# Scientific Foundation: Impact of Restriction of Regulatory Procedures on Marital Sexual Function

## Academic Introduction

Although uncommon psychological emotional regulation procedures do not constitute in themselves a sexual preference or behavior, their coercive restriction or chronic invalidation can generate, indirectly but clinically significantly, conflicts and sexual dysfunctions in marriage. This analysis examines the scientific evidence that demonstrates how the suppression of legitimate regulatory needs interferes with the neurophysiological, emotional, and relational foundations of healthy marital intimacy.

## Fundamental Scientific Definitions

### Emotional Regulation vs. Sexual Function

#### Emotional regulation (operational definition):

* Set of neurological strategies to maintain nervous system homeostasis
* Primary function: internal security, not interpersonal attraction
* Does not imply desire, arousal, or sexual orientation

#### Marital sexual function (operational definition):

* Intimate expression of emotional connection, commitment, and mutual love
* Requires bodily presence, neurophysiological security, and shared agency
* Critically depends on prior emotional regulation

**Critical distinction:** Emotional regulation is a **prerequisite** for healthy sexual function, not its expression.

## Neuroscientific Framework of Interference

### Polyvagal Theory: Security as the Foundation of Intimacy

**Porges (2011)** research establishes that only in a state of neurophysiological security (mediated by the ventral vagus nerve) is interpersonal connection, bodily presence, and healthy sexual response possible.

#### Consequences of regulatory restriction:

* Activation of the sympathetic system (fight/flight)
* Physiological inhibition of sexual arousal
* Disconnection from the body as a protection mechanism
* Inability for the vulnerability necessary in intimacy

### Traumatic Neuroplasticity and Bodily Dissociation

**Van der Kolk (2014)** demonstrates that trauma—including relational trauma from chronic invalidation—permanently alters the person's relationship with their own body.

#### Identified mechanisms:

* Hyperactivation of the threat system
* Dissociation as a survival strategy
* Loss of interoception (internal bodily awareness)
* Association of the body with shame or correction

These changes **directly inhibit** the capacity to experience pleasure, presence, and connection during marital intimacy.

### Differential Clinical Evidence

#### Chronic Stress and Secondary Sexual Dysfunction

**Chronic emotional invalidation** is a robust predictor of relational stress, which in turn is associated with multiple forms of sexual dysfunction:

* Decreased desire (especially in commitment contexts)
* Difficulty with arousal or orgasm
* Avoidance of physical intimacy as protection

**Basson (2000)** establishes that in stable relationships, sexual desire frequently arises **from emotional security and receptivity**, not as spontaneous impulse. If emotional regulation is blocked, that gateway to desire closes.

#### Loss of Agency and Sexual Authenticity

**Meston & Stanton (2018)** demonstrate that **perceived autonomy** is a key predictor of sexual satisfaction in marriage. When a person represses their regulatory needs to be accepted, they internalize a narrative of **inauthenticity**, which inhibits spontaneous and genuine sexual expression.

#### Marital Conflict from Internal Dissonance

**Gottman & Silver (1999)** identify lack of mutual validation as one of the four main predictors of divorce. The invalidation of regulatory needs—though not sexual—undermines the emotional foundation of marriage, including its intimate dimension.

## Contemporary Emotional Regulation Framework

### Neural Automation and Resistance to Forced Change

**Gross (2015)** research confirms that regulatory strategies are neurologically automated and not easily modifiable by conscious will. Demanding their abandonment without professional intervention generates:

* Accumulation of undischarged neurological tension
* Chronic activation of the threat system
* Progressive deterioration of marital connection

### Functionality as Intervention Criterion

The DSM-5 (APA, 2013) establishes that pathology is defined by dysfunctionality, not by appearance. If a regulatory procedure maintains emotional stability and relational capacity, its restriction lacks clinical foundation and can cause iatrogenic harm.

## Evolutionary and Adaptive Perspective

### Optimization for Survival, not for Convention

**Gilbert (2019)** argues that regulatory strategies evolve to **maximize survival in specific contexts**, not to comply with social norms. Coercively restricting them reduces individual resilience and, by extension, marital stability.

### Regulatory Diversity as Relational Resource

Diversity in forms of self-regulation can, when understood and validated, become a source of empathy, mutual adaptation, and joint spiritual growth in marriage.

## Implications for Religious Practice

### Harmony between Science, Doctrine, and Marriage

Gospel doctrine **emphasizes unconditional love, mutual understanding**, and the **sanctity of the body** (1 Corinthians 6:19–20). Forcing the abandonment of legitimate regulatory needs contradicts these principles and damages the marital intimacy that celestial marriage seeks to protect.

### Evidence-Based Support Framework

Scientific research provides clear guidelines for couples and leaders:

* **Validate before correcting**
* **Seek professional understanding when appropriate**
* **Protect emotional security as the foundation of intimacy**
* **Reject coercion as a method of change**

## Scientific Conclusions

## Validation of Transversal Interference

Contemporary scientific evidence establishes that:

* Coercive restriction of regulatory procedures does not directly cause sexual dysfunction
* But does transversally interfere with the neurophysiological and emotional prerequisites of marital intimacy
* This interference is predictable, measurable, and preventable

### Imperative of Marital Inclusion

Recognizing regulatory needs as legitimate and non-sexual is essential for:

* Protecting individual emotional stability
* Strengthening marital connection
* Preventing secondary sexual dysfunctions
* Honoring the sanctity of marriage as a covenant of love and understanding

### Call to Integrated Understanding

The religious and scientific community shares the responsibility to apply contemporary knowledge to protect **both individual dignity and marital integrity.**

**The imperative is clear:** Marital intimacy flourishes not in forced conformity, but in **mutual emotional security**, built on the **validation of each spouse's legitimate neurological needs.**

## Scientific References

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