

HEALTH IMPLICATIONS OF SEXUAL APPEASEMENT AMONG UNDERGRADUATES IN KWARA STATE UNIVERSITY, MALETE

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Abstract

Sexual appeasement refers to behaviours wherein one partner consents to sexual activities without genuine desire, primarily to avoid conflict, maintain relationship harmony, or meet a partner's expectations. Despite its prevalence, the potential health consequences of sexual appeasement among undergraduates remain largely unexamined. Many students may engage in this behaviour due to emotional dependence, social pressures, or fear of losing their relationships, which can lead to adverse health outcomes. This study investigated the health implication of sexual appeasement among Undergraduates in Kwara State University, Malete. Specifically, the study examined if sexual transmitted diseases and mental stress are health implications of sexual appeasement among undergraduates in Kwara State University, Malete. A multistage sampling procedure of stratified, proportionate and convenience samplings were adopted for the study. The population of the study comprised of all undergraduates in Kwara State University, Malete. Two hundred and eighty-nine (289) respondents were sampled for the study. The instrument used for data collection was a structured questionnaire which was validated by three experts and tested for reliability that yielded a correlation reliability coefficient of 0.91. Percentage and Chi-square statistics were employed for data analysis at 0.05 level of significance. The findings of the study were that; sexual transmitted diseases are significant health implications of sexual appeasement with Cal. χ^2 val. 149.062 > Crit. χ^2 val. 16.92 at df 9 @ 0.05 alpha level; and mental stress is a significant health implication of sexual appeasement Cal. χ^2 val. 241.097 > Crit. χ^2 val. 16.92 at df 9 @ 0.05 alpha level. The study concluded that sexually transmitted diseases and mental stress are health implications of sexual appeasement among undergraduates in Kwara State University, Malete.

Keywords: Health, Implications, Sexual appeasement, Undergraduates

Introduction

Sexual appeasement among students, where one feels pressured to engage in sexual activity to satisfy another, can have serious health effects. It often causes stress, anxiety, guilt, and low self-esteem, especially in situations where there is little or no consent. This pressure can leave individuals feeling trapped, powerless, and emotionally drained. Physically, it increases the risk of sexually transmitted infections (STIs) and unplanned pregnancies, particularly when safe practices are not followed. Moreover, the challenges posed by sexual appeasement can negatively affect academic performance, as students may struggle to concentrate during lectures or stay motivated to study. Socially, sexual appeasement can also harm friendships and social interactions which could lead to isolation and loneliness. Over time, the emotional pain from sexual appeasement can lead to long-term trauma which may result in difficulties in building trusting and healthy

relationships. Students in such situations may feel ashamed or afraid to seek help which worsens their mental health. This behaviour can create series of fear, guilt, and dependency, which may cause lasting scars on a person's overall well-being.

Sexual appeasement, though not widely discussed in clinical and social health literature, is a concept rooted in complex social and psychological dynamics. It refers to behaviours wherein one partner consents to sexual activities without genuine desire, primarily to avoid conflict, maintain relationship harmony, or meet the other partner's expectations. In such scenarios, individuals engage in sexual acts to placate or satisfy their partner's emotional, psychological, or relational needs, even when their own needs or desires are secondary or disregarded. While motivations behind sexual appeasement may vary, it is often influenced by factors such as cultural norms, gender roles, and individual psychological factors (Wiederman, 2015; Shaver et al., 2022).

In Nigeria, sexual appeasement has specific cultural undertones shaped by societal expectations and gender dynamics. In many Nigerian societies, there is a strong expectation for women, in particular, to fulfil their partner's sexual desires as a duty, irrespective of personal willingness (Akinwale & Okoro, 2020; Osagie et al., 2023). This is often tied to the belief that sexual submission maintains marital harmony, with women experiencing considerable pressure to perform sexually as a means of solidifying the marital bond or avoiding discord. Research in Nigeria has highlighted how economic factors and limited access to resources may further pressure women into sexual appeasement, creating a dynamic where socioeconomic constraints intersect with personal autonomy (Akinwale & Okoro, 2020; Osagie et al., 2023).

From a health perspective, sexual appeasement has both physical and mental health implications. Studies in Nigeria have associated the practice with a range of psychological issues, including anxiety, depression, and reduced self-esteem. When individuals frequently suppress their true desires to meet their partner's expectations, they may experience internalized stress, leading to negative self-perception and potential mental health decline. Research conducted in diverse settings, including Nigeria, suggests that women who engage in sexual appeasement report higher levels of psychological distress, indicating that the practice can act as a pathway to mental health challenges (Afolabi et al., 2018; Eze & Nwogu, 2022). Sexual appeasement can also emerge in physical health difficulties, particularly through its connection to sexual dissatisfaction and diminished general well-being. For instance, when individuals participate in sexual practices without actual permission or satisfaction, they may be at higher risk of suffering sexual pain problems, reduced libido, and other reproductive health issues. According to studies conducted in Nigeria, women in married relationships frequently face these challenges due to social expectations, and these difficulties are made worse by a lack of access to resources and education regarding reproductive health, particularly in rural areas (Adewole & Ogunleye, 2017; Bello et al., 2021).

Furthermore, sexual appeasement can create a cycle of relational and emotional distress, as partners may sense insincerity or lack of enthusiasm, which may lead to strained relationships. In the Nigerian context, where open discussions around sexual needs and boundaries are often taboo, the lack of communication may foster a relationship dynamic in which one partner's needs are continuously prioritized over the other's well-

being. This imbalance has been shown to exacerbate conflicts and reduce marital satisfaction, which can in turn impact both partners' mental health. Such relational strains, documented in Nigerian studies, suggest that sexual appeasement not only affects individual well-being but also the broader relational health of couples (Olayemi et al., 2019; Nwachukwu & Olabisi, 2023).

Sexual appeasement in long-term relationships may pose risks to physical health through increased exposure to sexually transmitted infections (STIs). Individuals, especially women, who feel pressured to engage in appeasement-driven sexual acts may have less autonomy to negotiate condom use, increasing the likelihood of contracting STIs. Research in Nigeria has highlighted the correlation between limited sexual autonomy and higher STI rates among women in relationships where appeasement is common, further indicating that these dynamics can contribute to public health concerns in the broader Nigerian context (Ikechukwu et al., 2019; Olutayo & Fapohunda, 2023). Sexual appeasement has a profound impact on individual autonomy, mental health stability, and reproductive health, calling for a comprehensive approach to address these challenges. Sexual appeasement does not require only an understanding of cultural norms and expectations but also the implementation of policies and interventions that promote sexual health and autonomy for both men and women in Nigeria. Expanding access to mental health resources, enhancing sexual education, and promoting open communication within relationships may help mitigate the adverse effects of sexual appeasement, ultimately fostering healthier, more equitable relationship dynamics (Shaver et al., 2022; Nwachukwu & Olabisi, 2023).

Expanding on the health implications that come with sexual appeasement, the psychological strain experienced by individuals who engage in unwanted sexual activity can be particularly detrimental. According to Afolabi et al. (2018), it was noted that prolonged exposure to stress-inducing scenarios like sexual appeasement can lead to chronic mental health issues, including symptoms of post-traumatic stress disorder (PTSD) and long-term anxiety (Wiederman, 2015). For instance, women in long-term marriages often report feelings of resentment, frustration, and psychological burnout when required to engage in sexual activities solely to appease their partners (Eze & Nwogu, 2022). Over time, this can weaken their mental resilience, making them more susceptible to mood disorders and other mental health conditions.

A core factor influencing these outcomes is the concept of bodily autonomy and consent. In settings where individuals do not feel empowered to assert their preferences, as often noted in Nigerian cultural contexts, the cumulative impact on mental health can be significant. The lack of autonomy in intimate relationships is correlated with increased rates of depression and anxiety among women. The psychological toll of feeling coerced, even subtly, into sexual acts can lead to a form of internalized trauma, which has a ripple effect on overall well-being. This underscores the importance of addressing issues related to consent and autonomy within sexual health interventions to protect the mental health of affected populations (Akinwale & Okoro, 2020; Nwachukwu & Olabisi, 2023). Furthermore, the social implications of sexual appeasement can lead to a cycle of relational dependency and decreased self-worth, particularly in marriage settings where economic reliance is high. Nigerian research highlights that women with limited financial

independence often feel compelled to engage in appeasement-driven sexual behavior, viewing it as a means to secure financial stability and avoid marital discord. This creates a relationship dynamic where individuals may sacrifice their own well-being for material or emotional security, which has a long-term impact on their sense of self-efficacy and personal autonomy (Osagie et al., 2023; Olutayo & Fapohunda, 2023).

In the context of reproductive health, sexual appeasement poses additional risks. Women who do not feel able to voice their preferences or desires are often less able to make informed reproductive choices, which can lead to unplanned pregnancies and a lack of control over family planning. Studies from Nigeria have shown that women in appeasement-driven relationships are less likely to have access to contraceptive methods or reproductive health services, leading to higher rates of unintended pregnancies and unsafe abortions (Akinwale & Okoro, 2020; Shaver et al., 2022). Given the complex health implications of sexual appeasement, there is a need for targeted interventions in Nigeria and in similar contexts.

Statement of the Problem

The health implications of sexual appeasement represent a critical issue affecting both mental and physical well-being. Sexual appeasement occurs when individuals agree to engage in sexual activities without genuine interest or desire, often to maintain relationship peace or avoid conflict. This can create emotional stress, especially among young adults, who may feel pressured to comply due to factors like peer influence, fear of losing a relationship, or the need for acceptance. For Nigerian students, navigating the pressures within relationships can lead to significant health challenges, both psychological and physical.

From a physical health perspective, sexual appeasement is associated with somatic complaints and psychosomatic symptoms. In Nigeria where healthcare resources are limited and stigmatization around sexual health is high, women experiencing discomfort or pain due to unwanted sexual acts are often reluctant to seek medical help. This lack of intervention leads to the worsening of conditions like vaginismus, pelvic inflammatory disease, and other gynaecological disorders. For women, in particular, enduring unwanted sexual activity without support or recourse exacerbate these conditions, leading to chronic pain and decreased quality of life (Adewole & Ogunleye, 2017; Bello et al., 2021). Another significant health risk associated with sexual appeasement is the increased vulnerability to intimate partner violence (IPV). Women who frequently engage in sexual appeasement are at higher risk of IPV due to an ingrained power imbalance in the relationship. In Nigeria, where IPV remains a pervasive issue, the normalization of sexual appeasement can further exacerbate the risk for abuse, as one partner feels entitled to sexual access without considering the other's consent. This lack of agency, combined with cultural taboos around discussing sexuality, leaves many individuals trapped in cycles of abuse with few avenues for support (Olayemi et al., 2019; Ikechukwu et al., 2019).

The emotional burden of sexual appeasement also leads to mental health issues such as anxiety, depression, and low self-esteem. When students continually engage in

sexual acts to please their partners rather than out of personal desire, they may experience feelings of resentment or worthlessness. Over time, these feelings can accumulate and disrupt their academic performance, social interactions, and general life satisfaction. Physical health is also at risk, as students who feel compelled to appease partners might have less control over safe sex practices. This lack of autonomy may increase the risk of sexually transmitted infections (STIs), unwanted pregnancies, and other reproductive health issues. For young women, in particular, the constant pressure to meet a partner's demands can lead to chronic stress and physical discomfort. In sum, sexual appeasement among students not only threatens individual health but may also contribute to a broader culture of relationship dissatisfaction and reduced well-being. Thus, this study intends to assess the Health Implication of Sexual Appeasement among Undergraduates in Kwara State University, Malete.

Research Questions

The following questions were raised to guide this study:

1. Will sexual transmitted diseases be a health implication of sexual appeasement among undergraduates in Kwara State University, Malete?
2. Will mental stress be a health implication of sexual appeasement among undergraduates in Kwara State University, Malete?

Research Hypotheses

The following hypotheses were formulated to be tested in this study:

1. Sexual transmitted diseases will not significantly be a health implication of sexual appeasement among undergraduates in Kwara State University, Malete.
2. Mental stress will not significantly be a health implication of sexual appeasement among undergraduates in Kwara State University, Malete.

Methodology

A descriptive research design of survey type was used for this study. The study population comprised all undergraduates in Kwara State University, Malete with the population of about thirty-two thousand, six hundred and thirty-three (32,633) undergraduates for the 2023/2024 session (Kwara State University, Registrar's Office, 2024). A multistage sampling procedure was adopted for this study. **STAGE 1:** Stratified sampling was used to select five faculties out of nine. This was done through a balloting method, where five wrapped papers were randomly selected from nine. The chosen faculties were: Basic Health Science, Pure and Applied Science, Agriculture, Management and Social Sciences, and Education. **STAGE 2:** Proportionate sampling was employed to select 1.5% of the population from the selected faculties. **STAGE 3:** Convenience sampling was used to select a total of 289 respondents for the study based on the students available as at the time of the study.

TABLE 1: Sample size for the study

S/N	Name of Faculty	Population of Undergraduates	1.5% of Population (Sample)	Population of sample
1.	Basic Health Sciences	4966	74.49	75
2.	Pure and Applied Sciences	4937	74.06	74
3.	Agriculture	1200	18.0	18
4.	Management & Social Sciences	7081	106.22	106
5.	Education	1050	15.75	16
	Total	18,934	288.51	289

Source: The Registrar's Office, Kwara State University (2024)

Research instrument encompasses the things that are used in gathering data, the use of questionnaire was the main instruments to be employ in collection of relevant data that was used for the purpose of this research study. A researchers' designed structured questionnaire titled "Health Implication of Sexual Appeasement among Undergraduates in Kwara State University, Malete" was used to collect data. Likert format of rating scale of Strongly Agreed (SA), Agreed (A), Strongly Disagreed (SD) and Disagreed (D) was used for the study. The questionnaire consists of two sections, section A and B. Section A of the questionnaire consists of elicit information on the demographic information of the respondents while section B consists of selected close ended questions where respondents have to pick from the given number of options which are as follow: Strongly Agreed (SA), Agreed (A), Strongly Disagreed (SD), Disagreed (D). The instrument was validated by experts in the field of Health Promotion and Environmental Health Education, University of Ilorin. The reliability of the instrument was carried out using test re-test technique and a correlation co-efficient of 0.91r was obtained which shows that the instrument is reliable for the study. The rights and dignity of participants and their privacy was considered. The researchers sought the informed consent of all those who participated in the study with a letter of introduction which was submitted to the Registrar, Kwara State University. When approaching an individual and group, their consent to participate in the study was requested for. The researchers made every effort to protect the confidentiality and anonymity of research participants. The data gathered after the administration of the questionnaires were analysed through appropriate statistical analysis. Descriptive statistics of frequency count and percentage was used to describe and analyse the demographic data of the respondent while inferential statistics of chi-square was used to test the postulated null hypotheses set @0.05 alpha level.

Answer to Research Questions

Research Question 1: Will sexual transmitted diseases be a health implication of sexual appeasement among undergraduates in Kwara State University, Malete?

Table 2: Percentile Analysis of Sexual Transmitted Diseases as a Health Implication of Sexual Appeasement

S/N	ITEMS	SA	A	Positive Response	D	SD	Negative Response
1.	Sexual appeasement can lead to unprotected sex, which increases the risk of sexually transmitted diseases.	71 (24.6%)	152 (52.6%)	223 (77.2%)	0 (0.0%)	66 (22.8%)	66 (22.8%)
2.	Fear of contracting sexually transmitted diseases is often overlooked to satisfy a partner's desires.	119 (41.2%)	130 (45.0%)	249 (86.2%)	24 (8.3%)	16 (5.5%)	40 (13.8%)
3.	Lack of control in sexual decision-making can lead to exposure to sexually transmitted infections.	146 (50.5%)	107 (37.0%)	253 (87.5%)	36 (12.5%)	0 (0.0%)	36 (12.5%)
4.	Individuals may agree to unsafe sexual practices to avoid arguments with their partner, which can cause sexually transmitted diseases.	49 (17.0%)	146 (50.5%)	155 (67.5%)	10 (3.5%)	84 (29.1%)	94 (32.6%)
Mean				220 (76.1%)			69 (23.9%)

Table 2 shows that the percentage mean score for the positive responses by the respondents was 76.1%, which is greater than the means of negative responses of 69 (23.9%). This implies that sexual transmitted diseases is a health implication of sexual appeasement among undergraduates in Kwara State University, Malete.

Research Question 2: Will mental stress be a health implication of sexual appeasement among undergraduates in Kwara State University, Malete?

Table 3: Percentile Analysis of Mental Stress as a Health Implication of Sexual Appeasement

S/N	ITEMS	SA	A	Positive Response	D	SD	Negative Response
5.	Sexual appeasement contributes to emotional distress and anxiety in relationships.	140 (48.4%)	137 (47.4%)	277 (95.9%)	8 (2.8%)	4 (1.4%)	12 (4.2%)
6.	Engaging in unwanted sexual activity causes long-term mental stress.	49 (17.0%)	146 (50.5%)	195 (67.5%)	10 (3.5%)	84 (29.1%)	94 (32.6%)
7.	Fear of a partner's reaction to sexual refusal leads to emotional strain.	59 (20.4%)	152 (52.6%)	211 (73.0%)	12 (4.2%)	66 (22.8%)	78 (27.0%)

8.	Constantly appeasing a partner sexually creates mental exhaustion.	135 (46.7%)	142 (49.1%)	277 (95.9%)	8 (2.8%)	4 (1.4%)	12 (4.2%)
Mean		240 (83.0%)			49 (17.0%)		

Table 3 shows that the percentage mean score for the positive responses by the respondents was 83.0%, which is greater than the means of negative responses of 49 (17.0%). This implies that mental stress is a health implication of sexual appeasement among undergraduates in Kwara State University, Malete.

Test of Hypotheses

H01: Sexual transmitted diseases will not significantly be a health implication of sexual appeasement among undergraduates in Kwara State University, Malete.

Table 4: Chi-Square Analysis of Sexual Transmitted Diseases as a Health Implication of Sexual Appeasement

Variable	N	df	Cal. χ^2 value	Crit. χ^2 value	P value	Remark
Sexual Transmitted Diseases as a Health Implication of Sexual Appeasement	289	9	149.062	16.92	0.000	H0 ₁ Rejected

Table 4 shows the calculated chi-square value of 149.062 which is greater than the critical chi-square value of 16.92 (Cal. χ^2 val. > Crit. χ^2 val.) with a degree of freedom of 9 at 0.05 alpha level. Since the calculated χ^2 value is greater than the critical value, the null hypothesis which stated that sexual transmitted diseases will not significantly be a health implication of sexual appeasement among undergraduates in Kwara State University, Malete was rejected. This implies that sexual transmitted diseases are significant health implications of sexual appeasement among undergraduates in Kwara State University, Malete.

H02: Mental stress will not significantly be a health implication of sexual appeasement among undergraduates in Kwara State University, Malete.

Table 5: Chi-Square Analysis of Mental Stress as a Health Implication of Sexual Appeasement

Variable	N	df	Cal. χ^2 value	Crit. χ^2 value	P value	Remark
Mental Stress as a Health Implication of Sexual Appeasement	289	9	241.097	16.92	0.000	H0 ₂ Rejected

Table 5 shows the calculated chi-square value of 241.097 which is greater than the critical chi-square value of 16.92 (Cal. χ^2 val. > Crit. χ^2 val.) with a degree of freedom of 9 at 0.05 alpha level. Since the calculated χ^2 value is greater than the critical

value, the null hypothesis which stated that mental stress will not significantly be a health implication of sexual appeasement among undergraduates in Kwara State University, Malete was rejected. This implies that mental stress is a significant health implication of sexual appeasement among undergraduates in Kwara State University, Malete.

Discussion of Findings

Hypothesis one shows that the null hypothesis which stated that sexual transmitted diseases will not significantly be a health implication of sexual appeasement among undergraduates in Kwara State University, Malete was rejected. This implies that sexual transmitted diseases are significant health implications of sexual appeasement among undergraduates in Kwara State University, Malete. This finding in corroboration with the finding of studies that highlighted that married women in Nigeria are often at risk of STDs due to their inability to refuse sex or demand condom use from their husbands, who may have multiple sexual partners (Okafor & Duru, 2020). In such cases, women may feel compelled to engage in sexual activity despite suspecting their partners of infidelity, driven by a sense of marital duty or fear of repercussions.

Hypothesis two shows that the null hypothesis which stated that mental stress will not significantly be a health implication of sexual appeasement among undergraduates in Kwara State University, Malete was rejected. This implies that mental stress is a significant health implication of sexual appeasement among undergraduates in Kwara State University, Malete. This finding in corroboration with the finding of Akinmoladun, Ajayi, and Ologun (2021) which found that women who feel pressured to have sex in order to satisfy their partner's expectations feel guilty or ashamed, which exacerbates their mental health issues. In the absence of appropriate mental health assistance or therapy services, the cumulative consequence of such emotional repression can show up as a variety of mental health concerns, such as anxiety disorders and trauma. A lack of psychological safety is exacerbated by the inability to openly communicate one's demands, which breeds helplessness and loneliness.

Conclusion

Based on the findings of the study, the following conclusions were drawn: Sexual transmitted diseases and mental stress are health implications of sexual appeasement among undergraduates in Kwara State University, Malete.

Recommendations

Based on the findings, the following recommendation were drawn:

1. Comprehensive sexual health education programs should be implemented by health educators in partnership with school administration to increase undergraduates' knowledge of the dangers of STDs and encourage safe sexual behaviour.

2. To help undergraduates cope with the psychological strain brought on by sexual appeasement, school health facilities should offer mental health services such counselling and stress management courses.

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