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The Impact of Psychological Factors of Celibacy Syndrome on Attitude Towards Marriage

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Abstract: *A societal trend of waning interest in romantic relationships and sexual activity, especially among younger generations, is known as celibacy syndrome. This study aims to investigate how young adults' attitudes toward marriage are impacted by the psychological components of celibacy syndrome, particularly sexual desire and fear of intimacy. Data was gathered using a standardized questionnaire and a quantitative correlational survey approach 310 adults, both male and female, between the ages of 18 and 40, were included in the study using a purposive-convenient sample technique. Participants were presented with an informed consent form followed by a demographic information form, Sexual Desire Inventory-2 (Spector, et al., 2008), Fear of Intimacy (Descutner & Thelen.,1991), and Marital Attitude Scale (Braaten et al.,1998). The research data was analyzed through IBM SPSS 22 software. The results indicated that the psychological factor of celibacy syndrome, specifically fear of intimacy, has a significant impact on attitudes towards marriage. Individuals with a fear of intimacy tend to avoid close relationships and emotional disclosure, which can substitute emotional fulfillment by avoiding closeness. The finding also showed that another psychological factor of celibacy syndrome was sexual desire, which has an insignificant impact on attitudes towards marriage. The findings of this study offer insights into emotional well-being, enrich academic research, and provide practical strategies for balancing personal and professional life. It also promotes societal awareness and acceptance of diverse lifestyles.*

Keywords: Celibacy Syndrome, Fear of Intimacy, Sexual Desire, Marital Attitudes

Introduction

Background

Celibacy refers to the state of abstaining from marriage and sexual relations. Celibacy can be chosen for a number of reasons, such as personal ideals, religious or spiritual convictions, or a dedication to a particular way of life. Celibacy usually refers to abstaining from sexual activity, but it can also mean avoiding marriage or any other close relationship (Auer, 1967). According to a media hypothesis, an increasing proportion of Japanese individuals have lost interest in romantic love, dating, and marriage because they no longer find personal activities interesting (Aoyama, 2015).

Many psychological factors lead to celibacy syndrome, like fear of emotional closeness, or vulnerability often arises from unresolved past trauma, neglect, or adverse life experiences. These early wounds can deeply shape an individual's capacity to trust and connect with others, particularly in intimate or romantic relationships. As a defense mechanism, such individuals may actively avoid romantic or sexual relationships to save themselves from rejection, pain, or emotional harm. Over time, the avoidance of intimacy may reinforce feelings of loneliness, inadequacy, or fear, creating a self-perpetuating cycle. This pattern not only impacts romantic relationships but can also extend to friendships and familial bonds, further isolating the individual. (Mikulincer et al., 2010).

Our emotional and physical well-being can benefit from sexual energy. Sexual energy is a potent force that can strengthen our immune systems, lessen pain, and even lower tension and worry. We can live happier, healthier lives and enhance our general well-being by channeling this energy. (2019, Montejo). In 2015, Kyle R. Stephenson and Cindy M. Meston conducted study that examined the connection between sex

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satisfaction and well-being. The study discovered a high correlation between life satisfaction and sex. (Kyle & Cindy, 2015).

Literature Review

Prior to numerous facets of the psychological, social, and emotional effects of celibacy have been the subject of research on Celibacy Syndrome. Numerous studies have examined the social and personal elements that influence celibacy, such as religious convictions, cultural standards, and individual preference. The emotional anguish that people who are intentionally celibate or who are unable to establish romantic connections because of societal, psychological, or physical restrictions face has also been studied. Numerous studies have been carried out to investigate the different aspects of low sexual desire and how it affects people's day-to-day lives. Analyzing decreased sexual desire in heterosexual couples in Norway and determining the characteristics linked to both men's and women's decreased sexual desire were the goals of this study. The majority of men and women with sexual desire issues thought that stress, illness, or "other" causes were to blame for their lack of sexual desire. For both men and women, the best indicator of diminished desire was a decreased ability for sexual arousal. Loss of sexual desire was linked to poor work-to-home interference in women (Træen, 2007).

Age is another element that affects low sexual desire; research has shown that while age is a necessary component of low libido, other factors, such as childhood trauma, abuse, and rape, also play a significant part in low sexual desire in older women. According to that, poor sexual desire in men is influenced by age, unemployment, and low income, a study conducted on 2341 German participants by Beutel (2008). Open-ended interviews with 19 married women who had lost desire in their marriage were used in a qualitative study to find out what causes they attributed to their lack of sexual desire and what obstacles they thought were preventing it from returning (Karen, 2010).

Attachment patterns shape sexual desire and intimacy; stable people have a positive perspective on relationships, whereas avoidant, nervous, and disorganized people exhibit fear, low self-esteem, or negative perspectives. People's experiences and pursuits of sexual closeness are influenced by these orientations (Birnbaum, 2006). Khalatbari et al. conducted another study in 2013 on university students at Imam Sadegh University in Tehran, Iran, examining the relationship between the religious attitudes of married university students and their marital satisfaction. The findings indicate a strong positive relationship between marital satisfaction and religious attitude. Individuals with a more religious perspective on marriage view it as a sacred institution and are more optimistic about it.

Theoretical Framework

To optimize reproductive success and maintain genetic continuity, sexual desires and behaviors evolved through natural selection according to Darwin's hypothesis. His theory also gives the perspective that relationships are essential for human survival because they promote resource sharing, cohesion, and reproduction (Darwin,1859). Isolation brought on by emotional withdrawal or attachment problems can erode social ties and lower evolutionary fitness (Holland, 2012). According to Psychoanalytic Theory by Sigmund Freud, sexual desires and behaviors are influenced by unconscious processes and childhood experiences. If sexual energy is not released or properly managed, it can lead to various psychological and physical issues. Psychoanalytic theory offers another lens to view celibacy syndrome, where repressed desires, unresolved early childhood conflicts, or defense mechanisms (such as avoidance and denial) might result in abstention from sexual relationships (Freud,1905). According to Strassberg and McKee's Sexual Inhibition Model, a lack of sexual desire and a fear of intimacy impede emotional bonding and promote unfavorable perceptions of intimacy and commitment. In romantic or married relationships, this might eventually lead to emotional estrangement and discontent (Strassberg, 1990). Cognitive-behavioral theories, as proposed by Beck (1979), highlight how thoughts, beliefs, and attitudes shape human behavior. Cognitive errors lead to disinterest in relationships, for example, after a traumatic breakup, people may avoid partnerships due to cognitive errors such as all-or-nothing thinking, overgeneralization, and catastrophizing. This avoidance, which frequently leads to celibacy, perpetuates the idea that closeness is detrimental or not worth the effort (Wegner et al., 1985).

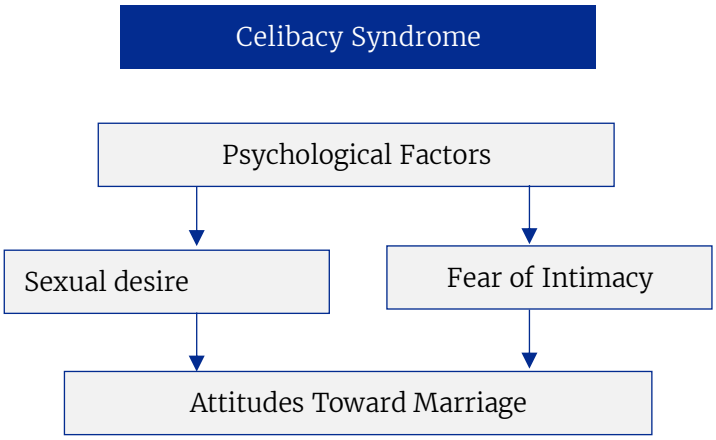
Significance of the Study

The purpose of this study is to investigate how psychological aspects of celibacy syndrome, specifically sexual desire and fear of intimacy on attitudes toward marriage, as these factors can significantly influence an individual's psychological well-being, social dynamics, and work-life balance. Celibacy syndrome often leads to emotional distress, which may manifest in avoidance of relationships as a coping mechanism. By understanding how these variables interact, the study seeks to offer insights into the underlying psychological patterns that affect personal relationships and career behaviors. Sexual libido is necessary for individual mental and physical health. If a person has low sexual desire, it creates a lot of problems in their personal life, and it affects them emotionally, personally, and their relationships as well. This research gives insight into how celibacy syndrome affects individuals' intimate relationships.

The chosen study topic is still a developing phenomenon and requires significant data for further development. This topic has not been studied within the context of Pakistani culture (Jaffar et al., 2019). The results of this study could have a big impact on the creation of focused interventions for those who are having problems with celibacy, assisting mental health practitioners in creating more potent treatments. This research provides valuable insights for mental health professionals to develop therapy interventions for individuals struggling with commitment and intimacy, while marriage counselors can use the findings to address psychological barriers affecting relationships.

Figure 1

Theoretical Framework of the Current Research



Research Objectives

- To assess the impact of psychological factors of the Celibacy Syndrome (Fear of Intimacy) on Attitude toward Marriage.
- To assess the impact of psychological factors of the Celibacy Syndrome (Sexual Desire) on Attitude toward Marriage.

Research Questions

- What is the impact of psychological factors of the celibacy Syndrome (Fear of Intimacy) on the Attitude toward Marriage?
- What is the impact of psychological factors of the celibacy Syndrome (Sexual Desire) on the Attitude toward Marriage?

Research Hypothesis

- **H1:** There would be an impact of a psychological factor of celibacy syndrome (Fear of Intimacy) on attitude towards marriage.
- **H2:** There would be an impact of psychological factors of celibacy syndrome (Sexual Desire) on attitude towards marriage.

Methodology

Research Design

The current study was a Quantitative Correlational Survey Design with the purpose of a descriptive study.

Sampling Size & Sampling Procedure

The population selected for the study were included students and employed individuals from Pakistan, specifically Karachi, both male and female, aged 18 to 40 years. This research included total 310 participants in which 171 were females with the percentage of (55.2%) and 139 were males with the percentage of (44.8%). Participants would be engaged in any form of work and have at least a higher secondary level of education. Individuals from all socioeconomic backgrounds would be included in the research. Participants would be selected using purposive convenience sampling, a non-random sampling technique.

Inclusion Criteria

- Participants must be between the ages of 18 to 40 years.
- Participants must be able to understand English.
- Participants must be performing in any job or occupation.
- Only unmarried individuals were included in this study.

Exclusion Criteria

- Participants who are not pursuing higher education.
- Participants who are not currently performing in any job or occupation.
- Participants who have any psychological or medical issues that may interfere with their participation in the research.

Measures

Informed Consent Form: The informed consent form was initially given to the participants to get permission to take part in the study, with basic details about the research and the researcher's information. Furthermore, they were guaranteed that their information would not be used for any other purpose and would remain confidential. Additionally, they were informed that their involvement in the study was entirely voluntary and that they might leave at any moment.

Demographic Form: The demographic form was used to ensure that the study was conducted only on those individuals who fulfilled the inclusion criteria. Through this form, basic information about participants was taken, such as name (optional), along with their age, gender, job type, job industry, family status, socioeconomic status, educational level, relationship status, and reason for taking any psychological or medical help, if they were facing any psychological or medical problems.

The Sexual Desire Inventory (SDI): This scale was developed by Spector Carey, and Steinberg in (2008). The purpose of the self-administered questionnaire was to gauge sexual desire. It has 14 measures that assess two aspects of sexual desire: solitary sexual desire (items 9–14) and dyadic sexual desire (items 1–8). Three frequency items (Items 1, 2, and 10) made up the instrument's response set, and participants had to circle one of seven possible answers. Respondents use an 8-point Likert-type scale to score their level of sexual desire on the following eight strength categories. A Dyadic Sexual Desire score is calculated by adding the scores from scales such as Items 1–8. The Solitary Sexual Desire score is calculated by adding items 9 through 11. Strong evidence of reliability was indicated by the Cronbach's alpha for this scale, which was for the Dyadic scale (r =.86) and the Solitary scale (r =.96) (Spector et al., 1996). Over one month, test-retest reliability was shown to be r =.76 (Carey, 1995).

Marital Attitude Scale (MAS): The scale was developed by Ellen B. Braaten and Lee A. Rosén in (1998). It consists of a 23-item measure to assess global satisfaction toward heterosexual marriage. This scale was based on a four-point, Likert-type scale, respondents indicate how frequently they exhibit certain

behaviors (0= Strongly Agree, 1= Agree, disagree =2, Strongly Disagree=3). The scoring procedure of this instrument would be that Items are summed to create the total MAS score. Higher scores indicate a more positive attitude toward marriage. An initial psychometric evaluation was conducted and reported high internal consistency of the MAS with a coefficient alpha of 0.82.

Fear of Intimacy Scale: The scale was developed by Descutner, C. J., & Thelen, M. H in 1991. The FIS was designed to assess a specific variable that influences intimacy (fear of intimacy) in a close relationship or at the prospect of a close relationship. The 35-item self-report scale was scored on a 5-point scale anchored by extremely uncharacteristic (1) and extremely characteristic (5) values. Item-total analyses yielded a 35-item scale with high internal consistency and test-retest reliability. Internal consistency of the scale was demonstrated by an alpha coefficient of .93

Procedure

The research was carried out in numerous steps. Firstly, permission for the scale was taken from the authors that was applied in the research. For this, permission was taken from different private and government sectors through an official permission letter, and from individuals. The target population was given the questionnaire, and participants received instructions and information about the study's goal. The questionnaire took no more than 20 minutes to complete, and the Social Science Statistical System (SPSS) was used to enter and evaluate the results once they were collected. Additionally, the Marital Attitude Scale (MAS), the Fear of Intimacy Scale, and the Sexual Desire Inventory-2 (SDI-2) were added to the questionnaire along with the consent form and demographic information.

The study considered all ethical factors, according to the American Psychological Association (APA). Participants' consent was obtained via a consent form, and the authors' approval was obtained for the study instruments. Participants were informed of the purpose of the study, and their participation was completely voluntary. Additionally, they were guaranteed that their identity would be kept secret and that they could leave the study at any time.

Results and Discussion

Table 1

Frequency and Percentage of Demographic Variables (N = 310)

Variables	f	%
Age		
18-29	281	90.6
30-40	29	9.4
Gender		
Male	139	44.8
Female	171	55.2
Job Industry		
Telecommunication	17	5.5
Software	22	7.1
Banks	11	3.5
Education/Academic	131	42.9
Health Care	85	27.4
Media	22	7.1
Engineering	20	6.5
Job Type		
Finance	18	5.8
Marketing	42	13.5
Internships	54	17.4
Self-Employed	93	30.0
HR	31	10.0
Administration	50	16.1
Customer Service	22	7.1

Variables	f	%
Working Hours		
Less than 2 hours	27	8.7
2-6 hours	157	50.6
7-10 hours	118	38.1
11-14 hours	6	1.9
More than 14 hours	2	0.6
Working Shifts		
Morning	200	64.5
Evening	79	25.5
Night	31	10.0
Education		
Undergraduate	72	23.2
Graduate	182	58.7
Postgraduate	56	18.1
Family Structure		
Nuclear	253	81.6
Joint	57	18.4
Socioeconomic Class		
Lower Class	1	0.3
Lower middle class	18	5.8
Middle class	145	46.5
Upper middle class	141	45.5
Upper class	5	1.6

Note. F = Frequency of responses, % = percentage of responses

Table 1 shows the demographic characteristics of the sample. Most participants (90.6%) were aged 18–29, with 44.8% males and 55.2% females. About 58.7% were graduates. Additionally, 81.6% lived in nuclear families. Most participants were middle class (46.5%) or upper-middle class (45.5%). A significant number worked morning shifts (64.5%), and many had working hours of 2–6 hours (50.6%). Most participants worked in the education/academic sector (42.9%), with self-employment being the most common job type (30.0%).

Table 2

Descriptive Statistics and Alpha Reliability Coefficients, Univariate Normality of Study Variables (N=310)

Variables	Item	α	M	SD	SK	K	Ranges	
							Actual	Potential
MAS	23	.792	38.7	8.94	-.355	.791	7-60	0-60
FIS	35	.903	85.7	21.2	-.035	-.504	38-144	35-175
SDI	14	.911	33.4	21.0	.035	-.547	0-90	0-108

Note: α = Cronbach's alpha, M = Mean, SD = Standard Deviation, SK = Skewness, K = Kurtosis, MAS = Martial Attitudes Scale, FIS = Fear of Intimacy Scale, SDI= Sexual Desire Inventory.

Table 2 shows descriptive statistics and Cronbach's alpha of all the variables. Data reveals that all the scales have good reliability of α = 0.792 to α = 0.911, which indicates an acceptable to excellent range and internal consistency. Furthermore, the other factors that are included in the descriptive statistics are the mean and standard deviation. Normal distribution of data is represented by values of skewness and kurtosis according to criteria given by George and Mallery (2024)

Table 3

Linear Regression Analysis Showing the Predicting Role of Fear of Intimacy on Attitudes towards Marriage. (N=310)

Predicator	R	R^2	ΔR^2	B	F	P	95% CI	
							LL	UL
FIS	.456	.208	.205	-.456	80.0	.000	-.234	-.150

Note: R^2 = R Square, B =Regression Coefficient, ΔR^2 Adjusted R-Squared, CL=Confidence Interval, LL=Lower Limit, UL-Upper Limit

Table 3 shows a simple linear regression. It indicates that a unit change in the predictor variable of fear of intimacy regard will result in a significant change in the criterion variable, attitudes towards marriage, with a predictive percentage of 20.8%. The results indicate that fear of intimacy is a significant predictor of attitudes towards marriage among adults.

Table 4

Linear Regression Analysis Showing the Predicting Role of Sexual Desire Inventory on Attitudes towards Marriage. (N=310)

Predicator	R	R^2	ΔR^2	B	F	P	95% CI	
							LL	UL
SDI	.066	.004	.001	-.066	1.33	.250	-.020	.075

Note: R^2 = R Square, B =Regression Coefficient, ΔR^2 Adjusted R-Squared, CL=Confidence Interval, LL=Lower Limit, UL-Upper Limit

Table 4 presents the results of a simple linear regression analysis, indicating that sexual desire is not a significant predictor of attitudes towards marriage among adults. Although a change in sexual desire results in some variation in attitudes towards marriage, the relationship is statistically nonsignificant. This suggests that sexual desire does not meaningfully contribute to predicting individuals' attitudes towards marriage in this sample.

Discussion

Celibacy involves refraining from engaging in sexual activity, but it can also extend to avoiding marriage or any form of intimate relationship (Auer, 1967). A media hypothesis proposes that a growing number of Japanese adults have lost interest in intimate activity and, as a result, have lost interest in romantic love, dating, and marriage (Aoyama, 2015). Many psychological factors lead to celibacy syndrome, such as fear of emotional closeness or vulnerability, which often arise from unresolved past trauma, neglect, or adverse life experiences. As a defense mechanism, such individuals may actively avoid romantic or sexual relationships to protect themselves from potential rejection, pain, or emotional harm (Mikulincer et al., 2010).

The first hypothesis aimed to assess the significant impact of psychological factors of the Celibacy Syndrome (Fear of Intimacy) on Attitude toward Marriage. The study showed that there is a significant impact of fear of intimacy on attitudes towards marriage. When a person grows up in unhealthy and unsupportive relationships can significantly impact an individual's understanding of intimacy, often leading to uncertainty, fear, or disinterest in forming close connections (Bowlby, 1988). When an individual experiences repeated failures in romantic relationships, it can lead to the development of a deep-rooted fear of forming new emotional connections. These negative experiences may shape their beliefs and expectations, causing them to view relationships and the concept of marriage through a pessimistic lens. **(**Mikulincer & Shaver, 2016)

People get a gloomy view of marriage and become afraid to go into partnerships because they fear having the same problems again after witnessing failed marriages, hearing stories of infidelity, and seeing unfavorable depictions of marriage (Obi-Keguna, 2019). Social media has an impact on how we view relationships; it portrays marriage as a terrible thing that should be avoided if you want to have a happy life. Many young people develop negative views about marriage as a result of watching television shows and films about unhappy couples, infidelity, and family problems. According to studies done in Pakistan, people may start to worry that if other relationships don't work out, then theirs won't either. As a result of their fear of intimacy, they could start to see marriage and relationships negatively. (Irum et al.,2017)

The second hypothesis was created based on current research, that the psychological factor of celibacy syndrome (Sexual Desire) influences attitudes toward marriage, which seemed insignificant in our research findings. Many factors play a vital role in it. Firstly, Pakistan is a conservative country in which talking about sexual needs is considered taboo (Walsh et al., 2025). People don't openly talk about sexuality, and they might be having a fear of judgment, punishment, etc., which is conceivably the reason individuals don't respond to sexual desire sincerely. Various prior research studies showed that Asian

countries are very conservative, and discussing sexuality is widely considered taboo. People's responses to delicate subjects like sexuality may reflect societal expectations rather than their actual experiences because of our conservative society (Kelly et al., 2013). It is possible that being part of a conservative society influenced the participants' responses, and they may not have responded genuinely about their sexual desires (Tohit, 2024).

Implications

The research results would help alleviate relationship pressures but may also lead to feelings of loneliness and emotional isolation. Fear of intimacy, on the other hand, is linked to avoidant attachment styles, which can hinder the development of intimate relationships. This research also provides valuable insights into strategies for improving emotional well-being and managing Emotional dependence problems and closeness challenges, offering therapeutic approaches for those affected by these dynamics. The research provides practical strategies for achieving work-life integration, managing emotional needs, and maintaining personal relationships, promoting societal understanding and acceptance of diverse lifestyles like celibacy.

Conclusion

The results of this study show that attitudes toward marriage are influenced by psychological aspects of celibacy syndrome, such as a fear of closeness. This fear causes people to actively avoid getting into relationships and develop a negative attitude toward marriage and intimacy, as our research also demonstrated (Bowlby, 1988). Its first hypothesis, according to which psychological factors of celibacy syndrome, fear of intimacy, influence attitude toward marriage, was validated. The current study's findings also showed that psychological aspects of celibacy syndrome, such as sexual desire, mask views toward marriage. There may be several reasons for this finding, such as the fact that frank conversations about sexual desire are frequently viewed as improper or embarrassing in a collective society, particularly in Pakistan, where Islamic values and conservative customs are deeply ingrained. Even in marriage, this taboo causes people to repress or refrain from expressing their sexual demands. (Khalil, 2016)

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