfaction and subthemes.

**Table 4**

#### *Narrative Voices: Satisfaction*

Theme and subthemes	Example quote
Relationship satisfaction influences on sexual self-esteem <sup>b</sup>	
Affirmation from partner is perceived to positive impact sexual self-esteem	“He’s still there, he’s still loving me and complimenting me and helping me rebuild my own self-esteem.” – P10
Growth within the relationship, including time spent together, and the comfortability, safety, and friendship that develop are	“I think, just over time, when you are...when you are in a comfortable, safe relationship, it [sexual self-esteem] kind of just naturally grows.” – P1 “If I was to start another relationship, I think it would be very difficult to feel that comfortable with that person.” - P5

perceived to positively impact sexual self-esteem	
Sexual satisfaction within the relationship is perceived to positively impact sexual self-esteem	“I think it’s [sex] a pretty big form of intimacy, so my sexual self-esteem leads to having sex, and I think that that is...makes our relationship more intimate, more open, more communicative.” – P10
Sexual dissatisfaction within the relationship is perceived to negatively impact sexual self-esteem	“When we were having like those dips, for example, or he's not trying...I definitely feel like my sexual self-esteem is down.” – P8 “Sex is a part of marriage, and it should be, but it’s just really hard, which then also decreases my self-esteem and makes it feel like I have problems.” – P11

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### **Partner Affirmation**

Partner affirmation was thoroughly discussed the participants directly, with some participants also discussing how feelings of rejection in past relationships decreased both satisfaction in their relationship as well as their sexual self-esteem. Participant 2 referred to rejection in past relationships as a feeling of “Not being good enough for them [partner] to hang on to.” This made her feel the need to make increased efforts to feel worthy in the relationship. Participant 6 discussed how her previous partner’s affair had led to self-loathing and a loss of sexual self-esteem, due to feelings of being rejected. Participant 6 then discussed how her experiences of being affirmed in her current relationship helped her rebuild her sexual self-esteem. She commented how he continues to affirm her in the relationship, both verbally and nonverbally: “It’s hard not to feel wanted when all that man does is stare at me” and “The level of attentiveness, that level of, um, just drive to make sure that I always feel good and wanted.”

Participant 1 also echoed that her partner was mindful about making an effort to affirm her, stated that a key element in their relationship was a partner: “Pouring that

affection and affirmation” She discussed how during more challenging moments in their marriage, such as when her husband worked long shifts, she’d made notes for him of affirmations she needed to hear to help maintain the relationship, which she believed had made their relationship stronger. While Participant 14 identified that her wife is “good about reassurances” and that due to her wife making positively affirming statements, she feels more confident: “I don’t question how she feels about me, how she thinks about me, what she thinks about me.” Participant 8, who identified significant struggles with self-esteem due to weight, expressed that her partner’s affirmations make her feel: “Prettier, sexier.” This was similar to Participant 12’s expression of how her husband’s affirmations helped her feel better, despite body image insecurities: “He always made me feel more beautiful than...I mean, I shouldn’t say it that way...more pretty than what I ever have been.” Participant 10 also referred to her husband’s affirmations when she isn’t having good self-esteem as essential: “He’s still there, he’s still loving me and complimenting me and helping me rebuild my own self-esteem.”

Participant 13 felt that non-sexual physical affection was an important part of affirmation and building sexual self-esteem in the relationship: “When we have a lot of physical touch and a lot of quality time, I think that seems like a boost for me.”

Participant 7, whose husband was in the military, recalled how affirmation had been important in building her sexual self-esteem during their marriage while he was frequently gone due to deployment. She recalled that he would give “Gentle reminders letting me know that I mattered, that he was thinking of me, even though, you know, he was in a war zone” and “making me feel wanted, making me feel appreciated.” She also

felt that small acts, such as giving flowers, were an important part of the affirmation she received. Participant 7 also identified how her satisfaction in the relationship and sexual self-esteem has decreased since her husband has become less affirming, stating: “I would hope he would do a little bit more to make me feel that [loved].” Participant 5 also identified that reduced affirmation, including things such as lessened non-sexual physical affection and not going on dates had reduced her sexual intimacy with her partner and this had negatively impacted her sexual self-esteem.

The participants shared a belief that partner affirmation helped them feel more satisfied within the relationship and better about themselves sexually. Some participants reinforced this belief by reflecting on moments in which they have not felt affirmation from either their current or a past partner and how it impacted their views of the relationship and their sexual self-esteem. The more participants expressed feeling affirmed by their partners, the more satisfaction they expressed in their relationship, and the higher sexual satisfaction they endorsed.

### **Relationship Growth (Time, Friendship, Comfortability, Safety)**

The participants referred to growth in their relationship, with time, friendship, comfortability, and safety being identified as factors for that growth. The concept of “relationship growth” is changes that occurred from when the participants first began their relationship with their partner through the duration of the relationship. These aspects were identified for participants as currently important to the overall satisfaction of the relationship and their sexual self-esteem.

Several participants discussed the importance of time for growth in the relationship and how time can help to improve satisfaction within a relationship. Participant 8 identified that she believes that although her overall self-esteem has always been low, that time in her current relationship has helped her develop with her husband a “Great sexual relationship.” Similarly, Participant 10 felt that there had been a lot of growth in the relationship simply due to time. Specifically, she referred to her sexual self-esteem changing and growing through her years together with her husband and stated: “I would say that I’ve been able to grow my sexual self-esteem and my confidence in that relationship.”

As identified from Participant 8 when discussing the impacts of time, comfort is something that participants feel develops the longer they are in their relationship. Alongside comfort, safety was also frequently mentioned, with the two often appearing concurrently. Participant 8 stated, “It took my husband a lot to get me to feel safe and comfortable.” Participant 10 endorsed that “It took time to be able to be comfortable speaking about my self-esteem.” She felt that this comfort contributed to her satisfaction in the relationship and sexual self-esteem because she was able to speak on what she liked sexually.

Participant 4 struggled emotionally and sexually in her relationship due to a history of trauma and identified how building comfort and safety with her husband was key to a more satisfying relationship. She identified her belief of essential things he did to build comfort and safety were “Respecting my boundaries” and “He was very patient.” Time and her partner’s efforts were so important to her growth that Participant 4

identified: “If I was to start another relationship, I think it would be very difficult to feel that comfortable with that person.”

Safety, or trust in the partner, was brought up by some participants when discussing time and comfort in their relationship. Participant 9 expressed: “It’s always just nice to know that I don’t have to worry about anything, and I completely trust him.” Participant 6 echoed that comfort built her sense of safety, endorsing that there is “never a moment that we’re together that I don’t know he’s here and he’s with me, and it’s about me...I don’t have any concerns.” Participant 1 may have best expressed how time, comfort, and safety were all intertwined to build relationship satisfaction and her sexual self-esteem in the relationship. She started off describing her lack of comfort early in the relationship:

Year and years and years ago, like making noise during sex or something like that, something that I was, like, uncomfortable with because I wasn’t certain it you, you know, would that be accepted or whatever...something that eventually went out the window.

When asked what helped her become more comfortable, she stated that time, comfortability, and safety were essential: “I think, just over time, when you are...when you are in a comfortable, safe relationship, it kind of just naturally grows...It’s just a time thing if you have the basis of comfortability and safety. And if both partners are willing to explore and try.” Participant 1 also expressed that friendship was important: “A huge factor in why I feel so confident, a really good relationship that is the basis of friendship and the basis of safety and the basis of positivity.” Friendship in the relationship was also

endorsed by four other participants, including Participant 8, who stated: “He’s my best friend.” To sum up how the relationship time, growth, safety, and comfortability improved their relationship, Participant 14 stated: “My relationship being healthy has made my sexual self-esteem better. And I think the fact that my sexual self-esteem is improving and increasing continuously that it’s making my relationship better.” When asked about building their relationship, their sexual self-esteem, and feeling more satisfied, each participant endorsed elements of relationship growth. Time, safety, comfort, and even friendship seemed intertwined as important elements of this growth. The more they were able to develop these elements, the more they endorsed feeling satisfied and having increased sexual self-esteem.

### **Sexual Satisfaction**

Sexual satisfaction was another subtheme of relationship satisfaction identified as impacting sexual self-esteem. Participants who expressed feeling sexually satisfied as well as perceiving that their partners were sexually satisfied, endorsed stronger satisfaction in the relationship and more confidence in themselves sexually.

Participant 3 endorsed and importance for both partners to be sexually satisfied, which Participant 7 echoed: “Intimacy is an important part of the relationship...There is no relationship without sex.” Participant 6 identified that she felt very sexually satisfied and that sexual confidence within the relationship led to sexual satisfaction: “We know what we need from ourselves. We know what we need from each other...Being able to be confident in it and show him, I do actually want you, like, I want you because its you and you’re my husband, and I love you.”

The impact of sexual satisfaction was highlighted by Participant 8, who endorsed the impacts of sex on her emotional closeness with her partner: “I think, a loving relationship, and to be close to your partner, and I’ve told him this too, that I definitely feel more in love and close with him when we’re intimate versus when we’re not...After we’ve made love, especially if I’ve had an orgasm, I’m just like, so in love, like, so in love.” Participant 10 was able to describe how sexual satisfaction, sexual self-esteem, and relationship satisfaction all influenced each other: “I think it’s [sex] a pretty big form of intimacy, so my sexual self-esteem leads to having sex, and I think that that is...makes our relationship more intimate, more open, more communicative.” Feeling sexually satisfied within the relationship increased a sense of intimacy for participants. This allowed participants to feel more satisfied in their relationship and increased their sexual self-esteem. How good they felt about the relationship outside of sex and their overall self-esteem were factors that tempered this impact but did not completely negate it. These factors are similarly impactful in tempering the effects of sexual dissatisfaction.

### **Sexual Dissatisfaction**

While sexual satisfaction leads to increases in positive feelings that improve relationship satisfaction and sexual self-esteem, participants who were facing sexual challenges in their current relationship also identified that sexual dissatisfaction negatively influenced their relationship satisfaction and sexual self-esteem. Participant 5 noted recent experiences of sexual dissatisfaction, and perceived sexual dissatisfaction of her partner, was causing her to feel less satisfied in the relationship and she endorsed that it had significant impacts on her sexual self-esteem and overall self-esteem:

I don't have a very high sex drive and he has a much higher sex drive than I do, so he puts a lot of pressure on me to have sex more often than I want to. It's usually the biggest cause of tension that we have in our relationship.

Participant 7 endorsed how a change in living situation had impacted the sexual satisfaction in the relationship, with her husband being home now whereas he'd been deployed most of their marriage. She expressed a belief that they'd gotten "complacent" and felt that being together so frequently, in comparison to when he was gone most the time: "We have so much access to each other we take that for granted." She discussed that this impacted her sexual self-esteem and relationship satisfaction by making her worry about satisfying her partner: "Makes you feel like, you know, question whether you're enough or whether you're doing anything... whether you should do more."

Participant 11 also endorsed feeling like she should be more sexually active with her partner and the impact of perceiving her partner as dissatisfied sexually: "Sex is a part of marriage, and it should be, but it's just really hard, which then also decreases my self-esteem and makes it feel like I have problems." She described the impacts of her loss of libido and perception of her husband's dissatisfaction on her sexual self-esteem and satisfaction in the relationship as creating significant guilt and when asked how she would rate her current sexual self-esteem, she stated: "Probably as poor or bad."

Participant 8 was the only one who discussed having a higher sex drive than her husband and how this impacted her. She recalled "internalizing" times when her husband was less sexual with her and how it triggered memories of being cheated on in the past. As a result, she felt her self-esteem often dipped when the sexual relationship did: "When

we were having like those dips, for example, or he's not trying...I definitely feel like my sexual self-esteem is down.”

Despite the impact of sexual dissatisfaction, overall self-esteem and relationship satisfaction were noted protective factors. Participant 6 stated that her relationship did not impact her sexual self-esteem as much and indicated that as she felt: “More confident in myself, I think it’s [relationship] less impactful.” Additionally, Participant 8 noted that having realized that other men would find her sexually attractive, she felt less negatively impacted by her husband’s lack of sexual desire. She also endorsed that the relationship being positive in other aspects had helped her reduce her belief over time that his lack of desire was due to his lack of interest in her.

Sexual dissatisfaction was seen by participants as reducing their sexual self-esteem and overall relationship satisfaction; however, participants endorse reduced impact when they feel the relationship is overall positive, they communicate well, and they develop their own sense of self-esteem outside the relationship

### **Emergent Theme 3: Overall Self-Esteem Influences Sexual Self-Esteem**

The influence of overall self-esteem on sexual self-esteem was discussed by the participants. Underlying overall self-esteem were the subthemes of “self-confidence,” “confidence in partner’s approval,” “body image,” “overall health,” and “historical impacts.” According to participant perspective, each of these factors impacted, either positively or negatively, their overall self-esteem and sexual self-esteem. Many participants felt that overall “self-confidence” was a key component while some noted that being “confident in partner’s approval” was important to overall self-esteem and thus

sexual self-esteem. Other participants discussed aspects of their “body image”, with age and weight being primary influences. “Overall health” was identified participants as a factor in their overall self-esteem and it’s impacts on sexual self-esteem. Factors of “overall health” were identified by participants as physical health, mental health, and sexual health. The final perceived contributor to overall self-esteem was “historical impacts”, with abuse in past relationships, sexual assault, and cultural influences being significant “historical impacts.” Table 4 details the narratives of self-esteem and subthemes.

**Table 5**

*Narrative Voices: Self-Esteem*

Theme and subthemes	Example quote
Overall self-esteem influences on sexual self-esteem <sup>c</sup>	
Individual self-confidence is perceived to positively impact sexual self-esteem	“Eventually I feel like my sexual confidence came with just like...just being confident in myself.” – P2
Confidence in partner’s approval is perceived to impact sexual self-esteem	“In my brain, him not wanting to have sex was because there’s something wrong with me.” – P8 “I can walk by him and it’s just that, you know, sexually he’s ready to go.” – P7 in discussing how his approval helps her have sexual self-esteem even when she’s struggling with overall self-esteem.
Body image was perceived as impacting sexual self-esteem with negative beliefs about weight and age being associated with reduced sexual self-esteem	“Your sexual self-esteem goes down pretty rapidly.” – P9 on how weight gain impacted her “I would always imagine that it [body image] would be better, and that my esteem might...would bet better as I’ve gotten and more in tune with myself...but it’s actually just gotten worse as I’ve gotten older.” – P9
Overall health was perceived as impacting sexual self-esteem with negative physical, mental, and sexual health being associated with reduced sexual self-esteem	“...because he’s [husband] been so supportive, I feel like my sexual self-esteem always comes back.” – P10 on having ulcerative colitis and its impacts on self-esteem “In order personally for me to be confident in myself, I have to be healthy physically, mentally, and then that translates into my sexual self-esteem. I feel better about my body, which plays a role in my sexual self-esteem.” – P11

Historical influences were perceived as impacting sexual self-esteem with perceived negative cultural impacts and negative experiences such as sexual assault being associated with reduced sexual self-esteem	“My culture, we were raised to see, like, being sexual as not a good person. Not what a good person does.” – P4 “He wouldn’t understand why I’ll be, like, all of a sudden completely turned off.” – P4 on how sexual assault impacted her sex life with her husband before improving her sexual self-esteem
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## Self-Confidence

Self-confidence was highly salient during the interviews and even endorsed as reducing negative impacts that were identified as impacting sexual self-esteem.

Participant 5, who expressed significant challenges in her sexual relationship and lack of feeling confident in her partner’s approval, still felt that she was able to promote “body positivity” due to her self-confidence. Participants 1, 3, and 6 both directly addressed that self-confidence can and should be developed separately from confidence in a partner’s approval. Participant 3 identified,

I don’t need [partner’s] approval for myself to feel good. Even when they are in a depressive state or just not as interested in those things, I still feel like I am a sexual being and I feel confident in those ways.

Participant 3 also identified that she enjoys her own appearance that the key for her developing her own confidence came when she learned the importance of “Not comparing yourself to other people.” Participant 6 echoed feeling confident in herself: “Now I view myself more as me and through my own eyes and my own accomplishments...I’m feeling a lot better.” When Participant 1 was asked what builds good sexual self-esteem, she identified: “Feeling confident.”

This perceived relationship between sexual self-esteem and confidence was also endorsed by Participant 2, who stated: “Eventually I feel like my sexual confidence came with just like...just being confident in myself.” Discussing her sexual self-esteem, Participant 4 indicated the importance of self-confidence as well: “I feel deserving of being able to enjoy pleasure.”

Participant 10 and 15 both felt that their self-confidence was good but that improvements in their self-confidence and their sexual self-esteem would improve their relationships. Participant 15 stated: “I think that the relationship could be improved with self-esteem.” Participant 10 stated: “If I feel confident in myself, our relationship does better and vice versa.” Her keys to overcoming periods of low self-esteem were identified as “Time, I think was a big one...time and effort.” Currently, Participant 10 feels her sexual self-esteem is the highest she’s ever had.

Self-confidence was highlighted as not just impacting the overall relationship but was directly seen as influencing sexual self-esteem and overall self-esteem. This served to help improve the relationship, and vice-versa. Some participants endorsed belief that continued work on their self-confidence was important for further improvements in their relationship.

### **Confidence in Partner’s Approval**

Confidence in partner’s approval and alternatively, the lack of confidence in partner’s approval, also came out as a subtheme that participants felt impacted their overall self-esteem and their sexual self-esteem. Participant 1 identified it as a “huge” factor in her self-esteem. When asked how she believed her self-esteem developed, she

identified various factors, including affirmation within the relationship: "...And affirmation, you know. Growing together, laughing together, you know, just a positive environment."

Although she felt like she would have gotten to her current level of self-esteem regardless of her relationship, she endorsed belief that it helped her get there faster when she had frequent positivity and support from her partner, including affirmations, that made her feel confident in his approval. Participant 13 feels confident in her partner's approval and that this confidence in her relationship allows her to maintain her self-esteem even when their sex is reduced: "We've really been on the same page sexually for like many years... We're still doing fine...it's just usually, it's like outside factors that like we're just tired." Participant 7 also expressed confidence in her partner's approval: "I can walk by him and it's just that, you know, sexually he's ready to go."

Although she endorsed lacking in her own self-confidence, she felt her confidence in her partner wanting her still has positive impacts on her overall self-esteem and her sexual self-esteem. Participant 14 similarly endorsed lower self-confidence, but a positive impact from her partner's approval: "She'll say something, like, cheesy, right. And I'm like, 'oh, you're just kidding.' You know. And she's...but I know she's not, and like, I've never once actually questioned it."

Participant 8 explored a more complex relationship between her self-confidence and her confidence in her partner's approval. She endorsed both high self-esteem and low self-esteem, as well as high sexual self-esteem. She expressed conflicting statements: "I feel like I have a really high self-esteem and a really high sexual self-esteem," and "God

forbid I lost him, I don't know what...you know, I don't know if I'd ever have sex again, because I do have such low self-esteem in that sense." Also, despite endorsing feeling her highest sexual self-esteem currently, Participant 8 also often assumes, because of his lack of sexual initiative, that she is: "Not sexy to him." This makes her feel more negative about herself overall and increased negativity about her sexual confidence.

Lack of partner approval was also identified as having negative impacts. Although Participant 6 was able to endorse a belief that her husband loved her, she felt that he did not approve of her when he was not sexually active with her: "...but in my brain, him not wanting to have sex was because there's something wrong with me."

Participant 5, who states that her low libido is a cause of tension in the relationship says that this causes her to feel "Pretty bad, um, I feel pretty bad about myself. For not being able to be what he needs, or not being able to be what I used to be."

Of the participants that discussed their partner's approval being a factor for their overall self-esteem, feeling confident of approval positively impacted overall self-esteem while feeling that they did not have partner approval negatively impacted overall self-esteem. Self-confidence was endorsed by some participants as a mitigating factor to the impact, either positive or negative, of their partner's approval.

### **Body Image (Weight Influences, Age Influences)**

The participants discussed the subtheme body image, and its impacts on their overall self-esteem and sexual self-esteem. Weight and age were the most identified components, with overall body image briefly mentioned by some participants. Being overweight was mentioned as a negative factor by some participants who discussed body

image, and some noted positive impacts of being more in shape or skinnier in their past. There was a participant indicated positive body image regardless of weight. This was Participant 3, who was previously discussed as having endorsed high self-confidence and felt that it helped her enjoy her body after both gaining and losing weight. She expressed: “I’ve embraced the changes my body has gone through.” For Participant 15, weight gain has directly impacted her self-esteem:

You know, I keep seeing the number on the scale go up, or, you know, I keep having to change my wardrobe...like my husband isn’t calling me out on it...but I’m seeing it you know. And then I get self-conscious about it.

Participant 9 also saw weight gain change how she viewed herself and that feeling like she doesn’t look her best makes her not feel her best. As she put it: “Your sexual self-esteem goes down pretty rapidly.” Health issues, which resulted in a hysterectomy, impacted Participant 11’s weight and caused changes to her body. After these changes, according to her: “I just almost don’t feel confident in myself and my body.”

Participant 8 again expressed a more complicated relationship. She identified herself as overweight and expressed that she’d been overweight since she was younger. This impacted many of her romantic relationships and she feels this impacted her sexual self-esteem through most of her life. With her current relationship, she was insecure early in the relationship; however, she endorsed that she was feeling more comfortable and confident with being overweight as she’d gotten older: “As I age, I’m definitely more okay with being overweight.” Despite increasing confidence in herself sexually, she also expressed that she believes weight negatively impacts her current sexual relationship

because “I know I'd be even more comfortable doing things and trying different positions.”

Participant 8 was not the only one to identify positive changes due to increased age. Participant 1 also identified that age had helped to improve her body image; however, Participant 9 and 11 identified age as decreasing their body image and self-esteem. Participant 9 expressed that when she was young, she never doubted: “Being sexy, or beautiful, or confident.” As she’s aged, she’d noticed a change in how men see her and feel that they no longer desire her sexually, which she believes has negatively impacted her body image and self-esteem: “I would always imagine that it [body image] would be better, and that my esteem might...would bet better as I’ve gotten and more in tune with myself...but it’s actually just gotten worse as I’ve gotten older.” When Participant 11 was asked if body image played a role in her sexual self-esteem early on, she expressed: “I do. I was probably about...I would say 30 pounds light and a lot more physically fit...I was also 10 years younger.”

Overall, self-esteem is believed by the participants to be impacted by their body image, with weight and age being identified as big factors in how the participants viewed their body. Changes in both weight and age changed their overall self-esteem and their sexual self-esteem.

### **Overall Health (Physical Health Influences, Mental Health Influences, Sexual Health Influences)**

The participants discussed how their “overall health” impacts their overall self-esteem and their sexual self-esteem. “Overall health” appeared to be comprised of the

factors of sexual health, physical health, and mental health. Those with mental health, physical health, or sexual health issues discussed how these created negative impacts to their overall health, their sexual relationship with their partners, and their sexual self-esteem. It was also discussed how caring for and increasing sexual health, physical health, and mental health helped improve participants relationships and sexual self-esteem.

Participant 9, participant 10, and participant 11 all identified physical health issues that had impacts on their overall health. Participant 9 states that she was diagnosed with interstitial cystitis, a chronic illness, after her marriage. She recalls that her self-esteem, specifically her sexual self-esteem, was “shattered” after the diagnosis due to it impacting pain during sex which made sexual intimacy: “Difficult to want anything.”

Participant 10 was also diagnosed with a chronic illness, ulcerative colitis, after marriage. She states that there are times in her relationship she doesn't feel her best due to the illness, which often is accompanied by weight gain, weight loss, and hair loss, but “because he's [husband] been so supportive, I feel like my sexual self-esteem always comes back.” She does feel that she has to prioritize caring for her physical health to prevent flare ups of the ulcerative colitis because she feels the disorder is gross: “When my ulcerative colitis is active, then my sexual esteem is down, so I do think physical health plays a pretty big role in that.”

Participant 11 was both diagnosed with a chronic illness, endometriosis, and experienced complications due to a C-section. As a result, she received a hysterectomy that she feels reduced her sexual self-esteem. Although she was having pain during sex

that impacted her libido prior to the hysterectomy, since the hysterectomy she felt her loss of libido became more “psychological” and this worsened her sexual self-esteem further; however, she has been working on improving her overall health and states, “In order personally for me to be confident in myself, I have to be healthy physically, mentally, and then that translates into my sexual self-esteem. I feel better about my body, which plays a role in my sexual self-esteem.”

Participant 2 discussed how being physically unhealthy prior to her relationship, and even early in the relationship, reduced her sexual self-esteem and how she improved it by improving her overall health: “I started getting physically and mentally healthier, and that in itself started boosting my self-esteem.” She also identified drinking as a problem for her overall health, self-esteem, and sexual relationships prior to becoming sober: “I’m probably physically and mentally the healthiest I’ve ever been in life. Getting sober was definitely my biggest turning point from where I was at...my lowest low.”

Participant 10 and 14 also echoed the importance of mental health alongside physical health in building confidence and sexual self-esteem. Participant 14 expressed, “I think being happy really makes me feel more confident in that [sexual] area of my life too.” Participant 10 identified that taking care of herself, including eating right and “Making the choice to have more positive outlooks on life, then my mentality gets better which all plays a role in my sexual self-esteem.”

Participant 4 expressed a belief that mental health affects the sexual relationship, identifying stress as a possible impact reducing sexual self-esteem. Participant 5 and 6 both expressed mental health struggles and obtaining mental health medication, which

impacted their libido. Participant 5 expressed: “I have my own mental health struggles; I take medication for them, and I’ve had several medication changes that have contributed to libido changes.” Participant 6 identified having post-partum depression and going on SSRIs, which caused her sexual functioning to change. As she stated: “You know, even if you don’t experience the full side effects of not being able to orgasm or anything at all, it [SSRI] still dampens a lot of it.” Both participants expressed how the changes in their libido made them feel less sexually confident and reduced their sexual self-esteem.

Participant 11 endorsed her mental health struggles with trauma reduced her ability to engage sexually in her relationship and reduced her sexual self-esteem. She also identified that her mental health reduced overall confidence.

Additionally, some participants discussed how pain during sex and their negative sexual health had negative impacts on their sexual activity in the relationship and negatively impacted their sexual self-esteem. Participant 15 stated: “You know, for a while, like, sex was just painful, and the two were correlated.” Participant 13 also noted pain with intercourse, which initially served to reduce her sexual self-esteem; however, she expressed that her partner’s support helped reduce these negative impacts.

We talked about it and we would kind of, like, if things were becoming too painful, then we would resort to other things to keep our, you know, sexual relationship going. He was very accommodating. When he needs to be gentle, he would be gentle, and if things were just too painful, then it was...“we can do something else.”

When asked if she felt there was a relationship between her sexual health, her relationship, and her sexual self-esteem, Participant 13 stated: “I think there can be, because again, I think if I had been with any other partner, I think I probably would have had a decline in my sexual self-esteem.”

Other participants discussed how positive sexual health helped to increase their sexual self-esteem. Participant 12 expressed that in order to be “Comfortable during sex, I have to know that I am healthy, you know, female wise.” Having that knowledge of her own sexual health helped her have more sexual confidence. Participant 7 also echoed: “You do feel self-confident. You don’t feel as confident as you would, if you didn’t.” Participant 6 expressed that “If there was something going on [sexual health] I would feel less confident.”

While most participants discussed how their sexual health impacted their sexual self-esteem, Participant 8 expressed a reverse influence. She felt that her negative body image and sexual self-esteem made her more hesitant to go for her pap-smears and other female health checkups.

While most participants saw a personal connection, Participant 14, who expressed that she did not often attend female health check-ups expressed that although she could see a connection, she did not personally feel that her sexual confidence was impacted by not going for her female health checkups. She endorsed a belief that this was due to being in a monogamous relationship she felt “safe” in and that sexual health had been more important to her confidence when she was single and did not trust her partners.

Overall self-esteem is believed by participants to be impacted by overall health, with physical health, mental health, and sexual health all being significant components. A positive focus on becoming physically, mentally, and sexually healthy was perceived as increasing sexual health while physical, sexual, and mental disorders and illnesses was perceived as having negative impacts.

### **Historical Influences (Cultural Impacts, Sexual Assault)**

The participants discussed how the subtheme “historical impacts” influenced their overall self-esteem and their sexual self-esteem. “Historical impacts” appeared to be comprised of the factors of cultural impacts and sexual abuse. Each of these were identified for the negative impacts on overall self-esteem and sexual self-esteem. Cultural impacts were the most salient of the factors identified as a “historical impact,” with many of the participants discussing it.

Some participants identified growing up in Christianity and they discussed how the church’s view on sex had negative impacts on their sexual self-esteem. Participant 10 expressed being raised with the belief: “You’re not supposed to like it [sex]. Um, it’s only supposed to bring children, like, that’s kind of how I grew up...no sex before marriage.” Participant 5 also grew up with an upbringing attending church: “I grew up in the Bible belt...so it [sex] was always very shameful...it[sex] was a sin and should be covered up and you should never talk about it.” Participant 13 also identified growing up in a household that was both Christian and strict, and that even talking about it was not supported. She felt that this had impacted her knowledge and ability to communicate once she was married.

But then when you become married, it's like, okay, now do all the things with your husband. It's like, well, what things? Like, what am I supposed to do?

Having those conversations with them [husband] was helpful because it allowed me the space and opportunity to kind of explore, like, what my interests are and kind of what I like and know that I won't be judged.

Participant 4 stated that she is Indian and had similar beliefs from her culture that impacted her sexual self-esteem: "My culture, we were raised to see, like, being sexual as not a good person. Not what a good person does...dirty."

Additionally, the participants expressed that this focus on sex being bad and only within marriage, made it seem more like a duty or role. As Participant 4 expressed: "You have to do it as a wife." The cultural impacts went further when Participant 4 revealed that she had been sexually assaulted and that within her culture: "They make it seem like it's [sexual assault] your fault." For her, this made it more difficult to explore her sexuality within her marriage and she expressed low sexual self-esteem early in the marriage as a result. She was able to overcome through encouragements from her husband, who she identified was from a different culture, not just to talk about sex, but to learn to enjoy it and see it as something positive. Participants 10 and 13 also felt that their marriages were helpful in learning to communicate about sex and build their sexual self-esteem despite cultural impacts. Participant 10 expressed, "Whether I really believe the religious aspects of it or not, I think that [marriage] was kind of where my freedom came." Participant 5 identified that it is still "strange" for her to talk about sexual activity sometimes although she feels that she champions it for others.

Not all participants identified a religious upbringing, but still endorsed cultural impacts. Participant 7 indicated that she was raised in a strict household and felt that this limited her building her sexual self-esteem prior to marriage and thus negatively impacted her sexual self-esteem early in the marriage because she did not have the ability “To flirt with my sexuality.” Participant 15 felt that she grew up in a family where “You just don’t talk about things like that.” And that as a result she has been private about it and this has had impacts on discussing it within her marriage. Participant 11 felt that it was culturally part of being raised in the United States that sex is “Implied that it’s kind of the women’s duty to the husband.” Which she felt created pressure and expectation that impacted her sexual self-esteem when she was not meeting those expectations.

Coming from a same sex relationship, Participant 4, who identified as being raised in the South, expressed that culture had a lot of impacts on her early negative sexual self-esteem. She felt that the beliefs that there was shame in any kind of sexual activity and that it was an act meant just for having kids, caused her to feel shame about desiring a same sex relationship and caused “A lot of internalized homophobia.” She expressed that therapy and efforts prior to her current relationship had helped her build her sexual self-esteem. Although her relationship was identified as a support, she felt it was her personal work that impacted her sexual self-esteem most.

Sexual assault was another historical impact that negatively impacted the development of sexual self-esteem by the participants. Some participants had experienced some form of sexual abuse, whether in their childhood, as an adult, or both. Participant 12 states that after her sexual assault, which occurred as an adult, she felt like damaged

sexually and that this impacted her sexual relationship with her husband. Participant 13 and 11 both expressed sexual molestation in childhood and later sexual assaults as adults. Participant 13 felt that this caused her sexual self-esteem to be “In the toilet...because it started off with trauma.” Participant 11 endorsed that sex often triggers her past trauma, which made her less sexually confident. All three endorsed that their current relationships and having their partner affirm them, be patient with them, and encourage them sexually helped them rebuild sexual self-esteem within the relationship. Both Participant 12 and 13 felt that their sexual self-esteem had improved in their marriage. Participant 12 described the support in her relationship and her husband as “very patient. Constantly reminding me and telling me that, you know, I am worth it. I am a beautiful person to him. Being soft, gentle, completely helped my sexual self-esteem rebuild.”

Participant 13 explained that she felt sex was about the male until her current marriage and then her husband began to “Encourage self-exploration and kind of like, your own...so I can, kind of, develop my own sexual identity outside of us having sex.” Learning to communicate within the relationship and building her confidence to explore her sexual needs were identified by Participant 13 as helping her: “I would say my sexual self-esteem has greatly improved.”

Participant 11 felt that early in her relationship, her partner helped her improve her sexual self-esteem and work through the trauma of sexual abuse: “Like, he made me feel okay. Like, I don’t need to do this...he was respectful. Um, and that kind of gave me more confidence at that point because it wasn’t like I was being forced into anything.” Recently, she has experienced reduced libido and expressed that feeling pressure to meet

her partner's needs had triggered her trauma memories and negatively impacted her sexual self-esteem. As a result, she and her partner are not currently engaging sexually but have been more open in communication. She still endorses that she believes her sexual self-esteem is higher due to her relationship with her current partner than it has been in the past.

Participant 5 had a similar experience, where she had experienced sexual abuse prior to the relationship and that with a loss of libido, she struggles with feeling pressured to engage sexually in her relationship: "Now I'm forcing myself to do this because they want to do it, and I don't want to do it because of this history." She endorsed that it continues to be a source of tension in the relationship, but she also expressed, like Participant 11, that although her current sexual self-esteem was lower than it was early in the relationship, that her current relationship had actually helped her improve her sexual self-esteem, by making her feel safe, compared to how her sexual self-esteem was prior to the relationship: "This relationship has actually done a lot to increase it."

Participant 4 experienced sexual assault as an adult and Participant 6 experienced sexual abuse as a child. While Participant 4 felt that the shame and blame that came from her culture made her more reserved and unwilling sexually, Participant 6 expressed that she became promiscuous due to her negative sexual self-esteem that came from the trauma. Both endorsed that their relationships helped them heal and develop sexual self-esteem. Participant 4 expressed that initially sex was a trigger for her in the relationship and it was not until she opened to her husband to discuss her past sexual trauma that they were able to overcome: "He wouldn't understand why I'll be, like, all of a sudden

completely turned off.” She expressed that communicating her trauma with him was a turning point in her sexual self-esteem and that he began to guide her sexually and would encourage her to voice her feelings sexually: “Him being able to say, like, ‘oh, do you want to do it or not? It’s ok if you don’t want to.’ And I was like, ‘well, I really don’t want to.’ And it’s like, we don’t have to.” Participant 6 also felt that her marriage helped her to “heal” and that is why her sexual self-esteem: “Is as good as it is now.”

Historical impacts such as sexual assault and cultural impacts were identified by participants as impacting their overall self-esteem and their sexual self-esteem. Participants who experienced these negative impacts also endorsed that their current relationship helped them to build or rebuild their sexual self-esteem through support, respect, and communication.

### **Summary**

This chapter presented the findings of the data collection and analysis process of this qualitative, narrative study qualitative, narrative study on the perspectives of females of their sexual self-esteem within their long-term intimate relationships. The data serves to answer the research question, what are the narratives of sexual self-esteem as a domain of sexual well-being in cisgender women’s long-term intimate relationships. Through these interviews, I was able to identify some patterns or themes across the experiences of the participants.

Overall, the participants expressed a belief that their long-term intimate relationship had overall positively impacted their sexual self-esteem, with many endorsing that their relationship helped them overcome negative historical impacts,

health issues, and self-esteem challenges; however, within this overall positive impact, there were other various aspects of the relationship that participants endorsed contributed negative impacts on their sexual self-esteem, such as communication that felt sexually pressuring and lack of sexual satisfaction or affirmation in the relationship. Protective factors that helped reduce the negative impact included the participants own overall self-esteem, their satisfaction in the relationship, and communication. One participant was an exception to the strong endorsement of the relationship helping to increase sexual self-esteem. Although she identified that the support from her partner helped, she expressed that the most significant contributor to her sexual self-esteem was her own efforts to build positive self-esteem and sexual self-esteem even prior to the relationship.

The focus of Chapter 4 was to describe the results of the study. In chapter 5 there will be a discussion of how the findings of the research study provide answers to the research question. I will discuss interpretations from the data collected utilizing the sociometer theory lens. The chapter will then be concluded with a description of the limitations of the study, recommendations for future research, and implications for social change.

## Chapter 5: Discussion, Conclusions, and Recommendations

### **Introduction**

The purpose of this qualitative study was to explore the narratives of cisgender females on their sexual self-esteem within their long-term intimate relationships. The interviewer sought to understand how females perceived their long-term intimate relationship influenced their sexual self-esteem. The results of this study may serve to fill a gap in the research on female sexual self-esteem and sexual health. The increased knowledge can serve to help with theoretical development, as suggested by Sakaluk et al. (2020) who indicated that sexual health and sexual well-being are too broad to explore in correlation to each other, but that the domains of these concepts should be explored for possible relationship and to contribute to theoretical development. Sexual self-esteem and long-term intimate relationships were the identified domains of sexual health and sexual well-being that this study explored. Current theories of sexual health are not comprehensive (Sakaluk et al., 2020), and this study was developed to fill this gap in knowledge.

The discussions in this chapter will review key findings reported in Chapter 4 related to the literature discussed in Chapter 2 regarding female narratives of sexual self-esteem within their long-term intimate relationships. I will discuss how the females perceive their long-term intimate relationship impacts and is impacted by their sexual self-esteem. The findings will also be discussed within the framework of sociometer theory. Implications for social change, such as serving to improve development of future interventions and programs that address issues within female sexual health, will be

explored in this chapter. In the final sections of the chapter, I will provide recommendations based on the thematic results for future research and discuss the study's potential implications for social change.

### **Study Overview**

Although research into the topic of female sexual health is limited, the research that does exist shows that sexual health and sexual well-being are key pillars of overall female health and well-being (Stanley & Pope, 2022). These areas are as impactful as chronic physical health issues for females and yet remain an under researched topic for females. The poor understanding of female sexual health has resulted in interventions and programs designed to improve female sexual health based within incomplete or inadequate research. Historically, self-esteem has been linked with sexual health in literature, but Sakaluk et al. (2020) did a meta-analysis of the research to discover that there was no significant relationship found between self-esteem and most variables of sexual health. It was suggested in the research by Sakaluk et al. (2020) that research should focus on exploring relationships between the variables of self-esteem and sexual health, as the two terms may be too broad, and Lorimer et al. (2019) suggested that there is a gap in the literature on the lived experiences of sexual self-esteem, as a domain of self-esteem and variable of sexual well-being, which is important to explore and contribute to close the gap.

The research question developed for this study is: What are the narratives of sexual self-esteem as a domain of sexual well-being in cisgender women's long-term intimate relationships? To answer this question and seek to contribute to closing the gap

in research on lived experiences of sexual self-esteem, this study sought cisgender female participants over the age of 21 and in an intimate relationship of at least 3 years to explore their perspectives of their sexual self-esteem, as a variable of sexual well-being, within their long-term intimate relationship, as a variable of sexual health. Long-term intimate relationship was the only domain of sexual health within the study by Sakaluk et al. (2020) to show any significant relationship with self-esteem, which was why long-term intimate relationships and sexual self-esteem were chosen as the variables to explore in this study.

Key findings in this study include two overarching main themes and 12 subthemes: (a) relationship communication with subthemes of overall communication, verbal and non-verbal sexual communication, and sexual pressure; (b) relationship satisfaction impacts sexual self-esteem with subthemes of partner affirmation, sexual satisfaction, sexual dissatisfaction, and relationship growth; (c) overall self-esteem impacts sexual self-esteem with subthemes of self-confidence, confident in partner's approval, body image, overall health, and historical impacts. The following section will discuss interpretations of these findings within the context of existing literature and the theoretical framework to discuss identified commonalities of sexual self-esteem for females within their long-term intimate relationships.

### **Interpretation of the Findings**

In 2020, Martin and Woodgate wrote an article on the holistic nature of sexual well-being, exploring literature to identify relevant factors surrounding individual sexual well-being and engage in concept analysis of sexual well-being. In examining the holistic

nature of sexual well-being in the psychological sense, relevant contributing factors were sexual satisfaction, self-esteem, and self-efficacy. Essentially, they would have good sexual well-being if they experienced pleasure in both relationships and sexual activities, perceived themselves as sexually desirable, and were able to achieve sexual needs (i.e. enforce condom use if desired). This study provided a rich view of the narratives of females on their sexual self-esteem and the complicated impacts of their long-term intimate relationships focused on this more holistic approach. Within the study, the length of the long-term intimate relationships had wide variation, with the longest being 29 years and the shortest being 4 years; however, some things remained consistent regardless of the length of relationship. All study participants described an overall belief that their relationship had helped to improve their sexual self-esteem when compared with how they perceived their sexual self-esteem prior to the relationship. How their current relationship and how they were impacted by their past relationships aligned with Martin and Woodgate's (2020) suggestion that positive sexual experiences and relationships contribute to individual confidence and comfortability with one's body and sexuality, while negative experiences and relationships can negatively impact this confidence and comfortability.

Delving into the experiences of sexual self-esteem within the relationships of participants, participants identified how past negative experiences had impacted their sexual self-esteem prior to the relationship. Many participants of the study had negative experiences (e.g., sexual assault, negative cultural influences, abuse, pressure to engage sexually) both prior to the relationship and/or during their current relationship.

Participants who experienced these adverse events discussed how aspects of their current relationship, such as communication and satisfaction, help to reduce the negative impacts of the adverse events on their sexual self-esteem. Other participants expressed few adverse sexual events but also endorsed growth of their sexual self-esteem within the long-term intimate relationship due to aspects of the relationship such as communication and satisfaction. For participants with negative experiences within their relationship, such as pressure for sexual engagement, they indicated that this negatively impacted their sexual self-esteem but also expressed a belief that their sexual self-esteem was still improved compared to how they perceived their sexual self-esteem prior to the relationship. Perceptions of the relationship being overall positive, despite lack of sexual satisfaction, appeared to be contributing factors for this.

Exploring the results of this study within the literature of Martin and Woodgate's (2020) concept analysis, we can see that self-efficacy within the relationship, or the ability to make decisions about sexual engagement (i.e. no feelings of sexual pressure), perceptions of being sexually desirable (self-esteem), and satisfaction, which were identified as part of the holistic needs of an individual within sexual well-being, were also identified by participants of this study as important aspects that impacted their sexual self-esteem within their long-term intimate relationship. Based on the study results, there was an overall growth in sexual self-esteem that increased comfort and growth in the relationship for all participants, but reduced self-efficacy, self-esteem, and satisfaction within the relationship also served to reduce these positive increases of self-esteem; although no participants felt that sexual self-esteem decreased to the levels prior to their

current relationship. This indicates that, as Martin and Woodgate (2020) identify, sexual experiences and relationships play an important role in holistically viewing sexual self-esteem as a concept of sexual well-being. This holistic view of sexual experiences and relationships on sexual self-esteem indicates that long-term intimate relationships can also be a mediating factor to other external impacts on overall sexual self-esteem, such as aging, weight gain, and overall body image. The following section will have a discussion of the themes that emerged and how it relates to the literature and theoretical framework discussed in Chapter 2.

## **Findings and the Literature**

### ***Female Sexual Development and Psychosocial Influences***

Themes from this study were compared with findings from the literature to create a deeper understanding of female perspectives of their sexual self-esteem within their long-term intimate relationships, as factors of sexual health and sexual well-being. It has been clearly documented how physical issues contribute to sexual development, with unhealthy lifestyle choices contributing to sexual dysfunction and healthier choices serving to improve sexual health and well-being (Mollaioli et al., 2020); however, recent literature has begun to identify that importance of using a systems perspective, or biopsychosocial approach, to understand psychosocial and cultural influences on sexual development. This study focused on how participants' perceptions of their long-term intimate relationships impacted their sexual self-esteem. What arose is that psychosocial and cultural influences can be intensified or mitigated by long-term intimate relationships.

Some of the themes and subthemes that arose from this study correlated with psychosocial and cultural factors that Mollaioli et al. (2020) identified as impacting sexual dysfunction for individuals. Within the theme of overall self-esteem, the subtheme of historical impacts (culture and sexual assault), aligned with the identified psychosocial factors of culture and experiences from the literature. Also, within the theme of overall self-esteem, the subtheme of self-confidence had some alignment with the identified psychosocial factor of personality from the literature and the subtheme of overall health (mental) aligned with the psychosocial factors of stress, anxiety, and depression from the literature.

Mollaioli et al.'s (2020) research was not the only that posited that female sexual development was impacted by psychosocial and cultural influences. In a study on female genital self-image, as aspect of female sexual development, further psychosocial aspects which aligned with the themes and subthemes of this study were identified as influential (Fudge and Byers, 2019). Although focused on partner feedback of genitals, the study identified that individual perceptions were influenced by positive and negative partner feedback, which aligned with the subtheme of partner affirmation and the subtheme of sexual satisfaction within the theme of relationship satisfaction. Frequency of sexual activity from this literature also appeared aligned with the subtheme of sexual satisfaction while social desirability was similar to the concept of confidence in partner approval, a subtheme of overall self-esteem. Fudge and Byers (2019) also identified the psychosocial factor of cognitive-affect appraisals (body image and sexual comfort). This was supported by the subtheme of this study body image, within the theme of overall self-

esteem and the subtheme of relationship growth which was defined by the development of comfortability and safety within the relationship and was a subtheme of the theme relationship satisfaction. Having sexual comfort, body image, and positive genital feedback was identified as predicting female genital self-image; being comfortable within the relationship, having positive body image, and receiving partner affirmation was identified by the participants of this study as increasing sexual self-esteem.

Literature supports the concept that female sexual development is impacted by psychosocial and cultural factors. For this study, the female sexual development explored was sexual self-esteem within long-term intimate relationships. The narratives of the participants revealed several psychosocial and cultural impacts, broken down into themes and subthemes in the analysis, which contributed to the sexual self-esteem of the females within their long-term intimate relationships. This further supports Martin and Woodgate's (2020) suggestion that building facets of sexual well-being, including sexual self-esteem, requires a holistic approach. Physical health, which was discussed by the participants of this study as a component that was important to the subtheme of overall health that impacted sexual self-esteem, was only a small part of the identified impacts on female sexual self-esteem within their long-term intimate relationships. The themes of relationship satisfaction, relationship communication, and overall self-esteem identified in the analysis of data from this study built upon the many other psychosocial and cultural factors identified in literature as significant to the development of female sexual self-esteem within their long-term intimate relationships.

### ***Interrelationship Between Psychosocial and Cultural Factors***

The themes and subthemes identified in the analysis of the study appeared to have strong interrelationships, with each often impacting each other. Overall communication was mentioned by 13 of the 15 participants, with the additional 2 participants who did not mention overall communication discussing sexual communication within the relationship. Each of these participants identified communication as an important aspect of their relationship which influenced the development of their sexual self-esteem. Regardless of whether they identified their current sexual self-esteem as positive or negative, all participants expressed a belief that communication with their partner had increased their sexual self-esteem when compared to their identified sexual self-esteem prior to the relationship. Martin and Woodgate (2020) suggest that individuals who experience comfortability with their partners as well as with discussions of sexual matters are more likely to have sexual self-esteem that is higher than individuals lacking comfortability. This suggestion indicates that the psychosocial and the cultural factors that can impact sexual development, such as the development of sexual self-esteem, have strong interrelationship. While the participants of this study identified communication and comfortability as separate impacts, according to the research from Martin and Woodgate (2020), positive communication with a partner and being comfortable with a partner are interrelated concepts in relationships. This suggests that individuals more comfortable talking with their partners have increased communication but also that better communication can serve to increase comfortability. One participant identified this by stating that after a conversation on having a lack of orgasms with her partner, all other

communication felt easier. According to Martin and Woodgate (2020) these elements build a more sexually satisfying relationship for individuals. Participants in this study did identify that their sexual satisfaction did increase with their ability to communicate and growth in their relationship, with both comfortability and safety being core factors of relationship growth. With sexual satisfaction in a relationship, there is a likelihood of repeated engagement in sexual activities, which furthers the development of comfort and security, as well as overall relationship satisfaction (Martin and Woodgate, 2020). This interconnection of different relationship aspects was also identified by participants of this study, who suggested that the ability to communicate overall with their partner as well as their ability to communicate sexually with their partner (subthemes of Theme 1) contributed to sexual self-esteem and indicated that sexual satisfaction and relationship growth (safety and comfortability; subthemes of Theme 2) also increased sexual self-esteem within the relationship. In accordance with Martin and Woodgate (2020), individuals who are comfortable with their partner and have good communication have better sexual self-esteem. With increased sexual self-esteem, individuals perceive themselves as more comfortable and able to communicate with their partner.

### ***Length of Relationship***

Although all participants indicated that they perceived their relationship had helped to increase their sexual self-esteem, through various psychosocial and cultural factors, time within the relationship appeared associated with the psychosocial factor of relationship growth, which improved comfortability and security. These factors were identified in literature as important for sexual well-being, which sexual self-esteem is a

variable of (Fudge and Byers, 2019; Lorimer et al., 2019; Martin and Woodgate, 2020; Mollaioli et al., 2020). However, data on the impact of time in the relationship on improving these psychosocial and cultural factors was ambivalent, indicating uncertainty a relationships' length of time and the sexual self-esteem of a female can be positively linked.

Hannier et al. (2022) identified that the length of a relationship and a female's sexual self-esteem were negatively linked; the results showed that the self-esteem of a female was highest during the early stages of a relationship and typically decreased over time. This supports the concept that sexual self-esteem for females in long-term intimate relationships varies over the course of the relationship due to impacts of psychosocial and cultural factors. Some participants of the study confirmed that they experienced their highest perceived levels of sexual self-esteem earlier in the relationship and psychosocial and cultural factors such as age, weight, physical health issues, mental health medications, loss of libido and sexual pressure within the relationship had served to decrease their sexual self-esteem through length of the relationship. According to Hannier et al. (2022) time affected the way women viewed themselves sexually and thus their sexual self-esteem reduced over time. This correlates with the theme of overall self-esteem having impacts on sexual self-esteem within the relationship. These participants noted that psychosocial factors of comfortability and communication with their partner had helped them achieve their early improvements in sexual self-esteem, when compared with prior to the relationship and also indicated that they continued to feel their current

sexual self-esteem was higher when compared to prior to the relationship, but that it had decreased from its initial high due to the identified factors.

P8 (married 23 years) discussed that she'd expected to experience an increase in sexual self-esteem as she got older and the longer she was in the relationship, but changing perspectives on her body image and challenges in the sexual relationship with her husband had instead caused it to decrease more recently. Her discussion of the impacts of her age and weight on perceptions of her body image and it's impacts on her sexual self-esteem aligned with Hannier et al. (2022) positing that it is the individual's perception of their body image and not how others see them that has the most influence. P8 indicated her own perceptions of body image changed, regardless of affirmation from her partner or the lack of her partner indicating any dissatisfaction in her age or weight. Hannier et al.'s (2022) identification of individual perception being the meter for acceptance or rejection can be framed within the sociometer theory used as a framework for this study; it is how an individual perceives their behaviors create social acceptance or rejection for them that guides relationship behaviors.

Hannier et al.'s (2022) study results that time in a relationship was negatively linked with sexual self-esteem was also disconfirmed by several of the participants from this study, who expressed that their sexual self-esteem had only grown while in the relationship. P1 (Married 17 years) and P4 (Married 29 years) are good examples of this, as both expressed a continued increase in their sexual self-esteem through the course of their long-term intimate relationship. Each identified that communication to build safety and comfortability, and the ability to communicate sexually, had led to sexual satisfaction

in their relationship which increased with time. They perceived that this contributed to their positive sexual self-esteem within the relationship, with P1 further suggesting the importance of affirmations from her partner in maintaining her overall self-esteem which helped her maintain her sexual self-esteem. Although this diverges from the results of the Hannier et al. (2022) study, it aligns with a systematic review of 135 studies done by McCool-Myers et al. (2018) in which marriage was identified as a protective factor against female sexual dysfunction which can emerge from low sexual self-esteem. The results from the analysis from McCool-Myers et al. (2018) identified that it was psychosocial factors within the marriage that created the protection against sexual dysfunction, including intimate communication, having positive body image, and daily affection.

These psychosocial factors were identified in this study by participants as elements of their relationship that they felt improved their sexual self-esteem. This further supports the narratives of participants such as P1 and P4, who identified communication as essential in the relationship and also discussed the importance of partner affirmations and building their own individual self-esteem. According to McCool-Myers et al. (2018), without these psychosocial factors being present, being in a relationship itself was shown to have an unclear effect on mitigating sexual dysfunction for females. What seems to be clear from both Hannier et al. (2022) and McCool-Myers et al. (2018) and this study, despite the differing finds about the negative or positive link between time in a relationship and female self-esteem, is that while time may play a role, psychosocial factors within the relationship perceived as negative or positive (self-image,

communication, sexual pressure, partner affirmation, overall health, etc.) influence whether time is a negative or positive impact.

### ***Complex Influences of Relationship Length***

Complex influences of relationship length. This ambivalence in the data indicates that the relationship between time spent in the relationship and female sexual self-esteem is more complex than identified in the study from Hannier et al. (2018) and McCool-Myers et al. (2018). Factors within the relationship, such as communication, sexual satisfaction, and the individual's own self-esteem and past experiences may impact whether a female experiences growth of sexual self-esteem within the relationship or if they face an eventual decline of their sexual self-esteem over time in the relationship.

Lorimer et al. (2019) suggested that it is important to understand sexual self-esteem experiences within long-term relationships in an effort to understand the complexity of how long-term intimate relationships may increase or decrease female sexual self-esteem. The results of this study indicate that long-term intimate relationships can both increase and decrease the sexual self-esteem of females within the relationship, seemingly simultaneously, and that this is due to the role of the psychosocial factors within the relationships identified by Fudge and Byers (2019), Martin and Woodgate (2020), and Mollaioli et al. (2020), such as relationship communication, relationship satisfaction (overall and sexual), health (physical, mental, and sexual), self-esteem and body image, positive and negative partner feedback, perceived desirability, and the comfortability and safety within the relationship. The narratives of this study confirmed the importance of these psychosocial factors within the perceptions of the female

participants who identified them as being significant in the increase and/or decrease of their sexual self-esteem.

**Psychosocial Factor: Communication.** One of the most discussed psychosocial factors that contribute to the complex nature of how a long-term intimate relationship impacts sexual self-esteem, both within the literature and from the narratives of participants of this study is communication. These psychosocial factors are so relevant to sexual self-esteem that they are included in assessments of sexual well-being (Lorimer, 2019). In much of the literature communication is identified as a significant protective factor against sexual dysfunction. It was found by McCool-Myers et al. (2018) that women who were more anxious or timid about expressing their needs, due to lack of comfortability, culture (feeling that it is socially unacceptable), or other factors, had higher rates of sexual dysfunction when compared with females who shared intimate communicate with their partner. As identified by participants of this study, from their perspective, intimate communication became easier when they had good overall communication, comfortability, and safety in the relationship and the reverse was similarly true. Good intimate communication helped to improve overall communication, comfortability, and safety within the relationship. However, participants also identified that communication around sexual pressure or lack of communication regarding sexual satisfaction reduced their comfortability and safety, and ultimately, negatively impacted their sexual self-esteem. Communication is frequently included in assessments of sexual well-being due to its influences on the individual sexual self-esteem and on how the relationship overall influences and individual's sexual self-esteem (Lorimer et al., 2019;

McCool-Myers et al., 2018). It's also a significant factor in why time spent in a long-term intimate relationship has a complex influence on sexual self-esteem that can be both dually positive and negative.

**Psychosocial Factor: Self-Esteem.** Body image, self-perception, and confidence in desirability and how they contribute to overall self-esteem are other reasons that time spent in a long-term intimate relationship has complex impacts on individual sexual self-esteem. In the literature, the importance of self-confidence was identified as essential for the development of sexual self-esteem for individuals. This was identified by Martin and Woodgate (2020) as resulting from individuals with confidence being more comfortable with their body and sexual experiences. The narratives of participants in this study affirmed and expanded on this idea. Participants identified that having confidence that their partners were sexually attracted to them and that there was sexual satisfaction in the relationship, indicated that they felt this improved their sexual self-esteem. One case in point is P3, who felt that her own love of self and body, including embracing weight changes over the years and belief that she was sexually attractive, made her less vulnerable to feeling impacted by her partner's changing sexual needs. This aligns with research that shows positive body image is a protective factor against sexual dysfunction (McCool-Myers et al., 2018).

Time spent in the long-term intimate relationship had mixed impacts on body image. For participants who indicated higher satisfaction within the relationship (sexually and overall) as well as regular partner affirmation and communication, endorsed higher body image over the course of their relationship which they felt increased their overall

sexual self-esteem. A clear example of this in the data is P8 who expressed low self-confidence throughout her life and even in her current relationship; however, she also indicated that her partner's approval had helped her build higher sexual self-esteem regardless of her self-confidence. She expressed belief that if the relationship were to end, she felt unsure if she could engage sexually with another person because her sexual self-esteem was only high within her current long-term relationship. Reversely, participants who lacked confidence in their partner's desire for them, experienced dissatisfaction (particularly sexual pressure), or struggled with intimate communication within the relationship endorsed reduce body image over the course of their relationship which they felt decreased their overall sexual self-esteem.

According to McCool-Myers et al. (2018) age and weight, as factors of body image, have mixed influence depending on the individual perceptions of their desirability within the relationship. This complexity of the role of body image and perceived desirability were demonstrated by the participants of this study. A majority of participants, endorsing both positive and negative overall self-esteem discussed that having confidence in their partner's approval had impacts on how they perceived themselves sexually, including their sexual attractiveness and their sexual performance, thus influencing their sexual self-esteem. Some participants endorsed a dislike of their body, due to varying factors such as age, weight, physical health, and mental health, but despite their own negative perceptions, endorsed that receiving affirmation and approval from their partner helped to increase sexual self-esteem and, in some cases, overall self-esteem. Other participants, indicated that despite receiving partner affirmation, their own

negative self-perceptions of their desirability based on body image caused their overall self-esteem and thus their sexual self-esteem. This was endorsed by P9 who, when talking about weight, stated “your sexual self-esteem goes down pretty rapidly” despite endorsing a positive relationship with her partner that included affirmation. The same participant also endorsed an expectation that her self-esteem would increase over time, particularly within her relationship which she felt was good, but that despite her partner’s approval, her body image and self-esteem and gotten worse over time.

It is clear that a relationships’ dynamics influence sexual self-esteem and that being confident in partner approval, particularly of physical appearance and sexual engagement, is an influential relationship dynamic as identified by Hannier et al. (2022). It is also clear that negative self-perceptions of individuals that impact their sexual self-esteem cannot be fully mitigated by the individual’s relationship. Thus, a relationship may serve as a protective factor, if it includes positive psychosocial factors, a risk factor, if it includes negative psychosocial factors, and it may have neutral influence based on their individual’s own perceptions. This reinforces the sociometer theory, in which it is positive that individual self-perceptions is essential to sexual self-esteem and that while a partner can influence sexual self-esteem through affirmation, communication, and lack of sexual pressure, and negative evaluations, overall, it is the individual’s own perceptions of their acceptance, perceptions of their value, and perceptions of the quality of their relationship that are more influential on sexual self-esteem (Perinelli, et al., 2022; Leary, 1999; Leary & Downs, 1995).

**Psychosocial Factor: Historical Impacts.** The influence of long-term intimate relationships is also complex in how it interacts with historical impacts in an individual's life, such as their cultural upbringing or a history of sexual assault. According to Hannier et al. (2022), family, peers, and personal experience can all influence sexual self-esteem and contribute to the develop of sexual self-esteem that is positive or negative. This was encapsulated by the data findings in which participants discussed how being raised with negative perceptions of sex due to their religion or culture, or how early negative sexual experiences had served to negatively impact their sexual self-esteem prior to the relationship and while in the long-term intimate relationship. All those who identified cultural upbringing expressed that it had an impact, with most indicating a negative impact from negative religious connotations about sex, lack of support for sexuality (same sex relationships), and even the expectation that sex is a duty for a wife and not an aspect of the relationship that can or should be enjoyed. Early formative experiences can also include sexual molestation that happens during childhood, which was endorsed by some participants. Others endorsed sexual assault later in life or experience both early and late sexual abuse. Participants with a history of sexual abuse expressed a negative impact on both their overall self-esteem and their sexual self-esteem, with the participants also stating that it had impacted their willingness and confidence in engaging sexually. Formative experiences are an important impact on an individual's sexual well-being and their relationships and sexual abuse has lasting impacts of sexual well-being (Lorimer et al., 2019).

What is more complex, was the role of long-term intimate relationships for individuals who identified these negative historical impacts. The long-term intimate relationship was consistently identified by participants as a protective factor in overcoming some of these impacts. P4 discussed that her husband's ability to communicate with her sexually and encourage her sexual exploration had led to her increased sexual willingness and confidence, helping her to overcome poor sexual self-esteem from a sexual assault prior to the relationship and her cultures belief that sexual assault was the fault of the female. Building confidence in sexual experiences and communication within a relationship improves sexual self-esteem within the relationship and serves to reduce the risk of sexual dysfunction (Martin & Woodgate, 2020; McCool-Myers et al., 2018). However, other participants endorsed that sexual pressure within the relationship triggered memories of past trauma or cultural impacts, such as the duty of wives to sexually satisfy their husbands, and worsened their sexual self-esteem over time. One case in point of this is P11 who expressed that she has tried to engage sexually just to please her partner, after losing some interest in sex, but that it has only served to trigger feelings of her past sexual assault because she feels she lacks autonomy, which has worsened how she feels about herself, her sexual self-esteem, and caused increased loss of libido. McCool-Myers et al. (2018) identified that dissatisfaction in the relationship was a factor for risk of sexual dysfunction; lack of good sexual communication, partner affirmation, and healthy intimacy that does not pressure females for sexual engagement increased relationship dissatisfaction and served to worsen the negative impacts of negative historical events for participants. Thus, the long-term

intimate relationship serves as both a protective factor against lowered sexual self-esteem for females with negative historical impacts, when relationship satisfaction, intimate communication, and other positive psychosocial factors are present but also serves as a risk factor for low sexual self-esteem for females with negative historical impacts when relationships dissatisfaction, sexual pressure, and other negative psychosocial factors are present.

***Sexual Dysfunction Within Long-Term Intimate Relationships: Risk or Protective***

Overall, this study displayed that long-term intimate relationships have complex and varying impacts on the sexual self-esteem of females in long-term intimate relationships. This supports the research from McCool-Myers et al. (2018) that indicates that partnerships (long-term intimate relationships) show both mixed protective and risk factors for female sexual dysfunction that can emerge as a result of low sexual self-esteem. The role that the long-term intimate relationship plays in influencing female partner's sexual self-esteem depended on several psychosocial factors that were either present or lacking within the relationship, as well as external psychosocial factors and how these were addressed within the relationship. Communication, relationship satisfaction, and overall self-esteem were the overarching psychosocial factors that were relevant to whether a relationship was protective or increased risk; with subthemes of partner affirmation, sexual satisfaction or dissatisfaction, relationship growth, overall communication, sexual communication, self-confidence, confidence in partner approval, body image, overall health, and historical impacts as contributing psychosocial factors within communication, relationship satisfaction, and overall self-esteem. Although long-

term intimate relationships overall appear to help individuals improve their sexual self-esteem, within this overall improvement are varying positive and negative impacts (McCool-Myers et al., 2018). The complexity of the influence of long-term intimate relationships on sexual self-esteem is important to understand so that interventions can serve to help couples identify how they are positively engaging their partner and helping to improve sexual self-esteem and what aspects of the relationship are risk factors for decreased sexual self-esteem and sexual dysfunction within the relationship.

### **Findings and Theoretical Framework**

This study was developed within the framework of sociometer theory. The central concept of sociometer theory is that relational value influences an individual's self-esteem and it is how the individual *perceives* their relational value and not their *actual* relational value that influences self-esteem (Perinelli et al., 2022; Leary, 1999; Leary & Downs, 1995). This study extends examples of how this theory applies to the influence of long-term intimate relationships on female sexual self-esteem, as a domain of self-esteem. Applying sociometer theory, sexual self-esteem would function as the gauge within the individual's system that monitors interpersonal acceptance or rejection (Leary and Downs, 1995). While a long-term intimate relationship itself can serve as a cue of the individual being valued or accepted by other people, there are also psychosocial factors within the long-term intimate relationship that influence the individual's perceptions of acceptance or rejection by their partner. How the psychosocial factors interact within the long-term intimate then impacts the increase or decrease of sexual self-esteem within the relationship. The use of sexual self-esteem as a measure of perceived acceptance or

rejection is to motivate the individual to increase or decrease behaviors identified to enhance or reduce relational evaluation (Leary, 1999).

Based on identified sexual self-esteem, the long-term intimate relationship served as an overall indicator of acceptance for participants in the study. This was supported by all participants identifying the perceptions that their sexual self-esteem increased while being in their current relationship in comparison with prior to their current; this indicates that the relationship itself does serve to an extent to indicate relational acceptance for individuals. Psychosocial factors within the relationship had a complex influence, both positively and negatively, on the sexual self-esteem of female participants. According the sociometer theory, perception of relational value can be influenced by relationship behavior and external factors (Perinelli et al., 2022; Leary, 1999; Leary & Downs, 1995). The participants within this study identified which psychosocial factors within the relationship had the most impact on their perception of their relational value within the relationship. Psychosocial factors that increase the individuals feeling of being valued to a greater degree appeared to increase the individual's sexual self-esteem while psychosocial factors that decreased their feeling of being valued appeared to decrease their sexual self-esteem. This aligns with the suggestion by Perinelli et al. (2022) that perceptions of being valued by a greater degree increase individual sexual self-esteem.

Relationship satisfaction was one of the psychosocial factors, or theme, identified by participants as influencing their sexual self-esteem within the relationship. The perceptions of being satisfied in the relationship was influenced by participants being affirmed by their partner, experiencing sexual satisfaction, and experiencing growth in

the relationship with increase in aspects of safety and comfortability, identified as subthemes within relationship satisfaction. Participants who felt affirmed, sexually satisfied, safe, and comfortable expressed higher perceptions of acceptance from their partner and increased sexual self-esteem within the relationship. Additionally, relationship communication and historical impacts were the other two psychosocial factors, or themes, identified by participants as influencing their sexual self-esteem. Positive elements, such as overall communication, within these themes serve to improve individual perceptions of their relationship value within the relationship and this perception of approval, according to the sociometer theory, then increases sexual self-esteem (Leary, 1999; Leary & Downs, 1995).

However, all of the themes had subthemes that participants perceived as a failure to meet their partner's standards or made them feel unvalued by their partner; an individual's perception of not meeting other's standards or being unvalued results in the decrease of the self-esteem of the individual (Perinelli, et al., 2022). Sexual dissatisfaction, sexual pressure, and aspects of body image and health contributed to the participant's perceptions of being unvalued and rejected in the relationship. Particularly, sexual pressure made participants feel that they did not meet their partner's standards (or needs) and for all participants who experienced sexual pressure they identified that it had significant impacts on negatively impacting their sexual self-esteem. Feeling dissatisfied sexually (reduced sex or sexual intimacy from the partner) led to participants feelings of being unvalued; while negative body image and health, although separate from the partner's behavior, contributed to participants endorsing feelings of rejection. These also

contributed to decreases in sexual self-esteem because they increased individual perceptions of losing relational value from their partner; events that reduce perceptions of relational value decreased sexual self-esteem because their sociometer measures themselves as having less value (Perinelli et al., 2022).

It is important to note that within sociometer theory, it is the perception of the individual that is measured; the meter only functions to individual how an individual is perceiving their value rather than their actual value (Leary, 1999; Leary & Downs, 1995; Perinelli et al., 2022). This study reinforced the importance of the individual's perception as many participants were able to identify that their partner's did not perceive their changes in age, body, health, or even reductions in sexual activity as a negative; however, when the individual still perceived themselves as having less relational value due to these aspects, their sexual self-esteem still decreased although overall confidence, partner affirmation, communication, and relationship satisfaction served as protective factors in reducing the significance of the negative impact on sexual self-esteem from these factors. While the long-term intimate relationship is indicative of a relational value, which participants did appear to perceive, individuals did not necessary perceives themselves as being valued relationally just by being in a long-term intimate relationship (Perinelli, et al., 2022; Sakaluk et al., 2020). It is the factors within the relationship that have the most impact on the individual's perception of relational value and influences positive and negative changes in sexual self-esteem throughout the relationship.

### **Limitations of the Study**

There were several limitations within the study that impacts the trustworthiness of the study. Many limitations are inherent to narrative research, which is labor intensive and utilizes a small sample size. The process of data analysis in qualitative study is repetitive and involves large quantities of narrative data to review, categorize, compare, and then repeat the process (Mihas, 2023; Sargeant, 2012). This increases the potential for researcher fatigue or bias, as does the subjective nature of narrative analysis. Reflexive journaling and the use of member checking was used to mitigate these limitations by mitigating personal biases of the researcher throughout the data analysis process. The use of member checking allowed participants to review both their full transcript and thematic analysis so that they could notify me if their experiences were misinterpreted.

Additionally, another limitation of the study was that it did not explore any differences between heterosexual or same-sex relationships; nor were transgender females or transgender males included in the study. Although it was my duty to assign appropriate inclusion and exclusion criteria, this creates the limitation of a small representative sample (Patton, 2015). This study was not developed to explore the complexities between cisgender and transgender individuals and was developed from the literature focused on female sexual health for cisgender females; a limitation of this is that the study has limited generalizability and may not be generalizable to transgender populations or outside female cisgender populations. Despite this limitation, the study goal of learning in depth about the concept central to the purpose of the study and to yield

insights for further theoretical development and contribute to a gap in the research was met. Insights and not empirical generalizations are often the goal of qualitative research (Patton, 2015).

### **Recommendations**

Female sexual health continues to have gaps in the literature that negative impact the ability of females to receive the interventions and support they need from healthcare providers and health professional; it also contributes to harmful societal stigma and pervasive myths that negatively impact female sexual health behaviors, beliefs, and their overall health (Fowler et al., 2022; Fudge & Byers, 2021; Kingsberg et al., 2019; Molliaoli et al., 2020). The meta-analysis from Sakaluk et al. (2020) indicated that the long-held assumption that female self-esteem and sexual health were linked may not be accurate and that at the least it required more in-depth exploration by researching the connections between domains of sexual health and self-esteem. This study fills a critical gap in knowledge on how women perceive that domains of self-esteem (long-term intimate relationships) and sexual health (sexual self-esteem) to impact each other. This reinforced Sakaluk et al. (2020)'s suggestion that the terms sexual health and self-esteem are too broad to be studied in correlation but that their domains may have impacts that have not been explore. While this study provides important information on the perspectives of females on how their long-term intimate relationships impacted their sexual self-esteem, further gaps in knowledge remain. Thus, there are several recommendations for future research.

The first recommendation would be to explore potential differences and similarities in how same-sex and heterosexual long-term intimate relationships impact sexual self-esteem. While this study did not exclude same sex relationships, the questions and central concept were not developed to explore potential differences that may arise in the experience of females in same sex relationships. Participant 14 shared a belief that being in a same sex relationship was different than her previous heterosexual relationships due to the fact that two female experiences were being brought in to impact each other and influence sexual self-esteem different. Though this study provided insight into the perspectives of sexual self-esteem for females within their long-term intimate relationships, further research should explore the gap in knowledge on how same sex long-term intimate relationships may have differing impacts.

The study revealed that historical impacts such as a history of sexual assault and an individual's cultural upbringing can influence how a female's sexual self-esteem is impacted by their long-term intimate relationship. It also revealed the influence of body image, physical health issues, and mental health issues. Further research should be engaged to continue to explore these external impacts on female sexual self-esteem within their long-term intimate relationship and how these impacts can be mitigated both within and outside of the relationship. Having appropriate interventions to mitigate the impact of these factors on sexual self-esteem may help females improve their overall sexual satisfaction within relationships, reduce risk of sexual dysfunction, and serve to help improve overall well-being that has long-term impacts on overall health and sexual health (Molliaoli et al., 2020).

The last recommendation would be for future research to explore how low sexual self-esteem for females in long-term intimate relationships may impact their engagement in healthy sexual health behaviors. While most participants identified that having good sexual health helped to improve their sexual self-esteem, only one participant identified ways in which her low sexual self-esteem impacted her engagement in positive sexual health behaviors. This leaves a gap in knowledge on how significant this impact may be and how this can be mitigated by health professionals.

### **Implications**

#### **Positive Social Change**

Women spend 25% more time in “poor health” than men (McKinsey Health Institute, 2024). Chronic physical health conditions are known to be impactful on overall female well-being and health it was identified by Stanley and Pope (2022) that sexual well-being and health are just as impactful on overall well-being and health as chronic physical conditions. Despite this, it has been found that only 40% of obstetrician/gynecologists (OB/Gyns) routinely ask questions to assess patient’s sexual function. Additionally, there is a lack of research and intervention on female sexual health and how to prevent female sexual dysfunctions and improve female sexual health behaviors (Kingsberg et al., 2019; Molliaoli et al., 2020). Stanley and Pope (2022) found that of female sexual medicine clinics, only 17% were within academic settings, which serves to further support that there is a historical lack of inclusion in research and academic settings regarding female sexual health. The gap in research and the gap in care

contributes to the increased length of time that women tend to spend in poor health in comparison to men.

Given that female sexual dysfunction rates (11.3%-43.3%) are higher than male sexual dysfunction rates (2.9%-36.9%) and the known impacts on overall well-being and health, it is important that female sexual dysfunction is not just recognized by prioritized as an essential element for overall health (Kingsberg et al., 2019). This study encourages positive social change by with its efforts to bring awareness to the interrelationship between sexual self-esteem, as a domain of sexual well-being, and long-term intimate relationships, as a domain of sexual self-esteem. This study provided a voice for the perspective of women on how these concepts impact each other, which Sakaluk et al. (2020) suggested was an important area to study given the gap in research on the link between female sexual health and self-esteem (a domain of sexual well-being).

Understanding the complex role of long-term relationships in female sexual self-esteem can provide an understanding for the role that couples can play in addressing female sexual dysfunctions which originate from poor sexual self-esteem (Hannier et al., 2022). This study contributes to the knowledge of how females perceive their long-term intimate relationship impacts their sexual self-esteem and this knowledge can be used for the development of more effective interventions to address female sexual dysfunction within their relationship. This study serves to fill a gap in knowledge and can help in the development of macro level programs as well as interventions at a micro level serving females with identified poor sexual self-esteem. Mollaioli et al. (2020) identified that

knowledge of sociocultural factors, such as long-term intimate relationships, is important for effective development of both macro and micro level modalities.

### **Theoretical Implications**

Sakaluk et al. (2020) also identified that lack of appropriate theories to explore female sexual health negative impacts the ability to explore the relationship between sexual health and self-esteem, and that by exploring the variables of these concepts, theoretical development can occur. This study explored the impact of long-term intimate relationships on female sexual self-esteem to help fill this gap and to help guide theoretical development within sexual health and the variables of self-esteem; with the purpose of helping to create theoretical frameworks that can be used for further research into sexual well-being and sexual health.

### **Recommendations for Future Research**

Although this study begins to explore the role of long-term intimate relationships on female sexual self-esteem, there continues to be further research that is necessary to fully understand the topic and implications of female sexual health and well-being. The results of this study indicate that time spent in a long-term intimate relationship can vary in whether it positively or negatively impacts sexual self-esteem, based on the psychosocial factors present within the relationship. It is recommended that further research focus on quantitative examination of the length of the marriage and the influence of psychosocial factors on female sexual self-esteem. This can help to increase understanding of time spent in the relationship and its impact on psychosocial factors that influence sexual self-esteem.

### **Recommendations for Practice**

This study recommends that interventions with females who display poor sexual health or sexual well-being, associated with poor sexual self-esteem, address their overall self-esteem, historical impacts, impacts of physical, mental, and sexual health, and that effective interventions also include couples' techniques to build communication, increase relationship and sexual satisfaction, and to address negative impacts such as sexual pressure within the relationship. Educating both females and their partners on the various impacts found within relationships on female sexual self-esteem may help mitigate negative influences while improving positive influences; helping females prioritize their sexual health and well-being.

### **Conclusion**

This study explored the perspectives of 15 females on their sexual self-esteem within their long-term intimate relationship and provided detailed analysis of the data that was yielded in interviews with the participants. Females in long-term intimate relationships experience various impacts on their sexual self-esteem within their long-term intimate relationship. Although the long-term intimate relationship was identified as an overall positive influence on sexual self-esteem, specific factors with their partners as well as external influences were found to be both mitigating against negative sexual self-esteem and contributing to negative sexual self-esteem. The themes identified: relationship communication, relationship satisfaction, and overall self-esteem explored the essence of the impacts within the relationship and the subthemes were helpful in identifying specific ways that these concepts could be both positively built in the

relationship or negatively impacted in the relationship, both by partner behaviors, individual perceptions, and individual beliefs.

Building overall and sexual communication, relationship safety and comfortability, sexual satisfaction, and partner affirmation within a relationship are ways that the long-term intimate relationship can improve female sexual self-esteem. When a female experiences sexual pressure, sexual dissatisfaction, and lack of partner affirmation, the long-term intimate relationship decreased female sexual self-esteem. Additionally, the female overall self-esteem, which is impacted by historical events such as sexual assault and cultural upbringing, their overall health (physical, mental, and sexual), their body image (age and weight), and their personal self-confidence, can serve to help mitigate relationship influences on sexual self-esteem; however, the relationship can also reversely serve to moderate negative impacts of these factors on sexual self-esteem.

The study begins to unveil some of the ways that women's sexual self-esteem can be influenced and provides a voice to females on their own perspectives of their sexual self-esteem within their long-term intimate relationships. The awareness that this study brings to sexual self-esteem will help to better understand female sexual well-being and sexual health, which are pillars for overall female health and well-being. It is important that women, who have historically experienced more poor health, be given a voice and their experiences understood so that they can understand ways that sexual health can be improved.

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## Appendix A: Informed Consent Form

## CONSENT FORM

You are invited to take part in a research study about female sexual self-esteem in long-term relationships. This form is part of a process called “informed consent” to allow you to understand this study before deciding whether to take part.

This study seeks 10-15 volunteers who are:

- Female
- Age 21+
- In long term relationships of 3 years or more
- Living in the United States

This study is being conducted by a researcher named Lisa Criswell, who is a doctoral student at Walden University.

**Study Purpose:**

The purpose of this study is to understand the perspectives of women about their sexual self-esteem within their long-term relationships.

**Procedures:**

This study would involve you completing the following steps:

- Complete demographics information (10-15 minutes)
- Take part in a confidential interview through Zoom (60-90 minutes)
- Speak with the interviewer a second time to hear researcher interpretations and provide feedback (20-30 minutes)

Here are some sample questions:

- Tell me about your relationship?
- What is your relationship like?
- What does sexual self-esteem mean to you?
- How would you describe your own sexual self-esteem?
- How would you describe your sexual self-esteem within your current relationship?

**Voluntary Nature of the Study:**

Research should only be done with those who freely volunteer. So everyone involved will respect your decision to join or not.

If you decide to join the study now, you can still change your mind later. You may stop at any time. The researcher will follow up with all volunteers to let them know whether or not they were selected for the study.

**Risks and Benefits of Being in the Study:**

Being in this study could involve some risk of the minor discomforts that can be encountered in daily life such as sharing sensitive information. With the protections in place, this study would

pose minimal risk to your wellbeing. If distress arises, support can be obtained via [www.FindTreatment.gov](http://www.FindTreatment.gov) or 1-800-662-HELP (4357).

This study offers no direct benefits to individual volunteers. The aim of this study is to benefit society by seeking to contribute to knowledge on female sexual health to improve overall health and well-being. Results of this study will be automatically published online in [Scholarworks](#) (a publication of Walden University doctoral research) which can be viewed free of charge.

**Payment:**

There are no payments for participation in this study.

**Privacy:**

The researcher is required to protect your privacy. Your identity will be kept confidential, within the limits of the law. The researcher is only allowed to share your identity or contact information as needed with Walden University supervisors (who are also required to protect your privacy) or with authorities if court-ordered (very rare). The researcher will not use your personal information for any purposes outside of this research project. Also, the researcher will not include your name or anything else that could identify you in the study reports. If the researcher were to share this dataset with another researcher in the future, the dataset would contain no identifiers so this would not involve another round of obtaining informed consent. Data will be kept secure by storage on a password protected laptop, with codes used in place of names. Data will be kept for a period of at least 5 years, as required by the university.

Licensed Mandated Reporting: I am a licensed clinical social worker in California. Per my California licensure, I am mandated to report any child or elder abuse or neglect to the appropriate agency.

**Contacts and Questions:**

You can ask questions of the researcher by phone at 559-681-8707 or email at [lisa.criswell@waldenu.edu](mailto:lisa.criswell@waldenu.edu). If you want to talk privately about your rights as a participant or any negative parts of the study, you can call Walden University's Research Participant Advocate at 612-312-1210. Walden University's approval number for this study is 10-15-24-0534679. It expires on October 14, 2025.

You might wish to retain this consent form for your records. You may ask the researcher or Walden University for a copy at any time using the contact info above.

**Obtaining Your Consent**

If you feel you understand the study and wish to volunteer, please indicate your consent by replying to this email with the words, "I consent."

## Interview study seeks women in long-term relationships

There is a new study about the experiences of women on their sexual self-esteem within their long-term relationships that could help increase knowledge into the sexual health and well-being of women. For this study, you are invited to describe your perspectives of your own experiences of sexual self-esteem within your long-term relationship.

### **About the study:**

- One 60-90 phone interview that will be audio recorded (no videorecording)
- To protect your privacy, the published study will not share any names or details that identify you

### **Volunteers must meet these requirements:**

- 21 years old or older
- Female
- In a long-term relationship of 3 years or more
- Living in the United States

This interview is part of the doctoral study for Lisa Criswell, A Ph.D. student at Walden University. Interviews will take place November 2024 – January 2025.

**To confidentially volunteer, contact the researcher: Lisa Criswell**

559-681-8707

[Lisa.criswell@waldenu.edu](mailto:Lisa.criswell@waldenu.edu)

## Appendix C: Semi-Structured Interview Guide

1. Tell me about your relationship.
  - How long have you been together?
  - What is your relationship like?
  - Are you sexually active with your partner?
  - Would you describe your sexual relationship as good or bad?
2. What does sexual self-esteem mean to you?
3. What are your experiences about sexual self-esteem?
4. How would you describe your own sexual self-esteem?
  - Do you feel that your sexual self-esteem is good or bad?
5. Were there any turning points in your experiences of sexual self-esteem?
6. How would you describe your sexual self-esteem within your current relationship?
  - How has your sexual self-esteem impacted your relationship?
  - How has your relationship impacted your sexual self-esteem?
7. Was your sexual self-esteem the same or different prior to this relationship?
8. Do you feel like there is a relationship between your sexual self-esteem and your long-term relationship?
9. What do you feel is important to building sexual self-esteem?
10. How would you describe your sexual health and well-being?
11. Is there anything else you would like to add to this interview?