

The Role of Sexual Taboos in Explaining Premature Ejaculation in Men: The Mediating Role of Intrusive Memories and Personality Traits

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ABSTRACT

The present study aimed to examine the role of sexual taboos in explaining premature ejaculation in men, with the mediating roles of intrusive memories and personality traits. In terms of nature, this study was applied-descriptive, and methodologically, it employed a correlational-regression design using structural equation modeling. For sample selection, a convenience sampling method combined with a snowball approach was used. The statistical population consisted of all married men or those with a stable sexual partner, aged 25 to 45 years, residing in Bushehr. From this population, 170 participants were voluntarily and conveniently selected. This sample size was determined based on the statistical requirements of structural equation modeling with a 95% confidence level. Data collection was conducted using the Sexual Taboo Beliefs Questionnaire by Abbasi and Kashkooli (2019), the Intrusive Memories Questionnaire by Clohessy and Ehlers (1999), the Big Five Personality Questionnaire by Gosling et al. (2003), and the Premature Ejaculation Diagnostic Questionnaire by Symonds et al. (2007). Data analysis was performed using descriptive and inferential statistics, including correlational-regression methods, via SPSS version 27. Path analysis was conducted using AMOS version 22. The results indicated that sexual taboos had a significant direct effect on premature ejaculation ($\beta = 0.023$, $p = 0.045$). Intrusive memories also played a significant mediating role in the relationship between sexual taboos and premature ejaculation ($\beta = 0.027$, $p = 0.002$). Furthermore, personality traits demonstrated a significant mediating effect in this relationship ($\beta = 0.016$, $p = 0.001$). The findings showed that intrusive memories increased the direct effect coefficient of sexual taboos on premature ejaculation from 0.23 to 0.27, whereas personality traits reduced this coefficient from 0.23 to 0.16. These results suggest that intrusive memories act as an amplifying factor, while personality traits function as a mitigating factor in the impact of sexual taboos on male sexual performance.

Keywords: Sexual taboos, intrusive memories, personality traits, premature ejaculation, married men

1. Introduction

Premature ejaculation is among the most prevalent male sexual dysfunctions, characterized by reduced control over ejaculation, shortened latency time, and significant psychological distress affecting both individuals and their partners. Contemporary clinical and epidemiological research suggests that premature ejaculation is a multifactorial condition influenced by biological, psychological, and sociocultural determinants (Chang et al., 2022; Stirn & Zannoni, 2021). While pharmacological interventions such as selective serotonin reuptake inhibitors have demonstrated efficacy, they do not fully address the complex psychological and relational dynamics underlying the disorder (Chang et al., 2022). Consequently, recent scholarship has increasingly emphasized the need to explore cognitive-emotional and sociocultural variables that may contribute to the onset and maintenance of premature ejaculation (Liu et al., 2022).

Among these variables, sexual taboos have received growing attention as powerful sociocultural constructs shaping attitudes, beliefs, and behaviors related to sexuality. Sexual taboos refer to socially prohibited or morally stigmatized thoughts, emotions, and behaviors concerning sexual topics, often internalized through cultural norms, religious teachings, and interpersonal socialization processes. These taboos can generate feelings of guilt, shame, and anxiety, which may interfere with sexual functioning and satisfaction (Dwijayani et al., 2023; Markey, 2023). In many societies, including traditional and collectivist contexts, open discussions about sexuality are restricted, leading to limited sexual knowledge and maladaptive cognitive schemas about sexual behavior (Samadi et al., 2023). Such internalized prohibitions may manifest as performance anxiety, cognitive interference, and heightened self-monitoring during sexual activity, all of which are recognized contributors to premature ejaculation.

From a clinical perspective, the concept of taboo thoughts has been extensively examined within the framework of obsessive-compulsive and related disorders. Individuals experiencing taboo intrusive thoughts often report significant distress, even when these thoughts are inconsistent with their values and intentions (Löchner et al., 2024; Proshina et al., 2025). Research indicates that taboo-related cognitions are frequently misunderstood or under-recognized by healthcare providers, leading to misdiagnosis and inadequate treatment planning (Gouniai et al., 2022; Perez et al., 2022). Moreover, the stigma associated with

taboo content may inhibit individuals from seeking help, further exacerbating psychological distress and functional impairment (Canavan, 2022). These findings highlight the importance of examining sexual taboos not merely as cultural artifacts but as psychologically salient constructs with direct implications for mental and sexual health outcomes.

Intrusive memories represent another critical psychological mechanism potentially linking sexual taboos to premature ejaculation. Intrusive memories are involuntary, recurrent recollections of distressing experiences that can disrupt cognitive processing and emotional regulation. They are commonly associated with trauma-related conditions but also occur in non-clinical populations, particularly in the presence of heightened anxiety or unresolved emotional conflicts (Santacroce & Tamber-Rosenau, 2024). In the context of sexuality, intrusive memories may involve past negative sexual experiences, shame-inducing interactions, or culturally reinforced prohibitions, which can be reactivated during sexual activity and interfere with arousal and control. Empirical studies have demonstrated that intrusive cognitive phenomena, including unwanted thoughts and memories, play a significant role in sexual dysfunction by increasing cognitive load and disrupting attentional focus (Javier et al., 2025).

The interaction between intrusive memories and taboo-related cognitions can be understood through cognitive-behavioral models, which posit that maladaptive beliefs and automatic thoughts contribute to emotional distress and behavioral dysregulation. In such models, intrusive memories act as triggers that activate underlying schemas related to guilt, shame, and fear, thereby intensifying performance anxiety and impairing sexual functioning. Clinical interventions targeting these processes, such as exposure and response prevention and cognitive restructuring, have shown promising outcomes in reducing the impact of taboo thoughts and associated distress (Sheikh, 2025; Williams et al., 2022). Additionally, emerging digital and telehealth approaches have expanded access to such interventions, highlighting the evolving landscape of psychological treatment for taboo-related phenomena (Levkovich, 2024).

Personality traits constitute another important dimension in understanding individual differences in susceptibility to sexual dysfunction. The Five-Factor Model of personality, encompassing traits such as neuroticism, extraversion, openness, agreeableness, and conscientiousness, has been

widely used to investigate the psychological correlates of sexual behavior. High levels of neuroticism, for example, are associated with increased anxiety, emotional instability, and negative affect, all of which can contribute to sexual performance difficulties. Conversely, traits such as emotional stability and openness may facilitate adaptive coping and positive sexual experiences (Jepsen et al., 2023; Mulcahy et al., 2023).

Empirical evidence suggests that personality traits not only exert direct effects on sexual functioning but also moderate the relationship between cognitive-emotional variables and sexual outcomes. For instance, individuals with high emotional resilience may be less affected by intrusive thoughts and taboo-related distress, whereas those with maladaptive personality profiles may experience amplified negative effects. Furthermore, personality influences help-seeking behaviors and treatment adherence, which are critical factors in the management of sexual dysfunction (Pedersen et al., 2021). These findings underscore the need to consider personality as a mediating or moderating variable in models of sexual health.

The broader sociocultural context also plays a pivotal role in shaping sexual attitudes and behaviors. Cultural narratives, media representations, and legal frameworks contribute to the construction and reinforcement of sexual norms and taboos. For example, historical and sociological analyses have demonstrated how societal regulation of intimacy and sexuality can lead to internalized stigma and psychological conflict (Markey, 2023; Pedro, 2022). Linguistic and discourse-based studies further reveal how taboo language reflects and perpetuates underlying cultural values and power dynamics (Şekerci, 2023). These sociocultural influences interact with individual psychological processes, creating complex pathways through which sexual taboos impact mental and sexual health.

Recent advances in psychological research have also highlighted the role of unconscious processes and internal conflicts in shaping sexual behavior. Psychoanalytic perspectives, for instance, emphasize the influence of early experiences and repressed desires on adult sexuality, suggesting that unresolved conflicts may manifest as dysfunction or distress (Caropreso, 2024). Similarly, contemporary cognitive neuroscience approaches have begun to explore the biological underpinnings of intrusive thoughts and compulsive behaviors, identifying potential biomarkers associated with different subtypes of obsessive-compulsive disorder (Proshina et al., 2025). These

interdisciplinary insights contribute to a more comprehensive understanding of the mechanisms linking sexual taboos, intrusive memories, and personality traits to premature ejaculation.

Despite the growing body of literature on sexual dysfunction and related psychological factors, there remains a notable gap in integrative models that simultaneously examine the interplay between sociocultural, cognitive, and personality variables. Many existing studies have focused on isolated predictors, thereby overlooking the complex interactions that may underlie sexual dysfunction. Moreover, research conducted in non-Western contexts is relatively limited, despite the potential for cultural differences in the manifestation and impact of sexual taboos (Amzat et al., 2023; Egunatum & Okonta, 2023). Addressing this gap is essential for developing culturally sensitive and theoretically robust models of sexual health.

In addition, methodological limitations in previous research, such as reliance on cross-sectional designs and self-report measures, have constrained the ability to draw causal inferences and fully capture the dynamic nature of psychological processes. Advanced statistical techniques, including structural equation modeling, offer valuable tools for examining complex relationships and testing mediation effects, thereby providing deeper insights into the mechanisms underlying sexual dysfunction (Kellett et al., 2024). Such approaches enable researchers to move beyond simple associations and explore the pathways through which multiple variables interact to influence outcomes.

Furthermore, clinical practice highlights the importance of addressing taboo-related cognitions and emotional responses in the treatment of sexual dysfunction. Therapists working with individuals experiencing taboo thoughts often encounter challenges related to stigma, disclosure, and therapeutic alliance, which can impact treatment effectiveness (Shrim & Baum, 2020). Developing evidence-based interventions that target these issues requires a nuanced understanding of the underlying psychological mechanisms, as well as sensitivity to cultural and individual differences.

Given the complexity of premature ejaculation and its multifaceted determinants, there is a clear need for comprehensive research that integrates sociocultural, cognitive, and personality perspectives. By examining sexual taboos, intrusive memories, and personality traits within a unified framework, it is possible to gain a more holistic understanding of the factors contributing to this condition. Such knowledge can inform the development of

targeted interventions and improve clinical outcomes for affected individuals.

Therefore, the present study aims to investigate the role of sexual taboos in explaining premature ejaculation in men, with the mediating roles of intrusive memories and personality traits.

2. Methods and Materials

2.1. Study Design and Participants

The present study was applied in terms of purpose and descriptive–survey correlational in terms of data collection method. This design was selected to simultaneously assess the structural relationships among the independent variables, mediators (sexual taboos, intrusive memories, personality traits), and the dependent variable (premature ejaculation). The primary objective of this design was to determine the nature and strength of these relationships, as well as to precisely examine the mediating role of the intervening variables within the framework of structural equation modeling.

The statistical population of this study consisted of all married men or those with a stable sexual partner, aged 25 to 45 years, residing in Tehran, who provided informed consent to participate in the study. Based on the statistical requirements of structural equation modeling, which requires a larger sample size compared to simple regression analyses, and considering the number of latent and observed constructs in the model, the target sample size was determined to be 250 participants. Given the nature of the variables and potential limitations in accessing the target population, convenience sampling combined with a snowball approach was employed to select participants.

2.2. Measures

Sexual Taboo Beliefs Questionnaire: To measure sexual taboos as the independent variable, the scale developed by Abbasi and Kashkooli (2019) was used. This instrument consists of 26 items and three subscales: sanctification (items 1, 2, 3, 5, 6, 12), taboo-breaking (items 9, 13, 16, 21, 22), and disgust (items 4, 7, 8, 10, 11, 14, 15, 17, 18, 19, 20, 23, 24, 25, 26). It is scored on a five-point Likert scale ranging from strongly disagree to strongly agree. The questionnaire was validated by its developers, with validity coefficients above 0.75 across all scales. Its reliability, assessed using Cronbach's alpha, was reported to be above 0.70 for both the subscales and the total scale.

Intrusive Memories Questionnaire: To assess distressing memories, the Response to Intrusions scale developed by Clohessy and Ehlers (1999) was used. This is a self-report measure designed to assess the characteristics of intrusive memories and responses to them. It does not include subscales and is considered a unidimensional measure. The developers reported acceptable validity and reliability, with an internal consistency coefficient of 0.84. This measure was also examined by Valitabar and Hossein Sabet (2017), who reported a Cronbach's alpha coefficient of 0.74.

Big Five Personality Questionnaire: To assess personality traits, the short form consisting of 10 items was used. Extraversion is measured by items 1 and 6, agreeableness by items 2 and 7, conscientiousness by items 3 and 8, emotional stability by items 4 and 9, and openness to experience by items 5 and 10. Each trait is assessed using two items rated on a seven-point Likert scale ranging from strongly agree to strongly disagree. Psychometric properties indicate acceptable correlations, and test–retest reliability for the 10-item version has been reported at 0.71. This suggests that the scale is an appropriate instrument for personality assessment in research contexts.

Premature Ejaculation Diagnostic Questionnaire: To assess premature ejaculation, the instrument developed by Symonds et al. (2007) was used. This questionnaire consists of 5 items scored on a five-point Likert scale ranging from strongly disagree to strongly agree. The validity of the scale was examined using varimax rotation, with factor loadings greater than 0.40. Reliability was assessed using internal consistency, with a correlation coefficient of 0.70. Cronbach's alpha was reported as 0.70, and test–retest reliability was also 0.70. Discriminant validity results indicated no significant difference between individuals with and without premature ejaculation. In Iran, this questionnaire was translated and evaluated by Bolghanabadi et al. (2017), reporting a test–retest reliability of 0.87. Discriminant validity again showed no significant difference between men with premature ejaculation and normal individuals, while convergent validity with a sexual satisfaction questionnaire was reported as 0.42. Bartlett's test of sphericity was 69.39 and significant at $p < 0.001$.

2.3. Data analysis

Data analysis was conducted in two stages: first, descriptive findings including central tendency and dispersion indices were calculated using SPSS version 27; second, inferential findings for testing the research

hypotheses were obtained using structural equation modeling with the bootstrap method, conducted in AMOS version 22.

3. Findings and Results

In this section, the statistical results of the correlations among variables, obtained using the Pearson correlation test, are presented.

Table 1

Correlation Matrix and Descriptive Statistics of Main Research Variables

Variables	Mean	SD	1. Premature Ejaculation	2. Sexual Taboos	3. Intrusive Memories	4. Personality Traits
1. Premature Ejaculation	3.21	0.74	1	0.389**	0.581**	-0.510**
2. Sexual Taboos	3.45	0.68	0.389**	1	0.337**	-0.197*
3. Intrusive Memories	3.12	0.71	0.581**	0.337**	1	-0.358**
4. Personality Traits	3.67	0.65	-0.510**	-0.197*	-0.358**	1

Note. * $p < 0.05$, ** $p < 0.01$; $N = 170$; correlation coefficient = r .

The results in Table 1 indicate the following: (1) there is a positive and significant relationship between sexual taboos and premature ejaculation ($r = 0.389$, $p < 0.01$); (2) there is a positive and significant relationship between intrusive memories and premature ejaculation ($r = 0.581$, $p < 0.01$); (3) there is a negative and significant relationship between personality traits and premature ejaculation ($r = -0.510$, $p <$

0.01); (4) there is a positive and significant relationship between intrusive memories and sexual taboos ($r = 0.337$, $p < 0.01$); (5) there is a negative and significant relationship between personality traits and sexual taboos ($r = -0.197$, $p < 0.05$); and (6) there is a negative and significant relationship between intrusive memories and personality traits ($r = -0.358$, $p < 0.01$).

Figure 1

Final Model of the Study

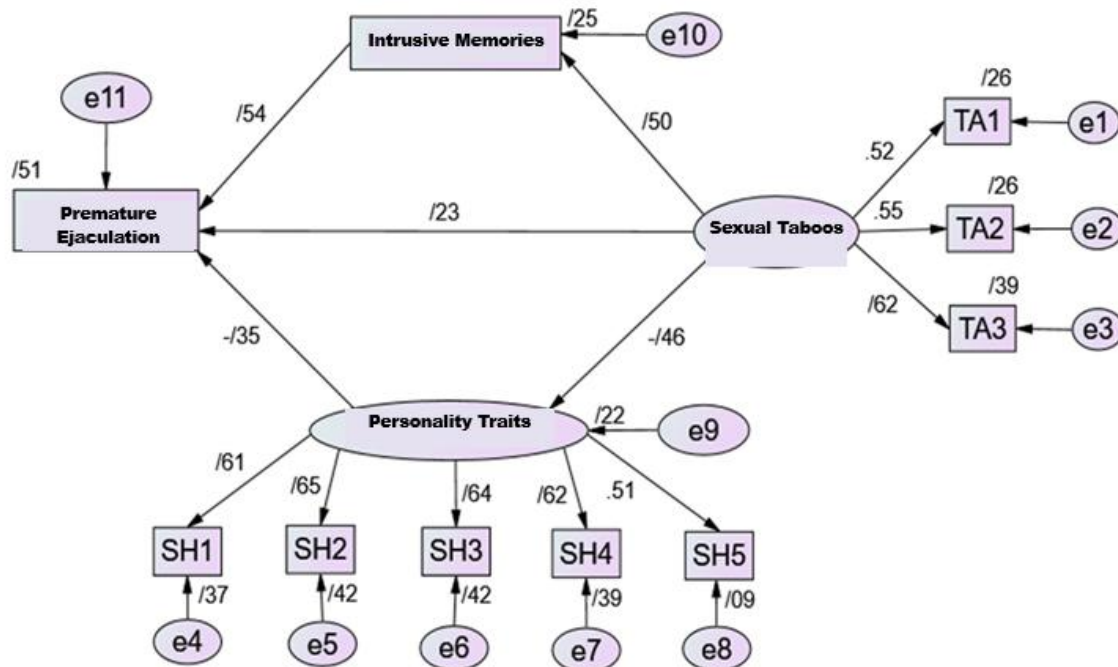


Table 2

Results of Direct and Indirect Effects Using the Bootstrap Test

Independent Variable	Mediator	Dependent Variable	Direct Effect (β)	CR	p	Indirect Effect (β)	Lower Bound	Upper Bound	p
Sexual Taboos	—	Premature Ejaculation	0.23	1.955	0.045	—	—	—	—
Sexual Taboos	Intrusive Memories	Premature Ejaculation	—	—	—	0.27	0.234	0.547	0.002
Sexual Taboos	Personality Traits	Premature Ejaculation	—	—	—	0.16	0.098	0.312	0.001

Hypothesis 1: Sexual taboos have a significant effect on premature ejaculation in men.

The results in Table 2 show that sexual taboos have a direct and significant positive effect on premature ejaculation in men ($\beta = 0.23, p < 0.05$). This result indicates that an increase in sexual taboos among men leads to an increase in premature ejaculation. Therefore, the hypothesis is confirmed.

Hypothesis 2: Intrusive memories play a mediating role in the relationship between sexual taboos and premature ejaculation.

The results in Table 2 indicate that sexual taboos, through intrusive memories as a mediating variable, have a significant positive indirect effect on premature ejaculation ($\beta = 0.27, p < 0.01$). This finding suggests that intrusive memories, as a mediating variable in the relationship between sexual taboos and premature ejaculation, increase the direct effect coefficient from 0.23 (Hypothesis 1) to 0.27 (Hypothesis 2). Therefore, intrusive memories can contribute to an increase in premature ejaculation in men, and the hypothesis is confirmed.

Hypothesis 3: Personality traits play a mediating role in the relationship between sexual taboos and premature ejaculation.

The results in Table 2 show that sexual taboos, through personality traits as a mediating variable, have a significant positive indirect effect on premature ejaculation ($\beta = 0.16, p < 0.01$). This finding indicates that personality traits, as a mediating variable, reduce the direct effect coefficient from 0.23 (Hypothesis 1) to 0.16 (Hypothesis 3). Therefore, personality traits can contribute to a reduction in premature ejaculation in men, and the hypothesis is confirmed.

4. Discussion

The present study aimed to investigate the role of sexual taboos in explaining premature ejaculation in men, with the mediating roles of intrusive memories and personality traits. The findings demonstrated that sexual taboos exert a

significant direct effect on premature ejaculation, indicating that higher levels of internalized sexual prohibitions are associated with increased severity of this dysfunction. Furthermore, the results revealed that intrusive memories significantly mediate this relationship, amplifying the effect of sexual taboos on premature ejaculation. In contrast, personality traits also played a significant mediating role, but in a mitigating direction, reducing the strength of the relationship between sexual taboos and premature ejaculation. These findings collectively highlight the complex interplay between sociocultural beliefs, cognitive-emotional processes, and individual personality characteristics in shaping male sexual functioning.

The direct association between sexual taboos and premature ejaculation aligns with existing theoretical and empirical literature emphasizing the role of sociocultural constraints in sexual dysfunction. Sexual taboos, as internalized norms and prohibitions, often generate feelings of shame, guilt, and anxiety, which can interfere with sexual performance and satisfaction. Previous studies have shown that restrictive sexual attitudes and stigma are associated with maladaptive sexual outcomes and reduced sexual well-being (Markey, 2023; Samadi et al., 2023). These findings are further supported by research indicating that difficulties in openly discussing sexual issues and limited access to sexual health education contribute to the persistence of sexual dysfunctions (Zannoni et al., 2021). In this context, the present study provides empirical support for the notion that sexual taboos are not merely cultural artifacts but active psychological determinants of sexual dysfunction.

The mediating role of intrusive memories offers additional insight into the cognitive mechanisms underlying this relationship. The findings suggest that individuals with higher levels of sexual taboos are more likely to experience intrusive, distressing memories, which in turn exacerbate premature ejaculation. This is consistent with cognitive-behavioral models that emphasize the role of intrusive cognitions in maintaining emotional distress and behavioral

dysregulation. Intrusive thoughts and memories, particularly those related to taboo or morally conflicting content, have been widely documented in the context of obsessive-compulsive and related disorders (Javier et al., 2025; Löchner et al., 2024). Such cognitions can increase cognitive load and disrupt attentional processes during sexual activity, leading to impaired control and performance. Moreover, research has shown that individuals experiencing taboo intrusive thoughts often report heightened distress due to the perceived incongruence between these thoughts and their personal values (Williams et al., 2022). The present findings extend this line of research by demonstrating that intrusive memories not only co-occur with sexual taboos but actively mediate their impact on sexual functioning.

The amplifying effect of intrusive memories observed in this study is also consistent with empirical evidence highlighting the role of trauma and negative emotional experiences in sexual dysfunction. Intrusive memories may originate from past adverse experiences or internalized negative beliefs about sexuality, which become reactivated in relevant contexts. Studies have shown that traumatic or distressing experiences are associated with problematic sexual behaviors and dysfunctions, particularly when these experiences are accompanied by unresolved emotional conflicts (Jepsen et al., 2023). Additionally, attentional biases toward emotionally salient stimuli, including intrusive memories, can interfere with cognitive processing and performance in various domains (Santacroce & Tamber-Rosenau, 2024). These findings suggest that intrusive memories function as a cognitive-emotional pathway through which sexual taboos exert their effects on premature ejaculation.

In contrast to the amplifying role of intrusive memories, personality traits were found to reduce the impact of sexual taboos on premature ejaculation, indicating a protective or buffering effect. This finding underscores the importance of individual differences in psychological resilience and coping mechanisms. Personality traits such as emotional stability, openness, and conscientiousness have been associated with adaptive coping strategies and better emotional regulation, which may mitigate the negative effects of stress and anxiety on sexual performance (Mulcahy et al., 2023). Conversely, traits such as neuroticism are linked to increased vulnerability to anxiety and maladaptive cognitions, which can exacerbate sexual dysfunction. The present results suggest that personality traits may influence the degree to which individuals internalize and respond to sexual taboos, thereby affecting their impact on sexual functioning.

The moderating role of personality traits is further supported by research on help-seeking behaviors and psychological adjustment. Individuals with more adaptive personality profiles are more likely to seek support and engage in effective coping strategies, which can reduce the impact of distressing cognitions and experiences (Pedersen et al., 2021). In contrast, those with maladaptive traits may avoid seeking help due to stigma or fear of judgment, thereby perpetuating their difficulties. This is particularly relevant in the context of sexual taboos, where cultural and societal norms may discourage open discussion and treatment seeking (Canavan, 2022). Therefore, personality traits not only influence the internal experience of sexual taboos and intrusive memories but also shape behavioral responses and treatment outcomes.

The findings of the present study also have important implications for clinical practice. The significant role of sexual taboos and intrusive memories suggests that therapeutic interventions should address both sociocultural beliefs and cognitive-emotional processes. Cognitive-behavioral approaches, including exposure and response prevention and cognitive restructuring, have been shown to be effective in reducing the impact of taboo thoughts and intrusive cognitions (Sheikh, 2025; Williams et al., 2022). These interventions can help individuals challenge maladaptive beliefs, reduce avoidance behaviors, and develop more adaptive coping strategies. Additionally, integrating culturally sensitive approaches into therapy may enhance treatment effectiveness by addressing the specific sociocultural context in which sexual taboos are embedded.

The integration of emerging technologies into psychological assessment and intervention also offers promising avenues for addressing taboo-related phenomena. For instance, the use of digital platforms and artificial intelligence in mental health care has been proposed as a means of improving the identification and treatment of disorders involving intrusive thoughts and taboo content (Levkovich, 2024). Such approaches may reduce stigma and increase accessibility, particularly for individuals who are reluctant to seek face-to-face treatment.

Furthermore, the broader sociocultural context must be considered when interpreting the findings of this study. Cultural norms, media representations, and social discourses play a significant role in shaping attitudes toward sexuality and influencing the internalization of sexual taboos. Studies have demonstrated that societal regulation of intimacy and sexuality can lead to internalized stigma and psychological conflict, which in turn affect mental and sexual health

(Pedro, 2022; Şekerci, 2023). Addressing these broader factors requires not only individual-level interventions but also public health initiatives aimed at promoting sexual education and reducing stigma.

5. Conclusion

Final important consideration is the potential role of unconscious processes and early experiences in shaping sexual attitudes and behaviors. Psychoanalytic perspectives suggest that unresolved internal conflicts and repressed desires may manifest as sexual dysfunctions, including premature ejaculation (Caropreso, 2024). While these perspectives differ from cognitive-behavioral models, they highlight the importance of exploring deeper psychological processes in understanding sexual dysfunction. Integrating insights from multiple theoretical frameworks may therefore provide a more comprehensive understanding of the phenomena under investigation.

Despite the contributions of the present study, several limitations should be acknowledged. The use of a cross-sectional design limits the ability to draw causal inferences regarding the relationships among variables. Additionally, the reliance on self-report measures may introduce biases related to social desirability and recall accuracy, particularly given the sensitive nature of the study topics. The sample was also restricted to a specific demographic group, which may limit the generalizability of the findings to other populations. Furthermore, cultural factors specific to the study context may have influenced the results, and these factors should be carefully considered when interpreting the findings.

Future research should aim to address these limitations by employing longitudinal designs to examine causal relationships and changes over time. Experimental and intervention-based studies could provide further insight into the mechanisms through which sexual taboos and intrusive memories influence sexual functioning. Additionally, future studies should explore the role of other potential mediators and moderators, such as emotional regulation, attachment styles, and relationship quality. Expanding research to diverse cultural contexts would also enhance the generalizability and applicability of findings. Finally, the integration of qualitative methods could provide a deeper understanding of individuals' lived experiences and the subjective meaning of sexual taboos and intrusive memories.

From a practical perspective, the findings of this study highlight the importance of addressing sexual taboos and

related cognitive-emotional processes in clinical and educational settings. Mental health professionals should be trained to recognize and address taboo-related cognitions and to create a safe and nonjudgmental environment for discussing sexual concerns. Public health initiatives should focus on improving sexual education and reducing stigma associated with sexual topics. Additionally, incorporating personality assessment into clinical practice may help tailor interventions to individual needs and enhance treatment outcomes.

Authors' Contributions

Authors equally contributed to this article.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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