

ORIGINAL RESEARCH—PSYCHOLOGY

More than Sexual Function: Predictors of Sexual Satisfaction in a Sample of Women Age 40–70

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DOI: 10.1111/j.1743-6109.2009.01557.x

ABSTRACT

Introduction. The literature provides a complex picture of sexual satisfaction and its predictors. To date, studies have provided a list of predictors of sexual satisfaction, including relational and psychological factors, but very little information is available on the direct effects of these predictors in midlife women, independently from the effects of sexual function on sexual satisfaction.

Aim. The main aim of this article is to provide empirical evidence on factors that predict sexual satisfaction in middle-aged women above and beyond the explanation provided by sexual function.

Main Outcome Measures. The three items on sexual satisfaction from the Female Sexual Functioning Index were used to assess different aspects of sexual satisfaction.

Methods. A sample of 86 women age 40–70 years recruited from a clinic completed a battery of questionnaires on sexual satisfaction and potential predictors, including, psychological well-being, body attitudes, menopausal symptoms, and relationship adjustment.

Results. Relationship adjustment, psychological well-being, and menopausal symptoms predicted sexual satisfaction above and beyond sexual functioning. Body attitudes did not predict sexual satisfaction in midlife women.

Conclusions. Data supported the hypothesis that sexual satisfaction is only partially explained by sexual function. Other factors involved in women's lives, such as psychological well-being, relationship adjustment, and, to a lesser extent, menopausal symptoms, affect sexual satisfaction independently from sexual function. **Dundon CM, and Rellini AH. More than sexual function: Predictors of sexual satisfaction in a sample of women age 40–70. J Sex Med 2010;7:896–904.**

Key Words. Sexual Satisfaction; Aging; Women; Midlife; Sexual Function; Menopause

Introduction

Although large population-based studies suggest that between 17% and 25% of women experience sexual dissatisfaction [1–4], the definition and conceptualization of female sexual satisfaction remain elusive. Researchers have alternatively conceptualized overall sexual satisfaction as an interpersonal model of rewards and costs [5], as a psychological construct appraising contentment with one's overall sexual life [6], and as a broad overall construct which includes the entwined emotional/physical and relational aspects of sexual satisfaction [7]. Consequently, the

operationalization of overall sexual satisfaction is often inconsistent across studies, resulting in the difficulty of generalizing research findings.

At the Consensus Conference on female sexual function disorders, held in 1999 by the Sexual Function Health Council of the American Foundation for Urologic Disease, it was proposed that a sexual satisfaction disorder be added as a new diagnostic category for sexual dysfunction in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition [8]. Instigating this proposal were clinical reports that a significant number of women seeking help for sexual dysfunction are unable to achieve subjective sexual satisfaction despite

sufficient desire, arousal, and orgasm. However, since a lack of epidemiological evidence or criteria for diagnosis existed to support this diagnostic category, the proposal was not adopted. Nonetheless, the conference highlighted the importance of investigating and determining the predictors of women's sexual satisfaction to provide data for future reconsideration of this proposal. In response, many researchers have investigated the predictors of female sexual satisfaction; however, very few have focused exclusively on women during midlife, a time when many women experience changes in their sexuality due to aging and menopausal factors. To provide a better understanding of the factors that influence sexual satisfaction in this cohort of women, we investigated numerous psychological, menopausal, relational, and body image predictors of satisfaction in a sample of midlife women while controlling for desire, arousal, and orgasm functioning.

The variety of potential predictors for sexual satisfaction highlights the complexity of conceptualizing female sexual satisfaction. Early research established that overall sexual satisfaction is strongly and positively predicted by coital satisfaction and by frequency of orgasm and intercourse [9–11]. In addition, many studies have demonstrated the relationship between overall sexual satisfaction and emotional, relational, and communication factors [9,12–18]. Emphasizing the importance of relationship factors, Barrientos and Paez [12] found that being in love distinguishes between female sexual satisfaction and dissatisfaction, and that women who believe in the endurance of their relationship are more satisfied. Moreover, research demonstrates that sexual satisfaction and relationship satisfaction vary together; as relationship satisfaction diminishes, so does sexual satisfaction and vice versa, although causality has not been established [19,20].

At all ages, women's satisfaction with their sexuality is a complex and multifaceted phenomenon; however, during midlife, women's sexual satisfaction is complicated by the effects of aging and menopause, including a decrease in desire, arousal, and orgasm functioning, and partnership dynamics such as length of partnership and sexual functioning of partner [21–25]. These factors may all directly or indirectly affect sexual satisfaction and, indeed, research points to a decline in female sexual satisfaction during midlife [9,26,27], specifically finding low sexual desire in midlife women associated with a decline in sexual activity, less

satisfaction with sex life, and less satisfaction with partner relationship [28,29].

In addition to sexual function and intimate partnership variables, other complications during midlife that may directly or indirectly affect the sexual satisfaction of women include psychological well-being, menopausal-related vasomotor and somatic symptoms, and changing body image. Studies have shown that the menopause transition is marked by an increased likelihood of depression and anxiety [27–33], both of which are associated with a decrease in sexual functioning and less sexual satisfaction and pleasure [21,34–37]. Research also finds that vasomotor and somatic symptoms related to hormonal fluctuations at menopause have been strongly associated with decreased sexual functioning [38,39] and reduced sexual satisfaction [21]. Lastly, although the relationship between body image and sexual satisfaction during midlife is unclear, studies find that older women consider themselves less attractive than when they were younger [40–42] and experience greater body shame [43]. Since body shame has been shown to negatively affect sexual pleasure and to promote avoidance of sexual activities [44], it is conceivable that body image concerns may negatively affect women's sexual satisfaction during midlife.

Recent literature suggests that especially among middle-aged women, self-reported sexual problems (i.e., low sexual desire, sexual pain, difficulty in becoming aroused, or difficulty in reaching an orgasm) do not necessarily coincide with reports of dissatisfaction with one's sexual life [35,45], thus indicating that there is more to sexual satisfaction than normal sexual functioning. Taken in conjunction with research showing that women during midlife experience less satisfaction with their sexual lives and partner relationships compared with younger women [22] and that their dissatisfaction increases with age [12,22,24–27], these findings indicate that for midlife women, sexual satisfaction is a complex phenomenon potentially affected by an array of psychological and biological factors.

This study followed the prevailing research trend to distinguish between overall satisfaction with one's sexual life (i.e., subjective overall contentment) and satisfaction from sexual activity (i.e., sexual enjoyment) [7,11,14,26,46], specifically utilizing Philippsohn and Hartmann's [7] proposed model of sexual satisfaction. Their model distinguishes between satisfaction from sexual activity (described as a two-dimensional construct including sexual enjoyment and relational factors) and overall satisfaction with sexual life. In this current

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