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## Sexual Relationships During COVID-19

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**NORTHERN ILLINOIS UNIVERSITY**

Sexual Relationships During COVID-19

**A Capstone Submitted to the**

**University Honors Program**

**In Partial Fulfillment of the**

**Requirements of the Baccalaureate Degree**

**With Honors**

**Department Of**

Communication Studies

**By**

Katherine Hahn-Boisvert

**DeKalb, Illinois**

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### **Abstract**

During the early parts of COVID-19, no one knew what to expect. In a world where it was suddenly unacceptable to shake hands or give a hug, how did sexually intimate couples navigate being sexually intimate? In this study, sexual self-disclosures, relationship satisfaction, and sexual communication satisfaction were measured during the COVID-19 pandemic. The costs and rewards of COVID-19 related self-disclosures was also measured to see what people thought was the costliest and how it would impact a sexually intimate relationship. Data was collected using an online survey which had 15 participants. The results indicated that COVID-19 had a negative impact on relationship satisfaction and sexual communication satisfaction. Additionally, COVID-19 self-disclosures had no relationship with sexual self-disclosures. COVID-19 self-disclosures were shown to have a high variability in what people believed were costly.

## **Sexual Relationships During COVID-19**

During the early parts of COVID-19, no one knew what to expect. Toilet paper was scarce, and the world greedily poured over every news source struggling to find current information and accept it once found. In a world where it was suddenly unacceptable to shake hands or give a hug, how did sexually intimate couples navigate being sexually intimate? Many couples found themselves re-negotiating their day-to-day routine (Jones, et al., 2021). These couples were forced to navigate both staying healthy as well as staying sexually engaged. Throughout the course of COVID-19, sexual self-disclosures likely were made considering concerns regarding COVID-19.

The goal of this study is to examine how sexually intimate relationships were navigated during COVID-19. That is, this project was conducted to assess how sexual self-disclosures occurred during COVID-19 and how costs and disclosures were evaluated when considering people's sexual relationships. Also, to see how couple's relationship satisfaction and sexual communication was impacted by COVID-19.

### **COVID-19**

As the COVID-19 pandemic raged on, the United States began to implement sanctions on its land, specifically in the form of lockdowns. These lockdowns varied by state, but a majority of states had them begin March 19<sup>th</sup>, 2020 (Moreland et al., 2020). Many states implemented lockdowns in various forms including stay-at-home orders and curfews. These sanctions likely had some impact on how couples were able to engage physically. Previous research has shown that couple's intimacy during the pandemic decreased (Jones et al., 2021). In a different study, researchers found that one-third of surveyed respondents reported conflict with their partner specifically due to the restrictions around COVID-19 (Luetke et al., 2020). Those who were

experiencing conflict related to COVID-19 had a decline in sexual behaviors and intimacy (Luetke et al., 2020).

The first reported case of COVID-19 in the United States was on January 20<sup>th</sup>, 2020 (Center for Disease Control and Prevention, 2022). There was much uncertainty pertaining to the effects of COVID-19, mainly its lethality, symptoms, and contagiousness. Thus, if one were to find themselves with a positive COVID-19 test or have found themselves to be within close contact to someone who test positive, they would need to make a decision regarding disclosure of this health-related information. As the pandemic progressed, the stigma surrounding COVID-19 increased (Ramesh, 2020). Deciding whether or not to visit family on holiday or see older relatives became contentious topics for the United States and the world as a whole (Carroll, 2020).

The traditional symptoms of COVID-19 are similar to a traditional cold or flu (e.g.: fever or chills, cough, shortness of breath, nausea, vomiting, etc.) (Centers for Disease Control and Prevention, 2021). Once exposed to the virus, people will typically have symptoms for 2-14 days (Centers for Disease Control and Prevention, 2021). Those symptoms vary from individual to individual and run on a spectrum from nonexistent to severe with limited knowledge on why individuals have worse symptoms than others (Centers for Disease Control and Prevention, 2021). With the potential for such severe symptoms being passed along to a significant other, this leaves ambiguity over how couples effectively discussed their COVID-19 status while still engaging in sexual behaviors, including communication.

### **Sexual Communication**

Sexual communication is, “Communication regarding the sexual aspects of a relationship” (Mark & Jozkowski, 2013, p.414). Research has shown that an increase in verbal

communication (relating to sexual topics) will lead to stronger sexual satisfaction and relationship satisfaction (Blunt-Vinti et al., 2019). Sexual communication has been linked to positive effects on relationships, sexual health, and one's wellbeing throughout their life (Byers, 2011). Metts and Cupach argue that there are three main dimensions of sexual communication between partners: frequency of sexual communication, quality of sexual communication, and sexual self-disclosures (Metts & Cupach, 1989). As couples engage in sexual communication, they are able to get a better understanding of each other and learn more about their sexuality (Metts & Cupach, 1989). Sexual communication has demonstrated as instrumental to the satisfaction one feels in a relationship (Metts & Cupach, 1989).

### *Sexual Self-Disclosures*

An important part of sexual communication is sexual self-disclosures (MacNeil & Byers, 2005). Byers and Demmons (1999) found that those who self-disclosed both non-sexual and sexual topics experienced an increase in relationship satisfaction and sexual satisfaction (Byers & Demmons, 1999; Montesi et al., 2010). Research from La France found that self-disclosures relating to sexual conflicts and sexual issues were both related to the sexual compatibility of the couple (La France, 2019). Therefore, having a clearer understanding of the importance of sexual self-disclosures is beneficial to understanding the depths of a relationship.

According to research from Byers on long-term sexual relationships, "participants on average understood only 62% of what their partner found pleasing and a significantly lower percent of what their partner found displeasing, only 26%" (Byers, 2011, p. 22). These findings are understandable as individuals are more likely to disclose personal information if they believe it will lead to positive consequences (Herold & Way, 1988). Herold and Way found that those who are in a longstanding committed relationship disclose more to their partner (1988). These

disclosures were theorized to come from a place of safety, and sexual self-disclosures potentially boost intimacy within those committed relationships (Herold & Way, 1988).

### ***Costs and Rewards of COVID-19 Related Disclosures***

Thibaut and Kelley (1959) define rewards as, "...the pleasures, satisfactions, and gratifications the person enjoys" (Thibaut & Kelley, 1959, p. 12). They define costs as, "...any factors that operate to inhibit or deter a performance of a sequence of behavior" (Thibaut & Kelley, 1959, p. 13). If there are greater costs associated with a behavior, then it will be more difficult for an individual to perform the behavior (Thibaut & Kelley, 1959). Thus, as individuals choose whether or not to disclose certain aspects of themselves, their decisions will be impacted by the perceived costs or rewards of that disclosure (Altman & Taylor, 1973). Regardless of the disclosure, they have the potential to bring both costs and rewards to a relationship (MacNeil & Byers, 2005).

As people engage in self-disclosures, they are aware that their partner may hold a negative belief about the disclosure (Herold & Way, 1988). Due to these negative beliefs, it is common for individuals to predict the mindset of their partner before disclosing and base the decision to disclose on the perceived outcome (Herold & Way, 1988).

Most individuals in the United States have not lived through a pandemic to the extent of COVID-19. Individuals had to make new self-disclosures without fully knowing how their partner would respond. There was a potential for negative consequences when disclosing a positive COVID-19 test result, for example, and disclosures that could convey such a condition might have been deemed too costly. People faced a new realm of topics to self-disclose such as vaccination status, quarantine, and contact tracing. Self-disclosing anything regarding health is typically viewed with a negative connotation (Greene, 2009). Breaking COVID-19 guidelines or



strictly following them may have brought about stigmatization. Stigmatization has been shown to negatively impact the desire to disclose information about oneself (Greene, 2009). Research has shown that individuals will try to gauge the views of another person before disclosing their beliefs (Herold & Way, 1988). Thus, COVID-19 highlighted another topic of self-disclosure.

**H1:** COVID-19 related disclosures perceived as costly will be associated with lower levels of sexual self-disclosures.

**RQ:** What COVID-19 related disclosures did people perceive as costly?

### **Relationship Satisfaction**

Relationship satisfaction is the degree to which one is content with their overall relationship and its progress. Relationship satisfaction is an individual measurement, so it is possible that one could view their relationship satisfaction differently than their partner (Montesi, et al., 2010). Greater relationship satisfaction has been shown to have beneficial impacts on the individuals in the relationship, such as a reduction in stress (Denes et al., 2020). Relationship satisfaction is important to understand within a couple as it is an indicator of a relationship's success and longevity. As the couple communicates, each partner learns more about the other which allows for a deeper understanding of themselves (Altman and Taylor, 1973).

**H2:** Sexual self-disclosures and relationship satisfaction will be positively related.

**H3:** Costly COVID-19 related disclosures will be associated with lower levels of relationship satisfaction.

### **Sexual Communication Satisfaction**

Sexual communication satisfaction has been defined as, "...satisfaction with communication about sexual behavior with one's partner, and the satisfaction that sexual behavior itself communicates" (Wheless et al., 1984, p. 221). Research has shown that sexual

communication satisfaction is positively and strongly related to overall relationship satisfaction and sexual satisfaction (Montesi et al., 2010, MacNeil & Byers 2005, Mark and Jozkowski, 2013). As communication problems decrease so does sexual dissatisfaction (Scott et al., 2012). Thus, it is likely that as couples communicate about their sexual preferences and viewpoints, this would increase their sexual communication satisfaction (Metts & Cupach, 1989).

Research has shown that when a couple increases their nonsexual and sexual communication skills, they will have higher relationships satisfaction (Mark & Jozkowski, 2013). There has been much research that discusses how both forms of communication, sexual and nonsexual, pertain to higher levels of satisfaction in a relationship (Mark & Jozkowski, 2013). Therefore, future research should be consistent with these findings and the importance of communication in relationships cannot go unnoted.

**H4:** Sexual self-disclosures and sexual communication satisfaction will be positively related.

**H5:** Costly COVID-19 related disclosures will be associated with lower levels of sexual communication satisfaction.

**H6:** Sexual communication satisfaction and relationship satisfaction will be positively related.

## Method

### *Participants*

Fifteen ( $N = 15$ ) individuals from a midwestern university participated in this study. Respondents were in a variety of relationship statuses at the time of the study: single, not dating ( $n = 4$ ), dating multiple people ( $n = 3$ ), dating one person ( $n = 7$ ), married ( $n = 1$ ).

The sample was comprised of 3 males (20%), 10 females (66%), 1 non-binary (6%) individual. One respondent (6%) did not report their sex. The age of people participating in this study ranged from 19 to 28 years ( $M = 22.07$ ,  $Mdn = 21.00$ ,  $SD = 2.66$ ). Approximately 53% of the respondents reported being heterosexual/straight, and 46% of people reported that they were bisexual. Approximately 73% of respondents identified as White, 6% as African American or Black, 6% as Hispanic or Latino, 6% as mixed and 6% did not respond to this item.

### *Instrumentation*

Fifty-one items measuring sexual self-disclosures, perceived costs and benefits of COVID-19 related disclosures, relationship satisfaction, and sexual communication satisfaction were used in the final study. Additional questions were asked to collect demographic data such as age, relationship status, and sex.

### *Sexual Self-Disclosures*

The 10-item sexual self-disclosure Scale (Herold & Way, 1988) was used to measure the sexual self-disclosures. Respondents were asked to consider their relationship with the person who they shared a sexual romantic relationship during COVID-19 (e.g., I completely discussed my views on premarital sexual intercourse,” “I disclosed my preferences regarding oral sex,” “I shared my preferences regarding masturbation”). One question, “I completely discussed my views of sexual morality,” contained the explanation of, “sexual ethics/your perceived views about sexual actions,” to make the question clearer to students. Two questions were added by the researcher, “I disclosed my sexually transmitted infection status,” and, “I told my partner the number of people who I’ve had sex with.” The scale used a 5-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (5). This scale was reliable, and participants had above average levels of sexual self-disclosure ( $\alpha = .85$ ,  $M = 3.87$ ,  $SD = .85$ ).

### *Costs and Benefits of COVID-19 Related Disclosures*

The 15-item COVID-19 related disclosures scale was specifically created for this study to measure the perceived costs and benefits of self-disclosures related to COVID-19. Respondents were asked, “While engaging in sexual activity with your partner, how costly or beneficial to the sexual relationship would it be to say the following statements to your partner?” (e.g., “I tested positive for COVID,” “I feel sick,” “I have no symptoms of COVID”). The scale used a 5-point Likert-type scale ranging from *beneficial* (1) to *costly* (5) so that a higher number indicated that participants perceived higher costs with a particular disclosure. This scale was reliable, and participants perceived average levels of COVID-19 related disclosure costs ( $\alpha = .92$ ,  $M = 2.97$ ,  $SD = .93$ ).

### *Relationship Satisfaction*

The global measure of relationship satisfaction (Lawrence & Byers, 1998) was adapted for this study to measure how one perceived their overall relationship satisfaction pre and post COVID-19 (e.g., “In general, how would you describe your overall relationship with your partner **before** COVID-19,” and, “In general, how would you describe your overall relationship with your partner **during** COVID-19?”). The scale used a 5-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (5). The question pertaining to overall relationship satisfaction prior to COVID-19 was optional depending on when the relationship had started. Overall, respondents experienced above average levels of relationship satisfaction before COVID-19 ( $M = 3.70$ ,  $SD = 1.16$ ) and during COVID-19 ( $M = 3.86$ ,  $SD = 1.03$ ). These two items were positively correlated,  $r = .28$ .

### *Sexual Communication Satisfaction*

Participants completed the 22-item sexual communication satisfaction scale (Wheeless, Wheeless, & Baus, 1984). Respondents were asked to consider their relationship with the person who they shared a sexual romantic relationship during COVID-19. Participants responded to items such as, “I tell my partner when I am especially sexually satisfied,” “I would not hesitate to show my partner what is a sexual turn-on for me,” “I am satisfied concerning my ability to communicate about sexual matters with my partner.” A 5-point Likert scale ranging from *strongly disagree* (1) to *strongly agree* (5) was used. This scale was reliable, and participants had above average levels of sexual communication satisfaction ( $\alpha = .94$ ,  $M = 3.93$ ,  $SD = .66$ ).

### *Procedure*

An online survey link was sent out to multiple department chairs at a large midwestern university. These department chairs were instructed to send the survey out to their students with the stipulation that students be over the age of 18 and have been in a sexually intimate relationship during COVID-19. The first page of the survey contained required consent information, and respondents were instructed about the sexual relationship they would be commenting on (i.e., having had a sexual relationship during COVID-19). The online survey was administered through Qualtrics and took an average of 10 minutes to complete. The project was approved by the university’s Institutional Review Board.

## **Results**

The first hypothesis (H1) stated that COVID-19 related disclosures perceived as costly would be associated with lower levels of sexual self-disclosures. Table 1 presents the correlations between the constructs in this study. There was a near zero correlation between

COVID-19 related disclosures and sexual self-disclosures,  $r = -.01$ . Thus, H1 was not supported. Sexual self-disclosures were unrelated to COVID-19 related disclosures.

The research question (RQ) asked what COVID-19 related disclosures did people perceive were the most costly. Table 2 reveals the ranked COVID-19 related disclosures by cost. The top four costliest disclosures were: “I have just gotten vaccinated” ( $M = 4.33$ ,  $SD = 1.05$ ), “I have decided not to get vaccinated” ( $M = 3.93$ ,  $SD = 1.44$ ), “I have a fever” ( $M = 3.93$ ,  $SD = 1.58$ ), and, “I took a COVID test, but don’t know the response” ( $M = 3.93$ ,  $SD = 1.62$ ). The four least costly self-disclosures relating to COVID-19 were: “I have no symptoms of COVID” ( $M = 1.40$ ,  $SD = .74$ ), “I have tested negative for COVID” ( $M = 1.47$ ,  $SD = 1.13$ ), “I have not had close contact with anyone outside of my household” ( $M = 1.93$ ,  $SD = 1.28$ ), and, “I have finished my 48-hour quarantine” ( $M = 2.00$ ,  $SD = 1.13$ ). The items with which respondents substantially varied in their perceptions of the costliness of COVID-19 related disclosures were: “I took a COVID test but don’t know the response” ( $SD = 1.62$ ), “I have a fever” ( $SD = 1.58$ ), and, “I have tested positive for COVID” ( $SD = 1.51$ ).

The second hypothesis (H2) stated that relationship satisfaction would be positively related to sexual self-disclosures. The results indicated a positive correlation between sexual self-disclosures and relationship satisfaction before COVID-19,  $r = .82$ , and relationship satisfaction during COVID-19,  $r = .28$ . As predicted, the more individuals engaged in sexual self-disclosure, the more satisfied they were in their relationships—before and during COVID-19.

The third hypothesis (H3) stated that disclosures related to COVID-19 would be negatively related to relationship satisfaction. Results indicated a negative correlation between relationship satisfaction and COVID-19 disclosures,  $r = -.15$ . As predicted, costly disclosures

related to COVID-19 were associated with lower levels of relationship satisfaction during COVID-19.

The fourth hypothesis (H4) stated that sexual self-disclosures would be positively related to sexual communication satisfaction. The results indicated a positive relationship between sexual communication satisfaction and sexual self-disclosures,  $r = .51$ . As predicted, the more individuals engaged in sexual self-disclosures, the more satisfied they were with the sexual communication within their relationship.

The fifth hypothesis (H5) stated that costly COVID-19 related disclosures would be associated with lower levels of sexual communication satisfaction. The results indicated a negative correlation between COVID-19 related disclosures and sexual communication satisfaction,  $r = -.16$ . As hypothesized, costly disclosures related to COVID-19 were related to a decrease in sexual communication satisfaction.

The sixth hypothesis (H6) stated that relationship satisfaction and sexual communication satisfaction would be positively related. Results indicated a positive correlation between relationship satisfaction and sexual communication satisfaction before COVID-19,  $r = .38$ , and between sexual communication satisfaction and relationship satisfaction during COVID-19,  $r = .70$ . As predicted, individuals who were satisfied in their relationships overall also tended to be satisfied with the sexual communication within those relationships as well, and this association was strongest during COVID-19.

### **Discussion**

Despite H1, which predicted that sexual self-disclosures would be negatively related to COVID-19 related disclosures, these data revealed that there was no relationship between costly COVID-19 related disclosures and sexual self-disclosures. It is possible that the majority of

disclosures that couples engaged in shifted to nonsexual disclosures about COVID-19 (Luetke, et al., 2020). Previous research has shown that it takes both sexual and nonsexual disclosures to increase a relationship's satisfaction (Mark & Jozkowski, 2013). Therefore, since not as many conversations surrounded sex, the act of sex would be out of sight, out of mind as individuals focused on the pandemic.

The results from addressing the research question (RQ) indicated that many of the costliest COVID-19 related disclosures had some of the higher standard deviations. This finding shows a higher variability between responses. Some reasons could be due to when this survey was taken as many COVID-19 restriction have been lifted around the United States. Thus, having decided not to get vaccinated or taking a COVID-19 test could be moot points for individuals as the severity of the unknown is no longer presence. Getting vaccinated against COVID-19 does not produce boosted immunity instantaneously, and therefore would not provide the assurance of a negative test result. Lastly, having a fever does not have the severity that it once had as many individuals have gotten colds, flus, and other illnesses that encompass a fever as a symptom.

Consistent with previous research (Byers & Demmons, 1999; Montesi et al., 2010), it was predicted (H2) that relationship satisfaction and sexual self-disclosures would be positively related. The relationship between these variables was strongest before COVID-19. During COVID, this relationship, although still positive, was not as strong as before COVID-19. As couples were not engaging in as many sexual acts throughout COVID-19, the perceived need for sexual self-disclosures could have lessened. Therefore, relationship satisfaction would lessen as the sexual self-disclosures lessened. As a couple's relationship satisfaction decreased, the couple



would be presumed to have less intimacy and the need for sexual self-disclosures would decrease.

Hypothesis three (H3) was also supported. COVID-19 related disclosures were negatively associated with relationship satisfaction. As individuals engaged in costly COVID-19 disclosures, the satisfaction with their relationship decreased. Social Penetration Theory emphasizes the need for self-disclosures to boost trust and intimacy within a relationship (Altman & Taylor, 1973). As a couple grows closer, there is a great deal of vulnerability between the two. COVID-19 brought about many difficult situations such as the passing of loved ones and the loss of jobs. As individuals faced more and more difficult experiences, expressing COVID-19 self-disclosures could have led to too much vulnerability for one to take and effectively silenced themselves from making these disclosures or felt as though these disclosures were too costly.

Metts and Cupach (1989) labeled sexual self-disclosures as a part of sexual communication. The results of this study indicated a strong positive relationship between sexual self-disclosures and sexual communication satisfaction, as was predicted (H4). Previous research has shown that sexual self-disclosures help boost a couple's sexual compatibility (La France, 2019) and increase intimacy (Herold & Way, 1988). Therefore, the results of this study are consistent with previous findings.

Costly COVID-19 related disclosures were found to be negatively correlated with sexual communication satisfaction (H5). Social exchange theory posits that the people in a relationship will go through a cost and benefit analysis with each other (Homans, 1958). As individuals are making choices related to COVID-19 and its restrictions, their partner is making a cost-reward analysis of that person and their actions. If a partner is unhappy with how their significant other

is proceeding through the pandemic, they might have begun to put less effort into the relationship. This decreased effort would lead to a decrease in sexual communication satisfaction as the relationship begins to deteriorate.

The results of this study indicate that sexual communication satisfaction was associated with relationship satisfaction both before and during COVID-19 (H6). The results showed that this association was strongest during COVID-19 compared with before COVID-19. Due to COVID-19, many couples were forced to take on a long-distance style relationship due to social distancing rules (Luetke, et al., 2020). The couples possibly engaged in forms of virtual intimacy such as sexting or phone sex that would have led to verbal conversations about sex. Thus, as couples had to talk more, instead of getting physical, sexual communication satisfaction was raised (Blunt-Vinti et al., 2019).

### **Limitations**

The number of participants was not as large as was preferred. Perhaps the COVID-19 pandemic lessened the numbers of individuals who would have normally initiated relationships and engaged in sex from 2020 to 2021. The pool of eligible participants was therefore made smaller.

There were no questions in the survey relating to living situations within the relationships. It is possible that couples may have experienced different stressors and opportunities depending on if they shared a residency, were able to see each other in person during COVID-19, or if they had to move their relationship to a virtual relationship.

### **Summary**

Costly COVID-19 related disclosures did not appear to have much of an impact on sexual self-disclosures. However, COVID-19 related disclosures did have a negative impact on

relationship satisfaction and sexual communication satisfaction. This study was consistent with findings that sexual self-disclosures, relationship satisfaction and sexual communication satisfaction are all positively related. At times, people disagreed about which behaviors were costly COVID-19 related disclosures. Therefore COVID-19 disclosures are shown to be contentiously divided topics.

## References

- Altman, I., & Taylor, D. A. (1973). *Social penetration: The development of interpersonal relationships*. Holt, Rinehart, and Winston, Inc.
- Blunt-Vinti, H., Jozkowski, K. N., & Hunt, M. (2019). Show or tell? does verbal and/or nonverbal sexual communication matter for sexual satisfaction? *Journal of Sex & Marital Therapy*, 45(3), 206–217. <https://doi.org/10.1080/0092623x.2018.1501446>
- Byers ES. Beyond the birds and the bees was it good for you?: Thirty years of research on sexual communication (2011). *Canadian Psychology/Psychologie canadienne*. 52(1):20-28. <http://dx.doi.org/10.1037/a0022048>.
- Byers, E. S., & Demmons, S. (1999). Sexual satisfaction and sexual self-disclosure within dating relationships. *Journal of Sex Research*, 36(2), 180–189. <https://doi.org/10.1080/00224499909551983>
- Carroll, A. E. (2020, December 4). *Yes, people are traveling for the holidays. stop shaming them*. The New York Times. Retrieved March 18, 2022, from <https://www.nytimes.com/2020/12/04/opinion/covid-holiday-travel.html>
- Centers for Disease Control and Prevention. (2021, February 22). *Symptoms of COVID-19*. Centers for Disease Control and Prevention. Retrieved February 28, 2022, from <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Centers for Disease Control and Prevention. (2022, January 5). *CDC Museum Covid-19 Timeline*. Centers for Disease Control and Prevention. Retrieved March 18, 2022, from <https://www.cdc.gov/museum/timeline/covid19.html#:~:text=January%202020%2C%202020%20CDC,18%20in%20Washington%20state>.

- Byers, E. S., & Cohen, J. N. (2016). Validation of the interpersonal exchange model of sexual satisfaction with women in a same-sex relationship. *Psychology of Women Quarterly*, *41*(1), 32–45. <https://doi.org/10.1177/0361684316679655>
- Denes, A., Crowley, J. P., Winkler, K. L., Dhillon, A., Ponivas, A. L., & Bennett, M. (2020). Exploring the effects of pillow talk on relationship satisfaction and physiological stress responses to couples' difficult conversations. *Communication Monographs*, *87*(3), 267–290. <https://doi.org/10.1080/03637751.2020.1726424>
- Greene, K. (2009). An integrated model of health disclosure decision-making. In T. D. Afifi & W. A. Afifi (Eds.), *Uncertainty, information management, and disclosure decisions: Theories and applications* (pp. 226–253). Routledge/Taylor & Francis Group.
- Herold, E. S., & Way, L. (1988). Sexual Self-Disclosure among University Women. *The Journal of Sex Research*, *24*, 1–14. <http://www.jstor.org/stable/3812818>
- Homans, G. C. (1958). Social Behavior as Exchange. *American Journal of Sociology*, *63*(6), 597–606.
- Jones, H. E., Yoon, D. B., Theiss, J. A., Austin, J. T., & Lee, L. E. (2021). Assessing the effects of covid-19 on romantic relationships and the coping strategies partners use to manage the stress of a pandemic. *Journal of Family Communication*, *21*(3), 152–166. <https://doi.org/10.1080/15267431.2021.1927040>
- La France, B. (2019). The impact of sexual self-disclosure, sexual compatibility, and sexual conflict on predicted outcome values in sexual relationships. *The Canadian Journal of Human Sexuality*, *28*(1), 57–67. <https://doi.org/10.3138/cjhs.2018-0005>
- Luetke, M., Hensel, D., Herbenick, D., & Rosenberg, M. (2020). Romantic relationship conflict due to the covid-19 pandemic and changes in intimate and sexual behaviors in a nationally

representative sample of American Adults. *Journal of Sex & Marital Therapy*, 46(8), 747–762. <https://doi.org/10.1080/0092623x.2020.1810185>

MacNeil, S., & Byers, E. S. (2005). Dyadic assessment of sexual self-disclosure and sexual satisfaction in heterosexual dating couples. *Journal of Social and Personal Relationships*, 22(2), 169–181. <https://doi.org/10.1177/0265407505050942>

Mark, K. P., & Jozkowski, K. N. (2013). The mediating role of sexual and nonsexual communication between relationship and sexual satisfaction in a sample of college-age heterosexual couples. *Journal of Sex & Marital Therapy*, 39(5), 410–427. <https://doi.org/10.1080/0092623x.2011.644652>

Metts, S., & Cupach, W. R. (1989). The role of communication in human sexuality. In K. McKinney, & S. Sprecher (Eds.), *Human sexuality: The societal and interpersonal context* (pp. 139–161). Praeger.

Montesi, J. L., Fauber, R. L., Gordon, E. A., & Heimberg, R. G. (2010). The specific importance of communicating about sex to couples' sexual and overall relationship satisfaction. *Journal of Social and Personal Relationships*, 28(5), 591–609. <https://doi.org/10.1177/0265407510386833>

Moreland A, Herlihy C, Tynan MA, et al. Timing of State and Territorial COVID-19 Stay-At-Home Orders and Changes in Population Movement – United States, March 1-May 31, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1198-1203. DOI: <http://dx.doi.org/10.15585/mmwr.mm6935a2>

Ramesh, R. (2020). Building resilience and engaging communities to protect children and families during COVID-19 response and recovery. *Journal of Communication in Healthcare*, 13(4), 256–259. <https://doi.org/10.1080/17538068.2020.1843294>

- Scott, V. C., Sandberg, J. G., Harper, J. M., & Miller, R. B. (2012). The impact of depressive symptoms and health on sexual satisfaction for older couples: Implications for clinicians. *Contemporary Family Therapy, 34*(3), 376–390. <https://doi.org/10.1007/s10591-012-9198-2>
- Smith, R. A. (2007). Language of the lost: An explication of stigma communication. *Communication Theory, 17*(4), 462–485. <https://doi.org/10.1111/j.1468-2885.2007.00307.x>
- Thibaut, J. W., & Kelley, H. H. *The social psychology of groups*. New York: John Wiley, 1959
- Wheeless, L. R., Wheelless, V. E., & Baus, R. (1984). Sexual communication, communication satisfaction, and solidarity in the developmental stages of intimate relationships. *Western Journal of Speech Communication, 48*(3), 217–230. <https://doi.org/10.1080/10570318409374158>

**Table 1***Correlations between Constructs*

	Sexual Self-Disclosure	Costly COVID-19 Disclosures	RSB	RSD
Costly COVID-19 Disclosures	-.01			
RSB*	.82	.14		
RSD	.28	-.15	.28	
Sexual Communication Satisfaction	.51	-.16	.38	.70

\*RSB = Relationship satisfaction before COVID-19; RSD = relationship satisfaction during COVID-19.



**Table 2***Costly COVID-19 Related Disclosures Ranked*

<b>Question</b>	<b><i>M</i></b>	<b><i>SD</i></b>
I have just gotten vaccinated	4.33	1.05
I have decided not to get vaccinated.	3.93	1.44
I have a fever	3.93	1.58
I took a COVID test, but don't know the response	3.93	1.62
I have had close contact with someone who tested positive	3.73	1.34
I have tested positive for COVID	3.53	1.51
I have a bad cough	3.47	1.41
I feel sick	3.27	1.34
I went to a gathering with extended family	3.07	1.28
I ate at a restaurant and did not wear a mask	2.80	1.01
I wore a mask while running errands	2.07	.88
I have finished my 48-hour quarantine	2.00	1.13
I have not had close contact with anyone outside of my household	1.93	1.28
I have tested negative for COVID	1.47	1.13
I have no symptoms of COVID	1.40	.74