

Factors Associated with Sexual Satisfaction among Lesbian Women  
Throughout the Duration of a Long Term Relationship

Leesa Contorino, MA

A Dissertation Submitted to the Faculty of  
The Chicago School of Professional Psychology  
In Partial Fulfillment of the Requirements  
For the Degree of Doctor of Philosophy in Psychology

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Leesa Contorino

2017

Approved By:

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Braden Berkey, PsyD, Chairperson  
Associate Professor, The Chicago School of Professional Psychology

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Pamela Niesluchowski, PsyD, Member  
Associate Professor, The Chicago School of Professional Psychology

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## Dedication

This dissertation is dedicated to Heddie, Mary, Klaudia, and Veronica for all you have brought to my life.

## Abstract

This study was designed to explore factors contributing to sexual satisfaction among lesbian women in long term romantic relationships throughout the length of the relationship as well as gain insight into definitions of sex and sexual satisfaction among lesbians. Demographic variables were also explored for predictive factors for sexual satisfaction. Lesbians in romantic relationships for at least 6 months responded to a secure online survey. The survey consisted of informed consent, inclusion criteria, and 12 open-ended questions related to domains of a woman's life that potentially influence the phenomenon of sexual satisfaction. Responses were categorized into the length of time a woman reported being in her current relationship and responses were coded using factors within Bronfenbrenner's ecological model of development. Data supported the hypothesis that factors within the romantic relationship as well as outside the romantic relationship influence experiences of sexual satisfaction for lesbians. The dominant theme of mutuality, or attunement to the physical and emotional needs of a partner and herself, were present regardless of the length of the relationship. Subthemes related to mutuality in a relationship were also identified in definitions of sex and sexual satisfaction, feeling free from gender roles in sexual activities, mental and physical health experiences, and hearing about the dissatisfaction of peers. Related to the length of the relationship, mental and physical health problems became more prominent in the narrative responses of women in longer term relationships, but did not affect satisfaction levels at the time of the study. Women in shorter term relationships were more likely to focus on sexual functioning and physiological experiences when describing sexually satisfying experiences while women in longer term relationships emphasized intimacy and quality of sexual experiences as satisfactory. Developing further research within this population regarding fostering mutuality for couples and how specific

demographic information such as monogamy and cohabitation influence sexual satisfaction are necessary for the future.



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## Chapter 1: Nature of the Study

### **Background**

With each generation, topics of sexuality are more welcomed within the mainstream dialogue and popular culture (Smith, 1990). Increased recognition of women's sexual rights is reflected in a number of United States federal court cases in recent decades related to protecting access to safe abortions and holding institutions responsible for sex discrimination and sexual harassment in the workplace (American Civil Liberties Union, 2016; Smith 1990). However, aspects of female sexual functioning, such as desire, are still pathologized within the current Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association [APA], 2013). Similarly, while topics related to gay, bisexual, and lesbian sexuality are more visible in society, same-sex couples remained stigmatized with the awareness of HIV/AIDs in the 1980s regardless of the removal of homosexuality as a psychological disorder in 1974 by the American Psychiatric Association (Smith, 1990).

General interests in topics of sexual minorities and sexuality are further reflected in a growing body of academic research focusing on sexuality in recent decades (Armstrong & Reissing, 2013; McClelland, 2013). Topics of sexuality related to same-sex attraction among women has been influenced by standards and definitions of sex reflective of heteronormative and patriarchal practices (Matthews, Hughes, & Tartaro, 2006). This misrepresentation of sexual minority sexual practices is reflected in the comparison of opposite sex and same sex couples in the early literature (Blumstein & Schwartz, 1983).

A predominant early body of research regarding couples of various sexual orientation in American was undertaken by Blumstein and Schwartz (1983). These researchers began comparing and contrasting sexual practices among same-sex and opposite-sex couples. When frequency of sex was studied, gay male couples engaged in sex most frequently. Opposite sex

couples engaged less frequently in sex than gay male couples. Finally, lesbian couples engaged in less sex than opposite-sex and gay male couples (Blumstein & Schwartz, 1983). However, because these statistics were based on frequency of genital contact, sensual encounters and other forms of intimacy that did not include orgasm were not included. Later research suggests lesbian couples engage in sensual encounters, such as masturbating together while viewing pornography, more frequently than heterosexual couples (Iasenza, 2002). With heteronormative research depicting lesbian couples as having less sex than heterosexual and gay male couples (Blumstein & Schwartz, 1983), the term *lesbian bed death* was coined to describe the consequence of a long term lesbian relationship (Iasenza, 2000, 2002; Nichols, 2004). These findings suggests frequency of sexual activity and genital contact is not as significant for the maintenance of sexual satisfaction among lesbian couples when compared to heterosexual or same-sex male couples.

Frequency of sexual behavior does not necessarily translate to reports of sexual satisfaction suggesting other elements are needed to maintain sexual satisfaction. Multiple studies have found lesbian women to be more sexually satisfied in sexual relationships than heterosexual women in sexual relationships (Henderson, Lehavot, & Simoni, 2009). There are likely multiple factors contributing to sexual satisfaction among lesbian couples including the physiology, sensual encounters (e.g., hugging, kissing, non-genital intimate contact), relationship dynamics, and factors external to the female dyad. However, the intersection of these contributing factors and the length of the relationship has little representation within the extant literature. Given that studies regarding frequency, regardless of gender, indicate a decline in sexual activity in a relationship over time, there are likely factors other than frequency at play

contributing to sexual satisfaction among women in long term relationships which would require a more complex exploration of these relationships.

A broader view of sexual satisfaction can be considering using Bronfenbrenner's ecological model (1979). This model views development as influenced by a multitude of environmental factors within various proximities to an individual as well as the interactions of these environmental factors. A couple's experience of sexual satisfaction is layered with interactions within these environmental factors, or spheres, known as the microsystems, mesosystems, exosystems, macrosystems, and chronosystem. Studies in the current literature typically focus on a single factor contributing to sexual satisfaction such as faith (Smith & Horne, 2008), desire discrepancies (Bridges & Horne, 2007), love styles (Neto & Pinto, 2012), or overall sexual functioning (Trudel et al., 2013). The use of Bronfenbrenner's model also expands the definition of female sexuality beyond the medical model in which it is often confined (Pronier, 2014). While there are multiple layers contributing to sexual satisfaction, it is unclear which spheres contribute more heavily to sexual satisfaction given the length of a couple's relationship.

### **Problem Statement**

Female sexuality is often described using a medical model within the extant literature (Pronier, 2014) or is subjected to societal ideals for female sexual desire and heteronormativity (Blumstein & Schwartz, 1983; Smith et al., 2011; Willoughby, Farero, & Busby, 2014). Further, when broader definitions of sexual satisfaction have been explored, length of the relationship has not been the focus of comparison. Given the constant change over time across various domains of a woman's life, further exploration into the interaction of length of a relationship and potential contributing factors for sexual satisfaction is warranted.

Exploring these factors that likely influence the existence of sexual satisfaction among lesbians in long term relationships will be the focus of this study. Cisgender women who self-identify as lesbian and have been in a same-sex relationship for at least 6 months are the focus of this study. According to Merriam-Webster (“Cisgender”, 2017), *cisgender* is defined as a person who identifies with the gender they were assigned at birth. This population was chosen due to its limited representation in the extant literature as well as research that suggests lesbian women on average report higher levels of sexual satisfaction when compared to heterosexual women (Henderson et al., 2009). This significant difference warrants further exploration of the factors associated with sexual satisfaction, specifically women in same-sex female couples, in order to increase understanding for what contributes to sexual health among lesbian couples and how to increase competency for individuals working with lesbian individuals and couples.

### **Purpose of the Study**

While frequency of sex typically declines across time for all couples, it is still possible to be sexually satisfied at all stages of a relationship (Blumstein & Schwartz, 1983; Neto & Pinto, 2012; Smith et al., 2011). This suggests there are various factors contributing to sexual satisfaction outside of the sexual functioning or frequency of orgasm suggested by the medical model of sexual satisfaction (Pronier, 2014). This study explores the factors contributing to sexual satisfaction for women in various lengths of romantic relationships. Given the differences in gender norm expectations, societal pressures, biological functioning, and individual motivations impinging on lesbian couples compared to other couples, there are likely unique factors contributing to satisfaction among lesbian couples throughout a relationship. It was hypothesized that the factors contributing to partnered lesbians reports of sexual satisfaction



(e.g., physiological, emotional, interpersonal factors) will differ depending on the length of the relationship

### **Research Questions**

The current study was guided by the overall question: What are the factors contributing to sexual satisfaction for an individual in a lesbian relationship depending on the length of the relationship? The study is further focused on exploring whether or not there is a typical length of time within a lesbian relationship during which sexual satisfaction becomes less reliant on physiological and sexual functioning. Given that the literature across orientations indicates that there is a decrease in physiological factors associated with sexual satisfaction over time (Sabey, Rauer, & Jensen, 2014) the current study uses a broader model. With the frame of Bronfenbrenner's (1979) ecological model, the current study explores factors beyond the physical within the microsystem, mesosystem, exosystem, macrosystem, and chronosystem of lesbian couple and the length of time in which these elements become more prominent in the relationship.

In addition to expanding the understanding of what it means to be sexually satisfied within a lesbian dyad, this study will also have clinical implications for working with couples and individuals in therapy. If sexual concerns are presented in a therapy setting, a clinician may ask the length of the relationship to determine which factors are typically associated with sexual satisfaction during this time. Likewise, clinicians may choose to focus less on physiological aspects of sexual satisfaction and encourage the couple or individual to strengthen other domains of the relationship that may be associated with sexual satisfaction such as communication or mutual support or provide space to acknowledge and process factors that may be out of the couple's control such as sociopolitical factors or health issues.

## Chapter 2: Literature Review

The chapter is separated into two main sections to address all domains of the present study. The first section applies Bronfenbrenner's ecological model to factors influencing sexuality to connect theory to the present study. The second section explores various factors influencing sexual satisfaction for women, including women in same-sex and opposite-sex relationships. Categories across physiological, psychological, interpersonal, and sociopolitical factors that can influence sexual satisfaction for women are included. This section concludes with an exploration of the evolution of lesbian sexuality in research and its influence on myths regarding lesbian sexuality, particularly regarding the concept of *lesbian bed death*.

### **Ecological Systems Theory**

Given the multidimensional aspects of sexual satisfaction, Urie Bronfenbrenner's (1977) ecological systems theory is useful in examining factors influencing the phenomenon of sexual satisfaction. The ecological systems theory was originally developed to explain the development of children. The theory suggests children are constantly interacting with people, objects, and symbols within their immediate environment while simultaneously being influenced by aspects of the environment at different proximities to the individual child. The interactions of these environmental factors within and across proximal levels also influence the development of a child. This theory led to a model consisting of concentric circles representing the environmental factors of the past, present, and future and their constant interactions in relation to their proximity to an individual.

These levels are described as the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Bronfenbrenner, 1977). The *microsystemic sphere* consists of environmental factors in closest proximity to the individual, including biological functions within the individual. These factors are experienced by the individual through face-to-face interactions such

as their family, neighborhood, workplace, or peer group. In the development of sexual satisfaction for an individual, examples of microsystemic factors can include family and peer attitudes toward sexual behavior, experiences with sexual partners, as well as individual biological processes related to sexual activity such as desire, arousal, and orgasm (Jones, Meneses da Silva, & Soloski, 2011). The *mesosystemic sphere* consists of the interactions between the various microsystems with which the individual interacts (Bronfenbrenner, 1977). Within the context of sexual satisfaction, influences within this sphere can include the interactions between a microsystem not directly related to an individual's sexuality and an individual's sexual microsystem or sexual interactions between two partners. While an individual's sexuality is a unique microsystem, the combination of each partner's sexuality creates the mesosystem of the couple's sexuality (Jones et al., 2011).

*Exosystems* are described by Bronfenbrenner (1977) as systems which the individual does not directly interact with within their immediate environment but indirectly influence the development of the individual. Jones et al. (2011) identified exosystemic influences on sexuality as school systems, healthcare and community, and the media. For instance, an administration's decision on what to include and exclude from a sex education class can influence the behaviors and attitudes of a student towards different aspects of sexuality. Similarly, an individual's access to safe sex resources such as sex education or STI barriers can influence their experience of sex. The media can also indirectly influence an individual's experience of sexuality through unrealistic depictions of sex or rigid sex roles.

The *macrosystem* is the outermost level of Bronfenbrenner's (1977) model and is comprised of the broader culture which the individual lives in and the beliefs and norms created within this culture. Examples of factors related to sexuality within this ecological sphere include

gender roles and socialization, cultural attitudes towards sexuality, and religious teachings (Jones et al., 2011).

The final dimension of this model is the *chronosystem*, which includes transitions or other changes throughout a person's lifespan on an individual or environmental level which influence the individual's development (Bronfenbrenner, 1986). Jones et al. (2011) identified the aging process, a person's first sexual experience, relationship progression rituals, and sexual abuse as examples of chomosystemic influences on sexuality development. For sexual minorities, marriage equality laws and shifting societal attitudes towards same-sex couples are also included in this dimension.

### **Sexual Satisfaction among Women and Couples**

#### **Definition of Sexual Satisfaction**

While the medical model is often used to examine female sexual satisfaction, there are a variety of other factors at play. McClelland (2013) examined the differences between satisfying sexual experiences and non-satisfying sexual experiences in college students and found that women define sexual satisfaction using biological, emotional, and social terms. Among the majority of female participants, satisfaction within a sexual experience, including masturbation, was categorized into the "Relational and Feminine" category. This category included experiencing an increased sense of femininity, monogamy, emotional closeness, and being physically relaxed. An increased sense of femininity was reported as a satisfying consequence of sex for heterosexual and non-heterosexual women, while an increased sense of masculinity was not identified as influential on sexual satisfaction. Monogamy was identified as a prerequisite for satisfying sex due to the sense of being connected to one's partner on a deeper level. However, emotional closeness was identified as a result of satisfying sex rather than a prerequisite. These

definitions of sexual satisfaction reveal the complexities of a woman's sexuality and the array of potential factors that can influence her satisfaction level beyond orgasm or penetration.

Sensual and non-genital contact can also be sexually satisfying for women, particularly women who identify as sexual minorities. Cohen and Bryers (2014) examined women in sexual minority groups and their broad range of experiences in terms of sexuality with their partners. The majority of participants reported hugging or kissing their partner on a daily basis. Over half of participants reported engaging in some form of whole body, non-genital contact with their partner on a daily basis. The majority of participants reported experiencing genital contact with their partner once a week. These sexual acts included, in descending frequency, touching breasts, vaginal penetration, and oral sex. Women in same-sex relationships reported engaging in sex for an average of 57 minutes per encounter which is 39 minutes longer than the average sexual encounter between opposite-sex partners (Miller & Byers, 2004). Unlike early literature that suggested same-sex female partners essentially cease sexual contact, Cohen and Bryers (2014) found the majority of women in their study who had been in same-sex relationships for 10 years or longer still engaged in sexual activity. However, the length of the relationship was found to negatively correlate with the frequency of genital contact between partners. Results indicated 89% of women who had been with their partners for less than 2 years engaged in genital contact at least once a week. This same experience was reported by 73% of women who had been with their partners between 2 and 10 years and 56% of women who were partnered for 10 years or longer. This decrease in genital contact over the course of the relationship may suggest a natural decrease in sexual activity over time, particularly after the beginning stages of a relationship have been experienced. This may also suggest an emphasis on sensual or other intimate experiences between women that are more necessary to maintain connection and satisfaction

than genital contact alone. Overall, women in same-sex relationships report higher levels of sexual satisfaction when compared to women in opposite-sex relationships suggesting sexual satisfaction is not reliant on frequency or genital contact (Sanchez, Moss-Racusin, Phelan, & Crocker, 2011).

### **Physiological Factors and Sexual Functioning**

Sexual functioning and the physiological aspects of sex play a major role in a woman's capacity to engage in satisfying sexual encounters. The experiences of sexual desire, arousal, and orgasm are positively correlated with sexual satisfaction reports by women (Pascoal, Narciso, & Pereira, 2014). Acting on sexual desires and sexual creativity in sexual activities are also contributing factors to satisfaction. This suggests that a woman's comfort with her sexuality and having a sexual partner with whom she can act out her authentic physical desires is important for satisfaction. Women's desire for sex within same-sex relationships plays a significant role in sexual satisfaction as well (Armstrong & Reissing, 2013; Bridges & Horne, 2007). While Bridges and Horne (2007) identified differences in sexual desire between partners as being significantly associated with decreased sexual satisfaction, a partner's attitude towards this discrepancy is also influential. Among female partners who did not identify their differences in sexual desire as problematic, there were no differences in reports of sexual satisfaction when compared to women with equal or non-significant differences between their levels of sexual desire. One possible influence for desire discrepancy is age. As women age, their desire for sexual activity decreases (Armstrong & Reissing, 2013), which may increase sexual discrepancy rates among couples, especially when there is a significant difference in age. The duration of a relationship also contributes to the level of sexual desire discrepancies with women in the early stages of a relationship reporting fewer discrepancies in desire for sex (Bridges & Horne, 2007).

In general, the extant literature is conflicting in regard to the duration of a relationship and its relationship with sexual satisfaction. Given that the duration of a relationship can interact with all other ecological levels, these various interactions and their influence on sexual satisfaction warrant closer examination.

Desire fluctuations and discrepancies have also been found to influence sexual satisfaction for women in opposite-sex relationships. While sexual activity and sexual desire decrease among most couples over time, regardless of gender, Neto and Pinto (2012) found satisfaction levels remained constant for heterosexual couples throughout the length of the relationship and the duration of cohabitating. However, other studies have found a positive correlation between frequency of sexual activity and sexual satisfaction (Pascoal et al., 2014) in heterosexual couples. A similar relationship has been found between individual desire discrepancies and overall relationship satisfaction and perception of relationship stability (Willoughby et al., 2014). These inconsistencies reveal that there are likely other elements related to the dynamics of the relationship contributing to sexual satisfaction beyond the physical experiences alone.

Beyond desire, pain during intercourse can also hinder functioning and sexual satisfaction for women. Among heterosexual couples where the female partner experienced vulvo-vaginal pain during intercourse, the male partner's emotional response influenced the female's experience of sexual satisfaction and functioning (Rosen et al., 2014). Facilitative responses by the male partner were associated with improved sexual functioning for both partners. These facilitative responses were identified as any behavior which was considered encouraging of adaptive coping skills for the female partner. For example, male partners who were encouraging of sexual activities that were not painful for the female partner or who vocalized feeling pleased

sexually by their female partner were considered to have facilitative responses. Overall, negative communication patterns by the male partners were associated with decreased sexual functioning and desire for female partners (Rosen et al., 2014; Willoughby et al., 2014). While the current study focuses exclusively on same-sex female partners, literature regarding a male partner's influence on a female partner's sexual functioning and sexual satisfaction may highlight a general need for understanding, empathy, and mutuality for women to reach satisfaction in a sexual relationship, particularly when there is an element of sexual dysfunction.

### **Physical Illness and Aging**

For women with a multiple sclerosis (MS) diagnosis, fine and gross motor abilities can be hindered and potentially have a negative influence on sexual functioning. However, partner support appears to be a stronger predictor of sexual satisfaction for women with this diagnosis (Blackmore, Hart, Albani, & Mohr, 2011). When demographic information, sexual functioning, and depression were controlled, a woman's male partner's response was a defining influence for her subjective experience of sexual satisfaction. Specifically, positive support from a partner was associated with sexual satisfaction while negative partner support was associated with dissatisfaction. While the current study focuses on women in same-sex relationships, Blackmore et al. (2011) provides further support for the significance of mutuality, support, and empathy for women within their romantic relationship for the existence of sexual satisfaction.

The extant literature is inconsistent regarding post-menopausal physiological changes, aging, and the influence of cancer treatments on a woman's sexual satisfaction. McCall-Hosenfeld et al. (2008) found only a modest difference in satisfaction levels among postmenopausal women when exploring potential influences such as sociodemographics, physical health, and mental health that are typically explored with the medical model.



Specifically, women with a history of gynecological cancers, hysterectomies, oral contraceptive use, or hormone therapy use, all which could impact sexual functioning, reported little difference in sexual satisfaction when compared to women without these histories.

For women experiencing hormone replacement therapy following breast cancer treatment, the side effects of these medications can have a negative influence on sexual satisfaction. Gopie et al. (2014) found that women who required hormone replacement therapy following cancer surgeries experienced a decrease in sexual functioning. These women began experiencing early menopausal symptoms such as vaginal dryness and decreased libido, which was associated with decreased reports of sexual satisfaction.

However, other cancer treatment has been found to assist in the maintenance of sexual satisfaction for women. Gopie et al. (2014) examined the influence of breast reconstruction on body image and sexual satisfaction. Following mastectomies, women who underwent breast reconstruction experienced improvement in sexual satisfaction and partner relationship satisfaction compared to previous levels. This suggests a woman's return to her physical state prior to her mastectomy and the presence of her breasts are important in the maintenance of sexual satisfaction. Given that a woman can no longer experience nipple stimulation following reconstruction, the existence of sexual satisfaction appears to be associated with her body satisfaction rather than solely on sexual functioning.

While illness and aging can be contributing factor to sexual dissatisfaction, McCall-Hosenfeld et al. (2008) found a positive correlation between age and sexual satisfaction in a sample of postmenopausal women, with women in older age cohorts (70-79) being more likely to report sexual satisfaction than younger women. Similar studies have found partnered heterosexual women between the ages of 63 and 67 experience higher rates of sexual satisfaction

than their male partners (Müller, Nienaber, Reis, Kropp, & Meyer, 2014). In the same sample, adults over the age of 74 valued affection with their partner more than younger individuals and found this to be a contributing factor to overall relationship satisfaction. This research suggests affection and non-sexual contact with a partner is valued more in older cohorts and contributes more to experiences of sexual and relationship satisfaction than sexual functioning alone.

### **Body Mass and Body Image**

Body mass and its relationship with sexual satisfaction among women appears to vary based on age. In Gopie et al.'s (2014) study of women, with the average age being in the late 40s, no correlation was found between body mass index (BMI) and sexual satisfaction. However, for postmenopausal women a positive correlation has been found between having a normal BMI and sexual satisfaction (McCall-Hosenfeld et al., 2008). This discrepancy may be related to the increase in health related problems and a decrease in sexual functioning that could be more heavily influenced by a larger BMI later in life.

Further, a woman's satisfaction with her body and her genitals can have an influence on her experience of sexual satisfaction. Generally, a partner's satisfaction with his or her partner's body is more influential for positive sexual experiences when compared to personal body satisfaction (Zhaoyang & Cooper, 2013). However, these results were derived from a sample of heterosexual couples and may not be applicable to same sex female couples. Research regarding body satisfaction among lesbians compared to heterosexual women suggests societal norms surrounding thinness have less of an impact on lesbian woman than on heterosexual women (Senn & Bergeron, 1998). Specifically, lesbian women have reported viewing themselves as more fit and having more positive feelings regarding the lower half of their bodies. While both lesbian and heterosexual women report an awareness and some level of internalization of societal

views of thinness among women, lesbians report lower overall internalization suggesting the lesbian community may buffer the effects of these societal ideals.

An even more specific exploration of satisfaction of specific body parts, particularly related to genitals, has been associated with levels of sexual satisfaction for women. Veale et al. (2014) explored how satisfaction with specific body parts among women influenced sexual satisfaction. Women who were dissatisfied with the appearance of their genitals reported lower overall sexual satisfaction than women who did not have such concerns. In a study of heterosexual and bisexual women seeking labiaplasty to reduce the protrusion of the labia minora, the majority of women reported lower sexual satisfaction rates and a desire to improve overall sexual functioning. However, this study was not exclusively examining the experiences of partnered women which could influence the emphasis on physical and non-physical factors related to sexual satisfaction.

### **Emotional and Love Connections**

Beyond physical factors, Neto and Pinto (2012) found feelings of love for one's partner to be the strongest predictor of sexual satisfaction among heterosexual couples. An individual's expression of this love, or a person's love style, is associated with experiences of sexual satisfaction throughout the adult lifespan. Six love styles were used in this study based on previous findings that love styles are related to sexual experiences between couples and due to these categories providing further description for the intensity of love experienced between couples. Individuals experiencing passionate or romantic love reported consistent sexual satisfaction throughout their lives (Neto & Pinto, 2012; Pascoal et al., 2014). For middle age and elderly adults, altruistic love was associated with increased sexual satisfaction (Neto & Pinto, 2012). For young adults, love styles that were characterized as game-playing, friendship based,

or possessive and dependent were negatively associated with sexual satisfaction. Differences between these love styles also appeared to differ in the eroticism of the partner. For example, passionate or romantic love appeared enhance sexual desire for a partner. However, with love styles that are more related to friendship, eroticism for the partner was hindered. Similarly, love where there was possessiveness or dependence hindered a partner from authentically experiencing the other partner as a completely separate individual with differing needs which appeared to create barriers to mutual experiences in sexual activities.

Emotional experiences are also factors related to sexual satisfaction among heterosexual couples (Pascoal et al., 2014; Pronier, 2014). During and after sexual activity, individuals who report emotional experiences of relaxation, joy, and serenity report feeling sexually satisfied. These emotional experiences also seem to be associated with sexual openness with a partner. Consequently, these experiences of positive emotions during and after sex appear to be related to experiences of nonjudgmental and inhibition free environments with a partner. Feelings of intimacy toward a partner has also been associated with experiences of sexual satisfaction and is expressed among couples through open expression of feelings, nonsexual romantic experiences, and a mutual understanding of needs during sexual activity.

### **Mental Health and Illness**

Psychological factors can also influence a woman's experience of sexual satisfaction. Within the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (APA, 2013) exists a number of diagnoses for women experiencing sexual dysfunction: female orgasmic disorder, female sexual interest/arousal disorder, and genito-pelvic pain/penetration disorder. Female orgasmic disorder is characterized by infrequent or delayed orgasms, the absence of orgasms, or reduced intensity of orgasms for women through vaginal or

clitoral stimulation for at least 6 months. Female sexual interest/arousal disorder includes symptoms related to decreased interest or physiological arousal responses before or during sexual activities. While the requirements for this diagnosis suggest the need for a remarkable decrease in arousal or interest, this diagnosis could also be used to stigmatize women with generally lower sex drives and further dictates expectations for female sexuality from a medical and psychological perspective. Finally, genito-pelvic pain/penetration disorder is associated with vaginal or pelvic pain during vaginal stimulation or fear or anxiety before, during, or after vaginal intercourse. These syndromes must not be due to another nonsexual mental health disorder, medical condition, medication, relationship conflict, domestic violence, or other relational dysfunction.

Mental illness outside of sexual dysfunction can also influence practitioners' views on a woman's sexuality and her access to information regarding her sexual health. In a study of women diagnosed with serious mental illnesses (SMI) as defined by the DSM-IV, sexual health was either not addressed by providers or communication on the topic was limited (Matevosyan, 2010). With further exploration it was found that women with SMI were also more likely to experience extended periods of sexual abstinence or had a history of sexual abuse or assault. It was unclear how these two factors contributed to experiences of sexual functioning or satisfaction for this sample.

However, research regarding depression and common depression treatments have shown an influence on sexual satisfaction for women. In samples of pregnant women who have been diagnosed with depression, reports of sexual satisfaction are significantly lower than in pregnant women who do not have a depression diagnosis (De Judicibus & McCabe, 2010). Following pregnancy, sexual functioning and overall relationship satisfaction are reportedly lower among

postpartum lesbians experiencing depression when compared to new lesbian mothers who are not experiencing depression (Khajehei, Doherty, & Tilley, 2012). Due to the location of this study, Australia, differing cultural factors related to attitudes toward lesbians and parenthood may also be associated with experiences of sexual functioning and satisfaction, but were beyond the scope of the study. These nuances may differ from participants in the current study who are all from the continental United States.

While neither study on depression examined the effects of depression treatment on sexual satisfaction, research on the effects of selective serotonin reuptake inhibitors (SSRIs) on sexual satisfaction has yielded undesirable consequence for sexual functioning. Women using SSRIs, which can have negative influences on sexual functioning (i.e., decreased libido, decreased lubrication, trouble reaching orgasm), report less sexual satisfaction (66%) when compared to non SSRI female users (78%) regardless of sexual orientation (McCall-Hosenfeld et al., 2008). While this study suggests the medication is the primary influence for reduced sexual satisfaction, the psychological influence of the mental health is likely also significant and can be brought on by a number of different experiences in a woman's life, including trauma.

Trauma experiences have also been found to influence a woman's experience of sexual satisfaction and sexual functioning. McGahan (2012) found that among female partnered survivors of sexual trauma, sexual functioning and overall sexual satisfaction were lower than among women who do not have a history of sexual trauma. Specifically, women reported more frequent experiences of pain during sexual intercourse. The age a woman was at the time of the sexual trauma also appeared to influence experiences of sexual satisfaction in the present. For women who experienced sexual trauma at a young age, reports of sexual satisfaction were lower than for women who did not experience sexual trauma at a young age. The goal of this study was

to explore how increased experiences of disgust among sexual trauma survivors influenced sexual satisfaction and sexual functioning. Given the responses of participants, it appeared disgust and lack of feelings of disgust, were significant factors contributing to sexual functioning and satisfaction. However, reports of sexual desire were higher among female survivors of sexual trauma than among women who reported no history of unwanted sexual experiences. While desire discrepancies among partners and sexual satisfaction were not specifically examined, this could also be a factor contributing to a decrease in satisfaction. The increase in sexual desire experiences among trauma survivors was not examined and no discussion regarding this difference was provided by the researcher. However, this discrepancy among participants could be related to an unconscious effort to enhance a sense autonomy in a sexual encounters or engage in a reparative sexual experience.

Experiences of stress have also been associated with decreased sexual functioning and sexual satisfaction among partnered women (Abedi, Afrazeh, Javadifar, & Saki, 2015). A woman's experience of daily life stress and her partner's experience of this relationship influences general satisfaction and closeness for lesbian couples (Totenhagen, Butler, & Ridley, 2012). If one partner is experiencing a sense of closeness to their partner, this buffers the negative influences of the other partner's daily stress on their overall experience of satisfaction. However, when a woman's partner is experiencing a stressful day due to environmental influences and she experiences her partner as being particularly close, this exacerbates negative experiences of dissatisfaction and stress for the partner. Overall, expression of environmental mastery, characterized by the capacity to use the environment to fulfill personal needs, is associated with experiences of sexual satisfaction among lesbian couples (Biss & Horne, 2005). Similarly, women who demonstrate the capacity to form close, warm connections with

individuals outside of a sexual relationship experience higher levels of sexual satisfaction within their romantic relationship. This provided further support for a woman's interpersonal skills and functioning having a significant influence on her sexual satisfaction.

Stress which is specific to a woman's experience of sex can also influence her experience of satisfaction. Cohen and Byers (2014) found women who experience less sexual anxiety, higher sexual esteem, and fewer negative thoughts about themselves or their partner during sex experienced higher levels of sexual satisfaction. Sexual self-esteem was related to a woman's perception of herself as a satisfactory sexual partner. Sexual anxiety was established based on participants' reported anxiety surrounding 28 sexual acts. It was unclear how partner response, comfort with a partner, sexual experience, or length of the relationship contributed to experiences of sexual anxiety or sexual esteem. However, it is clear that a woman's confidence in her sexuality is paramount for experiences of sexual satisfaction.

While much of the research regarding mental health and sexual satisfaction among women has focused on dysfunction and mental illness, Goff (2010) examined the relationship between women with healthy interpersonal styles and sexual satisfaction. Women who were differentiated from self-reported higher rates of sexual satisfaction than those who were not differentiated from self. For the purposes of the study, differentiation from self was defined as a person's ability to take on personal responsibility when appropriate, act autonomously, and form connections with others. In non-clinical samples, the relationship between differentiation of self and gender appeared to influence sexual satisfaction. Women in the non-clinical sample with higher levels of differentiation of self, expressed higher levels of sexual satisfaction than men and non-differentiated women. This suggests differentiation from self, or high interpersonal



functioning, may be even more important in maintaining sexual satisfaction in a same-sex female couple when compared to other couples.

### **Relationship Milestones**

Relationship milestones that often highlight advances in the relationship and shifts in relationship dynamics have also been explored in regards to their influence on sexual satisfaction and dissatisfaction among women. The duration of the relationship provides opportunity for a variety of changes that can influence a partner's experience of sexual satisfaction. Rituals or milestones for some couples represent the progression and duration of a relationship. One such milestone that can signify progression in a relationship is the choice to cohabit. Cohabiting same-sex couples report higher satisfaction with their sex lives than couples who live separately (Biss & Horne, 2005; Sanchez et al., 2011; Smith & Horne, 2008). However, the majority of women included in these studies had only been in a relationship for a maximum of three years or were not currently in a monogamous relationship.

Beyond sharing space with a partner, an advancement in the relationship's status, particularly entering into a marriage, can influence sexual satisfaction levels. While sexual frequency tends to decline after marriage, overall marital satisfaction has been associated with continued overall sexual satisfaction regardless of decline in sexual frequency for both partners in a heterosexual marriage (McNulty, Wenner, & Fisher, 2016). However, sexual frequency was also found to positively correlate with sexual satisfaction for both spouses. Consistent with the extant literature, the overall satisfaction with the marriage and relationship was the primary predictor of sexual satisfaction among married heterosexual individuals regardless of sexual frequency. This further suggests the importance of relationship quality and factors outside of physical contact with a partner to maintain sexual satisfaction.

Pregnancy and postpartum can also be periods of shifts in a relationship which have reportedly led to decreased sexual desire and satisfaction (De Judicibus & McCabe, 2010). While it is typical for sexual activity and sexual functioning to decrease as a pregnancy progresses, for women who continue to experience satisfaction throughout the pregnancy (Yeniel & Petri, 2014), it appears relational qualities were more influential than physiological changes. Further, research regarding partnered women who have given birth vaginally and partnered women who undergo cesarean operations have not yielded differences in experiences of sexual functioning postpartum (Yeniel & Petri, 2014).

### **Religion and Spirituality**

Religious involvement has also been associated with sexual satisfaction among heterosexual couples, particularly among older adults in longer term relationships. Heterosexual individuals who engage in religious activities and identify as religious yield higher scores on sexual satisfaction measures when compared to heterosexual individuals who report no religious involvement (Neto & Pinto, 2012). McFarland, Uecker, and Regnerus (2011) explored religion, its interaction with age and gender, and how it related to sexual satisfaction. Older married participants between the ages of 57 and 85 who experienced higher religious integration in their daily life experienced higher frequency of sex and reports of sexual satisfaction. Specifically, religious integration was defined as attendance of religious services and carrying religious beliefs throughout all life experiences. Unmarried females between the ages of 57 and 85 were less likely to have engaged in sex with a partner within the last year if they experienced higher levels of religious integration throughout their daily life. This may be related to religious ideals and teaching surrounding sexual relationships outside of marriage. Further exploration of couples and religiosity has suggested factors outside of religion as being more influential of satisfying sexual

experiences. Hernandez, Mahoney, and Pargament (2011) examined newlyweds who identified as religious and found a low correlation between frequency of sex and sexual satisfaction, suggesting factors outside of physical sexual contact, such as dynamics within the relationship, may have a stronger influence on sexual satisfaction. For these individuals, the highest predictor of sexual satisfaction was marital satisfaction. Further, sexual satisfaction, sexual intimacy, marital satisfaction, and spiritual intimacy were positively skewed for newlywed religious individuals. The same correlation between sexual satisfaction and religiosity has not been observed among women who identify as spiritual (Goff, 2010). In fact, women who identified as spiritual were found to have higher reported experiences of sexual satisfaction. This difference may be due to less rigid teachings or practices surrounding sexuality for individuals who do not identify with an organized religion.

Many organized religions condemn sexual activity outside the context of a married opposite-sex relationship. Smith and Horne (2008) explored the influence of religiosity and spirituality of women in same-sex relationships. Results indicated religiosity did not have a significant correlation with sexual satisfaction. However, spiritual freedom and connectedness was positively correlated with sexual satisfaction. The duration of the participants' relationships was not examined in connection to how religiosity or spirituality relate to sexually satisfying experiences. However, further exploration into the extant literature on the association between religiosity and sexual satisfaction within women's same-sex relationships has yielded conflicting results (Armstrong & Reissing, 2013).

### **Motivations for Sex**

A woman's motivations for sexual activity, regardless of her partner's gender, influences experiences of sexual satisfaction and dissatisfaction (Sanchez et al., 2011). Women who engage

in sexual activity with their partner to increase intimacy and a sense of closeness report higher experiences of sexual satisfaction when compared to women who engage in sexual activities out of obligation or to earn approval from their partner. Women in opposite-sex relationships report higher experiences of unsatisfying sexual experiences than those in same-sex relationships. This highlights how feelings of obligation to have sex or possible power dynamics which lead heterosexual women to feel less able to refuse sex with their male partner can have a significant influence on sexual satisfaction. However, because the women in this study were in monogamous relationships on average between 1 and 3 years, this is not generalizable to couples who have been sexually satisfied with their partner for a longer duration and motivations for sex in longer term relationships may not be represented.

### **Sociopolitical Factors**

While the society as a whole is shifting toward acceptance and recognition of same-sex relationships as evidenced by changes in legal protections and rights for LGBTQ individuals and couples, internalized homophobia still exists within many gay and lesbian individuals which can negatively affect sexual functioning (Armstrong & Reissing, 2013). However, other studies indicate lesbian women do not experience a decrease in sexual satisfaction in relation to experiences of internalized homophobia (Biss & Horne, 2005). While the reason for this discrepancy within the literature is unclear, it provides further support for external factors outside of sexual functioning in the maintenance of sexual satisfaction.

One of these factors appears to be norms within the subculture of the gay and lesbian community that support relaxed gender roles and expectations as well as a balance of power between partners, sexual autonomy, and experience of sexual power which are associated with increased sexual satisfaction for female partners (Armstrong & Reissing, 2013; Sanchez et al.,

2011; Skafte & Silberschmidt, 2014). Relaxed gender roles also leads to exploration of roles and behaviors which are stereotypically forbidden or stigmatized for women. Matthewset al. (2006) examined a trend among lesbian women in same-sex relationships which included willingness to engage in a broader range of sexual behaviors (e.g., masturbation) more frequently than heterosexual women. Lesbian participants in this study yielded more satisfaction with their recent sexual experiences than the heterosexual female participants.

Legislation and the political climate can also be factors in influencing sexual satisfaction or a partner's ability to engage in sex with her partner. Nakamura, Kassan, and Suehn (2015) examined the influence of the Defense of Marriage Act (DOMA) on the relationships of same-sex couples in binational relationships. Seventeen individuals who were unable to remain in the United States due to immigration statuses and involuntarily were relocated to Canada expressed the effect of this legislation on their relationship with their partner, family, and friends. As a consequence of feeling unwelcomed in the United States and having a partner who resides in the United States, these individuals had limited physical contact with their partner. While the scope of this study was not to explore relationship or sexual satisfaction, it highlighted the potential for nationalism, institutionalized racism, and legislation to hinder the contact between same-sex partners and influence experiences of sexual satisfaction. Further, given previously mentioned research on stress and sexual satisfaction, the experience of being separated from a partner due to race or national origin and sexual orientation has the potential to negatively influence the experience of sexual satisfaction for both partners

Further, changing attitudes toward gays and lesbians on a societal level over time and the influence of this shift is visible in the extant literature. Consequently, the increasing acceptance of lesbians has changed the experiences of women throughout various domains of life which can

contribute to stress and potentially her satisfaction with her sexual partner. Kuyper (2015) examined the experiences of lesbian, gay, bisexual, and heterosexual individuals in the work place to evaluate levels of bullying, unequal opportunities, job satisfaction, and burn-out. While the researcher cited literature that has provided evidence for unequal work place experiences and discrimination towards LGB people, her current study did not reflect the same significant differences between LGB and heterosexual employees. While bisexual women reported higher rates of burn-out, unequal opportunities, and bullying when compared to heterosexual women, the effect size was low. The lack of significance in this study compared to significance levels from studies during the 1990s and early 2000s, suggests an overall shift in experiences which has coincided with growing visibility and legislation in favor of work place equality and marriage recognition. While these historical changes have not been examined in terms of their influence on sexual satisfaction, given the potential for stress in negatively influencing sexual satisfaction, these chronosystem changes over time have the potential to promote and hinder experiences of sexual satisfaction among sexual minorities. While there is limited information on the direct impact of marriage equality in the United States on sexual satisfaction among lesbian couples, the historic Supreme Court rulings of *United States v. Windsor* and *Obergefell v. Hodges* (American Civil Liberties Union, 2016) have the potential to infiltration overall satisfaction and warrants further exploration.

### **Lesbian Sexuality**

For some lesbian couples, sensual experiences begin to replace sexual experiences over time (Iasenza, 2002; Nichols, 2004). These experiences can include any sensual physical contact or sexual contact which does not have the primary goal of orgasm. These sensual or sexual activities, while less frequent, last longer during a single experience when compared to

heterosexual couples. This suggests sensual contact may be more valued in same-sex female couples and may have a stronger influence on experiences of overall satisfaction when compared to sexual contact. Overall, women in same-sex relationships report higher levels of sexual satisfaction when compared to women in opposite-sex relationships suggesting sexual satisfaction is not reliant on frequency (Sanchez et al., 2011).

However, positive sexual experiences for women, particularly lesbians, have not always been represented in the research. Beginning with the early work on sexuality by Blumstein and Schwartz (1983), frequency of penetrative sexual intercourse was the focal point in evaluating sexual functioning and sexual satisfaction of a couple. Consequently, women in same-sex relationships appeared to engage in sex less often than men in same-sex relationships and opposite-sex couples. Even as the definition of sex has expanded beyond penetrative sex in the extant research, sex among women in same-sex couples is less frequent than that of gay men or opposite-sex couples (Sanchez et al., 2011). Through its influence on media and perceptions in the general society, the long term consequences can be seen within the macrosystem.

The continual support for this phenomenon in the literature provided fuel for the term *lesbian bed death* within the lesbian, gay, bisexual, and transgender (LGBT) community. This term exaggerates these findings to suggest women in same-sex relationships cease to engage in sexual activities in their long term partnerships. Iasenza (2002) defined the term in the literature and highlights its absorption into mainstream thought and clinical work when she described this phenomenon:

A notorious drop off in sexual activity about two years into long-term relationships, lesbian death bed, as a concept, has become not only the subject of jokes by lesbian

comics but a syndrome that a fair number of lesbian psychotherapy clients and their therapists believe actually exist. (p. 112)

Iasenza (2002) identified this myth as one of eight lesbian sex myths infiltrating societal assumptions about lesbian sexuality, thus influencing expectations lesbian women may have for their sexual experiences. The first myth includes the assumption that each sexual experience will be satisfying and include an orgasm. This myth implies a sexual experience cannot be labeled as satisfactory if an orgasm is not experienced and may influence unrealistic expectations for sexual encounters for women. The second myth identified is lesbian couples constantly have sex. This myth simplifies lesbian relationships to purely sexual. This could potentially create unrealistic expectations for women entering same-sex relationships regarding the frequency of sexual encounters. The third myth promotes the converse assumption that lesbian women engage in sex infrequently. This myth stems from a societal discouragement of women to express their sexuality or desire sex. The fourth myth promotes the assumption that lesbians desire emotional closeness over sexual acts. The fifth myth assumes sensual contact between lesbians only consists of hugging and kissing. These assumptions further promote the discouragement of women from engaging in sexual acts in the same fashion it is assumed men desire. The sixth myth is the belief lesbians only engage in sexual activity with women they love, leaving no room for casual sex which is discouraged for women in society. The seventh myth is based on heteronormative sex acts and gender roles, which suggest one partner must be designated as the “man” in the relationship. Finally, the eighth myth assumes all lesbian relationships are monogamous, which can promote stigmatization of sexual relationships that are non-monogamous. These myths overall appear to promote patriarchal ideas for female sexuality while subsequently attempting to devalue the relationship between two women. The danger in



the devaluing of these relationships and the reduction of lesbian relationships to sex is the potential for these myths to influence the attitudes of privileged individuals who have the power to make decisions regarding these relationships on a macrosystemic scale, particularly in the political domain.

### Summary

Using Bronfenbrenner's (1977) ecological model, a number of factors can be identified as potential influences in the phenomenon of sexual satisfaction for lesbian women. Factors within the microsystem, mesosystem, exosystem, macrosystem, and chronosystem are used by within this theory to describe the environmental factors and interactions. These spheres represent the constant interactions with people, objects, and symbols within a woman's environment and the interactions of these environmental factors that not only influence her overall development, but can be applied to her experience of sexual satisfaction as an adult.

Female sexual satisfaction includes a number of biological processes including the experience of sexual desire, arousal, and orgasm (Armstrong & Reissing, 2013). While the frequency of these biological processes can be significant, they are often compounded by other factors within a woman's environment (Abedi et al., 2015; Beaber & Werner, 2009; Matevosyan, 2010; McGahan, 2012; Randolph & Reddy, 2006; Yeniel & Petri, 2014). Over the duration of a sexual relationship, experiences of sexual desire, orgasm experiences, and the frequency of sexual contact between women with opposite-sex and same-sex partners decreases (Armstrong & Reissing, 2013; Matthews et al., 2006). While there is a negative correlation between aging and overall sexual function and a positive correlation between sexual functioning and sexual satisfaction, it is possible to be sexually satisfied during all ages and durations of a sexual relationship (Sabey, Rauer, & Jensen, 2014).

When compared to heterosexual couples, studies have consistently found that women in same-sex relationships experience less frequent sexual contact (Henderson et al., 2009; Matthews et al., 2006;). However, factors outside of the physical experience of sex and factors within the relationship such as intimacy with a partner (Cohen & Bryers, 2014), body satisfaction (Zhaoyang & Cooper, 2013), feelings of love for a partner (Neto & Pinto, 2012), positive emotional experiences with a partner (McClelland, 2013; Pascoal et al., 2014; Pronier, 2014), psychological health (Goff, 2010), relationship or marital satisfaction (McNulty et al., 2016), and monogamy (McClelland, 2013) appear to override this discrepancy for sexually satisfied women who may have experienced a decrease in sexual frequency or are having less sex with their partner than is average. For lesbians specifically, there are higher reports of satisfaction with their overall sex life when compared to heterosexual woman, suggesting there are factors beyond the frequency of sexual acts which are associated with sexual satisfaction (Henderson et al., 2009).

The relationship between a woman and her partner is a significant contributor to sexual satisfaction, especially when sexual dysfunction or discrepancies are present in the relationship (Armstrong & Reissing, 2013). For women in opposite-sex relationships, their partner's verbal and nonverbal responses to biological changes that negatively affect sexual functioning can influence relationship and sexual satisfaction for both partners (Rosen et al., 2014). Similarly, desire discrepancies between partners in same-sex relationships are only detrimental to sexual satisfaction if one partner perceives this as a significant problem within the relationship (Bridges & Horne, 2007). These relationships highlight the influence of interpersonal dynamics, particularly understanding the needs of a partner, in sexual activities to enhance experiences of sexual satisfaction.

Other physiological factors related to body image, aging, and illness are also influential in a woman's experience so sexual satisfaction. A woman is more likely to report a higher rate of sexual satisfaction when her partner is satisfied with her body when compared to women who do not have satisfied partners (Zhaoyang & Cooper, 2013). However, for postmenopausal women, having a higher body mass index (BMI) is associated with lower reported of sexual satisfaction (Gopie et al., 2014). For satisfaction regarding specific body parts, dissatisfaction with the appearance or size of her genitals, especially when sexual functioning is negatively affected, sexual dissatisfaction was reported heterosexual and bisexual women (Veale et al., 2014).

In addition to physiological elements, mental health and emotional experiences are significant in a woman's experience of sexual satisfaction. Particularly, women who engage in sex to increase closeness and intimacy between themselves and their partner experience higher levels of sexual satisfaction than women who engage in sexual activities to fulfill feeling of obligation (Muise, 2017). Lesbian women engage in sex out of obligation less frequently than women in opposite-sex relationships which highlights partner equality, sexual autonomy, and relaxed gender roles as influences in a woman's overall sexual experience. Moreover, feelings of love towards a partner increases levels of sexual satisfaction (Neto & Pinto, 2012).

The experience of environmental factors outside of the physiological functioning of a woman can also indirectly influence sexual satisfaction. While religion and spirituality positively influence sexual satisfaction for opposite-sex couples, especially as they age (McFarland et al., 2011), their impact on women's same-sex relationships is not as defined (Smith & Horne, 2008). Relationship milestones for couples such as marriage (McNulty et al., 2016), pregnancy, and the postpartum period (Yenieli & Petri, 2014) can also influence experiences of sexual satisfaction.

Similarly, cohabitating increases proximity and is associated with experiences of sexual satisfaction when compared to couples who do not live together (Sanchez et al., 2011).

While it is clear that factors beyond the frequency of sexual activity are significant for a woman's experience of sexual satisfaction, few studies have focused on what factors are more or less significant given the duration of the relationship. For the purpose of this study, factors contributing to the experience of sexual satisfaction within lesbian couples throughout the duration of a relationship will be explored. Throughout the duration of a relationship, couples experiences physical, emotional, social, economic, and societal changes which can influence their relationship, specifically in the domain of sexual functioning and satisfaction. These contributing factors likely change in their association to sexual satisfaction as relationship values and motivations for sex change over the duration of a relationship (Henderson et al., 2009; Muise, 2017).

These findings will have clinical implications for those working with lesbian identified women in individual or couple's therapy by increasing their understanding of factors contributing to sexual satisfied throughout different durations of female same-sex relationships. Understanding the changing definition of sexual satisfaction throughout the duration of a relationship can also create a non-pathologizing stance on overall sexual functioning for women.

### Chapter 3: Research Design and Method

The present study addressed the question of what factors contribute to sexual satisfaction for a partner within a lesbian couple given the duration of a relationship. While current research suggests that sexual frequency decreases in the majority of relationships over time regardless of each partner's gender, it is still possible to be sexually satisfied throughout the adult lifespan (Blumstein & Schwartz, 1983; Smith et al., 2011; Willoughby et al., 2014). Consequently, the present study was particularly concerned with the length of time within a lesbian relationship where sexual satisfaction becomes more reliant on factors beyond the physical domain. Relationships do not function or exist in a vacuum; therefore, Bronfenbrenner's (1979) ecological model will be used as a lens to examine the data consisting of various systems and the interaction of these systems that influence sexual satisfaction for lesbian couples throughout the duration of a relationship. The model will also be used to explain the phenomenon of sexual satisfaction for women in lesbian relationships.

#### **Population**

All participants in the study self-identified as adult, cisgender lesbian women, currently in long-term, same-sex relationships. Adult was defined as being 18 years old or older. Cisgender was defined as an individual whose gender identity aligns with the sex they were assigned at birth. Subjects were partnered within a long-term, romantic relationship with a cisgender woman for at least 6 months at the time of the time of the study.

#### **Instrumentation and Procedures**

All measures were combined into a password protected, encrypted Internet-based survey created on [www.poll daddy.com](http://www.poll daddy.com). No identifying information was held in this or any database. The survey link, <http://lmc6165.poll daddy.com/s/beyond-lesbian-bed-death>, was distributed

electronically using a snowball technique and postings on multiple social media sites that cater to lesbian women. The survey was divided into three parts including: (a) study description and informed consent, (b) demographic questions and inclusion criteria, and (c) open-ended questions regarding domains influencing sexual satisfaction. Inclusion criteria included a measure of sexual satisfaction to identify sexually satisfied individuals, as this study only focused on individuals experiencing sexual satisfaction.

### **Informed Consent**

After clicking the link provided, participants were brought to a page outlining the risks and benefits of the study. This page also included statements making the participant aware that their participation was voluntary and that they could discontinue the survey at any time without repercussions. Participants were prompted to either consent or refuse to consent. Those who consented were brought to the next page. Those who did not consent were thanked for their participation and informed they were not eligible to participate in the study. All participants were provided with the web link, [www.leesacontorino.com](http://www.leesacontorino.com), where they may obtain access to the results following the completion of the study. The informed consent page completed by participants can be found in Appendix A.

### **Demographic Information and Inclusion Criteria**

Participants who consented to participate in the study were brought to a page where they were prompted to provide the following demographic information: gender, age, age of partner, race, household income, zip code, sexual orientation, length of current relationship, highest education level completed, and gender of partner. Demographic information that was required in order to continue to the next stage of the study included: age, sexual orientation, length of current relationship, and gender of partner.

## Measures

Participants were asked to rate their current level of satisfaction with their sex life with their partner on a scale from 1 (Very dissatisfied) to 5 (Very satisfied). Using this single item to assess for *satisfied* and *very satisfied* participants has yielded statistically similar results and convergent validity when compared to sexual satisfaction scales such as the Index of Sexual Satisfaction (ISS), the Global Measure of Sexual Satisfaction (GMSEX), and the New Sexual Satisfaction Scale-Short Form (NSSS-S), which would require participants to complete six to 24 additional items (Mark, Herbenick, Fortenberry, Sanders, & Reece, 2014). Participants who met inclusion criteria and reported being sexually satisfied moved on to the final portion of the survey.

## Narratives

Twelve open ended questions were used to explore factors possibly related to sexual satisfaction within the multiple spheres of Bronfenbrenner's ecological model (1979) as a way to explore factors related to sexual satisfaction that are beyond the microsystemic items typically used in general sexual satisfaction surveys. A list of the questions can be found in Appendix B.

## Research Design

Qualitative questions were used due to a lack of measures available regarding sexual satisfaction and factors beyond the microsystemic and physiological domains. This design allowed for participants to identify the nuances associated with lesbian sexual satisfaction throughout the duration of a relationship that may not have been covered using a quantitative, more limiting measure. The narrative responses were analyzed for themes related to Bronfenbrenner's ecological spheres by the examiner using a phenomenological lens.

### **Limitations**

Due to the limitations and parameters of the current study, other factors potentially associated with sexual satisfaction and dissatisfaction among lesbians in long term relationship were outside the scope of this study and warrant further exploration to enhance competency and general knowledge for clinicians. Given that this study only included cisgender lesbians, these findings cannot be generalized to all queer identified women, transgender women, people identifying outside of the gender binary, or others who identify outside of the requirements for participation in this study. Further, because the study was conducted using online surveys, women with limited access to the internet, with limited reading capacities, and women with visual disabilities are likely underrepresented and nuances associated with sexual satisfaction among these demographic groups were likely not reported.



## Chapter 4: Results

The purpose of this qualitative study was to explore themes associated with sexual satisfaction throughout the duration of a long term lesbian relationship. The second purpose was to examine how and if these themes related to sexual satisfaction changed with the duration of relationships. All subjects in this study self-identified as cisgender, lesbian adults in long term relationships with other cisgender lesbian adults. All subjects reported being “satisfied” or “very satisfied” with their current sexual relationship with their same-sex partner. Adult was defined as being 18 years of age and older. Long term was defined as being in a relational dyad with one’s partner for 6 months or longer.

### **Description of the Sample**

Of the 130 people who provided quantitative data in the online survey, 41 women were eligible for the present study and went on to complete the qualitative portion of the study. As shown in Table 1, the majority of respondents were White (82.9%), between the ages 25 and 44-years-old (82.9%), and reported a household income of \$50,000 or more (75.6%). Participants reported mostly being in relationships with women under 35-years-old (68.3) with about a third in relationships with women 35 years old or older (31.7%). Over half (56.1%) of women reported living in urban or major metropolitan areas of the United States. Close to one third of women (31.7%) did not list their area codes and were unable to be coded geographically. The remaining women (14.6%) resided in urban clusters, which are also known as suburban areas, as defined by the United States Census (Federal Register, 2010). These urban clusters, or suburbs, are typically adjacent to urban areas and differ from urban areas based on population density (Ratcliffe, Burd, Holder, & Fields, 2016). None of the participants reported residing in rural areas. Close to half of participants had graduate degrees (51.2%) and 41.5% reported completing some college or attaining a Bachelor’s degree.

Table 1

*Frequencies and Percentages for the Demographics (N=41)*

Variable		Frequency	Percentage
Age of participant	18-24	4	9.8%
	25-34	26	63.4%
	35-44	8	19.5%
	45-54	3	7.3%
Age of partner	18-24	4	9.8%
	25-34	24	58.5%
	35-44	7	17.1%
	45-54	4	9.8%
	55-65	1	2.4%
	65-74	1	2.4%
Ethnicity	White	34	82.9%
	Other	7	17.1%
Highest Level of Education	High school	1	2.4%
	Some college	18	19.5%
	Bachelors	9	22.0%
	Some post grad	2	4.9%
	Masters	13	31.7%
	Ph.D., law, or med	8	19.5%
Area of Residence	Rural	0	0.0%
	Suburban/Urban Cluster	6	14.6%
	Urban	23	56.1%
	N/A	13	31.7%
Household Income	Below \$25,000	1	2.4%
	\$25,000 to \$34,999	2	4.9%
	\$35,000 to \$49,999	6	14.6%
	\$50,000 to \$74,999	10	24.4%
	\$75,000 to \$99,999	14	34.1%
	\$100,000 to \$149,999	4	9.8%
	\$150,000 to \$199,999	1	2.4%
	Over \$200,000	2	4.9%
Relationship Status	Committed and not cohabitating	7	17.1%
	Committed and cohabitating	16	39.0%
	Engaged and not cohabitating	1	2.4%
	Engaged and cohabitating	7	17.1%
	Married	10	24.4%
Relationship Length	6 months to 1 year	5	12.2%
	1 to 5 years	20	51.2%
	6-10 years	11	26.8%
	11-15 years	3	7.3%
	Over 16 years	2	4.9%
Relationship Type	Monogamous	41	100%
	Non-monogamous	0	0%

*Note.* One participant did not report income.

The majority of women lived with their partners (80.5%). The women identified their relationship status with their current partner as “committed relationship and not cohabitating” (17.1%), “committed relationship and cohabitating” (39.0%), “engaged and not cohabitating” (2.4%), “engaged and cohabitating” (17.1%), or married (24.4%). Close to half of participants reported being in their current relationship for between 1 and 5 years (51.2%). About one quarter of participants reported being with their current partner for between 6 and 10 years in length (26.8%). All participants identified as being in monogamous sexual relationships.

### **Qualitative Results**

The following themes were generated using the participants’ responses to twelve open ended questions. Participants who were not eligible to complete the narrative responses were removed from the data in the data cleaning process. No patterns were observed regarding missing data for zip codes or household income. The remaining responses were manually organized into categories based on the reported length of time participants were in their current romantic relationship. Themes within each length of time were generated by coding each response and identifying common responses for each question. The ecological spheres were used to code responses and identify themes for individual responses. Overall themes and subthemes were identified based on consistent themes found throughout all or most categories to address the research question. Themes related to the women’s definitions of sexual activity can be found in Table 2. Common themes related to participants’ reports of factors related to sexual satisfaction can be found in Table 3.

#### **Six Months to 1 Year**

After the narrative data was hand coded, several trends were observed in the meaning of sexual satisfaction and possible contributing factors for women in relationships between 6

months and 1 year. When asked about the meaning of sexual satisfaction with their current partner, the majority of women described mutual happiness or enjoyment of shared sexual or intimate experiences as defining their personal sexual satisfaction. The majority of women (80%) noted that an orgasm was not a requirement or did not include climax when describing their definition of sexual activity. No participants defined sexual satisfaction as requiring penetration of any kind. Most participants described sexual activity as behavior that included penetrative and non-penetrative activities. One participant noted her definition of sex had shifted from including penetration to “anything...sexually gratifying.” Another participant included her emotional experience with her partner during sex as a factor included in her definition of sexual activity. While women described a variety of changes to their definition of sexual satisfaction over the course of their current relationship, a notable theme was their shift in focus from physiological influential factors towards enjoying the overall experience with their partner.

Participants denied stress, media, or family having influenced experiences of sexual satisfaction with their current partner. The majority (60%) of participants denied that hearing about peers’ sexual satisfaction had any influence on their experience of sexual satisfaction. Those who did note this as a factor indicated that hearing other’s experiences of sexual satisfaction, particularly dissatisfaction from peers, contributed to their appreciation of their current sexual experiences. When asked about how the current sociopolitical climate has influenced sexual satisfaction, one participant expressed appreciation for being able to enter a sex shop with her same-sex partner and a general shift in societal judgements of women enjoying sex. She indicated that becoming aware of these changes had contributed to her experiences of sexual satisfaction; however, no other participants indicated this as an influence in their satisfaction levels. All women noted past sexual experiences have contributed to positive sexual

experiences within their current relationship. Women noted learning what they found sexually pleasing and how to sexually please a partner from previous sexual relationships has contributed to current sexual satisfaction. Participant 31 exemplified this theme when she noted the following:

Past sexual experiences have contributed to making my current sexual satisfaction more... satisfying. Trying new things, positions, toys, places, etc., with previous partners can make for a more complete and fulfilling experience, especially if both partners have something to bring to the table: be it a specific style or preference, from a previous experience. (Participant 31)

Women overall denied societal gender roles have contributed to sexual satisfaction. However, some women indicated feeling liberated from traditional gender roles has contributed to positive sexual experiences. Forty percent of women described mental health concerns or physical illnesses experienced by themselves or their partner as having contributed to a decrease in sexual frequency at a previous point in the relationship. Overall, participants denied significant changes to sexual satisfaction due to mental or physical health concerns.

### **One Year to 5 Years**

A number of themes were observed among the narrative responses of women in relationships between 1 year and 5 years. The most prominent theme among participants (50%) in this category was recognition of mutual pleasure as a factor in the definition of sexual satisfaction as highlighted by Participant 8 when she described her definition as “being physically and emotionally satisfied where there is a mutually beneficial give and take.” The second most frequent themes (30%) related to the definition of sexual satisfaction were frequency of sexual activity and open communication about sex being values. Five percent of

women cited emotional closeness or feeling “connected” to their partner as a defining piece of sexual satisfaction. Only 10% of participants identified reaching climax as a necessary piece of being sexually satisfied.

Themes were also present related to how participants defined sex. All participants who completed this narrative described sex as some form of touching of genitals or erogenous zones. Women who identified a change in this definition cited the shift was related to either increasing the number of intimate activities they considered to be sexual or had previously exclusively had sexual relations with men and only considered penetration to be sex. This theme is visible in Participant 2’s response of

I consider sex as either grinding/scissoring or using a strap-on. For me, this definition has changed slightly. Primarily due to the fact that I had previously slept with men and I only considered penetration as sex, but with my partner, grinding/scissoring is sex to me although sometimes does or does not consist of penetration. (Participant 2)

Almost a third of participants (30%) considered reaching orgasm for one or both partners as necessary to consider an activity to be sex. However, 50% of women cited an attempt to reach climax as a part of their definition of sex. When asked about how or if satisfaction has changed over time, the largest theme present (40%) was an increase in comfort or feelings of closeness over time. Less frequent themes that women cited in describing how sexual satisfaction has changed in their current relationship over time were decrease in frequency with satisfaction remaining the same and an increase in the variety of sex acts they engaged in with their partner.

Over half of participants cited stress as having a negative influence on sexual frequency or sexual desire, thus negatively influencing sexual satisfaction. However, a quarter of women

identified stress as a catalyst for increased sexual satisfaction due to using sex as a coping mechanism for stress. This experience is highlighted in the following two responses:

My work is extremely stressful. At high stress times, I utilize sex with her as an outlet for my stress and release, thus increasing my sexual satisfaction. In high stress times it can be sometimes more intimate or more intense and rough. There are moments when my work takes over too much time and our sex is more sporadic than usual, but still satisfied sexually. (Participant 2)

If we're stressed and not in the mood, there is still a high level of intimacy, even if we don't end up having sex. Sometimes sex is the perfect remedy for stress; other times it's the last thing we want to do. (Participant 11)

Over half of the women (60%) identified their experiences with previous partners, regardless of gender, has increased their experience of satisfaction with their current partner due to better understanding of what they desire and how to ask for it or feeling they have become more skilled in sex acts. This theme is exemplified in the following responses:

- They have made me more open to asking for the things I want. (Participant 18)
- I have more awareness of sex acts that I prefer. I also feel more comfortable being a switch. (Participant 21)
- I was sleeping with men previously...if anything, this has made me more aware of my sexual satisfaction and made me want to sleep with my partner more and more.  
(Participant 2)

A number of less prominent themes were identified in the responses as well as themes related to experiences of dissatisfaction throughout the relationship. A majority of the women denied media as having influence over their sexual satisfaction; however, 40% of women noted

feeling a lack of accurate representations of lesbian sexuality in the media. While the majority of participants denied family having an influence on sexual satisfaction, 15% of women noted they have experienced a decrease in satisfaction due to negative attitudes from family members regarding sex or same-sex relationships. For women who experienced the political climate as influencing sexual satisfaction, they specifically noted rulings on marriage equality as positively influencing sexual satisfaction. Participants denied stereotypical gender roles as influences for sexual satisfaction. In fact, a theme of feeling “free” from gender roles was present and associated with satisfaction. Mental and physical health appeared to negatively influence experiences of sexual satisfaction. Thirty percent of women cited mental health as negatively influencing satisfaction while 20% of women noted physical injury or illness has negatively influenced satisfaction at times. No trends were observed related to sexual satisfaction being influenced by hearing about the sex lives of peers. Other themes volunteered by women as negatively influencing their experience of sexual satisfaction were living spaces (with family, roommates, or close neighbors) and feeling a lack of spaces in their lives where they and their partner could both be out about their sexual orientation.

### **Six Years to 10 Years**

Among women who have been with a partner between 6 and 10 years, a number of themes were observed. The most frequent theme (36%) related to the definition of sexual satisfaction, was the importance of communication. Mutual pleasure was the second most common (27%) theme highlighted as a defining factor of sexual satisfaction. The third most common themes observed were emotional or mental connections, trust, and frequency of sex. These themes are highlighted throughout the following responses:



- That we engage in sexual intimacy that we both enjoy with at least some frequency, and that intimacy is filled with safety, trust, mutuality, and freedom (by freedom I mean letting go, relaxing, feeling free to do what feels right). (Participant 19)
- I'd say it encompasses trust, mutual desire to please the other person, ability to have fun and not take ourselves too seriously, to listen to each other and to be responsive. (Participant 22)

When asked about their definition of sex, 36% of women included one or both partners reaching orgasm. The same percentage of women included genital touching, penetration, or using sex toys in their definition of sex. The second most common theme related to the definition of sex was oral stimulation (27%). The majority of women denied their definition of sex has changed over time, however, those who did notice a change cited it was related to having sexual experiences with both men and women in the past. Themes related to participants' definitions of sex are highlighted in the following responses:

- Sexual touching, oral stimulation, penetration with fingers or sexual aids. I was once married to a man and so sex then was all about intercourse. I felt more body conscious with my then husband as well and so I did not feel free to explore other options like his performing oral sex on me. (Participant 19)
- I think sex is definitely way more than intercourse, as a lot of lesbians would probably say. Sex for me is more of a holistic experience- feeling drawn to and intimate with your partner, foreplay, manual/oral stimulation, using toys, etc. As I've identified as bisexual and lesbian over the years my definition has definitely become more broad and holistic. (Participant 22)

- Bringing your partner to orgasm. This hasn't changed for me over time. (Participant 23)

A common theme related to possible changes in a participant's definition of sexual satisfaction was valuing the quality of sex over the frequency of sex as the relationship progressed. A secondary theme was related to including "connection" or "communication" as a factor in sexual satisfaction later in the relationship.

Themes were also found among various factors influencing experiences of sexual satisfaction. Thirty-six percent of women noted that stress levels have decreased frequency of sexual encounters or desire levels which have decreased experiences of sexual satisfaction in the past. However, 18% of participants reported stress had at times increased their sexual desire and the frequency of sex with their partner, thus increasing sexual satisfaction. While change in frequency was a common theme related to how stress influenced experiences of sexual satisfaction, 27% of women noted that while frequency decreased, sexual satisfaction with their partner remained the same. This sentiment is clear in the following responses:

- It doesn't impact the satisfaction, but it does decrease the frequency. (Participant 20)
- Satisfaction with the actual act is not influenced by stress, but the frequency is.  
(Participant 28)

The majority of participants (81%) reported that hearing about peers' sexual satisfaction experiences had either no influence or a positive influence on sexual satisfaction. Participant 22 summarized this theme in her response:

A lot of times it makes me feel really grateful for my relationship- some of my hetero friends will talk about this awful mismatch between them and their partner, and I feel so

lucky that my partner and I are so well matched. I feel like our sexual satisfaction is so much higher than that of a lot of our hetero friends. (Participant 22)

External and relational factors outside of the romantic relationship were also highlighted in the responses. When asked how the media has influenced sexual satisfaction, a theme among women was an experience of increased sexual satisfaction after witnessing the relational and sexual dissatisfaction of heterosexual couples in the media. While the majority of women denied family as having an influence on their experience of sexual satisfaction, 27% of women noted parents as having an influence on sexual satisfaction. Similarly, the majority of women denied the political climate as having an influence on sexual satisfaction. One theme among participants was the passing of marriage equality leading to increased comfort and openness about their relationship in public, but not necessarily influencing sexual satisfaction. When asked about how past sexual relationships have influenced current sexual satisfaction, the most common theme (27%) was related to an increased understanding of what feels pleasurable. Two less common themes (18%) were related to women identifying their current relationship as being where they learned the most about sex and a theme related to past sexual experiences being primarily with men. These themes related to past relationships are highlighted in the following responses:

- My exes have definitely shown me what I like and don't like. I've learned that I need to focus more and I am extremely sensitive. (Participant 5)
- It was all a learning experience. I learned more from my relationship now than I ever had with past relationships. I was a bit of a late bloomer, sexually. (Participant 17)
- My main previous sexual relationships were with men, and have greatly impacted my appreciation for and satisfaction with my partner. Took me a little while to figure out

that my lack of satisfaction with my previous partners was mainly linked to sleeping with the wrong gender! (Participant 22)

The majority of women denied feeling their sexual satisfaction has been influenced by societal gender roles. Women who identified feeling an influence (18%) noted a positive influence on sexual satisfaction due to feeling increased “freedom” in their gender roles and expression. Participant 19 described her experience with gender roles in her current relationship in the following response: “I believe I have more freedom (less self-consciousness) now in a lesbian relationship. I do not have to live up to societal standards. In terms of gender roles, both my partner and I are more feminine” (Participant 19).

No themes were observed related to mental health or physical health influencing sexual satisfaction.

### **Eleven Years to 15 Years**

For women in relationships with partners between 11 and 15 years, multiple themes were observed. Related to the definition of sexual satisfaction, participants highlighted the importance of quality of sex over the frequency of sex and denied that this changed over time. When asked about their definitions of sex, penetration, and oral stimulation were common themes and no change over time was reported. Participant 26 highlighted these themes in her responses to what is sexually satisfying and her definition of sex:

[Sexual satisfaction is] sex as often as we both would want, which can vary from once or twice a week to once or twice a month depending on multiple factors. Frequency is not as important to me as quality. It has been much more frequent lately, which has been nice...

[Sex is] oral, penetration, fingers. No change over time. (Participant 26)

Women identified multiple influences for increased and decreased levels of sexual satisfaction with their current partner. Stress was associated with decreased energy levels and decreased overall satisfaction. When asked about peer influences, a theme of experiencing increased satisfaction after hearing about peer dissatisfaction or low sexual frequency was observed. This theme is emphasized in the following response: “We feel better about our sex life when we hear that our friends are not having sex or are having less sex” (Participant 26).

One theme present in how family influenced sexual satisfaction was having parents who expressed physical affection and were perceived to be “happily” married. Further, women identified past experiences as contributing to increased sexual experience and thus increased sexual satisfaction with their current partner. Participants denied that sexual satisfaction with their current partner was influenced by media, the political climate, societal gender roles, physical illnesses, or mental illnesses.

### **Over 16 Years**

Fewer themes were identified among women in relationships for 16 years and over due to having a significantly smaller sample size ( $N=2$ ) to analyze. Regarding their definition of sexual satisfaction, a common theme among women was mutuality in having sexual needs met. The women overall denied that this definition had changed over time. When asked about their definition of sex, the women provided significantly fewer details than other groups and described general “intimacy” or “love making” as sex. These themes are expressed in the following responses:

- [Sexual satisfaction is] to have a loving partner who can accommodate me and herself when we agree to have sex. (Participant 30)
- [Sex is] Making love, be it oral or otherwise. (Participant 34)

Overall stress, physical illness, and mental health were identified as contributing to decreases in frequency, sex drive, and overall sexual satisfaction at periods throughout the relationship. This theme is highlighted in the following responses:

- [Sexual satisfaction] have gone up and down over the years with a severe illness... [I] could not have sex for years because of pain or medication. (Participant 30)
- Over the years both [mental and physical illnesses] have interrupted satisfaction. (Participant 34)

Participants in this category denied other influences for sexual satisfaction with their current partner such as peer experiences, media, family, the political climate, gender roles, or any other unspecified potential influences.

Table 2

*Definition of Sexual Activity (N=41)*

	6mo-1yr (N=5)	1-5yr (N=20)	6-10yr (N=11)	11-15yr (N=3)	16+yr (N=2)
No requirement for orgasm	X	X	X	X	X
No requirement for penetration	X	X	X		X
Oral stimulation	X	X	X	X	
Penetration				X	

Table 3

*Factors Associated with Sexual Satisfaction (N=41)*

	6mo-1yr (N=5)	1-5yr (N=20)	6-10yr (N=11)	11-15yr (N=3)	16+yr (N=2)
Mutuality		X	X	X	X
Freedom from gender roles		X	X	X	X
Open communication			X	X	
Intimacy (Emotional or physical)			X		X
Experiences with previous sexual partner(s)			X		
Quality of sex valued over frequency					X
Hearing about the sexual experience of peers				X	X
Positive representation of relationships within family of origin					X

## Chapter 5: Discussion

Subjects who participated in this study self-identified as being adult cisgender lesbians in long term romantic relationships with adult cisgender lesbians and reported being “satisfied” or “very satisfied” sexually. Of the 41 participants who were eligible to complete the qualitative portion of the study, it was found that as relationships increased in length of time, external factors outside of the relational dyad became less associated with sexual satisfaction.

Participants completed a qualitative portion of the survey to assess potential factors associated with sexual satisfaction. These questions were based on Bronfenbrenner’s ecological systems theory and potential factors related to the various spheres that may influence sexual satisfaction experiences. While this construct was beneficial in creating a survey that highlighted various domains potentially influencing sexual satisfaction, it did not provide a useful structure to present the data given the intersecting and overlapping nature of the theory as well as the complex experiences of the women studied. Further, the sole use of this model became reductionist and repetitive when attempting to explain the phenomenon of sexual satisfaction.

While specific themes are identified by participants, it is clear that there is much overlap throughout the various spheres identified by Bronfenbrenner. Further, specific themes such as aging and health concerns contributing to dissatisfaction can be distinguished among the demographic variable of length of the relationship. However, the predominant theme of mutuality contributing to sexual satisfaction, and this being the focus of the study, appears to transcend length of a relationship and infiltrates various spheres of Bronfenbrenner’s theory. The dominating theme, numerous subthemes, and the redundancies experienced in attempting to analyze these themes using this theory highlighted that while Bronfenbrenner’s theory was useful in the organization and methodological planning of the study, it was not useful in clearly conveying the data completely. While pieces of Bronfenbrenner’s ecological model were useful

in explaining the phenomenon of sexual satisfaction, specifically the microsystemic and mesosystemic elements, the overlapping ecological spheres expressed within the findings suggested this model was not useful in clearly expressing the findings.

### **Demographics**

Women who were eligible to complete the qualitative portion of the study also reported being in a monogamous relationship at a rate of 100%. Among the disqualified participants, two women identified as being in non-monogamous relationships but were disqualified from continuing the survey due to disclosing sexual dissatisfaction with their current partner. While none of the eligible participants explicitly cited monogamy as influencing their level of sexual satisfaction, this factor's influence on satisfaction within same-sex female relationships warrants further investigation. However, this is consistent with the extant literature which identified monogamy as a primary piece of sexual satisfaction for women (McClelland, 2013). These findings also support the limited representation of non-monogamous couples in the research as well as the macrosystemic value of monogamy in western culture. Further, there is scant research regarding non-monogamous same sex female partners who identify as lesbians.

There was also an overrepresentation of young women and women in shorter term relationships. Of the 41 eligible women, 30 (73%) were under 35-years-old. Similarly, 28 of the 41 women reported having a partner under 35-years-old. While this may reflect an age trend in research where participants are recruited from online forums and snowball sampling techniques (Loxton et al., 2015), it may also reflect how the intersectionality of age and other factors influence the experience of sexual satisfaction for women. Specifically, older women were more likely to site physical health as a factor that has influenced sexual dissatisfaction or a decrease in frequency of sexual activity within their current relationship. Age also appeared to be a factor



when examining trends in the disqualified participants. Among the 25 disqualified women in long term relationships over 34-years-old, 14 (56%) were ineligible to continue the survey due to being “very dissatisfied” or “dissatisfied” sexually. These women were also in relationships within a range of 16 months to 23 years with the average length being 8.4 years. Eleven reported being neither satisfied nor dissatisfied sexually. Lengths of relationships making up this category ranged from three to 20 years with the average length being 8.1 years. The disqualification of older women due to levels of dissatisfaction appeared to also influence the disproportionate representation of shorter term relationships. This is reflected in the ages of women disqualified from the study due to lack of sexual satisfaction who tended to be older when compared to women who reported feeling “satisfied” or “very satisfied.”

White women were overrepresented in this survey which is congruent with the extant literature on trends in racial and sex demographics in research where online surveys are the method of data collection (Smith, 2008). Examination into the overrepresentation of Whites in research found White women in particular are more likely to participate in surveys due to seeing themselves as “connected selves” (Smith, 2008, p. 12) or when they believe they have a personal connection to the research. This phenomenon may also be useful in explaining the skewness towards college educated women who may have a greater interest or experience with research, thus increasing a sense of connectivity. However, given the historical lack of representation of women in color in research, it is not surprising that this chronosystemic factor may lead to some women of color feeling less of a personal connection to research and potentially concerns about being misrepresented or pathologized within a sample that is overrepresented by an oppressing demographic.

Similarly, there is an overrepresentation of women residing in urban areas and no reported representation of women residing in rural locations. While it is possible women residing in rural areas chose not to disclose their zip codes, the reported skewed trends present in the data are reflective of trends seen across research using online surveys (Pew Research Center, 2018). The Pew Research Center (2018) has also identified an underrepresentation of rural residents among internet users which would limit access to online surveys. Further, while the data suggests sexual satisfaction among lesbians is only being reported in suburban and urban areas, it seems unlikely that simply living in a lesser populated region of the country could have such a significant influence on one's sexual experience. However, given that attitudes toward same sex relationships tend to fluctuate given the geographical location and the size and diversity of a community, it is possible the mesosystemic, exosystemic, and macrosystemic influences of living in an area less welcoming of diversity and where there may be backlash for the political advances of LGBTQ rights would hinder a sense of safety and potentially influence sexual dissatisfaction within a same sex couple.

A majority of women also reported cohabitating with their partner. While this factor was not explicitly identified as a factor associated with sexual satisfaction in the narrative responses, this appears to be a factor to consider. There is a clear relationship to the microsystem for this factor; however, chrono, macro and mesosystemic influences are also contributing to the availability of cohabitation. Expansion of protections for same-sex couples under housing discrimination laws and changing societal attitudes have made it possible for more same sex couples to cohabit and have increased opportunities for satisfying sexual experiences. This trend is supported in research regarding the sexual satisfaction of women with male partners. Pedersen and Blekesaune (2003) found that compared to women in committed dating

relationships who were not cohabitating, women who were cohabitating with a male partner who they were in a committed relationship or marriage with reported significantly higher rates of sexual satisfaction. However, this research was segregated to a young adult population (20-26 years old) and there is scant research related to cohabitation's influence on sexual satisfaction on older populations.

### **Major Theme**

A major theme of mutuality was derived from the narrative responses related to the women's definitions of sexual satisfaction and contributing factors for sexual satisfaction in their current relationships. This was identified as the major theme explaining the phenomenon of sexual satisfaction throughout a lesbian relationship given its consistency throughout responses for women regardless of the length of their relationship. While other subthemes are explored individually, the dominating theme of mutuality appears to also influence the existence of all identified subthemes. Subthemes were identified as common responses that were present in the majority relationship lengths or specific domains where mutuality was highlighted frequently. For the subtheme of sex and sexual satisfaction, mutuality appears to play a role in developing the understanding for a partner's physical and emotional needs during sex. For women in the study who are experiencing or have experienced mental or physical health problems that have negatively influenced sexual functioning or frequency, mutuality within the relationship appears to assist in maintaining or rekindling sexual satisfaction during or after these experiences.

### **Mutuality**

A dominating theme throughout the data appeared to be the theme of mutuality. This factor appeared to be the essence of what contributed to the lived experiences of sexual satisfaction among women. Given the dyadic construction of this theme being the thoughts,

feelings, emotions, and behaviors of two women, this appears to be a major mesosystemic influence of sexual satisfaction throughout a relationship's duration. Throughout the narratives, women described feeling sexually satisfied due to experiencing their partner as receptive and attuned to their physical or emotional needs while engaging in sexual or sensual activities. This theme was present regardless of the length of the relationship and was one of few themes highlighted as a positive contributing factor for women in relationships for longer than sixteen years.

The overall phenomenon of mutuality and sexually satisfying experiences is similar to findings in the dominant literature on contributing factors associated with satisfaction among heterosexual couples (Muisse, 2017; Muise & Impett, 2015; Reid, Dalton, Laderoute, Doell, & Nguyen, 2006). Reid et al. (2006) identified mutuality as a key component of "we-ness" which they defined as "ongoing personal construction of one's reciprocal relationship with one's spouse" (p. 19). Other factors contributing to a couple's 'we-ness' were similarities and closeness. Among married couples in the clinical study, marital satisfaction was found to positively correlate with experiences of we-ness. However, there is some research regarding heterosexual couples suggesting that based on a couple's love style, mutuality may lead to de-erotization of their partner (McCarthy & Farr, 2012), which was not explored in the present study. Muise's (2017) research regarding motivation for sex found women across sexual orientations and regardless of the gender of their partner engaged in sex to reconnect with a partner and experienced increased sexual satisfaction when engaged in relationships where each partner acknowledged and met the needs of the other partner. Descriptions of emotionally or physically reconnecting with a partner through sex appeared within narratives of mutuality and sexual satisfaction for participants in the present study.

## **Minor Themes**

### **Sex and Sexual Satisfaction**

One area where Bronfenbrenner's theory was particularly useful was in exploring the definitions of sex and sexual satisfaction by participants. The microsystem, the sphere encompassing factors closest to the individual, was emphasized in women's definitions of sex and sexual satisfaction. Regardless of the length of the relationship, factors within this sphere were highlighted by women within their definition of sexual satisfaction and in what factors they experienced to be contributing to this satisfaction. Specifically, the various sexual and sensual activities identified by women appeared among all lengths of relationships. However, women in briefer relationships appeared to go into more detail and identify a broader range of sexual and sensual acts that they engage in with their current partner to experience sexual satisfaction. Existing research supports the trend among lesbians to identify a broad range of sexually satisfying activities outside of penetration and genital contact (Kotulski, 1996).

The expectation for orgasm and the relationship between climax and sexual satisfaction differed among women throughout the length of the relationship. As relationships lengthened, the mention of orgasm as a requirement for satisfaction or in descriptions of sexual activity decreased and was not mentioned at all among women in relationships over 16 years. While there may be health, medication, or mobility related reasons for climax to be more challenging to reach due to aging, physical illness, or mental illness, no women in the study identified health related complications contributing to dissatisfaction at the time of this study. This theme is supported by some existing literature related to sensual activities being an essential part of sexual satisfaction, and sometimes more important than sexual activities which lead to orgasm, for same-sex females when compared to other couples (Nichols, 2004).

## **Physical and Mental Health**

While the study's focus was not to explore factors contributing to sexual dissatisfaction, changes in physical and mental health were identified by women, particularly in longer term relationships, as contributing to a decline in satisfaction with their current partner in the past. Given the association with physical and mental health and longer term relationships, this factor can be described as an individual, microsystemic, and chronosystemic influence for sexual satisfaction. This trend is also supported in research among heterosexual couples (Randolph & Reddy, 2006). Randolph and Reddy (2006) explored the implications on satisfying sexual experiences for women experiencing physical and mental health problems. Women in the study who experienced their romantic partner as supportive and understanding of their changing needs as a result of physical pain or increased depressive symptoms were more likely to experience continued sexual functioning (desire, lubrication, climax, etc.) and experience sexual satisfaction with their partner. Researchers identified depression and mutual support as each being individual predictors of sexual functioning in the relationships studied. Similarly, women in the present study who identified experiences of decreased sexual frequency, desire, or satisfaction as a result of physical or mental health declines also identified experiences of mutuality in their current relationship as contributing to sexual satisfaction and identified feeling sexually satisfied with their current partner at the time of the study.

Beaber and Werner's (2009) research regarding anxiety and sexual satisfaction among lesbian and heterosexual women revealed differences in sexual functioning across orientation. While heterosexual women experienced a decline in sexual functioning (lubrication, orgasm, non-painful penetration) while experiencing symptoms of anxiety, lesbian women did not experience a significant decline in sexual functioning. It is unclear from the study what

contributed to this difference in functioning among lesbian and heterosexual women and experiences of mutuality with their current partner were not explored. This is similar to experiences cited by women in the current study who identified utilizing sex with their partner as a way to manage experiences of stress or anxiety as well as women who identified no change in sexual satisfaction or functioning due to changes in mental health.

Stress was cited as a factor contributing to dissatisfaction and satisfaction, particularly for women in relationships between one and ten years. Women in relationships for 11 years and beyond cited stress as primarily being associated with sexual dissatisfaction throughout times in their current relationship. Unlike women in relationships for less than 1 year, a portion of women who identified being in relationships for 1 to 10 years cited increased sexual satisfaction through periods of stress. Women who experienced consistent satisfaction or increased sexual satisfaction during periods of stress identified sex with their partner as a coping mechanism for stress and thus increasing their overall emotional and sexual satisfaction. Stress contributing to experiences of sexual dissatisfaction among women is consistent with existing research among heterosexual women which has also highlighted decrease in sexual functioning during periods of stress (Abedi et al., 2015) and research among lesbian women when they experience their partner as being stressed (Totenhagen et al., 2012).

### **Gender Roles**

Regardless of the length of the relationship, women consistently denied feeling their sexual satisfaction was negatively influenced by societal gender roles. In fact, women in early stages of relationships, 10 years or shorter, identified feeling free from gender roles in their sexual relationship which they associated with increased sexually satisfying experiences with their partner. Women also cited feeling less confined by gender roles in other domains of their

relationship which they found to contribute to satisfaction in their sex life. This microsystemic factor within the relationship identified by women is counter to the limited research regarding how enactment of gender in sexual relationships is associated with sexual satisfaction. In the research on this specific topic, findings indicated feeling feminine during sex was associated with sexual satisfaction among women regardless of sexual orientation (McClelland, 2013).

### **Peers and Previous Relationships**

Two subthemes related to microsystemic and chronosystemic factors, particularly relationships with peers and experiences in previous sexual relationship, were present across most relationship lengths. Throughout all lengths of relationships, women identified past sexual experiences as contributing in some way to current sexually satisfying experiences with their current partner and feeling more attuned to personal needs and the needs of their partner. These positive contributions came in the form of becoming more familiar with personal desires, feeling more competent in pleasing their partner, and, for women who previously engaged in sexual relationships with men, becoming aware of their sexual orientation. Comparatively, past sexual relationships contributing to current sexual satisfaction appeared to be emphasized more by women in early years of relationships. Similarly, women in relationships for 15 years or less often identified hearing about the dissatisfaction of peers, particularly women in sexual relationships with men, as having a positive influence on their subjective experience of being sexually satisfied. It appeared that the simple recognition, in comparison, of mutuality in one's sexual relationship had a positive influence on one's subjective experience of sexual satisfaction.

### **Clinical Implications**

An overall goal of the current study was to enhance understanding of the complexity associated with healthy sexual functioning and sexual satisfaction among lesbians and increase



overall knowledge on the topic of healthy sexuality among lesbians. A secondary goal was to enhance clinical competency related to presenting problems of sexual satisfaction when working with individuals and couples in long term lesbian relationships. Given the strong association between mutuality and sexual satisfaction among participants in this study, it seems clinically relevant for clinicians working with couples or presenting problems regarding sexual satisfaction to assess for experiences of mutuality. These experiences should be explored in multiple facets of an individual or a couple's experience such as physical or intimate mutuality and emotional mutuality. Interventions appear to be dependent on the value of mutuality for the couple as seen in research with heterosexual couples (McCarthy & Farr, 2012). In research where the aim was to increase desire among heterosexual couples, those who experienced decreased sexual satisfaction within a relationship where mutuality was valued found that over time this led to de-eroticization of their partner over time. For these couples, strategies and techniques were suggested to maintain mutuality and promote eroticism through exploration of "selfish" sexual fantasies and "playful" sexual encounters. Similarly, in heterosexual couples where mutuality was not emphasized and sexual satisfaction was low, suggestions were given to partners to increase their initiation of "erotic" and "romantic" dates with their partner without the expectation of sexual activity. However, the latter was suggested for couples experiencing lower sexual satisfaction due to pressures experienced based on gender roles which were identified as a non-factor for women in the current study.

The current study has also increased understanding of how existing mutuality in a relationship may influence the experience of sexual satisfaction when one or both members of a lesbian couple experience physical or mental health declines. Given the current study's results and the support from the extant literature citing mutuality as a contributing factor for sexual

satisfaction being maintained throughout or re-experienced post physical or mental health decline, fostering mutuality among female couples experiencing these presenting problems may be useful if concerns related to declining sexual satisfaction are present.

While mutuality is clearly a key factor related to sexual satisfaction and fostering growth in this domain of a relationship may be beneficial for sexual satisfaction, being able to assess existing levels of mutuality seems necessary. A possible assessment tool for mutuality which can be used in clinical settings when working with couples is the Couples Mutuality Questionnaire (CMQ), which was designed for use in the study done by Reid et al. (2006). However, this measure has only been normed on married couples of the opposite sex and has typically been used in research of predominantly white populations which may hinder its reliability and validity among diverse lesbian populations.

### **Future Research**

While mutuality appears to be present among lesbian couples who experience sexual satisfaction, future research would be necessary to explore the extent that mutuality is a protective factor against a decline in sexual satisfaction. Similarly, exploration on how to assess for and enhance experiences of mutuality among women would be beneficial for clinicians working with couples or individuals presenting for sexual satisfaction concerns. Assessment measures for mutuality, specifically the Couple's Mutuality Questionnaire (CMQ) has only been normed using married couples of the opposite sex. For use in clinical settings and research among same-sex female couples, further research to identify its validity and reliability with this population is needed. Given the inevitable aging process and physical health decline in long term partners, further research is warranted on how to maintain or promote experiences of mutuality for same-sex women as the physical or mental health of one or both partners is in decline.

Demographic information collected in this study also highlighted areas for further research. Given the lack of representation of non-monogamous same sex female couples in this study and in the extant literature, the influence of non-monogamy on sexual satisfaction among same sex female couples would benefit a more global understanding of possible contributing factors. Similarly, given the high representation of cohabitating women in the study and little mention of cohabitation as a factor contributing to sexual satisfaction among the narrative responses, research focusing on how living arrangements influence sexual satisfaction among lesbian couples would increase understanding regarding how satisfaction may change as couples advance in their relationship.

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## Appendix A: Informed Consent

The following consent form will appear at the beginning of the online survey found at <http://lmc6165.poll daddy.com/s/beyond-lesbian-bed-death>:

Title: Factors Associated with Sexual Satisfaction Among Lesbian Women Throughout the Duration of a Long Term Relationship

Investigator: Leesa Contorino, M.A.

Please review the following information before beginning the survey. For the purposes of anonymity, your name and signature will not be obtained. Clicking “Continue” at the bottom of this page is considered your consent to participate. Your name and IP address will not be linked to this survey in any way. If you do not wish to continue on to the survey please click “I do not wish to continue” at the bottom of this page.

Purpose: The purpose of this study is to examine factors associated with sexual satisfaction among women who are currently in a long term same-sex relationship. Given the differences in the lengths of relationships, the researcher will seek to examine the different factors among women given the duration of their current relationship. The hope is to understanding experiences of sexually satisfied women in same-sex relationships in order to not only improve understanding of lesbian sexuality, but increase the competency of clinicians who work with lesbian women or same-sex female couples.

Procedure: You will be asked about specific demographic information such as gender, age, age of partner, race, income, zip code, sexual orientation, length of current relationship, highest education level completed, and gender of partner. A single question about your current level of sexual satisfaction will be asked. Answers to these questions will determine your eligibility to continue with the survey. Those who are eligible to continue will be asked to complete open ended questions regarding possible factors associated with your sexual satisfaction. No identifying information will be collected and therefore the survey is completely anonymous.

This survey should take between 15-45 minutes, depending on the length and depth of your responses. There is no monetary compensation for your participation.

Risk to Participation: The anticipated risks of completing the survey are minimal. It is hoped that the anonymity of the survey will increase your comfort level and willingness to be open and honest in your responses. If you find any questions particularly distressing, you are welcomed to discontinue your participation in the survey, and if necessary, contact the researcher directly.

While you will not directly benefit from your participation in this study, we hope the information gathered from your participation will increase clinicians' understanding and competencies when working with lesbian women and couples.

Your participation in this survey is anonymous, and strictly voluntary. You may withdraw from participating at any time without consequence.

If you have questions or comments about this survey or research, please do not hesitate to contact:

Braden Berkey, Psy.D.

Dissertation Chair

The Chicago School of Professional Psychology

325 N. Wells Chicago IL 60654

BBerkey@thechicagoschool.edu

Or

Leesa Contorino, M.A.

4<sup>th</sup> year Clinical Doctoral Student

Researcher

The Chicago School of Professional Psychology

325 N. Wells Chicago IL 60654

Lmc6165@ego.thechicagoschool.edu

If you have questions concerning your rights in this research study you may contact the Institutional Review Board (IRB), which is concerned with the protection of subjects in research projects. You may reach the IRB office Monday-Friday by calling 312-467-2343 or writing to:

Institutional Review Board

The Chicago School of Professional Psychology

325 N. Wells, Chicago, Illinois, 60654

By clicking 'Continue' you are giving your consent to participate.



## Appendix B: Questionnaire

1. What does it mean to you to be sexually satisfied with your partner?
2. What do you consider sex? Has this definition changed over time?
3. How does current stress in your life influence your sexual satisfaction?
4. How has hearing about peers' sexual satisfaction influenced your experience of sexual satisfaction with your partner?
5. How has media influenced your experience of sexual satisfaction with your partner?
6. How has your family influenced your sexual satisfaction with your partner?
7. How has the political climate influenced sexual satisfaction with your partner?
8. How have past sexual experiences influenced sexual satisfaction with your partner?
9. How have societal gender roles influenced sexual satisfaction with your partner?
10. How has the meaning of being sexually satisfied changed over the course of your current relationship?
11. How have physical or mental illnesses influenced your sexual satisfaction with your partner?
12. Have other aspects outside of your relationship with your partner contributed to sexual satisfaction?