

PSYCHOLOGY

## Relational Intimacy Mediates Sexual Outcomes Associated With Impaired Sexual Function: Examination in a Clinical Sample



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### ABSTRACT

**Background:** Relational intimacy is hypothesized to underlie the association between female sexual functioning and various sexual outcomes, and married women and women with sexual dysfunction have been generally absent from prior studies investigating these associations, thus restricting generalizability.

**Aim:** To investigate whether relational intimacy mediates sexual outcomes (sexual satisfaction, coital frequency, and sexual distress) in a sample of married women with and without impaired sexual functioning presenting in clinical settings.

**Methods:** Using a cross-sectional design, 64 heterosexual married women with ( $n = 44$ ) and without ( $n = 20$ ) impaired sexual functioning completed a battery of validated measurements assessing relational intimacy, sexual dysfunction, sexual frequency, satisfaction, and distress. Intimacy measurements were combined using latent factor scores before analysis. Bias-corrected mediation models of the indirect effect were used to test mediation effects. Moderated mediation models examined whether indirect effects were influenced by age and marital duration.

**Outcomes:** Patients completed the Female Sexual Function Index, the Couple's Satisfaction Index, the Sexual Satisfaction Scale for Women, the Inclusion of the Other in the Self Scale, and the Miller Social Intimacy Test.

**Results:** Mediation models showed that impaired sexual functioning is associated with all sexual outcomes directly and indirectly through relational intimacy. Results were predominantly independent of age and marital duration.

**Clinical Implications:** Findings have important treatment implications for modifying interventions to focus on enhancing relational intimacy to improve the sexual functioning of women with impaired sexual functioning.

**Strengths and Limitations:** The importance of the role relational intimacy plays in broad sexual outcomes of women with impaired sexual functioning is supported in clinically referred and married women. Latent factor scores to improve estimation of study constructs and the use of contemporary mediation analysis also are strengths. The cross-sectional design precludes any causal conclusions and it is unknown whether the results generalize to male partners, partners within other relationship structures, and non-heterosexual couples.

**Conclusion:** Greater relational intimacy mitigates the adverse impact of impaired sexual functioning on sexual behavior and satisfaction in women. **Witherow MP, Chandraiah S, Seals SR, et al. Relational Intimacy Mediates Sexual Outcomes Associated With Impaired Sexual Function: Examination in a Clinical Sample. J Sex Med 2017;14:843–851.**

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**Key Words:** Female Sexual Dysfunction; Impaired Sexual Functioning; Relational Intimacy; Sexual Outcomes; Sexual Frequency; Mediation; Bootstrapping; Systemic Sex Therapy; Sexual Distress; Sexual Satisfaction; Marital Intimacy

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## INTRODUCTION

Female sexual dysfunction (FSD) is a common presenting problem in medical and psychotherapy settings.<sup>1–4</sup> Treatment of FSD is often conducted by multidisciplinary teams that target the interpersonal and medical factors involved in FSD. A significant number of women with FSD report marked psychological distress and sexual relationship problems.<sup>5</sup> Given the minimal efficacy of available medication therapies for FSD,<sup>6–8</sup> it is important to further investigate the role played by interpersonal dimensions in impaired sexual functioning, such as relational intimacy, to inform balanced approaches to integrated care.<sup>9,10</sup>

Although anecdotal evidence suggests that decreasing distress and increasing relational intimacy in clinical practice produces increased sexual functioning and satisfaction, there is little empirical evidence to support this model.<sup>11</sup> Most extant research has relied on convenience samples, such as college students, whereas samples with married couples, treatment-seeking samples, and samples recruited from clinical settings are notably absent.<sup>12–15</sup> This disparity is important because evidence suggests that findings from convenience samples might not generalize to women with FSD or to samples from clinical settings.<sup>16</sup> Accordingly, community-based studies with more narrowly defined populations are needed to test the generalizability of the association between sexual problems and dysfunctional or unsatisfactory relationships.<sup>17,18</sup> The present study addresses these limitations by using a married treatment-seeking sample to understand how impaired sexual functioning is associated with marital intimacy, sexual distress, sexual satisfaction, and sexual frequency.<sup>19</sup>

Theoretical models of relationship dynamics make somewhat divergent predictions regarding the role of relational intimacy in women's sexual outcomes. For instance, one model posits that greater intimacy in long-term relationships has a detrimental effect on sexual desire for a partner because of a lack of emotional differentiation and familiarity and habituation processes that dampen erotic interest and sexual frequency.<sup>20,21</sup> Alternatively, social exchange theory and attachment theory view relational intimacy as a potential protective mechanism against the negative effects imposed by sexual problems on relationships under some circumstances.<sup>22</sup> Indirect support for the role of relational intimacy in sexual functioning comes from evidence that anxious-ambivalent and avoidant-dismissive attachment styles negatively correlate with sexual functioning and behaviors.<sup>19,23,24</sup> In addition, in recently married heterosexual couples, sexual frequency and sexual satisfaction mediate the relation between the wife's perceived sexual attractiveness and the couple's marital satisfaction.<sup>25</sup> Because women who experience more negative perceptions of self-attractiveness also report worse romantic intimacy,<sup>25</sup> intimacy likely affects these sexual outcomes. Evidence that relational intimacy underlies sexual outcomes in FSD would provide strong support for interventions and conceptual models that promote intimacy and satisfaction as a means to promote women's sexual health.

Relational intimacy, FSD, and sexual health outcomes appear closely interrelated. In women with provoked vestibulodynia, relational intimacy uniquely predicts better self-reported sexual functioning independent of sexual intimacy and partner intimacy.<sup>26</sup> In cross-sectional samples, relational intimacy has been observed to protectively moderate the negative influence of lower sexual functioning on life satisfaction<sup>12</sup> and predict sexual frequency independent of age and marital duration.<sup>27</sup> Previous longitudinal investigations also have shown that frequency of sex and marital satisfaction are indirectly linked through sexual satisfaction. Understanding the factors hypothesized to influence outcomes such as sexual frequency and satisfaction have potential importance because these two factors are positively associated with relationship stability and union dissolution, although this association is somewhat stronger in cohabitating than in married couples.<sup>28</sup>

## AIMS

The aim of the present study was to determine whether marital intimacy mediates the relations between sexual functioning and several behavioral and emotional sexual outcomes (sexual frequency, sexual satisfaction, and sexual distress) in a treatment-seeking heterosexual sample of married women.

It was hypothesized that women with impaired sexual functioning compared with women with normal sexual functioning would differ in sexual satisfaction and sexual distress (feelings of anxiety, worry, and frustration about one's sexual functioning), and that women's perceived levels of marital intimacy would mediate this association. This hypothesis was based in part on a previous study showing that women who reported greater intimacy levels also reported less impact of physical pain on their sexual relationship.<sup>12,29</sup>

A second hypothesis predicted that intimacy would mediate the relation between impaired sexual functioning and sexual (coital) frequency. Clinically, this hypothesis would be illustrated by women with impaired sexual functioning who report engaging in more sex when they feel close to their partner, but that this relation would be stronger for those with higher relational intimacy levels.

Whether age or marital duration alters the hypothesized mediation relationships was tested because of evidence that age can moderate the association between sexual functioning and sexual distress in women with impaired sexual functioning.<sup>14</sup>

## METHODS

### Sample and Recruitment

Sixty-four heterosexual married women were recruited from two treatment settings, a private practice marriage and family therapy clinic and two general psychiatry clinics (teaching and private practice) at the University of Mississippi Medical Center (Jackson, MS, USA). The sample reflects a treatment-seeking population of married women presenting with various psychiatric, psychological, and relational problems. The study was conducted according to

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