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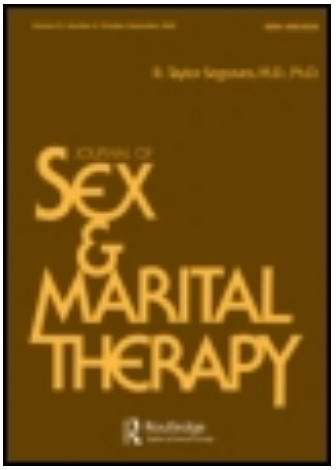

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Relational Intimacy and Sexual Frequency: A Correlation or a Cause? A Clinical Study of Heterosexual Married Women

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Researchers and practitioners have noted the importance of using clinical samples in sex therapy research. This study investigated the relationship between perceived levels of marital intimacy, sexual frequency, and sexual functioning among heterosexual married women. A clinical sample of 67 women completed the Couples Satisfaction Index (CSI), the Miller Social Intimacy Test (MSI), the Sexual Satisfaction Scale for Women (SSS-W), the Inclusion of the Other in the Self Scale (IOS), and the Female Sexual Functioning Index (FSFI-6). Data analyses revealed that marital intimacy acted as a predictor in univariate relationships on sexual frequency and sexual functioning but did not act as a mediator on sexual frequency and sexual functioning. Overall, these findings may further the discussion in the treatment of relational intimacy, sexual desire discrepancy, and female sexual dysfunction.

INTRODUCTION

In clinical practice it is often relational conflict surrounding sexual desire and frequency that prompts couples to seek treatment. In terms of theoretical conceptualizations regarding relational context, this presenting problem could potentially be approached in several ways. Surprisingly,

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little empirical evidence has been offered to substantiate these theories in the context of marriage and there is still a dearth of research evidence supporting these theories, especially in a format applicable to clinical practice (Balon & Wise, 2011; Brotto, Bitzer, Laan, Leiblum, & Luria, 2010; Ferreira, Narciso, & Novo, 2012; Rosen & Bachmann, 2008; Sims & Meana, 2010).

A limited number of studies have focused on sexual frequency in heterosexual couples. The most commonly proposed psychological factors are relational intimacy, psychotropic medications, anxiety, religious convictions, and body image (Bancroft, Loftus, & Long, 2003; Basson, 2008; de la Rubia, 2011; Radoš, Vraneš, & Šunjić, 2014). Smith et al. (2011) found that desired frequency of sex seems to be a major factor in overall relationship satisfaction even after adjusting for education, language, age, and beliefs about the importance of an active sex life. A limited number of research studies have established that overall sexual satisfaction is strongly and positively predicted by coital satisfaction and by frequency of orgasm and intercourse (Haavio-Mannila & Kontula, 1997; Willoughby, Farero, & Busby, 2014). McNulty, Wenner, and Fisher (2014) studied early-stage marriages and whether initial marital and sexual satisfaction predicted changes in sexual frequency. They found that sexual but not marital satisfaction was positively associated with frequency of sex, and initial levels of partner marital satisfaction were negatively associated with changes in both frequency of sex and own sexual satisfaction (McNulty et al., 2014).

Willoughby et al. (2014) report that gender differences do exist in how sexual frequency influences individual perceptions of the relationship. They have found that husbands are more likely to report larger discrepancies between desired and actual sexual frequency than their wives do, but women's sexual satisfaction may not be negatively impacted by lower sexual frequency.

When examining the greater context in which sexual frequency takes place in long-term relationships, studies have indicated that there are sexual and nonsexual motivations for women to engage in sexual activity; among these, emotional intimacy and increased well-being are positive rewards that women pursue through sex in their relationships (Mark, Fortenberry, Sanders, & Reece, 2014; Maserejian et al., 2010; Murray, Milhausen, & Sutherland, 2014). Interestingly, when examining within the context of marriage, Sims and Meana (2011) concluded that certain aspects of intimacy and closeness might act as "generic sexual pitfalls" contributing to the decline of sexual desire within marriage. Ferreira, Fraenkel, Narciso, and Novo (2014) found that sexual desire within marriage and long-term relationships needs both an intimate emotional connection and self-integrity. Phillippsohn and Hartmann (2009) expanded on some previous studies on whether it is the quality of the sexual performance or the relational tone of the marriage that determines sexual satisfaction. They concluded that satisfaction from sexual coitus is "relational" and that the feeling of closeness to one's partner is essential for sexual satisfaction. There is some anecdotal evidence that as individual and marital functioning improves, so does sexual frequency, but Leiblum (2010) cautions therapists about making increasing sexual frequency the target of therapy. She states that arrangements about sexual frequency or passion are foremost matters of relational negotiation and that at times despite an overall relationship change the partners' level of sexual desire may still remain discrepant and their frequency low (Leiblum, 2010, p. 208).

The current study investigates the relationship between perceived levels of marital intimacy—that is, the interpersonal interconnectedness in the areas of couple satisfaction, sexual satisfaction, feelings and behaviors of closeness, and sexual dysfunction and sexual frequency (specifically coital frequency). We hypothesize that relational intimacy serves as predictor of sexual frequency in the presence of sexual functioning (FSFI-6 variables) in married relationships.

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Further, we hypothesize that relational intimacy will be a mediating factor on sexual frequency in the presence of sexual functioning.

METHOD

Participants and Procedure

This study was conducted according to institutional standards and approved by the institutional review board of the University of Mississippi Medical Center (UMMC). In total, 67 women have completed a battery of questionnaires anonymously either online or via a mail-in packet of questionnaires. Response rate was 41% for online and mail-in combined. Participants for this study were recruited from two sites to provide heterogeneity of the overall combined sample: a local private practice marriage and family therapy clinic (first author) and two UMMC general psychiatry clinics of the second author, namely, a psychiatric teaching clinic and a private practice clinic. In order to qualify for this study, participants had to be heterosexual women currently living in married relationships and enrolled as patients in one of the already-mentioned facilities, irrespective of their presenting problem or diagnosis. Out of 67 respondents, 49 were patients enrolled at the marriage and family therapy clinic and 18 were enrolled at the UMMC general psychiatric clinics. In the sample, 81% of the participants were Caucasian (non-Hispanic), 13% were African-American, 1.5% Asian-American, and 4.5% did not indicate their race. There was a significant difference between the two samples regarding age and length of marriage: The mean age of participants at the marriage and family therapy clinic was 41 years, and it was 52 years at the UMMC clinics ($p = .0001$). Mean length of marriage at the marriage and family therapy clinic was 13 years, and 21 years at the UMMC clinics ($p = .0159$). There was no financial incentive offered for participating in this study.

Forty-seven of the participants had scored 19 or less on the FSFI-6, which is the clinical cutoff score to have female sexual dysfunction (FSD) (Isidori et al., 2010).

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Measures

Sexual Satisfaction and Distress

The Sexual Satisfaction Scale for Women (SSS-W) is made up of 30 items assessing five unique domains of sexual satisfaction and has demonstrated high reliability and validity (Meston & Trapnell, 2005). The Sexual Satisfaction Scale for Women includes subscales assessing overall satisfaction with one's sex life, as well as personal and relational sexual distress regarding sexual problems in a relationship. The present study used all five subscales of the SSS-W. Each subscale consists of six items that are reverse coded and summed so that higher scores indicate less distress (higher well-being). Scores for each subscale range from 6 (*very high distress*) to 30 (*no distress*). When summed, the SSS-W ranges from 30 to 150. Cronbach's alpha was .90 for the current sample.

IOS (Inclusion of the Other in the Self Scale)

The Inclusion of the Other in the Self (IOS) Scale has been demonstrated to be an excellent psychometric tool to measure level of closeness in a relationship and has substantive suitability as a measure since it can be completed rapidly and yet is not particularly susceptible to social desirability response set effects. The IOS scale has been used in other research studies to depict interconnectedness (Aron, Aron, & Smollan, 1992). The IOS Scale consists of seven pictures of circles depicting perceived levels closeness in a relationship. In the current study each picture was assigned a number from 1 to 7 in a Likert scale-like fashion with 1 indicating the *lowest level* of intimacy and 7 indicating the *highest level* of intimacy.

The Miller Social Intimacy Scale

The Miller Social Intimacy Scale (MSIS) is a 17-item measure of the maximum level of intimacy currently experienced, and was developed using sample that wqas both married and unmarried nonclinical as well as a married clinical. It has good internal validity and test–retest reliability. The MSIS was also proven to be a good measure for married clinical samples. During its development the mean MSIS score for the married students was significantly greater than that for the distressed married clinic sample, which points to heterogeneity in the level of intimacy experienced by married persons (Miller & Lefcourt, 1982). Cronbach's alpha was .94 for the current sample.

The Couples' Satisfaction Index

The Couples' Satisfaction Index (CSI) is a 32-item scale constructed using item response theory to measure relationship satisfaction. These authors have developed a 16-item version and a four-item version of it as well. Compared to some other relationship satisfaction scales, it has greater power for detecting differences in levels of satisfaction; it has also demonstrated strong convergent validity with other measures of satisfaction and has excellent construct validity (Funk & Rogge, 2007). The present study used the 16-item version of the CSI. Scores for the 16-item scale range from 0 (*no satisfaction*) to 76 (*very high satisfaction*). Cronbach's alpha was .98 for the current sample.

The Female Sexual Function Index (FSFI-6)

The Female Sexual Satisfaction Index-6 (FSFI-6) is a six-question abridged version of the Female Sexual Function Index-19. The FSFI-6 showed good internal consistency, reliability, and consistency and is a valuable tool to test for female sexual dysfunction (FSD). A score of 19 or less indicates the possibility of FSD present (Isidori et al., 2010). Cronbach's alpha was .80 for the current sample.

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Count Variable of Sexual (Coital) Frequency

We also added an additional question, "Please indicate the number of times you have had sexual intercourse with your spouse in the last month," at the end of the battery of questionnaires in order to obtain a measure of sexual frequency.

Perceived Level of Intimacy

We measured perceived levels of intimacy in a marriage by taking a sum of the standardized results of the SSSW-30, IOS, MSIS-17, and CSI-16 scores for each participant. We used Pearson correlation coefficient to analyze correlations between the scales and found that all were greater than .4, with the lowest correlation being between the IOS and SSS-W ($r = .44$) and the highest being between CSI and MSIS ($r = .78$). Further, all scales were positively associated with frequency of sex (all $p < .0010$) and the sum of the standardized scales was positively correlated with frequency of sex ($p < .0001$).

Statistical Analysis

Pearson correlations were used to examine simple correlations between FSFI domains. Frequency of sexual intercourse is modeled using negative binomial regression. Mediation is examined using Baron and Kenny's method (Baron & Kenny, 1986). Data were analyzed with SAS software, version 9.4 (SAS Institute, Inc., Cary, NC) and graphs were produced using Microsoft Excel 2013.

RESULTS

All research questions examined sexual frequency as an outcome. For all results we have adjusted for clinic type (Clinic 1 or Clinic 2). The first hypothesis explored how marital intimacy and the FSFI-6 domains serve as individual predictors of frequency of sex. As a basic analysis, we examined the Pearson correlations. There is moderate correlation between sexual frequency and the FSFI-6 domains ($r > 0.2, p < .05$), with an exception being pain ($r = 0.2, p = .2174$). Further, intimacy is moderately correlated with sexual frequency, similar to the FSFI-6 domains ($r = .6$, $p < .0001$).

To further explore the individual, unadjusted relationships between the FSFI-6 domains and sexual frequency, we applied negative binomial regression. With the exception of pain, all of the FSFI-6 variables significantly predicted frequency of sex ($p < .0006$). Given the Pearson correlation results for pain ($r = .1$), this is not surprising. For the five significant domains, as the participant's response increases, the expected frequency also increases.

Intimacy significantly predicted sexual frequency ($p < 0.0001$), with each 1-unit increase of intimacy resulting in a 23% increase in sexual frequency. All of the FSFI-6 variables, with the exception of pain, significantly predicted frequency of sex. In the case of sexual desire, for every 1-unit increase on the FSFI-6 there was a 54% increase in the expected sexual frequency. Table 1 demonstrates how the multiplicative effect works. In order to make it more practical for clinicians

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TABLE 1
Expected Frequency Based on FSFI Domain Response*

	E [frequency]					
Response	*Desire*	*Arousal*	*Lubrication*	*Orgasm*	*Pain*	*Satisfaction*
0	2	1	1	1	3	2
1	3	2	2	2	3	3
2	5	3	2	3	4	4
3	8	4	4	4	5	6
4	12	7	5	5	6	10
5	—	11	8	7	—	—

*Rounded values.

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to interpret this table, we have rounded up the values and included only integers to show expected frequency of intercourse based on this sample.

In order to test for correlation between perceived levels of "interpersonal interconnectedness" within the dyad and sexual frequency, we modeled sexual frequency and answers given by participants only on the IOS Scale. We found that the IOS Scale significantly predicts sexual frequency ($p = 0.0010$), and as IOS scale responses increase by 1 unit, sexual frequency increases by 30%. Figure 1 illustrates expected frequencies against observed frequencies.

We explored intimacy as a predictor after adjusting for multiple covariates in the model. The first model examines intimacy as a predictor of sexual frequency after adjusting for the FSFI-6 domains, excluding "Satisfaction" since it is not a physiological response. The second model adjusts for both FSFI-6 domain,s as well as age of participant, length of marriage, and clinic location. The results indicate that intimacy is the only significant predictor of sexual frequency, and both age of participant and years of marriage did not significantly predict sexual frequency. Results are presented in Table 2.

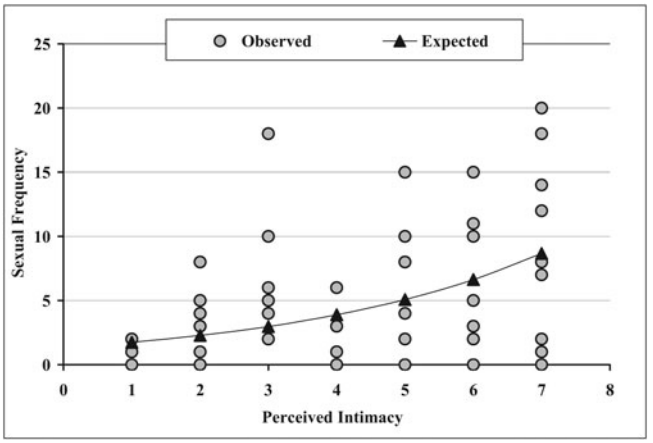

FIGURE 1 Graph of perceived intimacy based on the IOS Scale and sexual frequency.

TABLE 2
Multivariable Negative Binomial Regression Results

	*Model 1: no adjustors**		*Model 2: M1 + adjustors*	
Predictor	*Estimate*	*p Value*	*Estimate*	*p Value*
Desire	1.07	.7020	1.04	.8385
Arousal	0.80	.2569	0.80	.2355
Lubrication	1.29	.0237	1.22	.0820
Orgasm	1.19	.1182	1.23	.0687
Pain	1.03	.8361	1.06	.7061
Intimacy	1.22	.0006	1.25	.0002
Clinic type	0.61	.0818	0.75	.3304
Age			0.97	.0827
Length of marriage			1.00	.8035

*Without adjusting for age and the length of marriage.

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Our second hypothesis explored the extent to which marital intimacy serves as a mediator between sexual functioning and sexual frequency. To answer this question, we follow steps laid out by Baron and Kenny (1986). First we modeled intimacy as the dependent variable, and then we modeled the full model (adjusting for age and length of marriage. As a result we can conclude that intimacy is not a mediator for arousal. We did not detect mediation between sexual functioning and sexual frequency; regression results are omitted for brevity.

DISCUSSION

This study explored the relationship between perceived levels of marital intimacy and sexual frequency. In particular, we examined the ways in which marital intimacy and the FSFI-6 variables predict sexual frequency among heterosexual married women both before and after controlling for other variables such as age and years of marriage. In unison with our first and second hypothesis, we have found that higher marital intimacy scores significantly predict sexual frequency, and each FSFI-6 variable (excluding satisfaction) significantly predicts sexual frequency. This finding suggests that marital intimacy is an important factor in sexual frequency. Age was not found to be a significant predictor of sexual frequency. This might be because the current sample was a clinical sample and included a relatively high percentage of women who met the criteria for sexual dysfunction regardless of their age. Another possible reason might be that older women have more sexual experience and have already worked through some sexual difficulties that their younger counterparts have not. This might also explain why length of marriage did not end up being a significant predictor in sexual frequency. Although the authors do not currently know of a research study that would explore this correlation, anecdotal evidence suggests that older women and women who have been married longer have a better grasp of their sexual function and they are more likely to have integrated sexuality into their relationships and life stories than younger women. Lastly, our analytic method measured whether intimacy is a predictor in sexual frequency and not the reason for it.

Contrary to our hypothesis, marital intimacy was not found to be a mediator of the FSFI-6 variables and sexual frequency. Based on this finding, we speculate that sexual frequency is a matter of relational negotiation and in a sense a "choice" or a "mutual agreement" instead of a causal effect of intimacy levels within the marriage. This observation is particularly apparent when observing the correlation between the IOS Scale and sexual frequency. We are highlighting this in particular since it is a unique pictorial scale and can be easily used to measure "interpersonal interconnectedness" in a marriage. A woman might score as high as a 7 on the scale and have very low to no sexual frequency reported. On the other hand, she might score very low on the IOS Scale yet indicate a high sexual frequency. Although McNulty et al. (2014) measured the correlation of marital satisfaction and change of sexual frequency, which are different constructs than what we measured, their finding indicated a similarly surprising result. Again, our finding could be the result of the current sample being a clinical sample with the majority of participants meeting the criteria for sexual dysfunction.

Interestingly, none of the FSFI-6 variables mediates the relationship between intimacy and frequency. This might come as a surprise, as one might expect variables such as "pain" to be significant mediator. In general, this finding diverges from the findings of Desrosiers et al. (2008) on painful intercourse, possibly because their sample size was homogeneous to vulvar pain and thus may not be generalizable to our sample or the entire population. To explain our finding, we again have to rely on some anecdotal evidence from clinical experience that suggests that women have a tendency to "tough it out" and still engage in sexual activity despite the presence of unpleasant side effects such as pain, for the sake of relational benefits. This finding might be significant in the sense that it supports recent sexual desire models that take multiple relational factors into consideration.

These findings suggest that enhancing marital intimacy and facilitating healthy relational negotiation should be considered important factors in sex therapy; however, this might not necessarily translate into an increase in sexual frequency. Sexual frequency appears to be correlated with but not caused by perceived levels of relational closeness. The authors believe that the field would greatly benefit from further research in this subject.

Additionally, the FSFI-6 is an easy-to-use quick assessment tool that can alert clinicians about the possible presence of female sexual dysfunction when a patient scores 19 or less, prompting further inquiry into the marital intimacy in the relationship.

In regard to future directions, the authors believe that this study should be replicated on different clinical populations such as married men or women in long-term dating relationships in order to gain more knowledge about the relationship between intimacy and sexual frequency in committed relationships, especially measuring differentiation, interpersonal interconnectedness, and marital satisfaction as they relate to sexual frequency, relational negotiation, and sexual desire discrepancy within a marriage.

A limitation of the study was that using only a sample of clinical participants may have biased the sample, since it limited our opportunity to recruit a larger representation from a variety of age groups or ethnic backgrounds. However, by recruiting from two different clinical sites (an academic medical center and community private practice) this study did provide some heterogeneity in the target sample studied, since our aim was to provide more research on clinical populations. While it would have been useful to look for differences even within these two subsamples, our overall sample size was not large enough to permit this.

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