

Impact of the COVID-19 Confinement on Couple Satisfaction and Sexuality

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<https://doi.org/10.1080/0092623x.2021.1998271>

Abstract

This study examined dyadic adjustment, which is an essential aspect for a couple's functioning, and its relationship with sexual self-esteem during COVID-19 confinement. This article presents data from before and during the confinement due to COVID-19 in Spain. 120 men and 89 women who were part of a couple at the time of confinement and completed an online survey participated in the study. The sample was obtained during the de-escalation months, from May 9th until July 1st, 2020. Three questionnaires were administered. The results that were obtained from the T-student, Pearson correlations and regression analyses show a decline in couples' adjustment during the months of confinement. Regarding the Sexuality Scale, the results showed that the sexual-depression subscale and the sexual self-esteem subscale had a statistically significant role in predicting the dyadic adjustment during confinement. Overall, our findings suggest that confinement had a negative effect on sexuality because the sexual-depression of the sample increased and couple adjustment decreased during the confinement due to COVID-19.

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Introduction

The term quarantine was used in Venice in the year 1127 to describe the act of isolating people to control pests and prevent diseases such as leprosy, the Black Death, and others (Banerjee & Sathyanarayana, 2020; Newman, 2012). Today the term confinement is generally used instead of quarantine and has been studied in prison contexts (Comfort, Grinstead, McCartney, Bourgois, & Knight, 2005), former prisoners of war (Grassian, 2006), and space travel (Herian & Desimone, 2014), among others. Studies have reported that periods of boredom and monotony are likely to be experienced during confinement due to a lack of social and environmental stimulation (Weiss & Moser, 1998), as well as feelings of depression and anxiety (Günther-Bel, Vilaregut, Carratala, Torras-Garat, & Pérez-Testor, 2020). On the other hand, an investigation carried out in the Canadian Arctic yielded positive results regarding group cohesion, resourcefulness, and coping (Leon, List, & Magor, 2004). However, what has been studied and evidenced the most in the literature on confinement has been the effects it has on interpersonal relationships (Weiss & Moser, 1998).

It is important to note that there is disagreement in the research findings. As we mentioned previously, a study in the Canadian Arctic that carried out a 46-day expedition yielded positive results regarding the effects of confinement (Leon et al., 2004). Similarly, and maybe more significant regarding our study topic, Panzeri, Ferrucci, Cozza, and Fontanesi (2020) evaluated sexuality and couple relationship during COVID-19 confinement and found that female participants reported a decrease in pleasure, satisfaction, desire, and arousal but, as a couple, they did not report significant differences. On the other hand, Weiss and Moser (1998) found higher rates of inactivity and withdrawal when they studied two people in a room; they could not be alone, and it was difficult for them to have their own personal space and intimacy. They reported that in these situations, a decline in mutual attraction, and consequently a decline in the need for affiliation appears. Likewise, another study performed during COVID-19 reported escalations in romantic relationship conflict, which reflected changes to their intimate and sexual lives (Luetke, Hensel, Herbenick, & Rosenberg, 2020).

Couples' relationships and their sexuality have been affected by the current pandemic. Some studies have reported a decrease in sexual intercourse because of COVID-19 (Ibarra et al., 2020; Sanchez, Zlotorzynska, Rai, & Baral, 2020), and because it's well known that sexual intercourse is closely intertwined with sexual satisfaction (Peixoto, Amarelo-Pires, Pimentel Biscaia, & Machado, 2018) and couples' relationship (Litzinger & Gordon, 2005), we will explore its relationship with sexual self-esteem and dyadic adjustment during confinement in this study. Most of the research that evaluated the effects of confinement in the contexts mentioned above found that confinement correlates with high levels of stress, anxiety, fatigue, depression, and in general, it is associated with a detriment in psychosocial health and global well-being (Guenther, 2013; Qiu et al., 2020). For that reason, we would like to take a closer look at couple sexual self-esteem and its role in dyadic adjustment.

Relationship and confinement

Dyadic adjustment is defined as the adaptation of each spouse to the other and the new roles and responsibilities of the couple's relationship and living together (Kendrick & Drentea, 2016). Adjustment in the relationship is crucial for a successful relationship (Ghoroghi, Hassan, & Baba, 2015), and it is one way to evaluate and measure the relationship and its satisfaction (Criado, Hormaechea, & Paniagua, 2018). Even though dyadic adjustment and marital satisfaction are not the same construct; studies have shown that both are correlated. For example, Scorsolini-Comin & Antônio-dos-Santos (2012) demonstrated that "all the factors of marital satisfaction (emotional aspects of the spouse, structural aspects of the marriage and marital interaction) were correlated to the factors of marital adjustment" (p. 173). Spanier (1976) considers dyadic adjustment as a process whose result depends on various factors such as affective expression, satisfaction, dyadic cohesion, and consensus on essential aspects for the couple's functioning. In general, dyadic adjustment plays a role regarding

couples' feelings and the perception of each member of the dyad regarding their relationship (Spanier, 1976). Normally, couples must face and adjust to various situations and tasks throughout the relationship so that it doesn't end (Acevedo, Restrepo, Tovar, & Cuevas, 2007).

Spanier (1976) understands that dyadic adjustment is a concept that can be seen in two ways, as a process or as a qualitative evaluation. The latter recognizes a process but studies dyadic adjustment by looking at the process only at specific points on the continuum (Spanier, 1976). This is relevant in the context of COVID-19 since dyadic adjustment involves factors such as affective expression, satisfaction, dyadic cohesion, and consensus that are susceptible to situations such as psychosocial and economic implications caused by the current pandemic (Ibarra et al., 2020). We considered it imperative to generate knowledge about the effect of confinement due to COVID-19 on couples in Spain since Spain was one of the most affected countries in the world (Domínguez-Gil et al., 2020). Bernacer, García-Manglano, Camina, and Güell (2021) performed a study from March 16th to April 2nd, 2020, when the compulsory confinement was declared and from May 3rd to June 2nd, 2020, right after starting the de-escalation and they informed that the highest daily toll reported was on April 2nd with 961 deaths. By April 28, 2020, the number of confirmed cases was 210,773 (Domínguez-Gil et al., 2020).

Tomás-Sábado (2020) exposed that the pandemic has exacerbated anxiety toward death and the existential fear that it implies. In addition, Alcalde-Herrera (2021) found that the direction of the impact will depend on previous personal characteristics since 47.6% of the sample did not experience variations in dyadic adjustment during confinement, 25.8% experienced a decrease, and 26.6% increase. However, another study carried out in Bolivia, which evaluated the effect of the COVID-19 quarantine on marital satisfaction in cohabiting couples, found satisfaction with emotional aspects, with interaction, structural aspects, and sexuality, which had been high before quarantine, tended to increase during it. Therefore, they concluded that quarantine did not negatively affect levels of marital satisfaction (Aponte et al., 2020).

Confinement has long-term adverse effects on personality changes and family relationships (Herian & Desimone, 2014). A study investigating social isolation reported that it can exacerbate domestic violence and boredom (Banerjee & Rai, 2020). Despite the significant differences in the context of isolation, other studies conducted on veterans who were prisoners of war found that after being released and returned to their homes, they had low levels of dyadic adjustment, difficulty in intimacy, and low levels of sexual satisfaction (Itzhaky, Stein, Levin, & Solomon, 2017). The same occurs in cases where a member of the couple is imprisoned; in these cases, it has been found to negatively affect the sexual relationship and intimacy of the couple (Western, 2004), and it has also been documented that there is a high risk of divorce (Siennick, Stewart, & Staff, 2014). In summary, it is due to the negative effect on interpersonal and partner relationships that social isolation when confined has been reported to cause depressive feelings, loneliness, anxiety, irritability, among others (Ibarra et al., 2020; Planchuelo-Gómez, Odriozola-González, Irurtia, & de Luis-García, 2020; Rosenberg et al., 2020).

When we assess the discrepancy in the effects of confinement on interpersonal relationships in the different contexts examined, we can see the difference between being confined in complete solitude (Guenther, 2013) versus being confined with an acquaintance (Atlis, Leon, Sandal, & Infante, 2004, or someone significant (Aponte et al., 2020), as is the case in our study. Despite these findings, it is necessary to continue investigating the effects of confinement on the couple and their dyadic adjustment. COVID-19, its effects, and its restrictions have become part of our daily life, and the continuous study of its effects on the population is necessary.

Sexuality, confinement, and dyadic adjustment

Sexual self-esteem plays a central role in one's stability and in maintaining a close relationship with one's partner (Zarbakhsh, Dinani, & Rahmani, 2013). It has been proven that it is one of the main factors for a happy couple since an unsatisfactory sexual life could trigger feelings of insecurity (Dinani, Zarbakhsh, Samkhaniyan, Hamidi, & Arkiyan, 2014) that in turn can end up causing damage to sexual self-esteem and the relationship. Snell and Papini (1989) define sexual self-esteem as a generalized

tendency to engage in nonspecific internal reinforcement toward oneself due to one's ability to relate sexually with another person. Defined in this way, "sexual self-esteem deals with interpersonal sexual concepts" (Snell & Papini, 1989: p. 257). Studying confinement by COVID-19 in Spain is vital since it has been found that this type of situation creates damage in interpersonal relationships and intimacy (Banerjee & Rai, 2020; Banerjee & Sathyanarayana, 2020), and this, in turn, would cause problems in sexual self-esteem. Studies related to COVID-19 have found that fear of the future (Kira et al., 2020) and anxiety about health due to the multiple restrictions related to physical contact, are some of the adverse effects caused by confinement that have a significant influence on sexuality and dyadic adjustment (Ibarra et al., 2020).

Sexual self-esteem reflects a person's experiences, feelings, and thoughts about their sexuality (Zeanah & Schwarz, 1996). If the person has impaired sexual self-esteem, the individual's vision, satisfaction with life, the ability to experience pleasure, the willingness to interact with others, and the ability to develop intimate relationships may be limited (Mayers, Heller, & Heller, 2003). These experiences, feelings, and thoughts will eventually create problems in the relationship as

intimacy is a fundamental component for sexual self-esteem (Dinani et al., 2014) and dyadic satisfaction and adjustment (Zerach, Anat, Solomon, & Heruti, 2010). It is possible that these experiences, feelings, and thoughts are influenced by gender, since research constantly reports differences between men and women regarding sexual attitudes and behavior (Zeanah & Schwarz, 1996) in romantic relationships (Andersen, Cyranowski, & Espindle, 1999). Therefore, in addition to literature findings linked with the relationship between the dyadic adjustment, and the Sexuality Scale, gender will be discussed in terms of its relationship with the dyadic adjustment and sexual self-esteem.

Finally, we must emphasize that dyadic adjustment (Vera & Zicavo, 2010) and sexual self-esteem are dynamic constructs and can increase or decrease (Heinrichs, 2007) depending on what happens in a person's life. COVID-19 is a particular situation which has affected everyone's lives around the world and has even been considered as traumatic stress (Kira et al., 2020). Therefore, we must bear in mind that situations, such as traumatic experiences, can negatively affect sexual self-esteem and dyadic adjustment since trauma leaves a mark on memory that affects intimacy (Mills & Turnbull, 2004). Furthermore, in addition to traumatic experiences, daily life stressors such as tiredness, fatigue, childcare (Heinrichs, 2007), situational boredom, fear, anxiety, among others (Schwartz, Galperin, & Masters, 1995), could affect sexual self-esteem. For example, Aldana, Peralta, Octavio, and Bohórquez (2021) evaluated nine axes in the couple and found that sexuality in the couple worsened during the pandemic. Furthermore, another study reported that the lack of privacy and the constant closeness impacted their sexuality negatively (Panzeri et al., 2020). However, we have not found publications on the effect of confinement on sexual self-esteem. For this reason, we consider investigating it is indispensable since it directly impacts the relationship, intimacy, and sexuality. We previously mentioned several studies that found that isolation causes fear, anxiety, and depression (Rosenberg et al., 2020) and established that these factors could negatively affect sexuality. Likewise, these adverse effects are detrimental to the adjustment and satisfaction of the couple, since in some cases in which the couple has problems of a sexual nature, they end up experiencing feelings of sadness, depression, and marital dissatisfaction (Khazaei, Rostami, & Zaryabi, 2011).

The positive relationship between sexual self-esteem, dyadic adjustment and marital satisfaction has been established in research. For example, an investigation reported that high sexual self-esteem improved dyadic adjustment in mothers (Tavakolizadeh & Rastgoo Nejad, 2016) which implied a positive correlation between both constructs. Another study with 196 married athletes confirms the significant positive relationship between sexual self-esteem with all its components and marital satisfaction, implying that the higher the sexual self-esteem, the greater the marital satisfaction (Zarbaksh et al., 2013); and even though marital satisfaction and dyadic satisfaction are not the same constructs, they consistently have a positive relationship. Similar results were also reported in a study conducted with 200 married students. They found that self-esteem and sexual satisfaction correlate with marital satisfaction (Ebrahimkhani, Nouri, & Azizi, 2017). An 8-month longitudinal study identified that people with higher sexual satisfaction also reported higher marital satisfaction (Byers, 2005). Therefore, based on the previous studies mentioned, we can conclude that if there is low sexual self-esteem, there will be low dyadic satisfaction and maladjustment in the couple.

Many of these studies have been conducted in eastern contexts, and it would be necessary to continue exploring the results in samples of Spanish couples. We must continue exploring the effect that confinement due to COVID-19 has had on dyadic adjustment and sexuality in Spain. We live in a historical period characterized by global uncertainty, stress, anxiety, and, for many, confinement due to the COVID-19 pandemic. Because of the scarcity of studies in the scientific literature on the effects of these situations on dyadic adjustment and sexual self-esteem, conducting studies on the impact of isolation on couple relationships and sexual self-esteem is, without a doubt, imperative.

The objectives of this research are to evaluate the effect of sexual self-esteem on the adjustment of the couple's relationship during confinement and evaluate whether there are differences

between sexual self-esteem and dyadic adjustment before and during confinement. Based on previous studies, our study hypothesizes that confinement affects the adjustment of the couple's relationship and their sexual self-esteem. We expect that couples with higher sexual self-esteem during confinement will report better relationship adjustment than those with lower sexual self-esteem. We believe so because sexual self-esteem plays an important role in maintaining a close relationship with the partner (Zarbakhsh et al., 2013) and enjoying sexual intercourse (Dinani et al., 2014). We also expect to find differences in sexual self-esteem and the couple's adjustment before and during confinement since it has been reported that confinement affects sexuality (Li, Li, Xin, Wang, & Yang, 2020) and adjustment of the couple (Günther-Bel et al., 2020).

Method

Participants

The sample is comprised of 209 subjects. We obtained it through the implementation of online questionnaires. The study's inclusion criteria were being over 18 years of age, residing in Spain, and having a partner. The exclusion criteria were being single, younger than 18 years old and/or not living in Spain.

Instruments

Three questionnaires were administered. The Spanish Adaptation of the Dyadic Adjustment Scale (DAS) (Carrasco et al., 2013) has been one of the most widely used since Spanier created it in 1976 but we used The Spanish Adaptation of the Dyadic Adjustment Scale (DAS) (Carrasco et al., 2013) which is much more recent and showed a high internal consistency 0.92. The scale covers essential dimensions such as satisfaction, expression of affection, cohesion, and consensus between the couples, making it possible to obtain global information. It has 4 subscales with an internal consistency very similar to the original Spanier sample. The consensus subscale with 13 items obtained 0.84; the satisfaction subscale with 10 items obtained 0.84; the subscale of expression of affection with 4 items obtained 0.60; and the cohesion subscale with 5 items obtained 0.76.

The Sexuality Scale (SS) (Soler et al., 2016) was initially developed by Snell and Papini (1989). The SS assesses how people feel and think about their sexuality. It has 3 subscales, the sexual self-esteem, sexual depression, and sexual preoccupation, all 3 with 5 items each. All subscales have a Cronbach α above .85 which indicates high levels of reliability and with no item correlation below .30. And we also designed an ad hoc questionnaire that included other aspects related to sexuality in the couple to cover aspects that are not present in the brief sexuality scale. It has 4 items in nominal scale such as "Are you satisfied with the amount of sexual intercourse you have had during confinement?"

“Approximately how often have you had sex during confinement?”. Participants also reported demographic information.

Procedure

The study was approved by the ethics committee of the Facultat de Psicologia, Ciències de l’educació i de l’Esport Blanquerna. Then the questionnaires were selected and created. Before beginning the distribution of the questionnaires, we informed participants that this investigation is anonymous and about the purpose and procedures of the study. A section was made for informed consent that discloses that they may stop participating at any time. On the first page, we clarify that only those who currently have a partner, are over 18 years old, and were confined in Spain, can participate. Therefore, our exclusion criteria were being single, younger than 18 years old and/or not living in Spain.

Questionnaire packages were sent; The Sexuality Scale (SS), The Spanish Adaptation of the Dyadic Adjustment Scale (DAS) and a scale designed ad hoc about other aspects related to sexuality. An external company carried out data collection between May 9th and July 1st, 2020, which were the de-escalation months. They used an online questionnaire due to home quarantine. We asked the participants to answer both scales at the same time thinking about their dyadic adjustment and their sexuality before the confinement began, and right after they completed it, they were asked to respond both scales again but this time thinking about how they were feeling during the confinement. No participants were compensated for their participation. As a first step (before performing the analyzes), we performed data quality control. Then, we ran analysis to assess whether the data were normally distributed in the sample. The results of Shapiro-Wilk and Kolmogorov-Smirnoff indicated significance greater than .05; therefore, the data are normally distributed. Due to this, we performed parametric statistics.

Data analysis method

Using SPSS 26 we performed descriptive and inferential statistical analysis. Descriptive data analysis include frequencies and proportions (%), etc., and they were performed to have a clearer idea about how the sample was distributed. We also performed t-test to compare difference between means before and during confinement. A Pearson’s correlation coefficient was used to determine the possibly statistically significant relationship between the Dyadic Adjustment Scale (DAS) and Sexuality Scale (SS) subscales. And it was also used to evaluate the relationship between the amount of sexual intercourse, sexual self-esteem and dyadic adjustment. Additionally, a linear regression analysis was conducted to predict the relationship between the SS subscales and the DAS. A non-parametric Mann-Whitney U test was conducted to evaluate the relationship between gender and sexual self-esteem, as well as dyadic adjustment.

Results

Descriptive data

The sample is composed of men 57.4% and 42.6% women. 92.3% of the participants were confined in the same house, 7.7% were not. 60.8% lived with children during quarantine; the other 39.2% did not. 79.9% had not had someone close to them or a loved one become infected with COVID-19 at the time of participating in the study; the other 20.1% had. We summarized other data in [Table 1](#).

Table 1. Descriptive statistics of the participants.

Sociodemographic variables		Frequency	%			Frequency	%	
Relationship time	Less than 1 year	3	1,4	Age	18 – 21	5	2,4	
	From 1 to 3	20	9,6		22 – 25	9	4,3	
	From 4 to 7	43	20,6		26 – 29	15	7,2	
	From 8 to 14	49	23,4		30 – 35	25	12	
	From 15 to 24	61	29,2		36 – 39	41	19,6	
	From 25 to 39	23	11		40 – 49	61	29,2	
	40 years +	10	4,8		50 – 59	35	16,7	
Total	209	100	60 – 69	18	8,6			
			Total	209	100			
		Frequency	%			Frequency	%	
Time living together	Don't live together	14	6,7	Employment situation	Unemployed	62	29,7	
	Less than 1 year	9	4,3		Part-time	43	20,6	
	From 1 to 3	21	10		Full-time	104	49,8	
	From 4 to 7	38	18,2					
	From 8 to 14	54	25,8					
	From 15 to 24	46	22					
	From 25 to 39	22	10,5					
40 years +	5	2,4						
Total	209	100	Total	209	100			

Table 2. Comparison of DAS and SS subscales, before and during confinement.

		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		t	df	Sig. (2-tailed)
					Lower	Upper			
Pair 1 Dyadic Consensus	Before	3.54545	9.59162	.66347	2.23747	4.85343	5.344	208	.001
	-During								
Pair 2 Emotional Affectivity	Before-During	.86124	2.27547	.15740	.55094	1.17154	5.472	208	.001
Pair 3 Dyadic Satisfaction	Before	.89474	4.74731	.32838	.24736	1.54211	2.725	208	.007
	-During								
Pair 4 Dyadic Cohesion	Before	-.63636	3.42948	.23722	-1.10403	-.16870	-2.683	208	.008
	-During								
Pair 5 Sexual self esteem	Before	.062	2.362	.163	-.260	.384	.381	208	.704
	-During								
Pair 6 Sexual Depression	Before	-.799	2.693	.186	-1.165	-.433	-4.305	208	.001
	-During								
Pair 7 Sexual Preoccupation	Before-During	-.124	1.665	.115	-.351	.103	-1.080	208	.281

DAS- Dyadic Adjustment Scale; SS- Sexuality Scale.

Table 2 displays subscales difference between means before and during confinement, since significant difference was found in both scales. When evaluating the dyadic adjustment of the participants, statistically significant differences were observed between before (M = 145.60, SD = 14.72) and during (M = 137.28, SD = 15.64) the confinement (t (208) = 9.002, p <.01, 95% CI [6.50, 10.15]) indicating a statistically significant decrease in the dyadic adjustment in our sample. Regarding the Sexuality Scale, statistically significant differences are also seen between before (M = 40.75, SD = 7.04) and during (M = 41.62, SD = 6.38) the confinement (t (208) = -4.336, p <. 01, 95% CI [-1.27, -.4749]) suggesting a statistically significant increase in SS.

Table 3 shows that the sexual self-esteem and sexual depression subscales resulted in a negative relationship between the variables when we evaluated how sexual self-esteem was related to dyadic adjustment before and during confinement. The difference score between before and during the

confinement of both variables was used, performing Pearson's r multiple correlations. We found a negative, moderately low statistically significant relationship between the SS and dyadic adjustment of the participants ($r = -.393$, $p < .01$). Correlations between the frequency of sexual intercourse and sexual self-esteem and dyadic adjustment indicate that there is no statistically significant relationship between the amount of sexual intercourse and sexual self-esteem ($r = -.107$, $p = .124$), nor between the amount of sexual intercourse and dyadic adjustment ($r = -.109$, $p = .115$). However, the multiple correlations results indicate a low and statistically significant positive correlation between the three variables ($r = .228$, $p = .004$).

After investigating the correlations, a linear regression model was used to predict the relationship between the SS subscales and the DAS. It was statistically significant ($F(1,207) = 37.732$, $p < .01$, $R^2 = .154$), explaining 15.4% of the dependent variable. That is, the independent variables sexual self-esteem ($t = -6.719$, $p = .001$) and sexual depression ($t = -7.346$, $p = .001$) explain 15.4% of the dyadic adjustment during confinement. Therefore, we concluded that they had a significant role in predicting the dyadic adjustment during confinement, while sexual preoccupation did not. Among the two components, the sexual depression component ($\beta = -.577$) had the largest role in predicting dyadic adjustment. We present related results in Table 4.

Table 3. Correlation coefficient between SS subscales and DAS.

Research variables	DAS	P
SS	-.393	.001
Sexual self esteem	-.188	.003
Sexual depression	-.231	.001
Sexual preoccupation	.051	.231

DAS- Dyadic Adjustment Scale SS- Sexuality Scale.

Table 4. Standard and nonstandard regression coefficients to predict dyadic adjustment.

Predictor Variables	Unstandardized		Standardized		P
	Beta	Std. Error	Beta	T coefficient	
(Constant)	6.230	.871		7.156	.001
SSE	-3.132	.466	-.553	-6.719	.001
SD	-2.875	.391	-.577	-7.346	.001
SP	.057	.537	.007	.106	.915

Dependent Variable: DAS- Dyadic Adjustment Scale.

We examined the relationship between gender and sexual self-esteem, as well as dyadic adjustment. Because we wanted to evaluate the differences, we performed a data distribution normality test. The analysis of the Shapiro-Wilk and Kolmogorov-Smirnoff tests indicates that the data were not normally distributed; therefore, we performed a non-parametric Mann-Whitney U test. The results indicate that there are no statistically significant differences between men ($Me = .000$) and women ($Me = .000$) in sexual self-esteem, $U(N_{men} = 120, N_{women} = 89) = 5013.500$, $z = -.926$, $p = .355$. But a statistically significant difference was found when evaluating whether there were differences between men ($Me = 6,500$) and women ($Me = 5,000$) in dyadic adjustment, $U(N_{men} = 120, N_{women} = 89) = 4483,000$, $z = -1,981$, $p = .048$.

Discussion

This study examines the relationship between sexuality and dyadic adjustment in individuals confined in Spain during the COVID-19 pandemic. The first objective was to identify whether confinement had

any effect on sexuality and dyadic adjustment. The prediction regarding the relationship between sexuality and dyadic adjustment was supported by the findings. Our results suggest that confinement did affect the dyadic adjustment and the sexuality of the participants, more specifically it increased sexual depression. Furthermore, we found that people reported a decrease in their dyadic adjustment during confinement, specifically in the subscales of satisfaction, consensus, and emotional affectivity. So, the decrease in dyadic adjustment could result in an increase in the number of divorces. For example, this study reported an increase in the Lima Pulu Kota Regency due to the pandemic (Ulfa & Bunaiya, 2021).

It is important to acknowledge that some studies have opposite results to our study. For example, those reported by Günther-Bel et al. (2020) in which the prevalence of perceived changes in the dyadic adjustment was primarily positive, and by Aponte et al. (2020) in their study carried out in Bolivia in which people reported better marital satisfaction during confinement. On the other hand, the dyadic cohesion subscale was the only one that had a positive increase. Which makes sense since confinement forces people to be in the same place without the possibility of leaving and providing the opportunity for better communication (Banerjee & Sathyanarayana, 2020). The sexual preoccupation and the sexual self-esteem subscales did not show significantly different results and remained relatively the same. However, the sexual depression subscale increased during confinement, so we conclude that in our sample, confinement increased participants' sexual depression and decreased relationship adjustment.

In the results, we could also appreciate that sexual self-esteem and sexual depression had a significant role in predicting dyadic adjustment during confinement. Additionally, there was a low and statistically significant positive correlation between sexual self-esteem, dyadic adjustment, and the amount of sexual intercourse. Therefore, in this sample, sexual self-esteem and the amount of sexual intercourse has positively affected dyadic adjustment, as reported in other studies (Dinani et al., 2014; Tavakolizadehj & Rastgoo Nejad, 2016; Zarbakhsh et al., 2013) but only when the amount of sexual intercourse moderates it. An explanation for this could be that the amount of sexual intercourse has been found to have a positive effect on dyadic adjustment and sexual self-esteem (Mollaioli et al., 2021). On the other hand, according to studies, sexual depression tends to harm dyadic adjustment (Heinrichs, 2007; Moral, 2008), which could explain the decrease in adjustment during confinement in this sample.

Interestingly, we didn't find statistically significant differences between men and women in our study regarding sexual self-esteem, but there were differences in dyadic adjustment. These results do not coincide with those reported by Galambos, Barker, and Krahn (2006), who found that men tend to have better sexual self-esteem than women in general. Perhaps this difference in the findings is because, in general, men are socialized to be more sexual than women and give more importance to the frequency of sex (Tolman & Diamond, 2001). But in our study, they reported a lower frequency of sexual intercourse. Another explanation could be that this is an effect of confinement since an investigation carried out in China during the confinement by COVID-19 found that sexual activity and the frequency of sexual relations decreased significantly among men and women during this period (Li et al., 2020). The same results were found in a study carried out in the USA with homosexual men (Sanchez et al., 2020).

Our study yields some limitations. Individuals must have known how to use computers and have access to the internet to participate, so subjects not having access to internet could not participate. Another aspect to consider is that most of the participants had higher or secondary education, which means that the sample population may consist of the middle and upper-middle socioeconomic class. In addition, a larger sample would have been better, but due to the period in which it was collected, it was difficult to obtain more responses. This is probably due to pandemic fatigue. As we mentioned previously, April was the month with the most reported cases despite the confinement beginning on March 16, 2020 (Bernacer et al., 2021; Domínguez-Gil et al., 2020). Therefore, frustration, fear, anxiety, and stress could have influenced the motivation of people to participate in our studies. The sample is comprised of mostly men, and it would be interesting if it had been the same number of participants in both genders. And finally, we did not have established criteria on the relationship length of the participants, so we consider this one of our study's limitations.

Regardless, our study has identified sexual self-esteem as an important variable in dyadic adjustment, so we suggest that it should be considered to understand and propose alternative solutions, and to prevent dyadic maladjustment. In the current context, even though vaccination has

been implemented to prevent the spread of COVID-19, uncertainty of what could happen rises again due to the Delta variant. This new variant of COVID-19 has put the country in a dilemma regarding whether restrictive measures should be implemented again or not since the vaccination process is well advanced in Spain. However, other countries such as Portugal, the United Kingdom (Montes, 2021), and Australia (Castro & Efe, 2021) have once again confined the population because of this Delta variant. Therefore, studies related to the effect that restrictions, uncertainty, and fear have had due to COVID-19 are time sensitive and critical, which makes the findings of this study become even more significant.

Following our assessment of the impact in dyadic adjustment and sexual self-esteem during the COVID-19 crisis, future research should qualitatively investigate how the experience was different between men and women and analyze other influencing factors. For example, although research agrees that men tend to have better sexual self-esteem than women (Galambos et al., 2006), it was not the case in our sample so looking into what produced this difference might be useful and informative. Likewise, investigating how living with children and the amount of time spent together affects the couple in the context of confinement. In addition, it would be interesting to investigate the results of confinement regarding the conception of children and divorce. At the beginning of the pandemic in the United States, there were suspicions of an increase in births due to COVID-19, but then the question arose if instead, it would be an increase in divorces (Dvorak, 2020). Furthermore, there may be other variables that we do not consider in the present study and that have been shown to affect the adjustment and sexuality of the couple, such as depression, stress, the social support received from one's couple and others, which should be addressed in future research (Jiménez-Picón, Lima-Rodríguez, & Lima-Serrano, 2017).

Conclusion

Despite the limitations of the present study, we can conclude that in this sample, sexual self-esteem and sexual depression played an important role in dyadic adjustment during confinement. One study reported that hugging, kissing, and sexual intercourse were associated with less depression and loneliness during confinement (Rosenberg et al., 2020). In our study, the results show that sexual depression was higher in people with adjustment problems. The findings in our study can provide therapists in Spain with a more thorough and clinical perspective of how the ongoing coronavirus pandemic has affected people in their relationship and sexuality, and therefore allow the design of intervention guidelines. For example, strategies to reduce stress, anxiety, fear, and depression, and thus increase resilience in people seeking help. They could even implement clinical interventions and strategies that help improve the conflict in the relationship by increasing emotional support and intimacy, which could help couples have more positive relationships and thus overcome any stressful situation, as is the on-going COVID-19 pandemic and its new variant, Delta. It has been found that when men and women experience a more positive state of mind, show a more positive relational behavior, and perceive the partner's behavior in a positive way, it positively influences the intimate and sexual connection (Dewitte, Van Lankveld, Vandenberghe, & Loeyts, 2015); therefore, it is beneficial in the relationship of couples.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

The author(s) reported there is no funding associated with the work featured in this article.

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Data associated/data repository

Data available on request from the authors

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