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EVALUATING THE RELATIONSHIP BETWEEN WOMEN'S SEXUAL DESIRE
AND SATISFACTION FROM A BIOPSYCHOSOCIAL PERSPECTIVE

by

Katherine J. Chartier

A thesis submitted in partial fulfillment
of the requirements for the degree

of

MASTER OF SCIENCE

in

Family, Consumer, and Human Development

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2009

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ABSTRACT

Evaluating the Relationship Between Women's Sexual Satisfaction and Desire from a
Biopsychosocial Perspective

by

Katherine J. Chartier, Master of Science

Utah State University, 2009

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Department: Family Consumer, and Human Development

The purpose of this study was to evaluate the relationship between women's sexual desire and their reported level of sexual satisfaction. This study evaluated biological, psychological, and social factors of desire that might influence satisfaction. The sample for this study consisted of 77 Caucasian individuals, 45 women and 32 men, in their first marriage, who had been married on average 2 years. Results indicated that sexual desire was positively and significantly correlated with sexual satisfaction and that psychological and social factors most strongly explain women's sexual satisfaction. Further, women's perceptions of their own sexual desire, psychological and social, were more strongly associated with sexual satisfaction than their husband's perception of their desire, biological, psychological, or social.

(91 pages)

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Katherine J. Chartier

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INTRODUCTION

Sexual satisfaction is one of the most frequently examined variables found to influence relationship satisfaction (Sprecher & Cate, 2004). Even though existing research has failed to identify a causal relationship between sexual and relationship satisfaction, there is sufficient evidence to suggest a positive correlation (Byers, 2005; Sprecher, 1998; Young, Denny, Luquis, & Young, 1998). Thus, sexual satisfaction is an important dynamic in understanding how couples can have happy satisfying relationships. Understanding variables that contribute to sexual satisfaction may allow clinicians and educators to help couples increase or maximize their sexual satisfaction and subsequently improve overall feelings of satisfaction with their relationship. Therefore, variables of sexual satisfaction will be further explored in this study.

Many variables such as frequency, variety, orgasmic frequency and consistency, sexual communication, and sexual conflict may be correlated with sexual satisfaction (Sprecher & Cate, 2004); however, a variable not often included as a predictor of sexual satisfaction is sexual desire. Studies suggest that approximately 16% of men and 33% of women report low sexual desire at some point in their relationship and that low desire interferes with their sexual experiences (Laumann, Gagnon, Michael, & Michaels, 1994). Of the men and women who reported low sexual desire, 12% were married men and 29% were married women (Laumann et al.). Although little research has evaluated the relationship between sexual satisfaction and reported level of desire, these statistics regarding low sexual desire indicate desire might be a factor that could negatively influence sexual experiences and, therefore, satisfaction. Thus, examining the relationship between sexual satisfaction and desire is valid and worthwhile. In fact, the

prevalence of low desire reported by married women necessitates the further exploration of factors of sexual desire that influence a wife's sexual satisfaction.

The overall goal of this research was to understand the extent to which women's sexual desire is related to sexual satisfaction. This study evaluated the strength of this relationship, sought to determine factors of desire that most strongly influenced satisfaction, and explored how perceptions of sexual desire might have influenced sexual satisfaction. These goals were accomplished by evaluating the following research questions: (1) Is a woman's sexual desire correlated with her reported level of sexual satisfaction? (2) Which aspects of desire, biological, psychological, or social, most strongly influence women's sexual satisfaction? (3) Do individual (women's/wives) or spousal (men's/husband's) perceptions of sexual desire most strongly influence a woman's sexual satisfaction?

Understanding these potential relationships may help women (1) be aware of factors that could be influencing their sexual desire, (2) implement knowledge and skills that would help them increase their sexual satisfaction without seeking clinical intervention, and (3) determine when and if clinical intervention would be helpful or needed. Findings could also help clinicians and family life educators teach skills that would reduce negative or conflicting perceptions that may inhibit desire, thus maximizing sexual satisfaction. If sexual satisfaction is correlated with relationship satisfaction, then understanding how to enhance sexual satisfaction may, in turn, augment relationship satisfaction.

LITERATURE REVIEW

The importance of sexual satisfaction to couples in relationships has been well established in the literature, yet sexual desire, the motivating aspect of sexual experiences, has not sufficiently been explored as a variable correlated with sexual satisfaction. However, evidence has been found suggesting that problems with desire, such as hypoactive sexual desire disorder, have a negative impact on sexual satisfaction (Hurlbert, Apt, & Rabehl, 1993; Laumann et al., 1994). Thus, it is logical to assume there is a relationship between these two variables that should be further investigated. This review will use existing research as a basis for reviewing desire as an aspect of sexual satisfaction.

Sexual Satisfaction

Sexual satisfaction can be generally defined as “the degree to which an individual is satisfied or happy with the sexual aspect of his or her relationship” (Sprecher & Cate, 2004, p. 236). Another definition provided by Byers, Demmons, and Lawrance (1998) adds additional insights: sexual satisfaction is “an affective response arising from one’s subjective evaluation of the positive and negative dimensions associated with one’s sexual relationship” (p. 258). When examining definitions of sexual satisfaction, it is clear that there are various dimensions that influence sexual satisfaction. In order to understand sexual satisfaction more completely, models of human sexuality will be explored.

Models of Human Sexuality

Models of human sexuality explain the processes involved in sexual response. While much of past research in sexuality has focused on anatomy and physiology (e.g., Masters & Johnson, 1966), research is rapidly advancing to include psychological aspects (Andersen & Cryanowski, 1995; Bassoon, 2003). Although social sexuality has had less attention, when one considers either the physical or the psychological aspects of sexuality, it must be understood that sexuality takes place within a social context. For example, Masters and Johnson's model of sexual response is largely physiological but was considered within a social context. Thus, a social dimension is necessary to understanding sexuality; therefore, this dimension will be included in this study. Examining models of sexual response will illuminate biological, psychological, and social factors that influence sexuality.

Masters and Johnson's Four Phase Model

Masters and Johnson's (1966) four phase model of sexuality consists of the excitement, plateau, orgasm, and resolution phases. At the time Masters and Johnson were investigating sexuality there was limited information regarding the physiological changes that occur, beginning with excitement and progressing through orgasm and resolution. Despite this limitation, their research played an important part in helping researchers understand how human sexual response proceeded. Rowland (2006) identified three physiological mechanisms that contribute to sexual arousal and response: sensory systems (e.g., sight, smell, and touch), central nervous (e.g., neural activities in

the spine and brain), and peripheral (e.g., vaginal lubrication and erection). These three factors illuminate the processes explained by Masters and Johnson and help our understanding of the physiological nature of sexual arousal and response.

Kaplan's Triphasic Model

Kaplan's model (1974, 1979) is primarily physiological in nature; however, she added an important dimension not mentioned by Masters and Johnson: sexual desire. Sexual desire, as formulated by Kaplan appears to be a psychological phenomena. Desire represents an individual's subjective experience of sexual arousal, which necessitates interpreting an event and subsequently assigning meaning associated with that event. In her model, individuals experience psychological (desire) as well as physiological arousal (excitement and orgasm). Considering the psychological dimension of sexual arousal, Rowland (2006) proposed that psychological processes such as attention, thoughts, and feelings provide an important link between stimulation and arousal. In other words, without attending to sexual stimuli, putting meaning to it, and allowing oneself to affectively experience the event as arousing, there most likely would not be a physiological arousal experienced. This type of subjective arousal is especially true for women who are most commonly moved into sexual responsivity through emotional avenues that arise through the cognitive processing of events, situations, and sensations (Basoon, 2003). When combined, the models of Masters and Johnson, Kaplan, and Rowland provide a more encompassing understanding of sexual response and arousal. Historically, attention has concentrated on excitement and arousal (i.e. a physiological perspective); however, a more recent focus has turned towards the psychological and

behavioral aspects of sexual desire (Andersen & Cryanowski, 1995). As more dimensions of sexual arousal and response begin to evolve there is a tendency to critique previous models. For example, Bassoon (2002, 2003) and Wood, Koch, and Mansfield (2006) have concentrated their attention on the applicability of the various models to women's sexual response and arousal processes. Their research suggests that the existing models alone (i.e., Masters and Johnson; Kaplan) are inadequate in terms of articulating a woman's sexual desire or subjective arousal processes. Although these models have been critiqued, when used in conjunction with more recent models such as Bassoon's biopsychosocial model, greater knowledge about women's sexual response and arousal can be acquired.

Bassoon's Biopsychosocial Model

Bassoon (2003) argued that sexuality models that accurately reflect women's sexual experiences need to include biological, psychological, and social aspects (for review see Bassoon). To effectively integrate these three dimensions, Bassoon provided the biopsychosocial model as an alternative which includes sexual motivation, willingness to seek or be receptive to sexual stimuli, level of arousability which determines the effectiveness of sexual stimuli, arousal and responsive desire, and emotional and physical satisfaction. This model provides more depth and understanding because it accurately reflects women's sexual experiences by including physiological psychological components such as choosing to respond positively to sexual stimuli.

Conceptualizing Women's Sexual Desire from a Biopsychosocial Perspective

Sexual desire has been defined by Kaplan (1979) as “an appetite or drive which is produced by the activation of a specific neural system in the brain...[S]exual desire or libido is experienced as specific sensations which moves the individual to seek out, or become receptive to, sexual experiences” (pp. 9-10). Bassoon (2002) further explained desire as an innate, biological, sexual urging manifest by spontaneous thoughts, sexual fantasies, sexual neediness, and a build-up of sexual tension. According to these definitions, desire seems to be a biologically based phenomenon that motivates both men and women to seek out and be receptive to sexual experiences. However, Bassoon (2003) argues that for women, sexual desire may be more complex than simply a biologically based drive. “Often, it (desire) is focused primarily on enhancing emotional closeness with her partner” (Hatfield & Rapson, 1993; Regan & Berscheid, 1996; Spector et al., 1996; Tiefer, 1991; as cited in Bassoon, 2003, p. 108). Thus it would appear that women's sexual desire is more complex than that of men because their motivation incorporates additional dimensions of sexual desire: psychological and social. While this may seem likely for most women, it is critical to not stereotype either women or men; both of whom may experience a highly complex interplay of biological, psychological, and social factors. Thus, although men tend to be more visually oriented and respond in a physical manner, this does not preclude the fact that their sexual arousal is not complex. In this study, however, and in the writings of Bassoon, her focus is most specifically on the contributions of sexual desire and arousal in women.

In summary, “normal female sexuality encompasses a choice to experience desire, multisensory stimulators for arousal, and a response of well-being where sexual completion may be a physiological orgasm or psychological satisfaction” (Bean, 2002, p. 32). To further understand women’s sexual desire, specific aspects biological, psychological, and social desire will be discussed.

Biological

As a biological phenomenon, desire could be conceptualized as an innate drive or urging for sexual experiences that promote physiological arousal (e.g., vasocongestion, myotonia, respiratory and cardiac changes) and responsivity (e.g., vaginal lubrication, erection, and orgasm) (Bassoon, 2002; Kaplan, 1979). Baumeister, Catanese, and Vohs (2001) described biological influences on desire when they related how androgens, especially testosterone, are crucial in producing sex drive. Overall, women have less testosterone than men, and testosterone levels vary between women and change throughout the month as well as over the life course (e.g., during pregnancy, menopause). Women have a cycle of desire that peaks at ovulation when testosterone is higher, whereas men have less variance during a month and across time (Leiblum, 2002). Testosterone may in part explain why several researchers have concluded that men have a higher sex drive than women (Baumeister et al.; Laumann et al., 1994; Weeks & Gambescia, 2002). Physiological factors, such as androgens, clearly play a role in motivating women to seek out sexual experiences, especially when testosterone is higher. However, biology might be influenced by psychological or social factors, especially for women (Baumeister et al.).

Psychological

As a psychological phenomenon sexual desire could be viewed as thoughts, feelings, and attitudes that motivate individuals to seek out and be receptive to sexual experiences (Kaplan, 1979). More specifically, psychological readiness includes the ability to transition from day-to-day activities into a state of mental preparation necessary to engage in a sexual relationship (Kaplan). These mental processes include positive thoughts, feelings, and attitudes which allow individuals to fully engage in sexual experiences without inhibitions. However, some women have difficulty making this transition. Andersen and Cyranowski (1995) cited several negative affective factors that could influence a woman's sexual desire: anxiety, sexual guilt or self-blame, sexual self-criticism, self-consciousness, and depression. Bassoon (2003) also noted negative psychological factors such as being distracted and predicting negative outcomes. If women have negative cognitions or feelings about sexuality in general or during specific sexual experiences, then their sexual desire may be inhibited.

Psychological components of desire such as thoughts, feelings, and attitudes are directly related to sexual desire. For example, as a woman's mental arousal occurs, inhibitors decrease, thus leading to sexual desire and response (Bassoon, 2003). This suggests that as positive thoughts and feelings about sex or engaging in a specific sexual activity increase, inhibitors such as anxiety or self-consciousness decrease. Thus, subjective arousal precedes and accompanies sexual desire (Bassoon). For women, sexual desire appears to be less of a biological drive and more of a psychological choice

to seek out and be responsive to sexual stimuli (Bassoon, 2002) which then leads to arousal.

Social

From a social perspective, desire involves knowledge of social norms surrounding sexuality in a given context, and the acquisition and application of skills essential to upholding the rules and regulations associated with sexuality in one's culture. Birnbaum and Brandt (2002) described how socialization is different for men and women with regard to sexuality. They described how men receive more positive reinforcement especially for casual sex, physical pleasure, and gratification; in contrast, women are often reinforced for restricting sexual experiences to committed relationships (DeLamater, 1987; Gagnon & Simon, 1973; Sprecher, McKinney, & Orbuch, 1987 as cited in Birnbaum & Brandt, 2002). The socializing of sexual restrictions may make the transition to sexuality more difficult for women, even when they are in committed relationships such as marriage. Birnbaum and Brandt concluded that "women and men are expected to exhibit different sexual desires, attitudes, and behaviors, as well as to experience their sexuality differently" (p. 144). If couples fail to understand differences that result in part from socialization, desire may be misunderstood. Thus, couples should learn to communicate their sexual desire to their partner in ways that are positively received. Communication is an important aspect of social readiness. Social readiness includes the ability to be an effective communicator of one's personal needs and desires to their spouse. Effective communication is important in order to send messages that will

be interpreted correctly by one's spouse, thus facilitating their transition into a sexual relationship and promoting desire.

In summary, research suggests that the biopsychosocial perspective provides a context for understanding variables that contribute to a woman's sexual desire. Although these three variables of sexual desire have been described independently, it is important to note that they are not mutually exclusive, but most likely interact to facilitate sexual desire. However, due to the exploratory nature of this study, these variables will be examined separately in order to determine which factor most strongly influences a woman's sexual desire.

Biological, psychological, and social factors have been suggested as important motivators towards sexual experiences; however, literature suggests that there are many females who have limited or no sexual desire, especially when compared to their male counterparts (Baumeister et al., 2001; Laumann et al., 1994; Laumann, Paik, & Rosen, 1999). Consequently, a woman's sexual desire could be inhibited at the biological, psychological, or social level. While individuals with biologically based problems such as hypoactive sexual desire disorder (HSDD) may seek clinical intervention, individuals inhibited due to psychological (e.g., negative thoughts or beliefs) or social factors (e.g., relationship conflict, socialization) most likely fail to seek help. Understanding the prevalence of desire problems in both clinical and nonclinical settings provides a context in which the biopsychosocial model can be practically useful.

Prevalence of Desire Problems

Clinical Settings

Hypoactive Sexual Desire Disorder (HSDD) is currently defined by three criteria in the *DSM-IV-TR*: (1) There is a “deficiency or absence of sexual fantasies and desire for sexual activity (p. 539), (2) The disorder causes personal or interpersonal distress, and (3) The condition is not a result of another Axis I disorder - a general medical condition, or substance or alcohol abuse (Weeks & Gambescia, 2002). HSDD was cited by clinicians as the most common sexual problem couples present (Beck, 1995; Weeks & Gambescia). When considering a full range of sexual dysfunction, 65% of couples were diagnosed with HSDD; within the HSDD group, 81% were female (Beck). A lack of desire is the most prevalent sexual disorder, particularly among women.

Non-clinical Settings

Although HSDD is a problem commonly seen by clinicians, low sexual desire is also reported by couples not seeking therapy. Laumann and colleagues (1994) found that approximately 16% of men and 33% of women experienced a lack of interest in having sex. Interestingly, they found about one-third of women experienced a lack of interest or desire across a range of ages (18-59) whereas men’s lack of desire was more varied across age and rose to approximately 20-24% between ages 50 and 60. The National Health and Social Life Survey (NHSLS) also reported that women have lower interest and more sexual problems than men (Laumann et al., 1999). A lack of desire is a

prevalent problem that affects both men and women; however, women experience this problem approximately twice as often as men (Laumann et al., 1994).

In sum, HSDD and reports of low sexual desire are fairly prevalent, more so for women than men. Considering the interaction of specific biological, psychological, and social influences previously mentioned, women may be at more at risk than men for having low sexual desire or sexual inhibitions. For example, if individuals are socialized that desire is merely a biological drive, wives may perceive their sexual desire as low or non-existent compared to their husbands. Further, husbands may fail to understand that intimacy and closeness motivate women to engage in sexual experiences and unknowingly use techniques that do not help their spouse transition effectively into the sexual experience. Weeks and Gambescia (2002) suggested that even if women have a desire for sex it can be inhibited by a husband's improper initiation techniques. Given the prevalence of potential desire problems for women, one question that arises is, how does desire influence sexual satisfaction?

Sexual Desire and Satisfaction

If sexual satisfaction is defined as couple's evaluation of the positive and negative aspects of their sexual experiences (Byers et al., 1998) and desire influences couple's evaluations of their sexual experiences (Laumann et al., 1994), then low levels of desire could be correlated with lower levels of sexual satisfaction.

The NHSLS found that for women, all categories of sexual dysfunction were strongly correlated with lower feelings of physical and emotional happiness (Laumann et

al., 1999). Further, 69% of individuals reporting a current sexual problem were extremely or quite dissatisfied with their current sex life compared to 6% of individuals who did not perceive a problem (Dunn, Croft, & Hackett, 2000). These findings support the hypothesis that sexual problems such as low sexual desire are associated with lower levels of sexual satisfaction.

However, it should be noted that the reverse relationship may be true; lower levels of sexual satisfaction may contribute to lower levels of sexual desire. Hurlbert and others (1993) suggested that desire may not have a negative effect on sexual satisfaction if women are satisfied with their relationship with their spouse. Thus the interplay between sexual desire, sexual satisfaction, and relationship satisfaction is complex. In order to understand this complex relationship, researchers have suggested that several variables such as the quality of the relationship, attitudes towards sex, as well as aspects of sexual satisfaction must be considered in order to predict women's sexual satisfaction (Weeks & Gambescia, 2002). This is consistent with the literature previously discussed relating to various components of sexual desire (e.g., biological, psychological, and social). In sum, the literature is mixed regarding the relationship between low sexual desire and satisfaction. However, if women can be satisfied even with the presence of a desire problem, then what factors of sexual desire (biological, psychological, or social) contribute to her satisfaction?

Psycho-Social Desire and Satisfaction

As previously discussed, women's sexual desire is less of a biological drive and more of a psychological choice to seek out and be responsive to sexual stimuli (Bassoon, 2002) which then leads to arousal. It has been proposed that women's sexual desire and satisfaction are more complex in part due to a couple of gender differences. The two most commonly cited differences between men and women were (1) a woman's desire is intimacy based (Bassoon, 2001, 2003; Weeks & Gambescia, 2002), and (2) a woman's desire is contextual, with desire being dependent on her overall feelings of well-being or satisfaction in her relationship (Bassoon, 2001; Birnbaum & Brandt, 2002; Hurlbert et al., 1993). These findings suggest that there are significant differences between men and women in how they experience desire and satisfaction. Women's sexual desire and satisfaction seems to have specific psychological and social dimensions.

Psychological Influences on Desire and Satisfaction

One psychological factor that may influence sexual desire and satisfaction is couples' perceptions of sexual desire and satisfaction. Dunn and others (2000) evaluated how perceptions of sex influenced sexual satisfaction. They found that dissatisfaction was more likely to occur when couples perceived a problem with sex (Dunn et al.). They further cited several ways perceptions of a sexual problem influenced sexual satisfaction. First, 69% of individuals who reported current sexual problems were extremely or quite dissatisfied compared to the 6% not reporting a sexual problem but who were dissatisfied. Second, 60% of men and 55% of women reported being dissatisfied if their spouse had a

sexual problem. Third, 59% of individuals who perceived themselves as having a sexual problem were more likely to feel like their spouse was dissatisfied. Fourth, individuals who reported being dissatisfied perceived their partner as having a sexual problem. Clearly, perceptions of one's own sexual problems as well as one's spouse's sexual problems influences sexual satisfaction. However, the question arises, which spouse's perception of sexual desire most strongly influences women's sexual satisfaction?

Although little research exists in relation to perceptions of sexual desire and how those perceptions influence women's sexual satisfaction, some research indicates that husband's perceptions may influence their wife's sexual satisfaction. In regards to husband's perceptions, McCabe (1999) suggested that men are more likely to (1) have positive attitudes about sex, (2) rate their partner's attitudes more negatively, and (3) rate their partner higher in sexual dysfunction. If these tend to be men's perceptions and attitudes about their wife's sexual desire, then how do these perceptions influence her satisfaction? Misperceptions can be associated with decreased sexual satisfaction, especially when misperceptions influence sexual scripts that differ from what partners expect or find ideal (Miller & Byers, 2004). These authors hypothesized that men's misperceptions will be more strongly associated with sexual satisfaction than a woman's misperceptions. Therefore, men's perceptions of their wife's sexual desire may influence her experiences, desire, or sexual satisfaction (Purnine & Carey, 1997). For example, if men have negative perceptions of their wife's desire (e.g., it is abnormally low), then the wife may feel her sexual desire is low or inhibited and would likely refrain from

engaging in sexual activity. These faulty perceptions and negative cycles of behavior could then decrease a woman's sexual satisfaction.

Social Influences on Sexual Desire and Satisfaction

Social influences on sexual desire and satisfaction consist of sexual scripts or stereotypes resulting from socialization and other social factors that play a role in couple relationships such as communication and commitment. Purnine and Carey (1997) found that sexual satisfaction could be improved or maximized by (1) avoiding negative stereotypes, and (2) learning to clearly communicate about sexuality related issues; specifically, to effectively communicate their sexual desire in a way that facilitates their spouse's transition to sexual activities.

Miller and Byers (2004) also discussed the relationship between negative stereotypes and satisfaction. They discovered that men's and women's beliefs about their partner's sexuality were more strongly associated with stereotypes and not their partner's actual desires, mentioned explicitly or implicitly. Importantly, they found that misperceptions, not discrepancies between actual and desired levels of foreplay and intercourse, were predictive of either partner's sexual satisfaction.

In summary, although research correlating perceptions of sexual desire and sexual satisfaction is limited, spousal perceptions can influence sexual satisfaction if they are based on misunderstandings, a lack of knowledge about gender differences in relation to sexuality, misperceptions about a spouse's desire, or negative stereotypes. These psychological and social aspects of desire are important when considering their unique

influence on a woman's sexual desire and the relationship between desire and sexual satisfaction.

Conclusion

Sexual satisfaction is closely associated with relationship satisfaction (Young et al., 1998), and sexual desire is one variable that correlates with sexual satisfaction (Hurlbert et al., 1993). Women are more likely to experience dissatisfaction if there are problems in the overall relationship, and one issue that may influence a woman's sexual satisfaction is perceptions of her sexual desire. Negative perceptions held by either spouse may influence the dyadic relationship thus contributing to a woman's lack of desire. To more fully understand the relationship between sexual desire and sexual satisfaction, couple's perceptions will be included in this study. This research explored how individual (e.g., the wife) and spousal perceptions (e.g., the husband) may influence the relationship between sexual desire and satisfaction and identify which spouse's perceptions most strongly influence a woman's sexual desire.

METHODS

Sample

A convenience sample consisting of 77 individuals, 45 women and 32 men, was obtained (see Table 1). The average age for men was 24.91 and 22.89 for women. The sample was predominately Caucasian (100% men; 97% women). The dominant religious group was LDS (87.5% men; 91.1% women). All but one couple reported being in their first marriage. The average length of time married was approximately 2 years (see Table 2). Education levels consisted of the following: 24.7% were high school graduates or the GED equivalent, 40.3% had obtained an associates degree or some college, 31.2% had obtained a bachelors degree, and 3.9% had obtained a graduate degree. Couples income ranged from \$6,000 per year to \$200,000 with the average incoming being \$31,742.

Procedures

Data collection utilized several methods. One method solicited participants from Utah State University through contact with various courses. A second data collection procedure involved personal contacts with university professors, graduate students, friends, and family who resided in various areas around the country. The final method employed the use of online postings on sites such as Facebook.

Recruitment Through University Courses

Faculty who agreed to participate were asked to do the following: (1) Explain that a research project exploring sexual desire and satisfaction for couples who are in their first marriage and have been married 5 years or less is being conducted. (2) Explain and or demonstrate how to access the instrument online. (3) Explain that confidentiality will be maintained by: (a) storing electronic responses in a secure database that is password protected, (b) limiting data access to the PI and student researcher, (c) keeping the identities of participants anonymous because the researchers will not ask for identifying information nor know who enters the code and fills out the survey (e.g., the

Table 1

Individual Socio-Demographic Information

Variable: Male	<i>N</i>	<i>Freq</i>	<i>Percent</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
Age	32			24.91	1.80	22-29
Ethnicity						
Caucasian	32	32	100.0			
Religiosity						
Catholic		1	3.1			
Christian		2	6.3			
LDS		28	87.5			
None		1	3.1			
Variable: Female						
Age	45			22.89	2.72	19-28
Ethnicity						
Caucasian		44	97.8			
Native Am/PI		1	2.2			
Religiosity						
Christian		2	4.4			
Hindu		1	2.2			
LDS		41	91.1			
None		1	2.2			

students or their friends, family, etc.). (4) Remind students that they or another couple (i.e. classmates, friends, family, etc.) who meet the research criteria can complete the questionnaire. (5) Offer extra credit for those willing to participate or willing to identify someone who would be willing to participate. Extra credit will only be given when the instrument has been completed by the couple. (6) Ask couples who complete the survey to print the last page, which contains no information about the participant or any of their responses, as documentation that they completed the survey. (7) Provide class members with extra credit after they present the appropriate documentation.

Table 2

Couple Socio-Demographic Information

Variable	<i>N</i>	<i>Freq</i>	<i>Percent</i>	<i>M</i>	<i>SD</i>	<i>Range</i>
First marriage	77	76	98.7			
Time married				1.79	0.96	
1 Year		38	49.4			
2 Year		22	28.6			
3 Year		10	13.0			
4 Year		6	7.8			
Education						
HS Grad/GED		19	24.7			
Associates or Some college		31	40.3			
BS		24	31.2			
Graduate school		3	3.9			
Income	51			31,742	29,011	6,000- 200,000

Recruitment Through Personal Contacts or Media Methods

Other couples were recruited through personal contacts (e.g., email) or media methods on-line (e.g., Facebook group) were directed to the link for the survey (<http://www.repeto.com/sdsq>). All couples, regardless of recruitment strategy, who were willing to participate, were asked to do the following: (1) Read the Informed Consent. Reading the informed consent and continuing to take the survey indicated willingness to participate. Anyone not wishing to complete the instrument could simply exit the site, and (2) Complete the instrument.

Researcher's Responsibilities

The researcher completed the following: (1) IRB training, and (2) IRB forms for submission and approval of the study, including the Letter of Information.

The above procedures commenced after the study was approved by the Utah State University Institutional Review Board (IRB). All requirements, recommendations, and changes suggested by the IRB were strictly adhered to. All data was kept confidential consistent with regulations established by the IRB and as described above. Due to the fact that faculty members were only solicited to help identify participants and were not asked to participate or provide data, IRB approval from their university was not necessary.

Measures

Measures used in this study examined sexual desire, and sexual satisfaction (Sexual Desire and Satisfaction Questionnaire or SDSQ; see Appendix A) and basic

socio-demographic data (Socio-Demographic Instrument or SDI; see Appendix B). The SDSQ contained 112 questions: 24 evaluating biological sexual desire, 20 psychological sexual desire, 18 social sexual desire, and 32 sexual satisfaction.

Socio-Demographic Instrument

The Socio-Demographic Instrument (SDI) was composed of 24 items that allowed the researcher to differentiate, where necessary, factors that may be confounding to the outcomes or results of the study. These data were primarily used to control for variables of relevance or used to determine if specific variables were important in understanding the findings (e.g., ethnicity, religious affiliation, education, income).

Sexual Desire and Satisfaction Questionnaire: SDSQ

The Sexual Desire and Satisfaction Questionnaire, or SDSQ, was designed to collect data regarding the participants' perception of their own and their partner's level of sexual desire, as well as their perceived sense of sexual satisfaction. The questionnaire is based on a 5-point Likert scale and totals 112 questions. The desire portion of the questionnaire was organized into three theoretically oriented dimensions: biological, psychological, and social.

The biological, psychological, and social dimensions were composed of 24, 20, and 18 items, respectively. Items were taken primarily from the Brief Index of Sexual Functioning for Women (BISF-W; Rosen, Taylor, & Leiblum, 1998), and Quirk et al. (2002) Sexual Function Questionnaire (see Appendix D). In that these items have been selected from various instruments, no reliability data are available as it may pertain to

this study. Examination of the items comprising the sexual desire portion of the questionnaire suggests that they are theoretically sound and as such, face validity is noted. No other form of validity is noted.

Thirty-two items comprising the satisfaction section of the SDSQ evaluated couples' sexual satisfaction and marital satisfaction. The sexual satisfaction portion contains questions that assess couples' desired frequency of sexual activity, satisfaction with frequency of sexual activity, and frequency of initiating sexual activity. These items were derived from the BISF-W and SFQ-VI (Quirk et al., 2002; Rosen et al., 1998).

Factor Analysis

The independent variables, biological, psychological, and social sexual desire were factor-analyzed using principle component analysis with a varimax rotation. The following factor solutions (see Table 3) resulted and clarify the biological, psychological, and social constructs. Additionally, the solutions were also sorted by gender and perception (e.g., perception of one's self and perception of one's spouse).

Biological factors associated with sexual desire. Three factors resulted from the factor analysis of biological items, namely: Recognition of Biological Responses Prior to Intercourse-Individual, Recognition of Biological Responses Prior to Intercourse-Spouse, and Orgasmic Consistency (see Tables 3 & 4). Recognition of Biological Responses Prior to Intercourse (Individual and Spouse) consisted of the following items for both men and women (see Table 3 & 4): change in heart rate and breathing, building of muscle tension, and tingling/warmth in genital area. Orgasmic Consistency consisted of the following items: how easy was it to reach orgasm, how pleasurable were the

Table 3

Factor Analysis for Biological Sexual Desire (Individual)

SDSQ Question: Male	Component 1	Component 2
13. change in heart rate	0.89	
11. change in breathing	0.89	
9. building of muscle tension	0.79	
7. pulsating/tingling in genital area	0.78	
5. warmth in genital area	0.64	
Percent Variance	29.780	
SDSQ Question: Female		
13. change in heart rate	0.87	
5. warmth in genital area	0.86	
9. building of muscle tension	0.82	
7. pulsating/tingling in genital area	0.78	
11. change in breathing	0.76	
17. how easy was it to reach orgasm		0.88
19. how pleasurable were orgasms you had		0.86
15. how often did you orgasm during sexual activity		0.85
Percent Variance	33.55	26.02

Table 4

Factor Analysis for Biological Sexual Desire (Spouse)

SDSQ Question: Male	Component 1
14. spouse change in heart rate	0.86
12. spouse change in breathing	0.84
10. spouse building of muscle tension	0.82
8. spouse pulsating/tingling in genital area	0.73
6. spouse warmth in genital area	0.73
Percent Variance	30.74
SDSQ Question: Female	
14. spouse change in heart rate	0.88
10. spouse building of muscle tension	0.83
8. spouse pulsating/tingling in genital area	0.82
12. spouse change in breathing	0.80
6. spouse warmth in genital area	0.68
Percent Variance	32.37

orgasms had, and how often was orgasm reached during sexual activity. For men, Recognition of Biological Responses Prior to Intercourse had reported Chronbach's alpha reliability coefficients of .866 (Individual) and .875 (Spouse). Women's reliability coefficients for the respective constructs were .875 (Individual) and .876 (Spouse). The third biological factor, Orgasmic Consistency, was only reliable for women's individual perceptions (.859).

Psychological factors associated with sexual desire. Three factors resulted from the factor analysis of psychological items, namely: Psychological Arousal-Individual, Psycho-emotional Arousal-Spouse, and Sexual Confidence-Individual (for specific items in each factor please refer to Tables 5 and 6). Chronbach's alpha reliability coefficients for Psychological Arousal (Individual) were reported for men and women as .853 and .751, respectively. Reliability for Psycho-Emotional Arousal for men and women was reported as .913 and .764. Reliability for Sexual Confidence was .765 for men and .698 for women.

Social factors associated with sexual desire. Two factors resulted from the factor analysis of social items: Sexual Integrity-Individual and Relational Sexual Integrity-Spouse (for specific items in each factor please refer to Tables 7 and 8). Chronbach's alpha reliability coefficients for Sexual Integrity were .698 for men and .597 for women. Reliability for Relational Sexual Integrity was .743 for men and .754 for women.

Sexual Satisfaction

The following reliability coefficients were reported for sexual satisfaction. For men the reliability coefficient for sexual satisfaction was .738 and for women .750.

Table 5

Factor Analysis for Psychological Sexual Desire (Individual)

SDSQ Question: Male	Component 1	Component 2
1. pleasurable thoughts/feelings about sex	0.88	
17. look forward to sexual activity	0.88	
19. often wanted to be sensually touched	0.81	
3.emotional sexual arousal-thinking about sex	0.74	
7. felt good about yourself-engaged in sexual activity		0.92
9. feel good about yourself as a sexual partner		0.90
11. worry about your partners negative feelings about the sexual activity in the relationship		0.82
Percent Variance	28.51	24.51
SDSQ Question: Female		
3.emotional sexual arousal-thinking about sex	0.84	
1. pleasurable thoughts/feelings about sex	0.81	
17. look forward to sexual activity	0.62	
11. worry about your partners negative feelings about the sexual activity in the relationship		0.90
9. feel good about yourself as a sexual partner		0.82
Percent Variance	22.99	21.54

Further men's perception of their wife's sexual satisfaction was reliable at the .760 level and women's perception of their husband's sexual satisfaction was reliable at the .729 level. Due to the acceptable reliability scores it is appropriate to use these constructs for further analysis.

Analyses

The questions guiding this research consisted of the following: (1) Is a woman's sexual desire correlated with her reported level of sexual satisfaction?; (2) Which aspects of desire, biological, psychological, or social, most strongly influence a woman's

Table 6

Factor Analysis for Psychological Sexual Desire (Spouse)

SDSQ Question: Male	Component 1
2. spouse pleasurable thoughts/feelings about sexual activity	0.85
4. spouse emotional sexual arousal when thinking about sexual activity	0.85
18. spouse look forward to sexual activity	0.85
10. confident spouse feels as a sexual partner	0.83
6. spouse emotional sexual arousal-having sex	0.81
20. often spouse wants to be sensually touched	0.76
8. spouse felt good about him/herself while engaged in sexual activity	0.74
Percent Variance	46.26
SDSQ Question: Female	
2. spouse pleasurable thoughts/feelings about sexual activity	0.81
20. often spouse wants to be sensually touched	0.74
18. spouse look forward to sexual activity	0.72
4. spouse emotional sexual arousal when thinking about sexual activity	0.67
Percent Variance	25.12

sexual satisfaction?; and (3) Which spouse's perceptions of sexual desire are most strongly associated with sexual satisfaction? These questions led to testable hypotheses: (1) Women's sexual desire is positively correlated with her sexual satisfaction; (2) Psychological and social aspects of sexual desire may more strongly explain women's sexual desire; and (3) Either spouse's perception of the wife's sexual desire may influence her sexual satisfaction.

Table 7

Factor Analysis for Social Sexual Desire (Individual)

SDSQ Question: Male	Component 1	Component 2
9. often felt emotionally close to spouse while taking part in sexual activity	0.87	
15. your commitment to the sexual relationship influence your spouses sexual desire	0.75	
11. frequently communicate your sexual desire to spouse	0.70	
Percent Variance	50.79	
SDSQ Question: Female		
9. often felt emotionally close to spouse while taking part in sexual activity	0.86	
11. frequently communicate your sexual desire to Spouse	0.79	
13. ability to communicate desire to spouse influence your level of sexual desire		0.84
15. your commitment to the sexual relationship influence your spouse's sexual desire		0.67
Percent Variance	37.32	32.14

Research Question One

The first question sought to simply understand if there was a relationship between sexual desire and sexual satisfaction. If so, what is the strength of this relationship?

Respondents were asked to rate their level of desire and satisfaction. Correlation coefficients were then used to determine the strength and direction of this relationship by correlating the wives reported level of sexual desire and her reported level of sexual satisfaction.

Table 8

Factor Analysis for Social Sexual Desire (Spouse)

SDSQ Question: Male	Component 1
16. spouse commitment to sexual relationship influence your sexual desire	0.88
12. how frequently has your spouse been able to communicate their sexual desire to you	0.67
10. how often did your spouse feel emotional close to you while taking part in sexual activity	0.67
14. how your ability to communicate your sexual desire to your spouse influences your spouse's sexual desire	0.61
Percent Variance	45.72
SDSQ Question: Female	
10. how often did your spouse feel emotional close to you while taking part in sexual activity	0.80
14. how your ability to communicate your sexual desire to your spouse influences your spouse's sexual desire	0.77
12. how frequently has your spouse been able to communicate their sexual desire to you	0.76
16. spouse commitment to sexual relationship influence your sexual desire	0.75
Percent Variance	48.55

Research Question Two

The second question explored what specific factors most strongly influence or explain women's sexual desire. After the factor analysis determined specific biological, psychological, and social factors that conceptualize desire, regression analysis was used to identify specific biological, psychological, or social variables of desire independently predict sexual satisfaction for women.

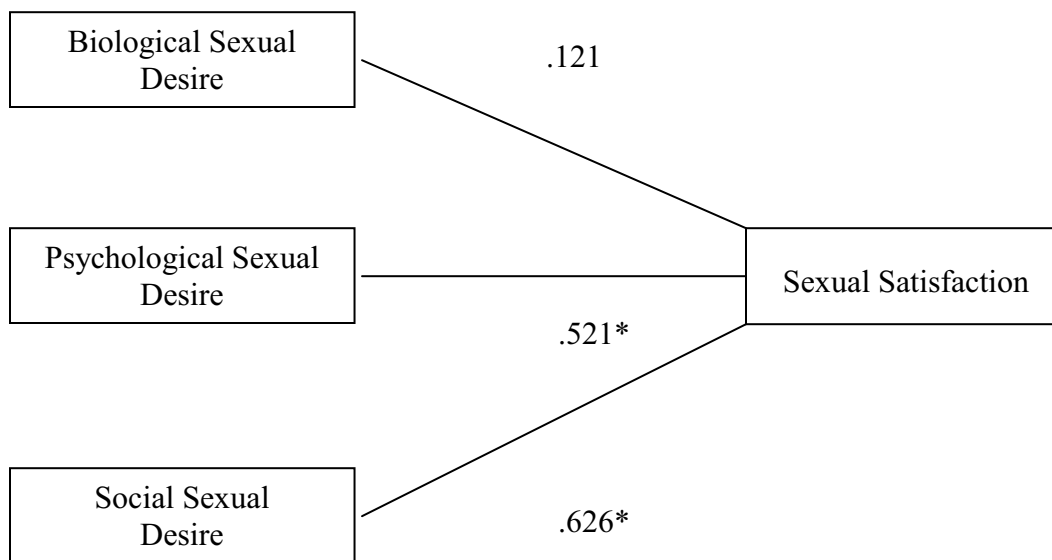
Research Question Three

The final research question was developed to determine whether husbands or wives perceptions of each dimensions of the wife's sexual desire had the greatest influence on a woman's sexual satisfaction. Thus, regression analysis was used to determine which spouse's perception of the wife's biological, psychological, or social sexual desire most strongly influenced her sexual satisfaction.

RESULTS

Research Question One

“Is a woman’s sexual desire correlated with her reported level of sexual satisfaction?” Three aspects of sexual desire were examined in this study, biological, psychological, and social. In regard to the biological dimension, no significant correlations were found; however, correlations for the psychological and social factors were statistically significant (see Table 9 & Figure 1). Two psychological factors, Psychological Arousal and Psycho-Emotional Arousal, and two social factors, Sexual Integrity and Relational Integrity, were positively correlated with desire ($p \leq .000$).



$p \leq .000$ (2-tailed)

Figure 1. Correlation between women’s sexual desire and sexual satisfaction.

Table 9

Correlations Between Women's Reported level of Sexual Desire and Sexual Satisfaction

Variable	Recognition-self	Psychological arousal	Sexual integrity
Sexual satisfaction	0.121	0.521*	0.626*

* $p \leq .000$ (2-tailed)

Research Question Two

“Which aspects of desire, biological, psychological, or social, most strongly influence a woman’s sexual satisfaction?” When the independent variables were regressed on the dependent variable, results indicated the following: (1) A woman’s psychological arousal was significantly related to her sexual satisfaction, (2) The sexual confidence women felt about themselves was significantly related to her sexual satisfaction, and (3) Women who felt there is sexual integrity (e.g., feelings of emotional closeness, positive communication, and feelings of commitment) in their relationship were significantly more likely to feel sexually satisfied. In sum and in connection with the previous correlations, two factors of psychological sexual desire (psychological and psycho-emotional arousal) and one factor of social sexual desire (sexual integrity) were significant, but neither factor for biological sexual desire (awareness of self or spouse’s sexual response) was significant for women (see Table 10 and Figure 2).

Research Question Three

“Which spouse’s perceptions of sexual desire are most strongly associated with sexual satisfaction?” When regression analysis was run for both the husband and wife,

results indicated that women’s psychological and social desire factors explained more variance than any of the men’s (biological, psychological, or social). For men’s perception of the wife’s sexual desire the R^2 was .143, explaining 14.3% of the variance (see Figure 3). Women’s self-report data for sexual desire yielded an R^2 of .428 explaining 42.8% of the variance. Further, each factor (biological, psychological, and social) was significant at the .01 level (see Tables 11 and 12).

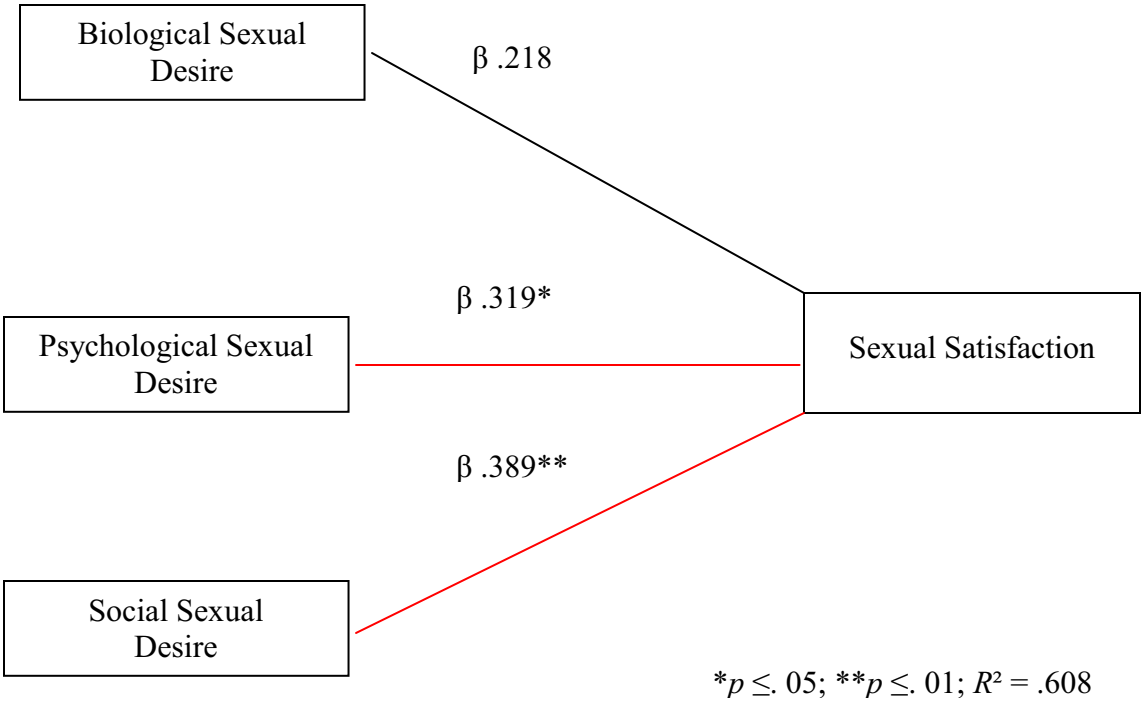


Figure 2. Biological, psychological, and social factors influencing women’s sexual satisfaction.

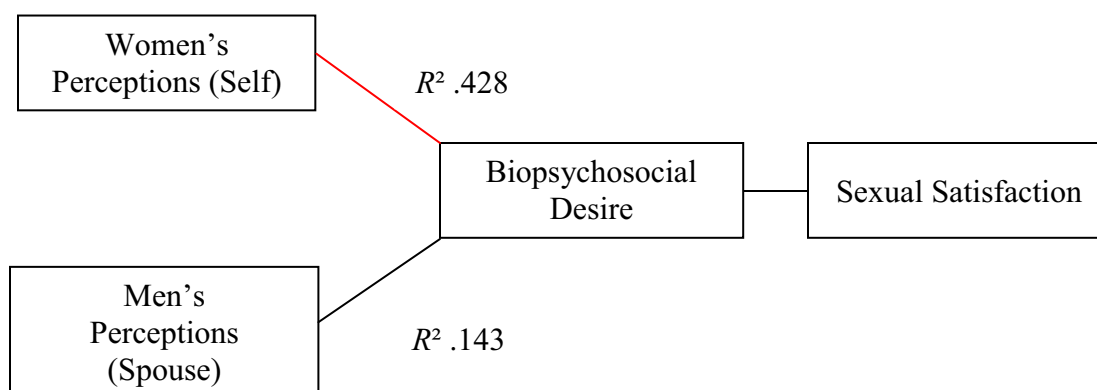


Figure 3. Perceptions of sexual desire and satisfaction.

Table 10

Regression: Biological, Psychological, and Social Aspects of Women's Reported Sexual Desire

Variable	B	SEB	β
Recognition of biological response-individual	-0.173	0.092	0.218
Recognition of biological response-spouse	0.132	0.123	0.118
Psychological Arousal	0.416	0.164	0.319*
Sexual Confidence	0.553	0.205	0.389**
Sexual Integrity	0.527	0.253	0.278*

Note. $R^2 = .608$ ($N = 44$) $p \leq .05^*$ $p \leq .01^{**}$

Table 11

Regression: Men's Perceptions of the Wife's Sexual Desire

Variable	B	SEB	β
Recognition of biological response-individual	0.110	0.134	0.170
Psychological Arousal	0.063	0.110	0.120
Sexual Integrity	0.246	0.230	0.217

Note. $R^2 = .143$ ($N = 33$)

Table 12

Regression: Women's Perception of Their Own Sexual Desire

Variable	B	SEB	β
Recognition of biological responses-individual	-0.04	0.109	-0.05
Psychological Arousal	0.57	0.19	0.44*
Sexual Integrity	0.54	0.19	0.38*

Note. $R^2 = .428$ ($N = 44$) * $p \leq .05$

DISCUSSION AND CONCLUSIONS

The purpose of this study was to explore women's sexual desire and how it is related to feelings of satisfaction in the sexual relationship. This was accomplished by (1) evaluating the strength of the relationship between sexual desire and sexual satisfaction, (2) determining what aspects of desire, biological, psychological, or social most strongly influenced sexual satisfaction, and (3) exploring how individual and spousal perceptions might influence the relationship between desire and satisfaction. Sexual desire and satisfaction are based on subjective evaluations of the sexual relationship or sexual stimuli (Bassoon, 2002; Byers et al., 1998). Therefore, due to the biased nature of these subjective evaluations, the results, discussions, conclusions, and implications of this study may be limited to this specific sample. However, this study furthers our understanding of the interrelationship between sexual desire and satisfaction and will be discussed from a biopsychosocial perspective.

Biopsychosocial Factors of Sexual Desire and Women's Reported Level of Sexual Satisfaction

From the literature reviewed, it seems logical to explore biopsychosocial dimensions of desire and their impact on sexual satisfaction. This perspective is supported by both theory and research exploring women's sexual desire (Andersen & Cyranowski, 1995; Bassoon, 2001, 2002, 2003; Wood et al., 2006). This seminal study explores this relationship by determining which factors (e.g., biological, psychological, or social) of sexual desire most strongly influence women's sexual satisfaction.

Biological Factors

As noted in the Results section there were no significant correlations between the biological factors of sexual desire and women's reported level of sexual satisfaction. Although these findings are unexpected especially considering the important role biology plays in sexuality, two explanations are offered: (1) the items comprising the various factors (e.g., Awareness of Physiological Response and Orgasmic Consistency - see Table 1) were not the most predictive of women's biological sexual desire; and (2) theoretically, it seems logical that if women are more psycho-emotionally and relationally involved in sexual experiences, then biological dimensions such as physiological response and orgasmic consistency may not be as important to, or predictive of, sexual satisfaction. This latter finding is consistent with research suggesting that women are generally not motivated by a strong biological urge to seek sexual experiences, nor are they sexually satisfied simply by the act of engaging in sex. Women are most likely to seek out sexual experiences to fulfill emotional and psychological needs of intimacy and connection. Thus, it is recommended that future research not only reexamine the findings of this study but explore other areas of biological sexual desire that may have greater explanatory power.

Psychological Factors

Three psychological factors of desire were found to significantly correlate with sexual satisfaction: Psychological Arousal, Psycho-Emotional Arousal, and Sexual Confidence. Psychological Arousal and Psycho-Emotional Arousal were significant for both genders, indicating that having positive thoughts and feelings, feelings of emotional sexual arousal, and looking forward to sexual intercourse and a variety of sexual activities was important for men and women. However, these same variables were also significant across perceptions, meaning that the feelings and activities individuals felt were important were the same feelings and activities they perceived to be important to their spouse.

One interesting finding in regard to the final factor, Sexual Confidence, was that it seemed to be an important aspect of sexual desire for both spouses but the regression analysis indicated that husband's perceptions of the wife's psychological sexual desire, including sexual confidence, was not significantly related to her sexual satisfaction. Intriguingly, this finding confirms the unique psychological impact of perceptions on women's sexual satisfaction. Further, this finding suggests that women's perceptions may be more predictive of her sexual satisfaction than men's perceptions of their wife. For example, it was important for women to feel good about themselves while engaged in sexual activity as well as to feel good about themselves as sexual partners. Sexual Confidence was also significantly related to the extent that women did not worry about their partners negative feelings about the amount of sexual activity in the relationship. Women who did not have to worry about their husband's negative feelings were able to feel more confident in themselves sexually. In sum, women who have positive

perceptions of themselves and do not worry about their spouse having negative perceptions of their overall sexual relationship were the most satisfied.

Social Factors

Two social factors were found to correlate with sexual satisfaction, Sexual Integrity and Relational Sexual Integrity. Social dimensions of sexual desire are largely unexplored, however, these findings indicated that variables such as Sexual Integrity and Relational Sexual Integrity may be important areas to consider when exploring sexual desire and its impact on sexual satisfaction.

Conclusion and Implications

A few conclusions can be made from these preliminary findings. First, sexual desire significantly correlated with sexual satisfaction for women on identified psychological and social factors, but not on any of the specified biological factors assessed in this study. Second, two psychological factors were significant in predicting women's sexual satisfaction, Psychological Arousal and Sexual Confidence; one social factor, Sexual Integrity, also predicted women's sexual satisfaction. Finally, men's perceptions of the wife's biological, psychological, and social sexual desire did not significantly influence women's reported level of sexual satisfaction. Women's psychological and social desire were significantly related to her satisfaction, thus it appears that women's individual perceptions predict their sexual satisfaction more than their spouse's perceptions. Several implications can be drawn from these preliminary findings.

Clinical Implications and Recommendations

Given the prevalence of sexual desire problems, especially among women, these findings may help clinicians understand unique factors that may be negatively influencing women's sexual desire. First, subjective arousal, a psychological factor, could be targeted with therapy. Subjective arousal could be defined as the affective and cognitive components of sexual arousal (Bassoon, 2003). Women who have inhibitions or desire problems could learn to cognitively process sexual stimuli in a way that is positive and learn to recognize feelings and attitudes they experience during arousal. Targeting affective and cognitive components of the sexual experience could enhance desire and lead to arousal. These recommendations are consistent with early research by Kaplan (1974) indicating that biological or sexual response successfully occurs when individuals are calm and allow themselves to enter the sexual experience without consciously monitoring the process. Further, recent research has found that even if women reflexively respond to sexual stimuli (e.g., biological arousal), if they are inhibited affectively or cognitively their biological response (e.g., vasocongestion) may be impaired (Bassoon).

Second, clinicians and therapists should be aware of and focus on the dyadic relationship and the dynamic interactions between spouses. Increasing communication, commitment to the sexual relationship, and determining ways couples can maintain and increase emotional closeness while engaged in sexual activity are social factors that enhance sexual satisfaction. These factors will be detailed in the subsequent section.

Psycho-Educational Implications and Recommendations

Several implications for education can be drawn. Research indicates that some women are not satisfied sexually but do not seek therapeutic intervention (Laumann et al., 1994). Education can be provided through various means (e.g., face-to-face, online, or book) to increase women's awareness of psychological and social factors that may increase their sexual satisfaction. Education can serve as a preventative measure, allowing women to gain knowledge and skills that will increase their sexual satisfaction without therapeutic intervention.

First, psychological target skills could be included in an educational format include the following: (1) identifying positive thoughts and feelings about sexual experiences, (2) helping women understand how feelings of emotional sexual arousal as well as identifying biological responses are important to sexual satisfaction, and (3) recording in a personal journal what activities or feelings help women look forward to sexual activity. These activities, regardless of educational format, could help women increase their knowledge about themselves, help them understand what areas might be influencing their sexual satisfaction, and provide them with insights as to what they can change to be more satisfied sexually.

Second, social target skills that could be included in an educational setting include the following: (1) couples can learn to identify feelings of emotional closeness that occur while they are engaged in sexual activity, (2) couples can practice communicating sexual desire by initiating sexual activity, accepting a spouse's initiation for sexual activity, and disclosing sexual likes and dislikes (Sprecher & Cate, 2004), and (3) maintaining and

increasing trust and commitment to the sexual relationship. These activities are specifically targeted towards couples and may help them improve specific aspects such as communication and commitment that will increase their sexual satisfaction.

In summary, the proposed recommendations for education target psychological and social factors, on an individual and couple level, that influence women's sexual desire. If women could work individually to improve negative attitudes and behaviors as well as work with their spouse to improve couple interactions, women could potentially improve intimacy, enhance sexual desire, and maximize sexual satisfaction.

Research Implications and Recommendations

These findings support the current trend in research to focus on psychological and behavioral domains of women's sexual experiences (Anderson & Cyranowski, 1995; Bassoon, 2001, 2002, 2003) and further explain social factors that are significantly related to sexual desire and satisfaction. Future research should explore these factors to create models or theories that more accurately describe women's sexual desire and satisfaction.

Specifically, results from this study could serve as a type of pilot study that recommends variables of sexual desire that influence sexual satisfaction for further testing. Future research should first test each factor (biological, psychological, and social) to establish reliability and validity. Then, these established constructs could be evaluated again to determine the degree to which these constructs interact. Following these two steps, future research could more effectively and strongly recommend

biological, psychological, and social aspects of desire and how they interact to influence women's sexual satisfaction.

Limitations

A couple of limitations should be considered when evaluating the results of this study. First, limitations exist due to the sampling techniques and procedures.

Generalizability of results is limited due to the homogeneity of the sample. The procedure for obtaining this sample was convenience, which limited participants to the area where the study was conducted and to those who heard about it from students enrolled in Human Sexuality courses or friends or family members of individuals aware of the study. This could, in part, explain the high degree of similarity between respondents and the lack of diversity in ethnicity, religion, and geographic region.

Another limitation of this sample was its moderate size. The second main limitation to this study is in regard to measurement. Due to the exploratory nature of this study, there was no reported validity for the survey. Further, the biological measure for women's sexual desire did not obtain significance. Future research should employ effective research methods, including using a nationally representative sample, to evaluate sexual desire and satisfaction from a biopsychosocial perspective. More effective research methods will allow researchers to (1) generalize results to a given population, (2) specifically determine biological factors that accurately depict women's desire, and (3)

further validate and strengthen this study.

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APPENDICES

APPENDIX A

The Sexual Desire and Satisfaction Questionnaire (SDSQ)

The Sexual Desire and Satisfaction Questionnaire (SDSQ)

Sexual Desire

Definition

An innate drive which creates feelings or sensations that motivates individuals to seek out, or become receptive to, sexual experiences. (Kaplan, 1979 p. 9-10).

- 1.) In as much detail as possible describe factors (e.g., affectionate behaviors) that promote feelings of sexual desire.

- 2.) In as much detail as possible describe factors (e.g., having an argument) that negatively influence your sexual desire.

- 3.) Using the following scale, which of the following factors have influenced your level of sexual desire during the past month: (1) Not at all; (2) Seldom, less than 25% of the time; 3) Sometimes, about 50% of the time; (4) Usually, about 75% of the time; (5) Always.

- My own health problems
 My partner's health problems
 Conflict in the relationship
 Lack of privacy
 Negative thoughts, perceptions, beliefs

Other (please specify): _____

- 4.) Using the following scale, which of the following factors, in your opinion, have influenced your spouse's level of sexual desire during the past month: (1) Not at all; (2) Seldom, less than 25% of the time; (3) Sometimes, about 50% of the time; (4) Usually, about 75% of the time; (5) Always.

- My own health problems
 My partner's health problems
 Conflict in the relationship

- Lack of privacy
 Negative thoughts, perceptions, beliefs

Other (please specify): _____

Over the past 4 weeks rank how frequently you felt sexual desire (e.g., desire to initiate or engage in sexual activities with your spouse)?

- Not at all
 A few times (1-3 times)
 Once a week
 2 or 3 times a week
 Once a day
 More than once a day

Over the past 4 weeks rank how frequently your spouse felt sexual desire (e.g., desire to initiate or engage in sexual activities with you)?

- Not at all
 A few times (1-3 times)
 Once a week
 2 or 3 times a week
 Once a day
 More than once a day

How do you feel about the frequency of your sexual desire?

- Inadequately low
 Slightly low
 Normal
 Slightly high
 Excessive or extremely high

How do you feel about the frequency of your spouse's sexual desire?

- Inadequately low
 Slightly low
 Normal
 Slightly high
 Excessive or extremely high

How do think your spouse feels about the frequency of your sexual desire?

- Inadequately low

- Slightly low
- Normal
- Slightly high
- Excessive or extremely high

In as much detail as possible please explain your feelings about the level (high, average, normal) and frequency (how often) of sexual desire?

How do your feelings about your sexual desire influence your relationship with your spouse?

In as much detail as possible please explain how your spouse feels about the level (high, average, low) and frequency (how often) of your sexual desire?

How do your spouse's feelings about your sexual desire influence your relationship?

Biological Measure of Sexual Desire

Definition

Desire as a biological phenomenon will be defined as an innate drive or urging for sexual experiences that lead to physiological arousal and sexual response.

1. (a) Please describe in as much detail as possible how your body responds (e.g., erection or vaginal lubrication) in preparation for sexual activity and intercourse.

1. (b) In general, rank the degree to which you agree with the following statement: "I believe that my body responds well in preparation for sexual activity and intercourse."

- No agreement
 Seldom, agree 25% of the time
 Sometimes, agree about 50% of the time
 Usually, agree about 75% of the time
 Always agree

2. (a) Please describe in as much detail as possible how your spouse's body responds (e.g., erection or vaginal lubrication) in preparation for sexual activity and intercourse.

2. (b) In general, rank the degree to which you agree with the following statement: "In my perception, my spouse's body responds well in preparation for sexual activity and intercourse."

- No agreement
 Seldom, agree about 25% of the time
 Sometimes, agree about 50% of the time
 Usually, agree about 75% of the time
 Always agree

3. Over the past 4 weeks, how often have you had a feeling of warmth in the genital area prior to intercourse?

Did not participate in sexual activity
 Never
 Seldom, agree about 25% of the time
 Sometimes, agree about 50% of the time
 Usually, agree about 75% of the time
 Always

4. Over the last 4 weeks, in your perception, how often has your spouse had a feeling of warmth in the genital area prior to intercourse?

Did not participate in sexual activity
 Never
 Seldom, agree about 25% of the time
 Sometimes, agree about 50% of the time
 Usually, agree about 75% of the time
 Always

5. Over the last 4 weeks, how often did you have a sensation of pulsating/tingling in your genital area prior to intercourse?

Did not participate in sexual activity
 Never
 Seldom, agree about 25% of the time
 Sometimes, agree about 50% of the time
 Usually, agree about 75% of the time
 Always

- 6.) Over the last 4 weeks, in your perception, how often did your spouse have a sensation of pulsating/tingling in the genital area prior to intercourse?

Did not participate in sexual activity
 Never
 Seldom, agree about 25% of the time
 Sometimes, agree about 50% of the time
 Usually, agree about 75% of the time
 Always

- 7.) During the past 4 weeks, how often did you experience the building of muscle tension in various parts of the body prior to intercourse?

Did not participate in sexual activity
 Never

- Seldom, agree about 25% of the time
- Sometimes, agree about 50% of the time
- Usually, agree about 75% of the time
- Always

8.) During the past 4 weeks, in your perception, how often did your spouse experience the building of muscle tension in various parts of the body prior to intercourse?

- Did not participate in sexual activity
- Never
- Seldom, agree about 25% of the time
- Sometimes, agree about 50% of the time
- Usually, agree about 75% of the time
- Always

9.) During the past 4 weeks, how often did you experience a change in your breathing (e.g., started breathing deeper and harder) prior to intercourse?

- Did not participate in sexual activity
- Never
- Seldom, agree about 25% of the time
- Sometimes, agree about 50% of the time
- Usually, agree about 75% of the time
- Always

10.) During the past 4 weeks, in your perception, how often did your spouse experience a change in breathing (e.g., started breathing deeper and harder) prior to intercourse?

- Did not participate in sexual activity
- Never
- Seldom, agree about 25% of the time
- Sometimes, agree about 50% of the time
- Usually, agree about 75% of the time
- Always

11.) During the past 4 weeks, how often did you experience a change in your heart rate/pulse rate (e.g., felt the heart beating more strongly) prior to intercourse?

- Did not participate in sexual activity
- Never
- Seldom, agree about 25% of the time

- Sometimes, agree about 50% of the time
 Usually, agree about 75% of the time
 Always
- 12.) During the past 4 weeks, in your perception, how often did your spouse experience a change in their heart rate/pulse rate (e.g., felt the heart beating more strongly) prior to intercourse?
- Did not participate in sexual activity
 Never
 Seldom, agree about 25% of the time
 Sometimes, agree about 50% of the time
 Usually, agree about 75% of the time
 Always
- 13.) Over the last 4 weeks, how often did you have an orgasm when you took part in sexual activity (e.g., masturbation by self or spouse, foreplay behavior, and intercourse)?
- Did not participate in sexual activity
 Never
 Seldom, agree about 25% of the time
 Sometimes, agree about 50% of the time
 Usually, agree about 75% of the time
 Always
- 14.) Over the last 4 weeks, in your perception, how often did your spouse have an orgasm when taking part in sexual activity (e.g., masturbation by self or spouse, foreplay behavior, and intercourse)?
- Did not participate in sexual activity
 Never
 Seldom, agree about 25% of the time
 Sometimes, agree about 50% of the time
 Usually, agree about 75% of the time
 Always
- 15.) Over the last 4 weeks how easy was it for you to reach orgasm?
- I did not have any orgasms
 Very difficult
 Fairly difficult
 Neither easy nor difficult
 Fairly easy

___ Very easy

- 16.) Over the last 4 weeks, in your perception, how easy was it for your spouse to reach orgasm?

___ I did not have any orgasms

___ Very difficult

___ Fairly difficult

___ Neither easy nor difficult

___ Fairly easy

___ Very easy

- 17.) Over the last 4 weeks, in general, how pleasurable were the orgasms you had?

___ Did not have any orgasms

___ Not pleasurable

___ Slightly pleasurable

___ Moderately pleasurable

___ Very pleasurable

___ Extremely pleasurable

- 18.) Over the last 4 weeks, in your perception, how pleasurable were your spouse's orgasms?

___ Did not have any orgasms

___ Not pleasurable

___ Slightly pleasurable

___ Moderately pleasurable

___ Very pleasurable

___ Extremely pleasurable

- 19.) For the following activities, use the following scale to indicate how often you have reached orgasm during the past month: (0) Have not engaged in this activity; (1) Not at all; (2) Seldom, less than 25% of the time; (3) Sometimes, about 50% of the time; (4) Usually, about 75% of the time; (5) Always reached orgasm.

___ In dreams or fantasy

___ Kissing

___ Masturbation alone

___ Mutual Masturbation

___ Petting and Foreplay

- Oral Sex
 Vaginal Penetration or Intercourse
 Anal Sex

20.) For the following activities, using the following scale to indicate how often your spouse has reached orgasm during the past month: (0) Have not engaged in this activity; (1) Not at all; (2) Seldom, less than 25% of the time; (3) Sometimes, about 50% of the time; (4) Usually, about 75% of the time; (5) Always reached orgasm.

- In dreams or fantasy
 Kissing
 Masturbation alone
 Mutual Masturbation
 Petting and Foreplay
 Oral Sex
 Vaginal Penetration or Intercourse
 Anal Sex

21.) Over the last 4 weeks, how often did you experience pain in your genital area during or after sexual activity (e.g., penetration, intercourse)?

- Did not participate in sexual activity
 Never
 Seldom, agree about 25% of the time
 Sometimes, agree about 50% of the time
 Usually, agree about 75% of the time
 Always

22.) Over the last 4 weeks, how often did your spouse experience pain in his/her genital area during or after sexual activity (e.g., penetration, intercourse)?

- Did not participate in sexual activity
 Never
 Seldom, agree about 25% of the time
 Sometimes, agree about 50% of the time
 Usually, agree about 75% of the time
 Always

23.) Thinking about your sexual life over the last 4 weeks, did you feel disappointed with your sexual response (e.g., ability to become aroused, lubrication, erection etc.)?

- Did not participate in sexual activity
- Never
- Seldom, agree about 25% of the time
- Sometimes, agree about 50% of the time
- Usually, agree about 75% of the time
- Always

24.) Thinking about your sexual life over the last 4 weeks, from your perception, did your partner feel disappointed with his/her sexual response (e.g., ability to become aroused, lubrication, erection etc.)?

- Did not participate in sexual activity
- Never
- Seldom, agree about 25% of the time
- Sometimes, agree about 50% of the time
- Usually, agree about 75% of the time
- Always

Psychological Sexual Desire

Definition

Desire as a psychological phenomenon will be defined as thoughts, feelings, and attitudes that motivate individuals to seek out and be receptive to sexual experiences (Kaplan, 1979).

- 1.) Over the past 4 weeks how often have you had pleasurable thoughts and feelings about sexual activity?

Not at all
 Rarely
 Sometimes
 Often
 Very often

- 2.) Over the past 4 weeks, in your opinion, how often has your spouse had pleasurable thoughts and feelings about sexual activity?

Not at all
 Rarely
 Sometimes
 Often
 Very often

- 3.) Over the past 4 weeks, how often did you have feelings of emotional sexual arousal when **thinking about** sexual activity (e.g., feeling excited, feeling ‘turned on,’ wanting to engage in sexual activity)?

Did not participate in sexual activity
 Not at all
 Rarely
 Sometimes
 Often
 Every time

- 4.) Over the past 4 weeks, in your opinion, how often did your spouse have feelings of emotional sexual arousal when they **thought about** sexual activity (e.g., feeling excited, feeling ‘turned on,’ wanting to engage in sexual activity)?

Did not participate in sexual activity
 Not at all
 Rarely

- Sometimes
- Often
- Every time

5.) Over the past 4 weeks, how often did you have feelings of emotional sexual arousal when **taking part in** sexual activity (e.g., feeling excited, feeling 'turned on,' wanting sexual activity to continue)?

- Did not participate in sexual activity
- Not at all
- Rarely
- Sometimes
- Often
- Every time

6.) Over the past 4 weeks, in your opinion, how often did your spouse have feelings of emotional sexual arousal when they **took part in** sexual activity (e.g., feeling excited, feeling 'turned on,' wanting sexual activity to continue)?

- Did not participate in sexual activity
- Not at all
- Rarely
- Sometimes
- Often
- Every time

7.) Over the past 4 weeks did you feel good about yourself while engaged in sexual activity?

- Did not take part in sexual activity
- Not at all
- Slightly
- Moderately
- Very
- Extremely

8.) Over the past 4 weeks, in your opinion, did your spouse feel good about himself/herself while engaged in sexual activity?

- Did not take part in sexual activity
- Not at all
- Slightly
- Moderately

___ Very
___ Extremely

9.) Over the past 4 weeks, how confident have you felt about yourself as a sexual partner?

___ Not at all confident
___ Slightly confident
___ Moderately confident
___ Very confident
___ Extremely confident

10.) Over the past 4 weeks, in your opinion, how confident has your spouse felt about himself/herself as a sexual partner?

___ Not at all confident
___ Slightly confident
___ Moderately confident
___ Very confident
___ Extremely confident

11.) Over the past 4 weeks, to what extent did you worry about your partner's negative feelings about the sexual activity in the relationship (e.g., partner feeling angry, hurt, and rejected)?

___ Not at all
___ Slightly
___ Moderately
___ Very
___ Extremely

12.) Over the past 4 weeks, in your opinion, to what extent did your spouse worry about his/her negative feelings about the sexual activity in the relationship (e.g., feeling angry, hurt, rejected, inadequate, or abnormal)?

___ Not at all
___ Slightly
___ Moderately
___ Very
___ Extremely

13.) Overall, during the past 4 weeks, how frequently have you become anxious (e.g., distressed, uneasy, or fearful) during sexual activity with your spouse?

- Not at all anxious or inhibited
- Seldom, less than 25% of the time
- Sometimes, about 50% of the time
- Usually, about 75% of the time
- Always anxious or inhibited

14.) Overall, during the past 4 weeks, how frequently has your spouse become anxious (e.g., distressed, uneasy, or fearful) during sexual activity?

- Not at all anxious or inhibited
- Seldom, less than 25% of the time
- Sometimes, about 50% of the time
- Usually, about 75% of the time
- Always anxious or inhibited

15.) Overall, during the past 4 weeks, how frequently have you become restrained or inhibited (holding back, prohibiting or forbidding sexual activity, etc.) during sexual activity with your spouse?

- Not at all anxious or inhibited
- Seldom, less than 25% of the time
- Sometimes, about 50% of the time
- Usually, about 75% of the time
- Always anxious or inhibited

16.) Overall, during the past 4 weeks, how frequently has your spouse become restrained or inhibited (holding back, prohibiting or forbidding sexual activity, etc.) during sexual activity?

- Not at all anxious or inhibited
- Seldom, less than 25% of the time
- Sometimes, about 50% of the time
- Usually, about 75% of the time
- Always anxious or inhibited

17.) Over the past 4 weeks, how often did you look forward to sexual activity?

- Not at all (0)
- Rarely (1-2 times)
- Sometimes (3-5 times)
- Often (6-10 times)
- Very often (10 or more times)

18.) Over the past 4 weeks, in your opinion, how often did your spouse look forward to sexual activity?

- Not at all (0 times)
- Rarely (1-2 times)
- Sometimes (3-5 times)
- Often (6-10 times)
- Very often (10 or more times)

19.) Over the past 4 weeks how often have you wanted to be sensually touched and caressed by your partner?

- Not at all (0 times)
- Rarely (1-2 times)
- Sometimes (3-5 times)
- Often (6-10 times)
- Very often (10 or more times)

20.) Over the past 4 weeks, in your opinion, how often has your spouse wanted to be sensually touched and caressed by you?

- Not at all (0 times)
- Rarely (1-2 times)
- Sometimes (3-5 times)
- Often (6-10 times)
- Very often (10 or more times)

Social Aspects of Sexual Desire

Definition

Desire as a social phenomenon will be defined as interactions between individuals and or society that form or influence the context in which sexual experiences occur.

- 1.) What social factors (partner interaction, family and friends, or the media) are most influential in contributing to your perception, awareness, or recognition of your sexual desire? Please be specific and describe how your sexual desire is influenced by each group.

Most Influential:

Partner Interactions:

Family or Friends:

Media:

- 2.) In your opinion, what social factors (partner interactions, friends and family, or the media) are most influential in contributing to your spouse's perception, awareness, or recognition of your sexual desire? Please be specific and indicate how various groups shape your spouse's awareness of your sexual desire.

Most Influential:

Partner Interactions:

Family or Friends:

Media:

- 3.) Over the last 4 weeks, how often did you feel emotionally close to your spouse when you took part in sexual activity?

_____ Did not participate in sexual activity

_____ Never

- Seldom, about 25% of the time
- Sometimes, about 50% of the time
- Usually, about 75% of the time
- Always

4.) Over the last 4 weeks, in your opinion, how often did your spouse feel emotionally close to you when you took part in sexual activity?

- Did not participate in sexual activity
- Never
- Seldom, about 25% of the time
- Sometimes, about 50% of the time
- Usually, about 75% of the time
- Always

5.) During the past month, how frequently have you been able to communicate your sexual desire to your spouse?

- I have been unable to communicate my desires or preferences
- Seldom, less than 25% of the time
- Sometimes, about 50% of the time
- Usually, about 75% of the time
- I always communicate my desires or preferences

6.) During the past month, in your opinion, how frequently has your spouse been able to communicate their sexual desire to you?

- I have been unable to communicate my desires or preferences
- Seldom, less than 25% of the time
- Sometimes, about 50% of the time
- Usually, about 75% of the time
- I always communicate my desires or preferences

7.) How has your ability to communicate your sexual desire to your spouse influenced your level of sexual desire?

- Not at all
- Some influence (25%)
- Moderate influence (50%)
- Usually influences (75%)
- Always influences

8.) In your opinion, how has your ability to communicate your sexual desire to your spouse influenced your spouse's level of sexual desire?

- Not at all
- Some influence (25%)
- Moderate influence (50%)
- Usually influences (75%)
- Always influences

9.) How does your commitment to the sexual relationship influence your level of sexual desire?

- No influence
- Some influence (25%)
- Moderate influence (50%)
- Usually influences (75%)
- Always influences

10.) In your opinion, how does your commitment to the sexual relationship influence your spouse's level of sexual desire?

- No influence
- Some influence (25%)
- Moderate influence (50%)
- Usually influences (75%)
- Always influences

11.) In your opinion, how does your spouse's level of commitment to the sexual relationship influence your level of sexual desire?

- No influence
- Some influence (25%)
- Moderate influence (50%)
- Usually influences (75%)
- Always influences

12.) Does the media (movies, television, pornography, magazines, etc.) influence your sexual desire?

- Not at all
- Rarely
- Sometimes
- Usually

___ Always

- 13.) In your opinion, does the media (movies, television, pornography, magazines, etc.) influence your spouse's sexual desire?

___ Not at all
 ___ Rarely
 ___ Sometimes
 ___ Usually
 ___ Always

- 14.) How much do the following influence your perception of your sexual desire (1=not at all, 2=rarely, 3=sometimes, 4=usually, 5=always):

___ Your spouse
 ___ Your parents or other family members
 ___ Your friends
 ___ Your community
 ___ Your church
 ___ Social attitudes and believes
 ___ Laws governing sexual behavior

- 15.) In your opinion, how much do the following influence your spouse's perception of their sexual desire (1=not at all, 2=rarely, 3=sometimes, 4=usually, 5=always):

___ Your spouse
 ___ Your parents or other family members
 ___ Your friends
 ___ Your community
 ___ Social attitudes and believes
 ___ Laws governing sexual behavior

- 16.) When I compare my sexual desire to what I see in the media (movies, television, pornography, magazines, etc.), I feel that my desire is:

___ Inadequate or extremely low
 ___ Slightly lower
 ___ About the same
 ___ Slightly higher
 ___ Excessive or extremely high

17.) When I compare my spouse's sexual desire to what I see in the media (movies, television, pornography, magazines, etc.) I feel that my spouse's desire is:

- Inadequate or extremely low
- Slightly lower
- About the same
- Slightly higher
- Excessive or extremely high

18.) In general, please explain in as much detail as possible how your spouse's perception, awareness, or recognition of your sexual desire influences your sexual desire.

Sexual Satisfaction

1.) In as much detail as possible describe factors that contribute to feelings of satisfaction with your sexual relationship with your spouse.

2.) In as much detail as possible describe factors that contribute to feelings of satisfaction with your sexual relationship with your spouse.

3.) In as much detail as possible describe factors that contribute to feelings of dissatisfaction with your sexual relationship with your spouse.

4.) In as much detail as possible describe factors that contribute to feelings of dissatisfaction with your sexual relationship with your spouse.

5.) Over the past 4 weeks how often have you wanted to take part in sexual activity?

- Not at all
- Rarely
- Sometimes
- Often
- Very often

6.) Over the past 4 weeks, in your opinion, how often has your spouse wanted to take part in sexual activity?

- Not at all
- Rarely
- Sometimes
- Often
- Very often

7.) Using the following scale indicate how frequently you have felt a desire to engage in the following activities during the past month: (0) Not at all; (1) 1 to 3 times; (2) Once a week; (3) 2 or 3 times a week; (4) Once a day; (5) More than once a day.

- Kissing
- Masturbation
- Mutual Masturbation
- Petting and Foreplay
- Oral Sex
- Vaginal Penetration or Intercourse
- Anal Sex

8.) Using the following scale indicate how frequently, in your opinion, your spouse has felt a desire to engage in the following activities during the past month: (0) Not at all; (1) Once; (2) 2 or 3 times; (3) Once a week; (4) 2 or 3 times a week; (5) Once a day; (6) More than once a day.

- Kissing
- Masturbation
- Mutual Masturbation
- Petting and Foreplay
- Oral Sex
- Vaginal Penetration or Intercourse
- Anal Sex

9.) Thinking about your sexual life over the past 4 weeks, how do you feel about the frequency of your sexual activity?

- A lot less than I desired
- A little less than I desired
- About right
- A little more than I desired
- A lot more than I desired

10.) Thinking about your sexual life over the past 4 weeks, in your opinion, how would your spouse feel about the frequency of your sexual activity?

- A lot less than desired
- A little less than desired
- About right
- A little more than desired
- A lot more than desired

11.) Over the past 4 weeks how often have you initiated sexual activity with your spouse?

- Not at all
- Rarely
- Sometimes
- Often
- Very often

12.) Over the past 4 weeks, in your opinion, how often has your spouse initiated sexual activity with you?

- Not at all
- Rarely
- Sometimes
- Often
- Very often

13.) In general, how satisfied are you with your sexual relationship?

- Very Dissatisfied
- Somewhat Dissatisfied
- Neither dissatisfied or satisfied
- Somewhat satisfied
- Very Satisfied

14.) In general, how satisfied do you feel your spouse is with your sexual relationship?

- Very Dissatisfied
- Somewhat Dissatisfied
- Neither dissatisfied or satisfied
- Somewhat satisfied
- Very Satisfied

15.) How satisfied are you with your spouse as a sexual partner?

- Very Dissatisfied
- Somewhat Dissatisfied
- Neither dissatisfied or satisfied
- Somewhat satisfied
- Very Satisfied

16.) How satisfied do you feel your spouse is with you as a sexual partner?

- Very Dissatisfied
- Somewhat Dissatisfied
- Neither dissatisfied or satisfied
- Somewhat satisfied
- Very Satisfied

17.) How satisfied are you with your sexual relationship with your spouse?

- Very Dissatisfied
- Somewhat Dissatisfied
- Neither dissatisfied or satisfied
- Somewhat satisfied
- Very Satisfied

18.) How satisfied do you feel your spouse is with your sexual relationship?

- Very Dissatisfied
- Somewhat Dissatisfied
- Neither dissatisfied or satisfied
- Somewhat satisfied
- Very Satisfied

Marital Satisfaction

If you are the husband, please answer questions 19 through 24; if you are the wife please answer questions 25 through 30.

Husband

- 19.) How satisfied are you with your marriage?
 Very Dissatisfied
 Somewhat Dissatisfied
 Neither dissatisfied or satisfied
 Somewhat satisfied
 Very Satisfied
- 20.) How satisfied are you with your wife as a spouse?
 Very Dissatisfied
 Somewhat Dissatisfied
 Neither dissatisfied or satisfied
 Somewhat satisfied
 Very Satisfied
- 21.) How satisfied are you with your relationship with your wife?
 Very Dissatisfied
 Somewhat Dissatisfied
 Neither dissatisfied or satisfied
 Somewhat satisfied
 Very Satisfied
- 22.) How satisfied do you feel your wife is with your marriage?
 Very Dissatisfied
 Somewhat Dissatisfied
 Neither dissatisfied or satisfied
 Somewhat satisfied
 Very Satisfied
- 23.) How satisfied do you feel your wife is with you as a spouse?
 Very Dissatisfied
 Somewhat Dissatisfied
 Neither dissatisfied or satisfied
 Somewhat satisfied
 Very Satisfied
- 24.) How satisfied do you feel your wife is with her relationship with you?

- Very Dissatisfied
- Somewhat Dissatisfied
- Neither dissatisfied or satisfied
- Somewhat satisfied
- Very Satisfied

Wife

- 25.) How satisfied are you with your marriage?
- Very Dissatisfied
 - Somewhat Dissatisfied
 - Neither dissatisfied or satisfied
 - Somewhat satisfied
 - Very Satisfied
- 26.) How satisfied are you with your husband as a spouse?
- Very Dissatisfied
 - Somewhat Dissatisfied
 - Neither dissatisfied or satisfied
 - Somewhat satisfied
 - Very Satisfied
- 27.) How satisfied are you with your relationship with your husband?
- Very Dissatisfied
 - Somewhat Dissatisfied
 - Neither dissatisfied or satisfied
 - Somewhat satisfied
 - Very Satisfied
- 28.) How satisfied do you feel your husband is with your marriage?
- Very Dissatisfied
 - Somewhat Dissatisfied
 - Neither dissatisfied or satisfied
 - Somewhat satisfied
 - Very Satisfied
- 29.) How satisfied do you feel your husband is with you as a spouse?
- Very Dissatisfied
 - Somewhat Dissatisfied
 - Neither dissatisfied or satisfied
 - Somewhat satisfied
 - Very Satisfied
- 30.) How satisfied do you feel your husband is with his relationship with you?

- Very Dissatisfied
 Somewhat Dissatisfied
 Neither dissatisfied or satisfied
 Somewhat satisfied
 Very Satisfied

31.) In as much detail as possible please describe factors that contribute to your marital satisfaction.

Marital and Sexual Satisfaction

32.) How does your level of marital satisfaction influence your level of sexual satisfaction? Rank the following statements according to how accurate they are in describing the relationship between your marital satisfaction and sexual satisfaction (1=never true, 2=rarely true (25%), 3=sometimes true (50%), 4=usually true (75%), 5=always true):

- Problems in my marriage lead to or cause problems in my sexual relationship
 Problems in my sexual relationship lead to or cause marital difficulties.
 I can have marital problems without them affecting my sexual relationship
 I can have sexual problems without them affecting my marriage
 My marriage and sexual relationship are intertwined and both equally influence each other

APPENDIX B

Socio-Demographic Instrument (SDI)

Socio-Demographic Instrument (SDI)

Gender: Male Female

Age: _____

Ethnicity: Caucasian African American Hispanic/Latino Asian
 Native American/Pacific IslandCurrent Residence: State _____ CityReligiosity Atheist Catholic Christian Hindu Jewish LDS Muslim
 None Other Protestant

How often do you attend church/worship services?

How often do you engage in private worship (i.e., meditation, prayer, study)?

Socio-Economic Status

Education (highest degree earned): _____

Occupation: _____

Income: _____

Relationship HistoryIs this your first marriage? Yes No

Marriage Date: _____

Length of Time Married: _____

Did you live together before you were married? Yes No

How many years did you lived together prior to marriage? _____

How many sexual partners have you had? _____

Number of children: _____

Are you currently pregnant? ____ Yes ____ No

Have you ever had marital therapy or sought marital help? ____ Yes ____ No

If yes, please briefly explain the main reason for seeking marital counseling.

Medical History

List any diagnosed health problems, serious illnesses, or injuries you have or have had in the past year?

Are you currently taking any medications? If yes, please specify.

Have you ever been diagnosed with depression, anxiety, or other mental health related issues? If yes, please specify?

Do you have a current sexual problem (i.e., erectile dysfunction, premature ejaculation, hypoactive sexual desire disorder, or sexual aversion)?

____ Yes ____ No

APPENDIX C
Informed Consent

APPENDIX C

Informed Consent

Introduction

Dr. D. Kim Openshaw and Katherine J. Chartier in the Department of Family, Consumer, and Human Development and Marriage and Family Therapy at Utah State University are conducting a research project to evaluate how one's personal and spouse's perceptions of sexual desire influence sexual satisfaction. Approximately 150 couples, in their first marriage and married five years or less, are expected to participate. We are excited to invite you to participate in this study and hope that you will look forward to being involved in helping us better understand sexual satisfaction.

Procedures

If you and your spouse agree to participate in the study you will be asked to complete a questionnaire that looks at sexual desire and satisfaction. The questionnaire will take approximately 60 minutes to complete. Because we are hoping to understand how you and your partner perceive sexual desire, it is important that you refrain from discussing questions with your spouse while taking the survey.

New Findings During the course of this research study, you will be informed of any significant new findings (either good or bad), such as changes in the risks or benefits resulting from participation in the research, or new alternatives to participation that might cause you to change your mind about continuing in the study. If new information is obtained that is relevant or useful to you, or if the procedures and/or methods change at any time throughout this study, your consent to continue participating in this study will be obtained again.

Risks and Benefits

Participation in this study involves minimal risk. At times, questions about sensitive relationship topics like sexuality may cause minor discomfort or relationship conflict. While this is not anticipated, if you do experience discomfort or conflict, please locate a mental health specialist in your area for consultation. There may or may not be any direct benefit to you from these procedures however, the investigators of this research may learn how to help couples, or other professionals working with them, increase sexual satisfaction by gaining knowledge and skills necessary to understanding and increasing sexual desire without seeking clinical intervention.

Voluntary Nature of Participation and Right to Withdraw

While participation in this study is important it is completely voluntary. You may refuse to participate or withdraw at any time without consequence. You may refuse to answer any question that makes you feel uncomfortable. Due to the nature of the questionnaire, no identifying information will be requested and the researchers will not know who completes the survey. All responses and comments will be kept strictly confidential. Completed questionnaires will be stored in a secure database and password protected. Access to data will be limited to researchers aware of confidentiality rules and regulations.

IRB Approval

The Institutional Review Board at USU has approved this research study. Their rules and regulations provide protection for participants involved in research projects. All recommendations, suggestions, and revisions from the IRB have been followed. If you have any questions or concerns about your rights or a research-related injury, you may contact the IRB Administrator at (435) 797-0567. If you have a concern or complaint about the research and you would like to contact someone other than the research team, you may contact the IRB Administrator to obtain information or to offer input.

Questions

Your participation in this study is greatly appreciated. Any questions about the questionnaire or research project can be directed to Dr. Kim Openshaw d.k.openshaw@usu.edu (435-797-7434) or Katherine Chartier katherine.chartier@aggiemail.usu.edu (812-890-3570).

Investigator Statement

“I certify that the research study has been explained to the individual, by me or my research staff, and that the individual understands the nature, purpose, and possible risks and benefits associated with taking part in this research study. Any questions that have been raised have been answered.”

Signature of PI & student or Co-PI

(Signature of PI)

D. Kim Openshaw
Principle Investigator
(435-797-7434)

(Signature of student or Co-PI)

Katherine J. Chartier
Student Researcher
(812-890-3570)

APPENDIX D

Rewritten Measures of the SDSQ

Rewritten Measures of the SDSQ

SDSQ	BISF	SFQ-VI	KMSS
Sexual Desire:			
3, 4	15		
Sexual Desire: Biological			
3, 4 5, 6 13,14 15, 16 17, 18 19, 20 21, 22 23, 24	11	7 9 24 26 25 18 29	
Sexual Desire: Psychological			
1, 2 3, 4, 5, 6 7, 8 9, 10 11, 12 13, 14, 15 16 17, 18 19, 20	6	1 13 23 27 31 28 2	
Sexual Desire: Social			
3, 4 5, 6	17	21	
Sexual Satisfaction			
5, 6 7, 8 9, 10 11, 12 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24,	4	3 32 4	1, 2, 3

*Items in the left column are questions in various sections of the SDSQ and the instruments and original questions they were taken from are listed in the columns to the right.

*All content questions were created by the researchers as well as any remaining questions not indicated in this table