

Women's Sexual Satisfaction and Overall Well-being: Examining Relationship
Satisfaction, Sexual Agency, Sociosexual Orientation and Relationship Status

by Christine M. Curley

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Abstract

Medical and psychological research has found a strong association between sexual satisfaction and overall well-being. However, few studies have addressed whether the relationship between women's sexual satisfaction and overall well-being differs for women of different ages. This mixed-method study recruited 347 women aged 18 to 76 and found (1) a positive significant association between age, relationship satisfaction, and sexual satisfaction and overall well-being, and higher levels of sexual satisfaction are associated with higher levels of overall well-being. However, age was unrelated to sexual satisfaction and overall well-being, and; (2) while relationship satisfaction interacted with sexual satisfaction and overall well-being, there was no interaction effect of age. Results also indicated that relationship status was unrelated to women's sexual satisfaction. However, sexual satisfaction was positively associated with overall well-being. Semi-structured interviews of eight women (ages 20-52) explored women's attitudes and behaviors pertaining to sex, sexual satisfaction, and wellness. Findings from this study can inform future health psychology and health education efforts to promote the pursuit of sexual satisfaction as a set of healthy behaviors fundamental to overall well-being for women of all ages.

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Women's Sexual Satisfaction and Overall Well-being: Examining Relationship Satisfaction, Sexual Agency, Sociosexual Orientation and Relationship Status

The fields of wellness and health psychology have traditionally focused on nutrition, exercise, smoking cessation, and reduction of alcohol drug consumption to improve overall wellness (HealthyPeople.gov., 2018). Sexual health studies have focused mainly on dysfunction, reproduction, and sexual risk reduction (Diamond & Huebner, 2012; Teifer, 2004). Research in psychology has focused less on examining sexual satisfaction as a component of overall health, instead focusing mainly on life satisfaction or quality of life, or on the emotional support experienced in the context of relationships (Flynn et al., 2016; Diamond & Huebner, 2012; Stephenson & Meston, 2015).

In the United States, stigma and cultural messages pertaining to sexuality and sexual expression have, to a large extent, inhibited open dialogue about sexual satisfaction in the context of overall wellness. The Substance Abuse and Mental Health Services Administration (SAMHSA) has promulgated a new model of wellness as part of its current Wellness Initiative (SAMHSA, 2015). However, despite expanding its model to include eight factors – Social Wellness, Emotional Wellness, Spiritual Wellness, Environmental Wellness, Financial Wellness, Intellectual Wellness, Physical Wellness and Occupational Wellness – Sexual Wellness remains conspicuously absent.

Editorials in the fields of psychology and medicine have posited that positive sexual health initiatives should be incorporated into both fields, but research is lacking regarding evidence-based practices to accomplish this objective (Minichiello & Plummer, 2006; Oomman, 1998; Swarbrick, 2006). Advocating for sexual satisfaction and

wellness, as opposed to addressing distress, reproduction, function, and dysfunction, has not gained traction in the United States and other Western countries (Daugherty et al., 2016; Rosen & Bachmann, 2008; Tiefer, 2004). One study comparing mature adults, aged 40-80 from five English speaking countries – United States, Canada, the United Kingdom, Australia, and New Zealand - found that the majority of participants did not seek medical attention to address their sexual health issues, suggesting that the dearth of sexual wellness advocacy is not limited to the United States (Nicolosi et al., 2006).

Sexual satisfaction has not been embraced within the prevailing concepts of health and wellness and the cultural “will to health” mantra emphasizing personal motivations and choices (Epstein & Mamo, 2017).

Wellness and Health Promotion

In Western cultures, and the United States in particular, pursuing wellness has become a drumbeat for embracing a healthy lifestyle, making personal choices, and taking responsibility for one's physical, emotional, mental and psychological well-being. (Crawford, 2006). Health consciousness emerged in the 1970s, as people became more aware of various causes of diseases such as cancer, heart disease, HIV, and the dangers of the smoking, drinking, processed foods and environmental toxins, engendering more interest in reducing risk and engaging in health promoting behaviors. "Our Bodies, Ourselves," a first of its kind book on women's health and sexuality, published in booklet form 1970, provided comprehensive information designed to empower women to take charge of their bodies, their health, and their sexuality.

Individual striving for wellness, maximizing health potential through personal choices, was espoused by Dunn (1961) who defined wellness as "an integrated method of functioning which is oriented toward maximizing the potential of which the individual is capable." (pp. 4-5). The evolution of the terms "wellness" and "well-being" signaled a recognition that health was more than the absence of illness or disease, and that prevention of illness by promoting health is a worthy endeavor (Kirkland, 2014). While ideas about wellness and living well have been explored for centuries, Western medicine is still catching up with the idea of treating health problems by preventing them from occurring (Cayleff, 2016). Medical care focused on the treatment of illness and disease has made way to some extent for a future oriented approach to living well into late adulthood, as life expectancy has steadily increased over the last few decades (National Vital Statistics Reports, 2017). For example, the Patient Protection and Affordable Care Act (Public Law 11-148, 2010) included requirements for insurance to provide extensive preventive medical services, diagnostic testing, and screenings as well as annual gynecological exams for women.

Some have criticized the movement toward personal responsibility for health and lifestyle choices as creating a "super value" around the quest for well-being, implicating a new morality around wellness and equating falling short as an individual character flaw (Crawford, 2006). However, the fact remains that 71% of deaths globally are the result of noncommunicable diseases, which are dramatically impacted by poor lifestyle and health decisions (WHO, 2018). Moreover, while disparities in social supports, medical

assistance, and economic disadvantages must be acknowledged, encouraging individuals to make decision that promote their health remains critical.

For many women, personal responsibility toward health promotion has come to mean "self-care." Self-care can be viewed as an expansion of social–cognitive theory and in particular, self-efficacy whereby " self-efficacy beliefs operate together with goals, outcome expectations, and perceived environmental impediments and facilitators in the regulation of human motivation, behavior, and well-being" (Bandura, 2004, p. 143). Self-efficacy is also a fundamental tenet of the revised Health Belief Model (Rosenstock, 1966; Glanz & Lewis, 2002), a theory developed for explaining and predicting health related behaviors and adherence to medical recommendations. Self-care may include activities or practices within the categories of physical wellness, relaxation and stress management, interpersonal relations, self-compassion and outdoor recreation (Ayala & Almond, 2018).

Sexual Satisfaction

Sexual well-being and sexual health are often used interchangeably in the literature to incorporate various facets of sexual experience, including sexual satisfaction, sexual function, and sexual distress, as well as physical, mental and emotional components of sexual well-being. According to the World Health Organization's current working definition, sexual health is:

...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination

and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled” (*WHO, 2002*).

Sexual satisfaction and sexual function have been found to be separate components of sexual well-being (Stephenson & Meston, 2010). Sexual well-being in a study of college students was found to be an independent construct from sexual satisfaction (Daugherty et al., 2016). Although the majority of studies of sexual satisfaction have been conducted against the backdrop of dyadic relationships and incorporate the concepts of relationship quality and satisfaction, several studies have confirmed the health and wellness benefits of sexual satisfaction, independent from relationship satisfaction. (Epstein & Mamo, 2017; Komisaruk, Beyer & Whipple, 2008; Liu, Waite, Shen & Wang, 2016; Whipple & Komisaruk, 1988). Because sexual satisfaction has primarily been studied in the context of relationship satisfaction or sexual function, this study examined sexual satisfaction as a distinct construct from both relationships and physical function in order to explore sexual satisfaction as a health behavior that is not necessary dependent on a relationship or a medicalized definition of function or dysfunction (Tiefer, 2004).

Defining sexual satisfaction has been difficult for researchers in this area, as compared to other areas of psychological inquiry, research on sexual satisfaction is in the nascent stages (McClelland, 2010). Rehman and Byers (2013) have stated that “Sexual satisfaction refers to an individual’s subjective evaluation of their sexuality” (p. 25). Lawrence and Byers’ (1995) definition of sexual satisfaction is “an affective response

arising from one's subjective evaluation of the positive and negative dimensions associated with one's sexual relationship" (p.268). These definitions attempt to incorporate elements apart from physical function - counting orgasms, frequency or dysfunction - into a person's assessment of their own sexual satisfaction, recognizing that emotional closeness, communication and other non-sexual factors are part of the sexual satisfaction equation (Rehman & Byers, 2013).

For women, sexual satisfaction may be more complicated than for men, as institutional and social structures of gender inequality have had differing contextual impacts on women and their experience of sex. As explained by Castaneda (2013):

Women's sexuality is not only an individual and personal experience embedded in the physical and material realities of bodies and biology, personal sexual identities, and individual development over time, but is also influenced by interpersonal context, life experience, cultural meanings, gendered dynamics of power and oppression, and layers of silence in the family and in society surrounding sexuality, as well as various larger forces, such as global migrations, politics, and economics. (p. xvii)

In her review of the etiology and development of psychological construct of "satisfaction" McClelland (2010) argues that the fundamental inadequacy of the operational definitions lies in the failure to acknowledge and account for the fact that because of sociocultural factors, women may be starting from a different baseline when considering their own satisfaction. If the expectations for a man and woman, based on a cultural or personal sexual script are not identical, the measure of whether the sexual experience was satisfying may not be the same either. In other words, if a man expects sexual activity to end in orgasm and it does, he may report a high level of satisfaction; if a woman, on the other hand, expects sex to be uncomfortable and it is not, she might

report a high level of satisfaction as well. McClelland's proposed "intimate justice" paradigm incorporating concepts of social and cultural roles and expectations has not yet been developed into a sexual satisfaction measure. However, this concept of "intimate justice" is explicit in the WHO's definition of sexual health and its reference to "having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled" (WHO, 2002).

Nevertheless, despite women reporting having fewer orgasms generally, studies have consistently found that women report higher sexual satisfaction scores than men, suggesting that non-sexual factors are important to women's assessment of their own satisfaction (Hurlbert, Apt & Rabehl, 1993; Laumann et al., 1994; McClelland, 2009).

Sexual Satisfaction and Overall Well-Being

Data obtained from the Global Study of Sexual Attitudes and Behaviors (GSSAB), surveying over 27,000 middle-aged and older adults from 29 diverse countries worldwide, revealed significant associations between sexual well-being, physical and mental health, and overall happiness (Laumann et al., 2006). Rosen & Bachmann (2008) reviewed several studies supporting the relationships between sexual satisfaction, emotional well-being, and overall quality of life and queried whether these observed relationships should serve as a springboard for further directed research into the positive associations between sexual well-being and overall health, both physically and psychologically, focusing on wellness as opposed to dysfunction. Nevertheless, health

educators and wellness models in the United States overlook or fail to incorporate sexual well-being as a necessary component of health and fail to promote sex as a healthy behavior that contributes to overall well-being (Daugherty et al., 2006; SAMSHA, 2015; Tiefer, 2004).

Sexual satisfaction, a component of sexual wellness, and its correlation with overall subjective well-being and life satisfaction has been the subject of several studies (Flynn et al., 2016; Diamond & Huebner, 2012; Rosen & Bachmann, 2008; Stephenson & Meston, 2015). In a study by Flynn et al. (2016) of 3,515 adults from the United States, aged 27 to 61, both men and women who described themselves as sexually active rated sexual health as high in importance to their quality of life, even for those participants who reported being in poor health or having a chronic health condition. Men rated this association more strongly. Notably, sexual satisfaction was found to peak in the late 30s and declined after age 70, with this decline being more rapid for women. Davison et al. (2009), in their study of 349 sexually active women ranging in age from 20-65 years, found that women who experienced sexual dissatisfaction scored lower on the Psychological General Well-Being Index, based on daily diary self-reports.

Sexual Satisfaction and Women's Physical Health

Well-being is not limited to subjective life satisfaction and quality of life issues, but extends to physical health benefits as well. Sexual satisfaction and female orgasm have been acknowledged as contributing positively to physical health and reduced chronic illness (Epstein & Mamo, 2017). Neurological studies have found a connection between orgasms and pain reduction in women, namely increased pain thresholds and

pain tolerance during orgasm, most likely as a result of the activation of the insular cortex and anterior cingulate cortex when stimulated by either pleasure or pain (Komisaruk et al., 2008). A review of various studies compiled by Komisaruk and Sansone (2003) detailed cumulative support for the finding that stimulation of the vaginocervical area, independent of partnered sex, produces an analgesic effect caused by the release of oxytocin, which is stronger when the stimulation is pleasurable and even stronger when the stimulation leads to orgasm. Whipple and Komisaruk's (1988) study involving 10 women aged 26-57 who were instructed to perform two forms of self-stimulation, pressure and pleasurable, found that the participants' pain thresholds were elevated as the result of pleasurable stimulation, distinct from mere "distractants," meaning actions or behaviors intended merely to distract a person from the pain they were experiencing.

Positive correlations between sexual satisfaction and reduced cardiovascular risk, using four measures of cardiovascular health - hypertension, rapid heart rate, elevated C-reactive protein and general cardiovascular disease events - have been found for women, with women experiencing reduced hypertension risk when reporting high levels of sexual satisfaction (Liu et al., 2016). Using longitudinal data compiled by the National Social Life, Health and Aging Project (NSHAP) to examine the associations between sexual activity positive correlations were observed between sexual satisfaction and overall physical health (Liu et al., 2016). In their study, the authors defined sexual activity as physical sexual acts, and sexual quality as the relational and emotional components of sexual satisfaction. The study found support for the hypothesis that for women, sexual quality - taking into account both relationship and emotional satisfaction – was associated

with lower risks of hypertension, which was likely the result of reduced stress levels, the release of hormones during orgasm, and increased psychological well-being (Liu, 2016). Although neither cause and effect nor the direction of the relationship between sexual satisfaction and health can be ascertained from correlational data, the fact that sexual quality and not merely sexual activity was assessed suggests that benefits of sexual satisfaction may not be dependent on better physical health.

Sexual Satisfaction and Relationship Satisfaction

Sexual satisfaction for women is often viewed as merely an aspect of relationship satisfaction, suggesting that, for women, sexual satisfaction and relationship satisfaction are inextricably intertwined (Laumann et al., 2006). Other studies have found that relationship satisfaction and sexual satisfaction are highly correlated, but remain distinct constructs (Apt, Hurlbert, Pierce & White, 1996; Fallis, Rehman, Woody & Purdon, 2016; Hassebrauk & Fehr, 2002). The longitudinal associations, dyadic components, and the directionality between relationship satisfaction and sexual satisfaction have not been definitively modeled or explained (Byers, 2005; Fisher et al., 2014).

Although researchers have examined correlations between relationship satisfaction and sexual satisfaction, studies to date have not expressly explored how relationship status impacts the association between sexual satisfaction and overall wellness, or the extent to which a satisfying relationship is necessary for a woman to report sexual satisfaction.

Stephenson and Meston (2015) studied sexually active women in exclusive heterosexual relationships to examine the association between sexual satisfaction and

overall life satisfaction. Relationship satisfaction was more strongly predictive of life satisfaction than sexual satisfaction; however, the study only included women who were in exclusive relationships. In short, because the study did not include women who were not in exclusive relationships, it could not support the inference that relationship satisfaction is necessary for women's sexual satisfaction to be correlated with life satisfaction. Likewise, although the GSSAB study found that being in a relationally satisfied increased sexual well-being (Laumann et al., 2006), the extent to which the association between sexual satisfaction and overall well-being is influenced by being in a relationship remains unclear.

There is some research supporting the proposition that a long term or committed relationship is not necessary for women to report physically satisfying sex, suggesting that factors distinct from the emotional connection between partners contribute to women's sexual satisfaction (Davidson & Darling, 1988). While a greater number of sexual partners over a lifetime may result in lower self-reported psychological sexual satisfaction, there was no statistically significant difference in reported physiological satisfaction. Relationship status and relationship satisfaction as well as sociosexual orientation were measured separately in the present study in order to assess and compare relationship factors with the socio-cultural attitudes regarding pursuing sexual satisfaction outside the context of a committed or exclusive relationship.

Sexuality and Well-being in Older Adults

Although prior studies have found a relationship between sexual satisfaction and overall well-being (Flynn et al., 2016; Laumann et al., 2006; Davison, 2009), differences

in the strength of this association between women of various generations has not been directly examined. The Lindau et al. (2007) study of adults aged 57-85 demonstrated a significant positive connection between greater sexual activity and better health status in middle age and later. Lindau and Gavrilova's (2010) cross sectional study of over 6,000 men and women aged 25-85 found that sexually active people were healthier, had greater sexually active life expectancy [meaning that they physically remain sexually active longer], and had greater longevity as a whole. Men reported higher quality sex than women and also reported remaining sexually active longer. This finding could suggest that older women may be reticent to assert agency to seek higher quality sexual experiences. It might also speak to the fact that as women age the culture sees them as less attractive, sexual, and worthy, which may contribute to older women placing a lower value on sexual satisfaction. (Weeks, 2002). Particularly troubling from the standpoint of women's health is the percentage (35%) of women, aged 57-85, rating sex as being "not all that important," thereby dismissing a significant healthy behavior from their lives (Lindau et al., 2007). Accordingly, exploring the extent to which older women experience a relationship between sexual satisfaction and overall health is critical.

With respect to older adults, social stigma and guilt regarding sex outside of marriage and cultural stereotypes surrounding sex and aging may be a barrier to connecting sexuality to general health issues in the United States and elsewhere (Henry & McNab, 2003; Nicolosi et al., 2006). Women have reported difficulty defining sexuality outside a relationship context (Montemurro et al., 2015). Moreover, ageist stereotypes regarding sexuality and sexual behaviors have impacted the ability of health practitioners

to discuss or even consider sexuality and sexual behaviors in older adults, despite the medically acknowledged health benefits of sexual activity (Weeks, 2002) including higher levels of stress-reducing oxytocin, improved sleep quality, reduced anxiety, and increased life enjoyment.

Sociosexuality and Women

Sociosexuality was introduced as a construct by Kinsey in his studies on sexual behavior (Kinsey, Pomeroy & Martin, 1948; Kinsey, Pomeroy, Martin & Gebhard, 1953), to describe differences between individuals who have sexually permissive attitudes towards engaging in sexual activity outside of a committed relationship. Although the revised sociosexual orientation scale (SOI-R) was developed against the backdrop of evolutionary mating theory (Penke & Asendorpf, 2008; Buss & Schmitt, 1993), the present study does not in any way espouse said theory or its heteronormative assumptions; rather, the scale is being used to measure participants' attitudes towards casual sex, meaning sex outside committed or exclusive relationships.

The sociosexuality scale measures whether an individual's behaviors, attitudes, and desires in pursuing sexual satisfaction are restricted or unrestricted. Questions pertaining to attitudes approximates values and questions pertaining to desires targets fantasies and arousal. Prior studies have found that women score lower than men on sociosexual orientation, meaning that they are less likely than men to engage, approve or, or desire unrestricted sex (Gangestad, Haselton & Buss, 2006; Penke & Asendorpf, 2008; Simpson, Wilson & Winterheld, 2004). Although recent studies suggest that women are engaging in casual sex as much as men (Armstrong, England & Fogarty, 2012; Herbenick

et al., 2010a; Orenstein, 2016), it is unclear whether these changing behaviors is indicative of changing sociocultural values toward women and for women.

Sexual Agency and Feminist Theory

Sexual agency or sexual assertiveness in the context of sexual satisfaction has been defined as being able to ask for what one wants and being able to refuse what one does not desire, at least when a partner is involved (Hurlbert, 1991; Morokoff et al., 1997). Sexual agency, sexual assertiveness, and sexual communication have been found to be positively related to women's sexual satisfaction (Byers & Demmons, 1999; Hurlbert, 1991; MacNeil & Beyers, 2009; Rehman, Rellini & Fallis, 2011) and sexual submissiveness or lack of sexual autonomy has been found to impair sexual arousal (Sanchez, Kiefer & Ybarra, 2006).

However, sexual agency and sexual satisfaction cannot be understood or expressed outside sociocultural contexts and social systems (McClelland, 2010).

Feminist theory, while not monolithic and including many perspectives, uniformly seeks to expose the systematic oppression of women, unequal power dynamics between men and women inherent in social hierarchies and cultural scripts, and the resulting lack of choices for women (Delmar, 1986; MacKinnon, 1989; Treichler & Kramarae, 1985). Women as a social group continue to be dominated by men in both personal and cultural terms (Delmar, 1986). For example, while not representative of all feminisms, MacKinnon (1989) defines sexuality as a “social construct of male power, defined by men, forced on women” (MacKinnon, 1989, p.476). Feminism attempts to

deconstruct these gendered social conventions by confronting the established identities for women and creating more equal identities (Jenkins, 1996).

Pervasive oppression extends to women's sexual repression and limited sexual choices such that "sex" - meaning the act - as it is currently understood is a cultural product (Rubin, 1975). In her qualitative study of adolescent girls, Tolman (1994) found a consistent narrative thread of girls voicing internalized oppression in their stories about silencing their sexual desires for fear of physical punishment, social stigma or ostracization. As adolescent girls become women, this internalized oppression does not disappear, but often grows stronger. The implicit options to be silent and accept the patriarchal bargain – to play in accordance with the male-created rules in exchange for whatever power can be extracted from the system - or to express desire and be shunned by society, are continually reinforced in the culture (Frye, 1983; Orenstein, 2016). Women are negatively stigmatized as frigid if they do not desire sex and negatively stigmatized as sluts if they do, which Frye (1983) uses as an example of a double bind, a significant tool of oppressive systems.

One of the fundamental issues implicated in researching sexual satisfaction is defining sex, as the culturally-dominant male perspective has defined sex as a purely phallic concept, requiring penetration and orgasm (Frye, 1988; Rich, 1984). This limited definition of sex, dismissing female biology, genital pleasure, and clitoral stimulation, effectively robs women of their own sexuality and their individual or collective power to define what is sexually satisfying in terms of their own experience. The recently updated DSM-5 categorizes sexual desire and sexual arousal disorders in women using

operationalized duration and frequency criteria, continuing to dismiss women's individual sexual experiences and to confine sexual satisfaction within the box of sexual function (Sungur & Gundezi, 2014; Tiefer, 2004). Research remains lacking in how women experience sexual desire and sexual satisfaction, instead relying on the assumption that women's desire and sexuality responds identical to men (Tyler, 2009; Kaplan, 1979; Tiefer, 2004).

Historically, men's sexual satisfaction and not women's sexual satisfaction has been valued in society; sexual satisfaction was viewed as a male prerogative not extended to women (Rehman & Byers, 2013). Thus, with respect to sexual satisfaction, "[f]rom the standpoint of the system, the preferred female sexuality would be one which responded to the desire of others, rather than one which actively desired and sought a response" (Rubin, 1975, p. 280). Therefore, it is not surprising that women internalize these messages as connected to not only their sexuality and their bodies, but their health, choices, and lives.

From the standpoint of women's health and overall well-being, women's sexual satisfaction cannot remain dependent upon men and their desires; sexual agency must be embraced as part of the pursuit of greater overall well-being. Given the cumulative findings linking sexual satisfaction to overall well-being in terms of physical, emotional and mental health, it is imperative that discussions about sexual satisfaction as a health behavior for women be moved to the forefront of psychology and health psychology. A natural progression exists between agency over our health, to sex as a healthy behavior, to sexual agency being a component of agency over health. A health focused analysis of

sexual agency and sexual satisfaction could facilitate breaking down the barriers of social stigma and cultural constraints on women's pursuit of sexual satisfaction.

Media, Culture, and Sexual Scripts

Sexual scripts are those scripts coded in the culture that inform both men and women about how they should behave in relationships. Sexual scripts are the means in which the acting out of gender roles takes place in the bedroom, which continue to conform to the sexual double standard (Bordini & Sperb, 2013; Maas, Shearer, Gillen & Leftkowitz, 2015). The sexual double standard restricts women's sexual agency, reinforces the subordination of women, and gives status to sexually agentic men while at the same time stigmatizes sexually agentic women (Sanchez, Fetterhoff & Rudman, 2012). Traditional sexual scripts dictate that men are dominant, empowered and are entitled to satisfaction, whereas women are expected to be submissive, nurturing and responsive to their man's needs (Peterson & Hyde, 2011; Sanchez et al., 2012). Women's sexuality may be more imbued with reputational concerns than men, while at the same time adherence to the gendered submissive role negatively impacts their sexual satisfaction (Maas et al., 2015; Sanchez et al., 2012).

The influence of the media, especially with the burgeoning of the internet and social media, is more insidious and ubiquitous than ever before. Joan Kilbourne's observation about the media in her 1999 book *Can't Buy me Love* has not lost its relevance:

Human beings used to be influenced primarily by the stories of our particular tribe or community not by stories that are mass-produced and market-driven. As George Gerbner, one of the world's most respected

researchers on the influence of the media, said, "For the first time in human history, most of the stories about people, life, and values are told not by parents, schools, churches, or others in the community who have something to tell, but by a group of distant conglomerates that have something to sell." (p.56)

Gender roles in the culture are reinforced and disseminated by media and social media. (Bartone et al., 2014). Media depictions of sexual relationships and sexual activity in magazines, music videos, television, and other media influence young adults' views towards their own sexual roles which tend to conform the roles stereotyped in the media portrayals (Jhally, 1995; Ward (2003). These effects have been confirmed in experimental studies (Ward, 2002). In their study of sexual scripts and sexual agency, Seabrook et al. (2016) found that endorsement of traditional sexual roles in combination with increased media use diminished women's sexual agency. Moreover, social media use may increase upward social comparisons and reduce self-esteem (Vogel, Rose, Roberts & Eckles, 2014).

The Present Study

While sexual satisfaction imparts health benefits to men as well as women, the differing social, cultural, and personal experiences of sex, sexuality, and sexual responses between men and women supports examining women separately. Sexual satisfaction-seeking for younger women may be less culturally stigmatized in terms of sexual expression, in modern society but barriers to substantive discussions of sexuality and sexual health remain (Montemurro, Bartasavich & Wintermute, 2015; Syme & Cohn, 2016; Weeks, 2002).

Women with experiences across the life span were included in this study to assess whether the relationship between sexual satisfaction and overall well-being varies based upon age. This study expanded upon prior studies demonstrating a relationship between sexual satisfaction and overall well-being (Flynn et al., 2016; Laumann et al., 2006; Davison, 2009) that did not directly compare differences in the strength of this association between younger and older women. Women of various ages were recruited in order to examine whether age was related to subjective sexual satisfaction, whether the association between sexual satisfaction and overall well-being was related to age and relationship status, the relationship between sexual agency and sexual satisfaction and whether the factors that predict sexual satisfaction for women differ based upon age.

The present study examined the following:

Confirmatory analyses.

1. Sexual satisfaction scores will differ significantly based upon age. Based on prior research, was hypothesized that there will be a curvilinear relationship, grounded on the proposition that younger women are culturally more free to express their sexuality (Montemurro, 2003); middle aged women are more likely to be mothers or responsible professionals with greater demands on their energy and time (Montemurro & Siefken, 2012); and older women are more comfortable with their bodies and self-image (Montemurro & Gillen, 2013).
2. Higher sexual agency scores will be associated with higher sexual satisfaction scores (Hurlbert, 1991). Older women will report having stronger sexual agency than younger women (Montemurro et al., 2015; Tolman, 1994).

3. Higher sexual satisfaction scores will be associated with higher scores on overall well-being (Flynn et al., 2016; Laumann et al., 2006; Davison et al., 2009).

Interactions.

1. There will be a 3-way interaction between the independent variables of relationship satisfaction, age, and sexual satisfaction and the dependent variable of overall well-being. The study expanded the age range of participants in the Daugherty et al. (2016) study which examined the correlation between sexual satisfaction and overall wellness for college students. It was predicted that the relationship between sexual satisfaction and overall well-being would be strongest for older women in satisfying relationships. If the 3 –way interaction was non-significant, lower level interactions were explored.

2. Age will interact with sexual satisfaction to predict overall well-being. It was predicted that for older women, the association between sexual satisfaction and overall wellness will not be as strong as for younger women, as prior research suggests that sexual satisfaction is viewed by older women as “not all that important” (Lindau et al., 2007).

3. Relationship satisfaction and sexual satisfaction will interact to predict overall well-being. It was further predicted that women in satisfying relationships will exhibit a stronger association between sexual satisfaction and overall well-being and that this interaction will be stronger for older women, as sexual satisfaction has been found to

be closely tied to relationship satisfaction for older adults (Laumann et al., 2006; Stephenson and Meston, 2015).

Exploratory analyses.

1. Women's sociosexual orientation scores will be consistent with the psychometrics of the published norms for the SOI-R scale and be lower than the reported norms for men, suggesting that sexual desires, attitudes, and/or behaviors for women are constrained by social expectations that sexual satisfaction must be limited to experiences within committed dyadic relationships. (Penke & Asendorpf, 2008; Penke, 2011). Although the studies reviewed have yielded inconsistent findings regarding social stigma, cultural perceptions, and expectations regarding sexuality (Allen et al., 2009; Montemurro et al., 2015; Syme & Cohn, 2016), it is nevertheless predicted that younger women will have less restricted views of sex and sexual satisfaction. The influence of social stigma, cultural perceptions, and expectations regarding sexuality were further explored in the qualitative portion of this study.

Mixed-method Approach

Much of the previous psychological scholarship on women's sexuality has relied upon survey data (Flynn et al., 2016; Laumann et al., 2006; Stephenson & Meston, 2015), leaving the researchers to infer meaning from the numbers, without the richness of detail or an understanding of contextual factors that could be obtained through qualitative interviews. Accordingly, the present study incorporated both survey and interview data.

Combining quantitative and qualitative research methods can serve various purposes, including addressing different research questions and also illuminating different kinds of interpretations to similar research questions (Tashakorri & Teddlie, 1998; Newman & Benz, 1998). In this study, the choice of a mixed methods design aimed to accomplish both of these goals. The quantitative analyses tested hypotheses regarding the impact of, or the interactions between the predictor variables of age, relationship status, relationship satisfaction, sexual agency and sociosexual orientation on the criterion variables of sexual satisfaction and overall wellness. The qualitative analysis was designed to clarify or explain the associations identified in quantitative analyses, as well as explore other research questions that focus on meaning and experience, cultural, and ethnic influences (Espin, 1999). For example, by revisiting the language of the interviews, selected passages exemplified *how* these differences manifest while allowing participants to describe their experiences in their own words. Close examination of when and how participants engage in particular kinds of conversation elaborated upon connections to current literature, revealed substantive new distinctions, and/or highlighted new or under-theorized characteristics to be considered.

The qualitative component to this study provided a richness of detail allowing for differing interpretations of the survey results. Measuring sexual satisfaction solely through closed answer choices limits a researcher's understanding of what that term means to women of varying ages and backgrounds. The broad aspect of qualitative questions allowed for the discovery of meanings and perceptions that cannot be captured by surveys alone (Maykut & Morehouse, 1994). Sexual satisfaction is not dichotomous;

but is nuanced based upon a women's life experience. Collecting data on individual experiences informed the larger picture as themes emerged from interviews, serving to both elucidate and elaborate upon the survey questions and results (Maykut & Morehouse, 1994). Women of different ages were interviewed to better understand the reasons why some women appreciate the relationship between sexual satisfaction and overall health, and to explore the extent to which social and cultural perceptions limit women's ability to pursue sexual satisfaction as part of a healthy lifestyle. The qualitative data also generated questions for future research and informed quantitative hypotheses.

Women's health is a critical personal and societal issue. Despite the substantial evidence that engaging in sexually satisfying activities is a positive health behavior, cultural attitudes toward female sexuality and sexual behaviors have inhibited the promotion of sexual satisfaction as a component of overall health. I hope that this study will provide an important step toward educating women that a sexually satisfying life is not merely "window dressing on life," but is in fact a vital component of living longer, healthier and happier.

Method

The quantitative component of the data collection was conducted first because the qualitative data could provide insight to the quantitative data. The survey asked participants if they would be interested in participating in the interview portion of the study at the end of the survey and provided an email specifically set up for this research study so that each participant could contact the researcher directly and collected data

would remain de-identified. All of the interview participants were volunteers from the survey, selected by the researcher based upon age.

The interviews were conducted over the course of the second half of the Fall semester, during the January break and during the early part of the Spring semester, as the data collection, transcribing and coding was time intensive. The interview questions delved into the general subject areas contained in the survey, namely, sexual satisfaction, relationship status, relationship satisfaction, sexual agency, and cultural constraints and media effects relating to sexual satisfaction and the importance of sexual satisfaction to overall well-being. See Appendix A for interview protocol.

Quantitative

Participants.

Participants were recruited using convenience samples from accessible populations. One sample was taken from the college pool of Introduction to Psychology students. Flyers were posted at numerous locations on campus including the Women's Center, the Gender and Women's Studies office and the Health and Physical Education program office. Individual professors were contacted by email to request that the survey information be distributed in their classes. In response, a short presentation of the research study to encourage participation was made to over 20 classes in the Gender and Women's Studies, Health and Physical Education and Psychology departments. As part of the recruitment process, a flyer stated that women of all ages were critical to the study, highlighting the need for women of all ages to become participants to inform generational and age differences regarding women's sexual satisfaction and overall wellness.

Participants were also recruited using flyers posted on public bulletins boards at locations state-wide such as local coffee shops, salons, breweries and tennis clubs. The link to the survey was posted on the researcher's personal Facebook page as well as various groups such as Warrior Women, Pantsuit Nation, and RIC and URI Facebook pages; sharing the post with friends was encouraged. Efforts were made to obtain participants across varying age ranges by posting flyers at locations frequented by women outside of the traditional college age; the use of Facebook accomplished this objective as well.

Women who reported having a health condition that negatively impacted sexual activities were excluded from the sample as the relationship between sexual satisfaction and wellness could be confounded by experiencing neither sexual satisfaction nor wellness at the time of the survey. Sexual orientation was not an exclusionary factor, although some sexual experience was required to participate in the study. Participants who signed on to the survey but did not identify as women were also excluded.

This study examined the survey responses of 347 participants who identified as women, ranging in age from 18-76, with the highest frequency between 18-25 (136 participants) and a mean of 34.29 years ($SD=14.19$) with ten women not reporting their age. Sixty-three percent of the 327 women who described their sexual orientation indicated heterosexual, straight or liking men ($n=207$); 10.7% ($n=35$) reported being bisexual, 7% ($n=23$) reported being gay, lesbian, homosexual or queer, 12.2% ($n=40$) did not submit a responsive answer, and 6.7% ($n=22$) listed other non-heterosexually exclusive orientations. The racial identity of the participants who reported their racial identity was: White ($n=266$; 79.9%), Hispanic/Latina ($n=30$, 9%), Mixed/Biracial ($n=15$,

4.5%), Black/African American (n=12, 3.6%), Asian/Pacific Islander (n=4, 1.2%), Other (n=6, 1.7%), with 4 per cent (n=14) not responding to the question. The majority of the participants who answered the question (n=242, 72%) marked the social economic status ladder between 4 and 7, considering themselves to be middle class.

The initial research design intended to classify the participant sample into three groups of young adults, middle aged adults and older adults. However, since preliminary analyses showed no influence of age and age was not normally distributed the sample was not grouped for analyses.

Measures.

Each participant's self-reported level of sexual satisfaction was measured using an adapted version of the New Sexual Satisfaction Scale (NSSS) (Stulhofer, Busko & Brouillard, 2011) modified by Daugherty et al. (2016) (see Appendix A). The NSSS consists of 20 questions relating to sexual satisfaction in terms of an ego centered and a partner and sexual activity centered domain. The Cronbach's alpha coefficients for the NSSS full scale and subscales range from .90 -.95. The present study utilized the modified NSSS because the NSSS contained a number of questions concerning sexual satisfaction with a partner and thus did not make a clear delineation between sexual satisfaction and relationship satisfaction. As Daugherty et al. (2016) explained, their modifications were made to be more inclusive of activities that did not involve a partner or only one partner, and to include facets such as perceived freedom, knowledge and safety. The responses to the 10 questions on the revised scale range from 1(*not at all*

satisfied) to 5 (*extremely satisfied*) with a maximum total score of 50, with participants being able to rate items such as "The intensity of my sexual arousal" and "my freedom to choose whether, when and how to be sexually active." This scale has demonstrated good reliability (Daugherty et al., 2016).

Overall well-being of the participants was measured using the Psychological General Well-Being Index, a 22 - item self-report survey that addresses six domains of wellness - anxiety, depressed mood, positive well-being, self-control, general health and vitality - by responding with answers valued from 0-5 points for each question, resulting in a total maximum well-being score of 110. (Dupuy, 1984) (see Appendix B).

For example, a participant will be asked the following:

How have you been feeling in general during the past month?

In excellent spirits.....	5
In very good spirits.....	4
In good spirits mostly.....	3
I have been up and down in spirits a lot.....	2
In low spirits mostly.....	1
In very low spirits.....	0

The reliability and validity of this scale is well established across international populations (Grossi et al., 2006).

Participants were asked whether or not they were currently in a relationship by selecting from the following choices: (1) Single, but not dating; (2) Single and dating/hanging out with someone; (3) in a relationship/not living together; (4) In more

than one relationship; (5) Living together, but not married; (6) Married. Participants who respond yes to any category but the first category were asked how long they have been in the relationship and were directed to complete the Relationship Assessment Scale (RAS), a seven-item scale of relationship satisfaction, which has demonstrated convergent validity and good test-retest reliability across various age groups and relationship types (Hendrick, Dicke & Hendrick, 1998; Stephenson & Meston, 2010) (see Appendix C). Participants in more than one relationship were asked to consider one of those relationships when answering the scale. This scale is not limited to heterosexual relationships. Questions such as “How well does your partner meet your needs?” are rated on a 5-point Likert-type scale, with two items being reversed scored, from which a mean score could be determined, with scores ranging from low satisfaction (1) to high satisfaction (5).

Sociosexuality was introduced as a construct by Kinsey in his studies on sexual behavior (Kinsey, Pomeroy & Martin, 1948; Kinsey, Pomeroy, Martin & Gebhard, 1953), to describe differences between individuals who have sexually permissive attitudes towards engaging in sexual activity outside of a committed relationship (see Appendix D). Participants’ desires, attitudes and behaviors regarding committed and casual sex were assessed using the Sociosexual Orientation Inventory-Revised (SOI-R) (Penke & Asendorpf, 2008). The SOI-R consists of nine questions relating to a person’s sociosexual orientation, defined as willingness to engage in uncommitted sexual relationships, with different nine-point responses for questions about behavior, attitudes

and desire, such as, "I can imagine myself being comfortable and enjoying "casual" sex with different partners" and "I do not want to have sex with a person until I am sure that we will have a long-term, serious relationship." The Cronbach's alpha coefficient for the SOI-R scale is .83.

Sexual agency of the participants was measured using the Hurlbert Index of Sexual Assertiveness (HISA) (Hurlbert, 1991) (see Appendix E). The HISA consists of 25 questions relating to a person's tendency to ask for what is desired, refuse what is not desired, and their ability to communicate with a partner, such as "I think I am open with my partner about my sexual needs," "It is hard for me to say no even when I do not want sex" and "I try to avoid discussing the subject of sex." The questions are scored from "all of the time" (0) to "Never" (4), with 12 items reverse scored. The HISA has been shown to have good content validity, predictive validity, discriminate validity and test-retest reliability (Peirce & Hurlbert, 1999).

After completing the survey measures, participants were asked to rank order these items from most to least important: relationship satisfaction, sexual satisfaction and overall health and well being. Participants were also asked to rate whether sexual satisfaction is important to their overall well-being on a 5 point scale ranging from "strongly disagree (1)" to "strongly agree (5)." Participants were then asked to complete the following demographic questions, by writing in the appropriate word or marking the appropriate response: age, gender identity, sexual orientation or sexual identity, racial identity or ethnicity, whether the participant had children, including step children and

foster children, and the ages of children living in the home either full time or part time. Social status was measured using the MacArthur Scale of Subjective Social Status (Adler & Stewart, 2007) which asks the participant to mark where they would place themselves on a graphic of a ladder in relation to other persons in the United States. A subjective social status measure was selected to address the likelihood that students in the sample may not have accurate knowledge of their parents' income level.

Procedure.

Data was collected using Qualtrics survey engine. Participants from the Introduction to Psychology pool and participants recruited through flyers, class presentations and Facebook were directed to the online survey. No compensation was paid to survey participants, although students in the Introduction to Psychology pool received credit for their research participation and some students in other classes may have been given extra credit at the discretion of individual professors. The survey took on average less than 20 minutes to complete.

This survey was conducted online so that participants could take the survey whenever it was convenient for them, wherever they had a computer or phone with an internet connection. This allowed participants to complete the survey in private (e.g., in their own homes), and at their leisure. Informed consent was obtained from each participant after they were informed that that the survey was voluntary and could be terminated at any time. A digital consent document was presented as the first page of the

online survey. Students were asked to read the document, and if they choose to participate, clicked an "agree" button on the screen. If they chose not to consent they had another button they could click, or they could simply close their browser. The page also asked the students to print or save the document for their records.

The informed consent clearly stated that the answers provided will be assessed in the aggregate, and that confidentiality and privacy would be protected through the use of coding as opposed to the use of personal identifying information. The informed consent form explicitly stated that the survey could be discontinued at any time and contained a list of resources available to the participant should an individual inadvertently become triggered by any of the questions in the survey.

Analytic plan and data screening.

The online survey was answered by 450 individuals who consented to proceed with the survey. Eighteen individuals who either did not respond to the gender question or did not identify as woman were excluded from proceeding to the rest of the survey. Similarly, 29 women who responded that their health impacted their ability to engage in sexual activity and/or their overall well-being and seven women who did not respond to the question were excluded from proceeding with the remainder of the survey. An additional 49 respondents were deleted from the data set for having missing data that prevented the calculation of total or subscale either the psychological well-being or

sexual satisfaction scales. After these deletions, 347 participants remained in the research sample.

Prior to conducting statistical analyses to test the hypotheses and explore results, each of the scales were evaluated separately to determine whether missing items should be deleted listwise or substituted with a mean score.

The Psychological Well-being Scale has 22 items; since only three participants failed to answer one question and one participant failed to answer two questions the missing items were replaced with the series mean for each of the items that were not answered.

The modified New Sexual Satisfaction Scale contains 10 items; accordingly, participants who did not answer all of the questions were excluded by listwise deletion from any analyses that included this scale.

The Sexual Assertiveness Scale contains 25 items. Eight participants failed to answer one question and two participants failed to answer three questions. Each of these missing items were replaced with the series mean.

The Relationship Assessment Scale contains seven items; accordingly, participants who did not answer all of the questions were excluded by listwise deletion from any analyses that included this scale.

T

The Sociosexual Orientation Scale contains nine items; accordingly, participants who did not answer all of the questions were excluded by listwise deletion from any analyses that included this scale.

Reliability testing using SPSS indicated high reliability for all of the scales: Psychological Well-being Scale ($\alpha=.942$); modified New Sexual Satisfaction Scale ($\alpha=.904$); Relationship Assessment Scale ($\alpha=.904$); Sexual Assertiveness Scale ($\alpha=.926$); Sociosexual Orientation Scale ($\alpha=.839$).

Preliminary statistical analyses were run using both parametric and non-parametric data because the age of the participants was not normally distributed. Since the statistical findings were highly similar, and the remaining constructs were normally distributed, parametric analyses were used to test the hypothesis and explore additional relationships.

Qualitative Interviews

Participants.

Interviews were conducted with eight participants, recruited from the pool of survey participants who sent an email to womenshealthandsexualitylab@gmail.com, created for this research study. Respondent volunteers were selected based on their age and availability. Two groups of young adult (age 20-25), and mature adult (36-52) women were selected because prior studies have suggested that both historical context and individual life development impact sexuality and overall well-being and using two

groups will likely achieve greater contrast between the groups (Armstrong, 2008; Stewart & Healy, 1989).

Six of the women identified as White, one identified as White/Hispanic, and one identified as Asian American. All of the women were in committed heterosexual relationships; three were married, while two stated that they were in open relationships, neither of these women considered themselves polyamorous. Two women indicated that they considered their sexual orientation to be bisexual; but neither were currently engaging in sexual activities with women. Table 1 sets forth demographic information for the women interviewed. All references to participant's names are pseudonyms to preserve their anonymity.

INSERT TABLE 1 HERE

Procedure.

Interviews included semi-structured questions that built upon those in the survey. Data was collected using one-on-one, semi-structured interviews, which consisted of following an interview protocol that did not seek specific answers, but rather sought to elicit narratives and stories from participants (Brown & Gilligan, 1992). The present study utilized qualitative interviews to explore the potential influences of social stigma and constraints on a women's personal definitions of sexual satisfaction. For the complete interview protocol, see Appendix F. An informed consent form was signed by each participant and specific permission was obtained from each participant consenting to tape recording and transcription of the interviews as well as use of non-identified quotes as

part of data analysis and reporting of the results. Each participant retained a signed copy of the informed consent form which contained a list of counseling resources in the event the participant experienced any discomfort after the interview was concluded.

All of the interviews were conducted in a private space where confidentiality was ensured. Seven interviews were conducted in an office in the Psychology Department, four of these were face to face and three were over Google Hangout. The eighth interview was held in a conference room in a public library.

During the course of the interview process, the researcher engaged in memoing practice, recognized in qualitative research as a method to become more deeply engaged in the research, extract concrete meanings from the data, and facilitate the retention of ideas that might otherwise be lost, such as an interviewee's body language (Birks, Chapman & Francis, 2008).

Transcription and coding.

Audio recordings were transcribed by an individual trained in transcription and confidentiality protocols. These transcripts were reviewed for accuracy and notations regarding non-verbal cues were made by the researcher based upon memos prepared by the researcher immediately after each interview. Non-verbal cues included laughter, pauses, hand motions, and facial expressions. These verbatim transcripts were read multiple times to determine patterns and themes identified in the process of coding. Multiple readings of the same text explicated the voice and experience of the speaker and facilitate a richer listening and interpretative experience for the researcher (Tolman, 1994).

As Saldana (2009) explains, codes “symbolically assign a summative, salient, essence-capturing, and/or evocative attribute for a portion of language based or visual data” (p. 3). The process of coding includes reading and re-reading for themes, patterns and concepts (Flick, 2009). Preliminary coding categories were generated from the literature review, including concepts from the theoretical scholarship, including “sexual satisfaction,” “relationship satisfaction,” and “sexuality over the life course.” According to principles of grounded theory (Glaser & Strauss, 1967), I also searched for emergent themes, or those that are consistently discussed by the participants as meaningful, important, or significant to them.

In this study the goal was to understand individual perceptions of sexual satisfaction and its relationship to overall well-being, therefore, qualitative methods served as fruitful tools of inquiry. As Lee (1997) explained, “Instead of...privileging either what exists in people’s head or what exists in the interaction, we privilege the meaning system that affects and is affected by both – story is one way of talking about this” (p. 1). In addition to testing hypotheses based on existing theories and assessing the frequency of various kinds of themes, narrative analysis allowed examination illuminating accounts as well as themes that have not yet been theorized fully, generating new paths and hypotheses for future research.

The debate among qualitative researchers about validity and the appropriate ways to label and identify elements of narratives often polarize researchers (Mishler, 1990). One version of this debate is a kind of “pure” grounded theory, where analyses stick very closely to the words of the participants themselves. Another version is to introduce

coding categories. Another involves conducting a theoretical and analytic reading that is less grounded in the interviews, using a few examples to illustrate larger and more meta-level conclusions. Some researchers do not weigh in on any of these methods exclusively, as long as certain conditions or types of validity are met (Maxwell, 1992). This study included elements of these methods, intended to supplement, situate, and extend the results of systematic content analysis.

Coding categories were not mutually exclusive. In this study, systematic content analysis provided a basis for more contextualized qualitative analyses, thereby providing openings for deeper analysis of the content revealing patterns “which may emerge after close observation, careful documentation, and thoughtful analysis of the research topic.” (Maykut & Morehouse, 1994, p. 21). The coding of the interviews further informed and directed the review of additional literature in this area and elucidated and provided a fuller and more detailed understanding of the quantitative findings. Coding of the qualitative interviews enabled an in-depth analysis of language, pauses, body language and other utterances and their relationship to the existing literature (Shotter, 1993).

In order to establish interrater reliability, two interview transcripts were independently reviewed and coded for three codes that were selected from the coding manual - definitions of wellness, what counts as having sex and media influence - by the researcher and two raters. Items for each code were counted separately, with two out of three raters in agreement being marked as rater agreement. Based on the foregoing process, the agreement percentages were 91.67% for wellness, 83.33% for having sex and 100% for media. The complete coding manual is attached hereto as Appendix G.

Findings and Analysis

Quantitative Results

Descriptive data.

Participants indicated their relationship status as follows: single, but not dating (n=39, 11.5%), single and dating/hanging out/talking to someone (n=42, 12.4%), in a relationship, not living together (n=80, 23.5%), in more than one relationship (n=12, 3.5%), living together but not married (n=57, 16.8%) and married (n=110, 32.4%). Relationship status was regrouped into single (81) and in a relationship (259). Of the women who answered the question, 124 (36.8%) indicated that they had children they cared for and 213 (63.2%) did not have children to care for.

Most of the participants responded that they had engaged in sexual activity within the preceding year (n=307, 88.5%), with sexual activity being defined in the survey question as meaning each woman's personal understanding of sexual activity. Over 77% of the women (n= 261) responded to the question "My sexual satisfaction is important to my overall health and well-being" by answering "somewhat agree" or "strongly agree" with only 10% (n=35) responding "strongly disagree" or "somewhat disagree." Generally speaking when asked to rank overall well-being, relationship satisfaction and sexual satisfaction, overall well-being was ranked first (n=281, 83.6%), with relationship satisfaction being ranked second (n=249, 74.1%) and sexual satisfaction being ranked third (n=280, 83.6%).

Analyses.***Confirmatory analyses.***

The first hypothesis predicted that sexual satisfactions scores would differ significantly based upon age, and that the relationship would be curvilinear with younger women and older women scoring higher in sexual satisfaction. Based on a review of a scatterplots depicting age and sexual satisfaction scores, no curvilinear relationship was found (see Figure 1). A Pearson correlation analysis revealed no significant relationship between age and sexual satisfaction ($r(335) = -.003, p = .959$).

INSERT FIGURE 1 HERE

The second hypothesis that higher sexual agency scores would be associated with higher sexual satisfaction scores was tested with Pearson correlation coefficient. This hypothesis was supported by the data, resulting in a moderate to strong positive correlation between sexual agency and sexual satisfaction ($r(323) = .643, p < .000$). However, there was no support for the hypothesis that age is related to sexual agency ($r(320) = -.003, p = .959$).

The third hypothesis that higher sexual satisfaction scores would be associated with higher scores on overall well-being was tested with Pearson correlation coefficient. This hypothesis was supported by the data, resulting in a weak to moderate positive correlation ($r(342) = .277, p < .000$).

Interactions.

Interaction effects between age, relationship status, sexual satisfaction and overall well-being were examined using regression models. Missing data that had not previously been substituted with a mean score as described above was deleted listwise.

Contrary to the hypothesis, there was no 3-way interaction between relationship satisfaction, age, and sexual satisfaction and the dependent variable of overall well-being ($\beta = -.344$, $t(262) = -.283$, $p = .778$). Subsequently, lower level 2-way interactions were explored, resulting in finding a 2-way interaction between relationship satisfaction and sexual satisfaction. Interaction effects were observed between relationship satisfaction and sexual satisfaction ($\beta = .988$, $t(263) = 3.037$, $p = .003$).

The interaction was further analyzed by calculating predicted scores for low and high relationship satisfaction and sexual satisfaction using plus or minus one standard deviation ($\pm 1 SD$) from the mean for predicted variables. The pattern between high and low relationship satisfaction and sexual satisfaction and overall wellbeing is displayed at Figure 2. Whether relationship satisfaction was low or high, high sexual satisfaction was associated with higher overall well-being. This association was stronger for women who reported being in highly satisfactory relationships, indicating that high relationship satisfaction interacted with high sexual satisfaction to predict higher levels of overall well-being.

INSERT FIGURE 2 HERE

The hypothesis that there would be a 2 - way interaction between age and sexual satisfaction and overall well-being was not supported ($\beta = -.339$, $t(275) = -1.270$, $p = .205$). Subsequently, a correlation matrix was conducted to examine the zero-order associations between various factors and overall well-being. Significant positive relationships were found between age and overall-well-being, relationship satisfaction and overall well-being, sexual satisfaction and overall well-being and sexual agency and overall well-being (see Table 2).

INSERT TABLE 2 HERE

A multiple regression analysis using the "Enter" method was conducted to examine whether age, relationship satisfaction or sexual satisfaction was the best predictor of overall well-being for women (see Model 1 on Table 3). The results are reported using beta because it is standardized. The effect of all three variables simultaneously on overall-well-being was significant, ($F(3,266)=36.777$, $p<.000$) and explained 29.3% of the variance. In regards to the main hypothesis, age accounted for the most unique variance in overall well-being ($\beta=.402$, $t(266)=7.716$, $p<.000$; 95% CI= .362 -.611), sexual satisfaction was the second strongest predictor of unique variance in overall well-being ($\beta=.259$, $t(266)=4.307$, $p<.000$, CI= .290 -.779) and relationship satisfaction significantly predicted unique variance in overall well-being to a lesser degree ($\beta=.224$, $t(266)= 3.706$, $p<.000$; 95% CI= 2.020 -6.598).

INSERT TABLE 3 HERE

Because the inclusion of relationship satisfaction in the multiple regression analysis limited the sample to only those women in relationships, a second multiple regression was conducted substituting sexual agency for relationship satisfaction in the model (see Model 2 on Table 3). The effect of all three variables simultaneously on overall-well-being remained significant, ($F(3,318)=33.819, p<.000$) and explained 24.2% of the variance. In regards to the main hypothesis, age remained the strongest predictor of unique variance in overall well-being ($\beta=.320, t(318)=6.554, p<.000, 95\% \text{ CI}= .280 - .552$), sexual satisfaction significantly predicted unique variance in overall well-being ($\beta=.310, t(318)=4.862, p<.000, 95\% \text{ CI}= .388 -.915$), and sexual agency did not significantly predict any unique variance in overall well-being ($\beta=.078, t(318)=1.219, p=.224, 95\% \text{ CI}= -.050 -.211$).

A multiple regression analysis using the "Enter" method was also conducted to examine whether age, relationship satisfaction, sexual agency or sociosexual orientation was the best predictor of sexual satisfaction for women (see Model 1 on Table 4). The effect of all four variables simultaneously on sexual satisfaction was significant, ($F(4,261)=61.618, p<.000$) and explained 48.6% of the variance. In regards to the main hypothesis, sexual agency was the strongest predictor of unique variance in sexual satisfaction ($\beta=.535, t(261)=10.466, p<.000, 95\% \text{ CI}= -.097 -.007$), relationship satisfaction significantly predicted unique variance in sexual satisfaction ($\beta=.254, t(261)=4.821, p<.000, 95\% \text{ CI}= 1.330 -3.166$), but no unique variance for either sociosexual orientation or age was found. (Sociosexual Orientation: $\beta= -.079, t(261)=-$

1.695, $p=.091$, 95% CI= -.097 -.007; Age: $\beta=.043$, $t(261)=.956$, $p=.340$, 95% CI= -.026 - .075).

INSERT TABLE 4 HERE

As with the multiple regression analysis examining overall well-being, because the inclusion of relationship satisfaction in the multiple regression analysis limited the sample to only those women in relationships, a second multiple regression was conducted using sexual agency, sociosexual orientation and age as predictors of sexual satisfaction (see Model 2 on Table 4). The effect of all three variables simultaneously on sexual satisfaction remained significant, ($F(3,318)=80.288$, $p<.000$) and explained 43.1% of the variance. In this model, sexual agency was an even more strongly predicted unique variance in sexual satisfaction ($\beta=.643$, $t(318)=15.394$, $p<.000$, 95% CI= .281 -.364), and sociosexual orientation weakly and negatively predicted unique variance in sexual satisfaction $\beta=-.126$, $t(318)=-2.967$, $p=.003$, 95% CI= -.122 --.025). No unique variance for age was found ($\beta=.037$, $t(318)=.884$, $p=.377$, 95% CI= -.027-.072).

Exploratory and post hoc analyses.

It was hypothesized that women's scores on sociosexual orientation will be lower than the reported norms for men. This comparison was undertaken using one sample t-tests in relation to the published norms for the Revised Sociosexual Orientation Inventory (SOI-R), 9-point response scale version (Penke, 2011). For the women who completed this scale, the sample mean of the total of the items on the scale was 3.640 ($SD=1.562$), which was significantly lower than the total reported norms for men of 4.93 ($SD=1.50$),

$t(320) = -14.798, p < .000$. On this total scale, the mean of the sample was also significantly *lower* than the norms for women of 4.01 ($SD=1.52$), $t(320) = -4.247, p < .000$.

The sociosexual orientation scale consists of three subscales: behaviors, attitudes and desires (Penke & Asendorpf, 2008). In regards to the behavior subscale, the sample mean of the items on the behavior subscale was 2.927 ($SD=1.817$), was not significantly different from the reported norms for men of 2.76 ($SD=1.83$), $t(332) = 1.676, p = .095$. Curiously, the mean score for the sample of women was *higher* than the reported norms for men, and was *significantly higher* than the norms for women of 2.65 ($SD=1.73$), $t(332) = 2.781, p = .006$.

In contrast, for the most part the scores on the other two subscales were as hypothesized in relation to the published norms for both men and women. The sample mean on the items on the attitudes subscale was 5.235 ($SD=2.510$), significantly lower than the reported norms for men of 6.42 ($SD=2.33$), $t(330) = -8.593, p < .000$, as expected, and the sample mean was not significantly different from the norms for women of 5.41 ($SD=2.37$), $t(330) = -1.271, p = .205$. The sample mean on the items on the desires subscale was 2.691 ($SD=1.552$), significantly lower than the reported norms for men of 5.61 ($SD=1.91$), $t(330) = -34.346, p < .000$, as expected. However, the mean score for the sample on the desires subscale was significantly *lower* than the norms for women of 3.96 ($SD=1.94$), $t(331) = -14.882, p < .000$.

It was also predicted that younger women would have higher sociosexual orientation scores. However, no significant relationship was observed between age and sociosexual orientation based on the total score ($r(320) = .060, p = .281$). Correlations were also run between age and the various subscales, with age being weakly significant only on the behaviors subscale ($r(320) = .138, p = .013$) and non-significant on the others (Attitudes: $r(320) = .027, p = .633$; Desires: $r(320) = -.024, p = .674$).

A second set of exploratory analyses was conducted to examine whether relationship status impacts the relationship between overall well-being and sexual satisfaction. Although prior research has found that relationship satisfaction predicts both sexual satisfaction and overall well-being, the influence of relationship status (in a relationship versus single/casual dating), on sexual satisfaction and overall well-being has not been directly examined. Accordingly, several analyses were conducted to assess the impact of relationship status on well-being and sexual satisfaction. These correlations were conducted with and without covarying relationship status; if there was no significant change in the correlation, it could be concluded that relationship status is not impacting the relationship between variables.

1. The Pearson correlation coefficient between age and overall well-being was positively significant and moderate ($r(335) = .325, p < .000$). When controlling for relationship status, we found a partial correlation of $r(333) = .321, p < .000$, which is not significantly different from the zero order correlation.

2. The Pearson correlation coefficient between sexual satisfaction and overall well-being was positively significant ($r(342)=.277, p < .000$). When controlling for relationship status, we found a partial correlation of $r(334)=.276, p < .000$, which is not significantly different from the zero order correlation.

3. The Pearson correlation coefficient between sexual agency and overall well-being was positively significant ($r(323)=.272, p < .000$). When controlling for relationship status, we found a partial correlation of $r(321)=.265, p < .000$, which is not significantly different from the zero order correlation.

4. The Pearson correlation coefficient between sexual agency and sexual satisfaction was positively significant and strong ($r(333)=.643, p < .000$). When controlling for relationship status, we found a partial correlation of $r(321)=.265, p < .000$, which is not significantly different from the zero order correlation.

Accordingly, based on the variables examined, covarying relationship status did not change the associations found in this study.

Quantitative Discussion

Confirmatory analyses.

The hypothesis that sexual satisfaction scores would differ significantly based upon age was not supported. This finding was inconsistent with prior research which suggested that there might be a curvilinear relationship between age and sexual

satisfaction, based upon the cultural and observed perception that younger women are more open with their sexuality (Montemurro, 2003), middle aged women would be less sexually satisfied because they have more life responsibilities (Montemurro & Siefken, 2012), and older women would express being more sexually satisfied (Montemurro & Gillen, 2013). Not only was there no curvilinear relationship in this sample, as seen in Figure 1, age had no relationship to sexual satisfaction at all. One explanation for the lack of a significant association between age and sexual satisfaction could be that the ages of the women in the sample did not fit the normal curve, but rather skewed toward younger aged women.

Moreover, in the aggregate, the women reported high sexual satisfaction scores, with the mean (35.63) substantially above the median aggregate score (25.00) for the scale. The finding that age is not associated with sexual satisfaction may be a reflection of a changing definition of what is sexually satisfying as women age, perhaps being more about quality than quantity. As more fully discussed in the qualitative findings and analysis, as women gain sexual experience, expanding sexual activities, emotional connection, and relational aspects broaden what women consider sexually satisfying. It could also be surmised that the lack of association with age is merely a reflection of the immutability of the sexual scripts prevalent in our society and media, meaning that women across the age span still adhere to their gendered roles even in the bedroom. (Bordini & Sperb, 2013; Maas et al., 2015).

The hypothesis that higher sexual agency scores would be associated with higher sexual satisfaction scores was supported by the data. Prior research has found women

who reported being able to communicate their needs and desires, and to talk about sexual activities that are unwanted or uncomfortable experience higher levels of sexual satisfaction (Byers & Demmons, 1999; Hurlbert, 1991; MacNeil & Beyers, 2009; Rehman et al., 2011). Even more striking was the strength of correlation between sexual agency and sexual satisfaction, and the finding that sexual agency was a stronger predictor of sexual satisfaction than relationship satisfaction. These findings highlight the need for women to assert themselves to insist on having their sexual needs and desires met, confirms prior research finding that communication is more strongly associated with sexual satisfaction than relational satisfaction for both heterosexual and lesbian women (Brashier & Hughes, 2012; Mark, Garcia & Fisher, 2015).

The hypothesis that older women would report having stronger sexual agency than younger women was not supported. As with the higher scores on the sexual satisfaction scale, this lack of an association between age and sexual agency may have resulted from the fact that the women who responded to the survey reported higher scores on the HISA overall, thereby having too narrow a range to detect significant correlation between age and agency. This configuration of sexual agency scores is consistent with previous sexuality research that has found that women who respond to surveys about sexuality tend to have a more positive view of sexuality than the general population (Montemurro, et al., 2015; Tolman, 1994). In addition, because the age distribution of the women survey skewed toward younger ages, the participant sample may have lacked sufficient power to detect age differences, as some of the age ranges were less populated than others.

The third hypothesis that higher sexual satisfaction scores would be associated with higher scores on overall well-being was moderately supported. This finding is consistent with prior studies that have found sexual satisfaction and life satisfaction to be strongly related. This study expands upon these findings as the present study used the more developed, reliable and widely validated Psychological Well-being Scale, as opposed to other studies that merely asked persons to rate their level of life satisfaction using one question on a Likert scale (Flynn et al., 2016; Lindau et al., 2007). It also expands upon the study by Davison et al. (2009) that used the Psychological Well-being scale but only measured sexual satisfaction with one "yes" or "no" question and dichotomized the women into equal groups. Moreover, when the myriad of factors that contribute to overall well-being are considered, even a weak to moderate effect is important, especially given the general omission of sexual satisfaction from the health and wellness lexicon. Finally, by expanding the age beyond the college participants in the Daugherty et al. (2016) study, the present study demonstrated that the association between sexual satisfaction and wellness is not limited to young women but extends to women across the age span.

Interactions.

The hypothesis that there would be a 3-way interaction between the variables of relationship satisfaction, age, and sexual satisfaction and the variable of overall well-being was not supported. Thus, the prediction that the relationship between sexual satisfaction and overall well-being would be strongest for older women in satisfying relationships was not confirmed. These findings are curious in light of prior studies that

have shown that for older women, relational satisfaction and sexual satisfaction are strongly intertwined (Laumann et al., 2006; Stephenson and Meston, 2015). The present findings may be a reflection of a more homogeneous sample that reported both higher sexual satisfaction scores and higher relationship satisfaction scores, reducing the impact of age. On the other hand, these findings may be consistent with recent studies that suggest that relational components are less important for women of all ages and sexual orientations than initially thought (Mark et al., 2015).

However, relationship satisfaction and sexual satisfaction did interact to influence overall well-being. When 2-way interactions were explored, the data showed that relationship satisfaction and sexual satisfaction interacted to increase overall well-being, which supported the initial hypothesis and aligned with prior research (Apt et al., 1996; Fallis et al., 2016; Hassebrauk & Fehr, 2002; Laumann et al., 2006; Stephenson & Meston, 2015). An in-depth analysis of this interaction revealed that for all women in relationships, whether they reported low or high relationship satisfaction scores, higher sexual satisfaction predicted higher well-being. Notably, this association was stronger for those women who also reported higher relationship satisfaction which supported the hypothesis that women in more satisfying relationships would exhibit a stronger association between high sexual satisfaction and increased overall well-being (Laumann et al., 2006; Stephenson & Meston, 2015). The finding in the present study that higher sexual satisfaction was the paramount predictor may have resulted from selecting a sexual satisfaction scale that was deliberately modified to eliminate specific partner

effects (Daugherty et al., 2016). Thus, the intentional deletion of relational aspects of sexual satisfaction had the anticipated results, namely lessening the impact of relationship factors on both sexual satisfaction and overall well-being.

Age did not interact with sexual satisfaction to predict overall well-being as hypothesized. The prediction that older women would have a lessened association between sexual satisfaction and overall wellness was based upon prior research suggesting that sexual satisfaction is viewed by older women as “not all that important” (Lindau et al., 2007). Whether older women perceive sexual satisfaction to be important to their overall well-being or not, the data showed that women who reported higher sexual satisfaction also reported higher levels of well-being, regardless of age. The findings from the present study indicate that women who are sexually satisfied experience increased overall wellness, regardless of age.

Post hoc analyses were conducted to explore which factors had a stronger relationship to overall well-being. Correlation analyses found significant moderate relationships between age, relationship satisfaction, sexual satisfaction, sexual agency and overall well-being, with the strongest relationship being with age. The other factors had similar correlation coefficients, which a bit inconsistent to prior research which suggested that the strongest predictor for women would have been relationship satisfaction (Laumann et al., 2006; Stephenson and Meston, 2015). One explanation for the greater correlation between age and overall well-being, despite declining physical

health as persons age, is that the Psychological General Well-Being Index, used in the present student captures six domains of wellness - anxiety, depressed mood, positive well-being, self-control, general health and vitality – four of which may improve with age as women become more comfortable with their bodies, their self-identity, and their lives in general (Montemurro & Gillen, 2013).

Regression analyses similarly revealed that the strongest predictor of overall well-being was age, followed by sexual satisfaction and relationship satisfaction. When sexual agency was substituted for relationship satisfaction in the model to test these variables using the larger sample, to include women who were single or single and dating in the model, age and sexual satisfaction remained significant predictors of overall well-being, but sexual agency was no longer a significant predictor. This would suggest that sexual agency might be more determinative of well-being for women in relationships which is consistent with prior research that has found communication and sexual disclosure to be critical components of both relationship satisfaction and sexual satisfaction ((Byers & Demmons, 1999; Hurlbert, 1991; MacNeil & Beyers, 2009; Rehman, Rellini & Fallis, 2011). Because the two samples were unequal, as between women in relationships and single women, direct comparisons between groups were not conducted. Future analyses could include randomized matched samples to examine group differences more directly.

Post hoc analyses were also conducted to explore which factors had a stronger impact on sexual satisfaction: age, relationship satisfaction, sexual agency or sociosexual

orientation. Regression analyses revealed that the strongest predictor of sexual satisfaction was sexual agency, followed by relationship satisfaction, with neither age nor sociosexual orientation being significant predictors. As discussed earlier, the lack of association between sexual satisfaction and age could be the result of greater reported levels of satisfaction for the women studied overall, or evidence for the theory that sexual satisfaction levels do not change significantly because the definition of what is sexually satisfying changes as women gain more sexual experience. When relationship satisfaction was removed from the model to test these variables using the larger sample, to include women who were single or single and dating, sexual agency became an even stronger predictor of sexual satisfaction, with sociosexual orientation now having a negatively weak, but nonetheless significant, predictive value. This finding suggests that women with more unrestricted sexual behaviors, attitudes, and desires may be somewhat less sexually satisfied than women who hold onto more restricted views toward casual sex. This could indicate that although casual sex has become more a part of the sexual scripts for both men and women, women have not experienced more sexual opportunity as being more satisfying (Orenstein, 2016; Peterson & Hyde, 2011).

These results suggest that with regard to sexual satisfaction, sexual agency is the driving predictor, whether women are in relationships or not. Moreover, when single women are included in the sample, sexual agency becomes an even stronger predictor and sociosexual orientation, which equates with less restrictive sexual attitudes, behavior and desires, becomes significant. It makes sense that for women in relationships sociosexual

orientation is not associated with sexual satisfaction. Of critical importance in terms of the broader culture of sexual norms and expectations is the finding that single women engaging in more casual sexual activities who report higher levels of sexual satisfaction also report higher sexual agency, meaning they are more assertive communicating their sexual desires and preferences.

Exploratory analyses.

It was anticipated that sociosexual orientation scores would be consistent with the psychometrics of the published norms for the SOI-R scale such that the women's scores would be lower than the reported norms for men. For the total scale and the subscales of attitudes and desires, this predication was supported. These findings suggest that sociosexual orientation as a whole, sexual attitudes, and sexual desires of women are constrained by social expectations that sexual satisfaction must be restricted to committed dyadic relationships (Penke & Asendorpf, 2008).

Curiously, the one scale for which the women surveyed scored higher than the norms for both men and women was the sexual behaviors subscale (Penke, 2011). A close review of the items on the subscale shows that they address the number of partners in the last 12 months, the number of partners with whom they had intercourse only once, and the number of sexual partners with whom there was no interest in a long-term committed relationship. Since the reported norms for the SOI-R and its subscales are from 2006, the present sample may reflect relaxing cultural mores toward casual sex for

both men and women in the intervening years, especially in the United States (Peterson & Hyde, 2011).

Somewhat incongruously, the higher scores for unrestricted behaviors did not translate to higher scores on unrestricted attitudes or desires, perhaps reflecting that the cultural permission given to women to be more like men in embracing casual sexual activity, evident in popular media, does not equate to actually believing that women should be unrestricted in their attitudes and desires (Armstrong et al., 2012; Kimmel, 2008; Orenstein, 2016). Curiously, this result was found despite the acknowledged volunteer bias in sexuality research which tends to attract more sexually open participants. Quite unexpectedly, the scores on sexual attitudes and desires were lower than the reported norms for women as well as men.

The prediction that younger women would have higher scores on the sociosexual orientation scale, which would evidence less restricted views of sex and sexual satisfaction was not supported, which merely adds to the already inconsistent findings in prior research regarding social stigma, cultural perceptions, and expectations regarding sexuality (Allen et al., 2009; Montemurro et al., 2015; Syme & Cohn, 2016). Although there was a weak relationship between age and the behaviors subscale, this finding likely evidences only the increased sexual experiences of older women, as similar results were not found with regard to either attitudes or desires.

A second set of exploratory analyses conducted to examine whether relationship status impacts the variables analyzed with regards to both overall well-being and sexual satisfaction found that relationship status had no significant impact. Since prior research

(Laumann et al., 2006; Stephenson & Meston, 2015), and indeed this study, has found that relationship satisfaction predicts both sexual satisfaction and overall well-being, this study took the additional step of analyzing whether being in a relationship impacted the associations found between sexual satisfaction and overall well-being. The partial correlations covarying for relationship status revealed that relationship status, that is being in a relationship or being single (which included casual dating) did not significantly change the predictive value of the variables associated with overall well-being and sexual satisfaction.

Although several studies examining women's sexual satisfaction have equated relationship satisfaction with sexual satisfaction (Laumann et al., 2006; Stephenson & Meston, 2015), implying that a woman could not have sexual satisfaction separate from a relationship, the present data from the partial correlations indicated that relationship status does not alter: (1) the relationship between age and overall well-being; (2) the relationship between sexual satisfaction and overall well-being; (3) the relationship between sexual agency and overall well-being; and (4) the relationship between sexual agency and sexual satisfaction. These results suggest that future research should eschew the assumptions that overall well-being, sexual agency, and sexual satisfaction for women can only be achieved in the context of a committed relationship and lend additional support for findings from the research conducted by Baranowski and Hecht (2015) refuting prior studies that concluded that women are not interested in casual sexual relationships.

Qualitative Findings and Analysis

Wellness

This code captured how participants defined wellness in response to the specific question of what wellness means in their lives. It was important to highlight what kinds of domains participants mention as facets of overall wellness given that they were expressly informed, both in the informed consent and in the preliminary stages of the interview, that the research was studying the associations between women's overall well-being, sexual satisfaction and relationships. All of these women had also previously taken the online survey, albeit several weeks prior to their interviews, and were aware of the nature of the research study.

Of the women interviewed, several of the women defined wellness in a holistic way, encompassing numerous components of wellness including physical health, mental health, emotional health, psychological health and intangibles such as balance. For example, Beth stated that wellness was “physical, mental, and emotional health and being—um gosh, well. Um being positive, feeling good, um in all of those aspects, I suppose. Feeling healthy.” In referring to “feeling healthy” Beth demonstrated that she has internalized the message of the wellness movement, that health is more than an absence of disease, but is a conscious way of living and feeling (Dunn, 1961; Kirkland, 2014).

Karen also reflected on wellness in an interconnected way:

And um I found that people who—let’s say kind of define wellness—are people who have balance in their life, regardless of if it’s around food, exercise, sex, um drinking—whatever it is. If you are an extremist in any,

you know, section—you're out of balance, you're not well. So the idea I guess would be—a definition of wellness for me would just to be centered, balanced, and kind of always working towards it too though. I don't think you can just be well and then that's it.

In this short passage, Karen utters the word “balance” three times, emphasizing that her understanding of wellness is about moderation or equilibrium. She also uses the term “centered” in her explanation, and contrasts this with explaining that being “an extremist” is the opposite of her definition of “balance.” In addition, Karen specifically names particular domains of life that she incorporates into her definition of balanced wellness: “food, exercise, sex” and “drinking” which are the areas most targeted by health promotion initiatives (HealthyPeople.gov., 2018). It is interesting that Karen does not mention work or leisure, which psychologists have been discussing as important components of wellness since Freud (1943) associated children's play with allowing the expulsion of negative emotions to be replaced by positive emotions. Recent studies have found that taking time for play or leisure activities reduced stress, acted as a coping resource, and promoted overall health (Doster, Mielke, Riley, Toledo & Goven, 2006; Trenberth, 2005).

Annie also viewed wellness as having interconnected components:

Um so I go off of a very holistic approach for wellness. ...when I was younger, I just assumed wellness meant absence of illness and strength. That's pretty much—you had to be healthy, you had to look healthy, you had to be able to lift heavy things, whatever. But as I moved on through my life, I'm starting to realize that there's this whole holistic approach where I need to be psychologically well, I need to be physically well, I need to be—my environment needs to be safe. So I think it's—it's a lot of factors put together makes wellness.

Annie uses the word “holistic” in her definition of wellness, and similar to Karen, she explains what she thought wellness was not, or a negative definition (“I just assumed wellness meant absence of illness and strength”). However, the facets of wellness that Annie does mention differ from Karen’s in her focus on appearance (“you had to look healthy”) and strength (“you had to be able to lift heavy things”) which may be a function of the media's influence and emphasis on physicality (Kilbourne, 2000).

Beth, Karen and Annie's understandings of wellness may be a reflection of the historical evolution of the concept of health from being centered on the treatment of illness and disease to being focused on prevention and health promotion (Dunn, 1961; Kirkland, 2014). In many ways, of good character, which could amount to moralizing or motivating depending on your perspective (Crawford, 2006).

In this way, the use of the phrases "being positive," (Beth) "always working towards it"(Karen) and the "need" to be psychologically and physically well (Annie) embody the "will to health" philosophy of personal motivation and lifestyle choices that has become integral to healthcare and the medical system in the United States (Epstein & Mamo, 2017). At the same time, the language chosen by these women evidences self-efficacy and an awareness of their ability to impact their own wellness in positive ways (Bandura, 2004).

Personal responsibility to maintain health was likewise manifested by those women who defined wellness as physical health, which included diet, fitness, and caring for the body, and how the body feels. Some mentioned yoga and other physical activities that they engaged in to support their wellness. Madeline reflected that wellness meant

"...good energy levels, ability to be as active as I want to be, whether that means keeping up with the kids or going to the gym." References to "energy" and being "active" suggest that the physical body still remains paramount in the wellness arena. In our culture, advertisements directed toward physical health, diet and exercise vastly outnumber media devoted to mental or emotional health and continue to emphasize physical beauty and strength (Jhally, 1990; Kilbourne, 2000)

However, several women did focus on emotional and psychological well-being, referencing inner contentedness, including feelings, thoughts, behaviors and perceptions, such as Mary stating that wellness was "...all that good happy stuff" and Michele remarking that wellness meant "Being healthy, being happy, active." This may reflect society's attempt to move away from body image and body shaming to an acknowledgment, backed by recent research, that emotional well-being, a positive attitude, and gratitude has a positive impact on health outcomes. (Alkozei, Smith & Killgore, 2017; Watkins, Uhder & Pichinevskiy, 2015).

The various definitions described by these women are aligned with the messages that have become the primary focus of the health and wellness field, nutrition, diet exercise and emotional wellness. (HealthyPeople.gov., 2018; SAMHSA, 2015). The Substance Abuse and Mental Health Services Administration (SAMHSA) has promulgated a new model of wellness as part of its current Wellness Initiative (SAMHSA, 2015) expanding its model to include eight factors – Social Wellness, Emotional Wellness, Spiritual Wellness, Environmental Wellness, Financial Wellness, Intellectual Wellness, Physical Wellness and Occupational Wellness. Thus, Beth refers to

"feeling healthy," Madeline refers to being "as active as I want to be" and Mary and Michele refer to being "happy."

Likewise, the activities these women engaged in to support their wellness, such as talking to family (Amy), "eating clean" (Karen), and keeping a gratitude journal (Diana), are practices that are part of the overall experience of wellness for these women and encompass physical, mental and emotional aspects of wellness. To better focus on her wellness, Beth divulged her New Year's resolution:

... currently um one of my gal pals is um one of these lifestyle coaches. And so I've joined her group, and into a fitness/nutrition, you know, kind of um little mini bootcamp to try to change up my life in a healthier way. Um yeah, so that's the main focus right now, I think.

Beth's "main focus" to "try to change up my life in a healthier way" is emblematic of the personal responsibility felt by many individuals to create and maintain health and wellness. Although some have criticized "healthism" as creating a moral responsibility toward health, foisting negative value judgments on persons who do not appear healthy (Crawford, 2006), being judged negatively does not appear to be Beth's motivation. I would argue that Beth evinces a belief in her own ability; her self-efficacy to create a healthier life for herself comes across as personally empowering and not a function of her feeling shame or guilt (Bandura, 2004) as she intentionally signed up for mini bootcamp to boost her chances of success. Later in the interview she emphatically expressed "Yeah. And I'm confident too, because now I'm like really focused on like, 'No, no, no.' I don't like being this unhappy so I am motivated to get back to being where I'm happy and happy with my body and feeling sexy and all of that." Beth's desire to be physically

healthy is about how she feels about herself, not about how society feels about her and her body.

Each of the women interviewed have taken steps or intend to take steps to improve their overall well-being, taking at least some measure of personal responsibility for their physical, mental and emotional health. Acting intentionally to engage in self-care activities such as yoga, reaching out to family and friends for support, and being more physically active have been found to be effective in reducing stress and improving health overall (Ayala & Almond, 2018).

Absent from most of the definitions of wellness or practices to support wellness described by the participants, was sexual wellness, sexual health or the pursuit of sexual satisfaction. Although Karen mentioned sex an aspect of wellness that needed to be balanced, she did not elaborate on sexual health or sexual satisfaction specifically. Moreover, as may have been primed by the framing of the question asking the women to rank order the importance of overall well-being, relationship satisfaction, and sexual satisfaction, all but one woman ranked overall well-being first and all of the women ranked sexual satisfaction last.

However, the reasons for said rankings provided insights toward integrating sexuality into the concept of health. With regard to placing overall wellness first, Amy stated:

Because I always have to put myself first. And the relationship is more like a bipartisan kind of deal, I feel like. Um because if I didn't have a relationship, I should still be able to have overall wellbeing and good health.

Amy, a young woman whose primary and seemingly only responsibility was school and school work, expressed being able to "always" put her well-being first, embracing the self-care messages of popular media and recent research (Ayala & Almond, 2018). Amy believes that even if she was no longer in the relationship "I should still be able to have overall wellbeing and good health." Although Amy is currently in a relationship, her statement may nevertheless represent the growing trend among young people to eschew romantic relationships in favor of their career goals and self-improvement (Julian, 2018).

In contrast, despite ranking overall health and well-being as being most important, Beth (36) revealed her struggles following through with putting her overall health and well-being first in her everyday life:

...I mean our love [with her husband] bloomed and we're amazing, but um I didn't pay attention to my physical health. And so that had kind of reached a pivotal point where I have become really unhappy. So that is why um I want to get back to that place, before when I was focus—and well, I mean life happens too. ... So like I—I met my husband and moved to his hometown and finished school, got my degree, you know, and then started working on my career. And so everything was like boom boom boom—... But I wasn't focusing on me. ...Yeah. And uh so I got that and then I just stopped focusing on my physical health. And so that is what the goal is.

Beth's admission that she maintained her physical fitness until she met her husband exemplifies the gendered constraints placed upon women, compelling them to put themselves aside to take care of everyone and everything else. Thus, "she met her husband and moved to his hometown and finished school, got my degree... and started working on my career." When Beth lamented "life happened" she also acknowledged "I

wasn't focusing on me." It is significant that included in her explanation was the phrase "you know" which signaled a shared experience (Stubbe & Holmes, 1995), that she assumed that I, as a woman, would understand. Indeed, popular media and social mores reflects the commonality both of women as nurturers and of successful women putting their careers before their well-being (Lips, 2006b).

These intervening life events, socially perceived as more important, diverted Beth's energies away from her own well-being and physical health until she came to that "pivotal point" [when she realized she weighed more than she ever had] that she finally felt she had no other choice ("because I have become really unhappy") to put her wellness first. As a woman, Beth spent five years taking care of everything else that needed tending to, to the detriment of her own well-being, despite being fully cognizant of the negative impact on her. Beth did not allow herself to spend time or effort on her own wellness until other goals were accomplished (getting a husband, moving, finishing school, building her career), firmly committing that now, finally "that is what the goal is."

Diana, divorced mother of four boys ranging in age from 11-17 and presently in a stable, exclusive long-distance relationship, expressed learning through experience that putting her well-being first was necessary to be able to be effective in all of her relationships:

Because I feel like I cannot be—I cannot fulfill any of those other two or anything else in my life unless my—my overall wellbeing, you know, physical and mental is in a good place. Because otherwise I'm doing a disservice to myself, I'm doing a disservice to whoever the relationship is with—whether or not that's a, you know, boyfriend/girlfriend or my children or my parents or whatever.

Diana's journey through two unsuccessful marriages with two controlling men resulted in her finding a sense of empowerment over her life and her health. Diana recognized that when she does not ensure that "physical and mental is in a good place" she is "doing a disservice to myself." Her evolved awareness of the importance of maintaining her own well-being - as something she deserves, as otherwise "she would be doing a disservice to herself" - has become a solid foundation for all of the relationships in her life.

Although Diana's reference to the other relationships in her life demonstrated women's social role as nurturer, she, like Beth, has come to the point that she cannot "fulfill any of those other two" [relationship satisfaction and sexual satisfaction] without first taking care of herself. Interestingly, Diana did not refer only to her romantic relationships, but included her role as mother, daughter and other roles ("or whatever.") Thus, Diana believes that she cannot effectively operate in *any* relationship unless she is mindful of self-care. Diana has embraced the mantra, found repeatedly in the research, that self-care and the self-efficacy that flows from it, is a significant source of wellness and individual health promotion (Ayala & Almond, 2018; Bandura, 2004; Glanz & Lewis, 2002; Rosenstock, 1966).

"Having sex" - What counts?

This code described how participants define what it means to "have sex." Women were asked to enumerate the specific acts that they believe "count" as "having sex." One of the fundamental issues implicated in researching sexual satisfaction is defining sex, as the culturally-dominant male perspective has defined sex as a purely phallic concept,

requiring penetration and orgasm (Frye, 1988; Rich, 1984). A woman might describe her desire in a way designed to fit her experience to the male- defined idea of sexual normalcy (Koedt, 1970) or may define sex as intercourse because “men’s meanings, and not women’s meanings, are encoded in what is presumed to be the whole population’s language” with regard to having sex. (Frye, 1988). For this reason, it was critical to elicit each individual woman's understanding of "having sex" to inform the entire interview and the associations being made by each of the women.

All of the women interviewed mentioned intercourse or penetration as "having sex," signaling the continued vibrancy of the phallo-centric norms referred to by Koedt, 1970; Frye, 1988; Rich, 1984) and others as requiring penetration and orgasm in order to "count." This unanimity persisted despite the fact that the women self-described themselves as "liberal," "liberated" and "open" in their sexuality, with two of the women identifying as bisexual and two disclosing they were in open relationships.

Several women were adamant that *only* intercourse or penetrative sex constituted "having sex." For example, Michele responded:

M: Like having sex. That’s what counts. I don’t know."

C: So does it count—does anything before penetration count as having sex?

M: No.

C: So you would not define sex as including anything that comes before intercourse or anything that comes after?

M: No.

When pressed, Michele firmly stated nothing before or after penetration counted as "having sex," not even mentioning any other sexual activities, reticent to use either the

words "penetration" or "intercourse," those words having to be supplied by the researcher. As observed by Devault (1990) in conducting her feminist research, when language reflects the male experience, such as words around sex and sexuality, a woman may have trouble articulating what an experience means from her point of view. Here, Michele had marked difficulty finding the words to describe activities that counted as having sex, simply stating "like" having sex, assuming there was no other way to define sex, and assuming that "penetration," "intercourse" and "having sex" all meant the same.

During this part of the interview, Michele appeared annoyed at even being asked a question she viewed as having an obvious answer. Her tone throughout was rather exasperated, almost conveying "duh," as, "why are you asking me this?" Michele assumed a shared reality with the researcher and indeed with all persons in the culture, such that there was only one definition of "having sex." Since Michele was relatively inexperienced sexually (her first sexual experience was at age 22 with her current boyfriend and she is 24 now) it is not entirely unclear whether her response was based on cultural expectations or lack of knowledge of the range of sexual activities available.

However, Amy, who was more adventurous sexually, recounting several "friends with benefits" relationships (which she explained meant friends who spent time together and casually engaged in sexual activity without being in a romantic relationship), responded along the same lines:

Uh I really only count like penetrative as sex, though I do consider like oral sex. I don't know, so when I started being sexually active, I just did oral. And like I didn't consider that sex. It was just like—you know— ... So it would be—so like the first two years, I only did oral, until I was 18. And then I had sex and I considered that like sex— like a big thing kind of thing.

Thus, penetration was the "big kind of thing" whereas oral sex, which before she was in a relationship with her current boyfriend, was entirely non-reciprocal ("I just did oral"), was not a big deal. Even Amy, who self-identified at various times during the interview as "open," "sexually liberated" and bisexual, had difficulty articulating the parameters of "having sex." Amy stated on the one hand that she only "count[s] like penetrative sex" but then stated she did consider "like oral sex." In this short passage Amy said "uh" "I don't know" and "you know" and used the word "like" seven times, perhaps indicating that she was not all that not comfortable "really" considering other sexual activities to mean "having sex." (Fox Tree & Schrock, 2002). Thus, despite responding to the question of what is meant by "having sex" against the backdrop of a more diverse sexual experience, Amy's definition fit into the male-defined ideal of sexual normalcy, that without vaginal penetration, sex had not occurred (Koedt, 1970).

In a similar fashion, Beth seemed reticent to limit "having sex" to intercourse, although she ultimately conformed to the heteronormative definition:

B: I don't know. I mean because yeah, it's so, I guess, relative. Like I don't know, is a blowjob sex?

C: Is it—

B: It's like foreplay. I don't know, it's—um penetration—it's so—I don't know.

...

B: Right. So yeah, I guess—uh [sighing and pausing here], sex I guess is intercourse. Everything else is foreplay.

Beth lists sexual activities apart from intercourse ("blowjob," "foreplay") but is not certain whether these activities alone qualify as "having sex." Like many of the women interviewed, Beth repeated "I don't know" four times in this brief interplay,

adding I "guess" two times for good measure, sighing and pausing before settling on a definition. Perhaps cognitive dissonance between seeing herself as sexually liberal - she was in an open relationship with her husband - and the socially constructed definition of "having sex" explains her ambivalence. Although she was 16 years older than Amy and engaged in sexual activities with more than one sexual partner, Beth continued to define sex as "intercourse" and "penetration," essentially by what pleases men. (Koedt, 1970).

A few of the women did include other sexual activities within the definition of "having sex" either in response to the specific question or during the course of the interview. For example, Mary stated "Uh to me, I think it's pretty much everything. I mean some people say like, 'Oh, penetration is sex.' And I'm like, 'No, I think other things can be sex too.' Like oral and, you know, what's it called—foreplay? Mary's expanding definition of sex may be expression of a contemporary feminism and women's empowerment over themselves and their bodies (Delmar, 1986). Mary, in embracing a broader meaning of "having sex" illustrates Frye's (1988) words extolling, "we would do better to start with a wide field of our passions and bodily pleasures and make meaning that weave a web across it." (p.313). Moreover, since for women, other types of stimulation, separate from genital stimulation, can result in orgasms, sexual activities distinct from vaginal penetration ("pretty much everything," "like oral," "foreplay") with a penis should count as having sex (Komisaruk & Whipple, 2011).

For Diana, her definition of "having sex" changed from when she was in her twenties and having sex was "absolutely intercourse" to a more mature woman of 52 in a stable, loving relationship:

... But um so—how do I put this? So, you know, he's 55. And um this is our second go-around and all—Of course, so he's not exactly where he was when we were 25. Enough said. But he has become a lot more skilled in other things other than just intercourse, which has made it like a—I mean honest to god, I get to the point where I'm like, 'You know, we don't even need that part.'...Seriously though - Like, you know, oral or whatever—like there's a lot more multiple orgasms and all that kind of stuff that I might not get with just intercourse. So, you know, sometimes the intercourse part is like for him more than it is for me. (Laughing) Because he still feels like, you know, that's a big part of it for him.

Diana's experience moving from considering sex as "absolutely intercourse" to "other things other than just intercourse" which results in "a lot more multiple orgasms" for her, is consistent with the findings of Herbenick et al. (2010a), that a person's sexual repertoire varies across different age cohorts, with vaginal intercourse being more common in the procreative years from early to late adulthood, with masturbation, mutual masturbation and oral sex being more often included in the panoply of sexual activities for older adults. With regard to women specifically, Herbenick et al. (2010b) found that women of all age cohorts reported engaging in a variety of sexual activities, although because the sexual behaviors were listed separately, it is not clear whether the women surveyed would have considered activities such as masturbation and oral sex as "having sex."

Diana's evolving definition of sex, admitting that oftentimes with her partner she is like 'You know, we don't even need that part' parallels findings in prior studies finding that one women's sexuality. In particular, women's comfort level with and desire for sexual activities beyond intercourse become less restricted as women mature and gain sexual experience with their bodies and their partners and become less concerned about their body image (Montemurro & Gillen, 2013). Although perceptions of the sexuality of

older women when labeled as "cougars" may be negative, there is a growing recognition that sexuality and desire continue throughout the course of a woman's life span (Gott & Hinchcliff, 2003; Montemurro & Siefken, 2014; Waite, 2010), especially when assessed separately from medicalized terminology emphasizing frequency and function (Teifer, 2004).

Indeed, Diana's reference to her partner's "being a lot more skilled" illustrated that sex may not be a natural act (Teifer, 2004) but rather a set of skills developed through experience and in the context of partnered relationships. At this point in her life, Diana is aware that "multiple orgasms and all that kind of stuff" are sexually satisfying experiences that she "might not get with just intercourse."

Sexual satisfaction.

For the purposes of this research study, sexual satisfaction was defined as an individual's subjective evaluation of their sexuality, which may or may not include physical function, as well as closeness, communication, safety, and the like (Rehman & Byers, 2013). Prior studies have shown that what is considered sexually satisfying for women is markedly different from what is sexually satisfying for men, necessitating specific inquiry into what sexual activities and behaviors left them sexually satisfied. In the course of the interviews there were instances where interviewees had difficulty finding words to describe what felt good sexually or assumed a mutual understanding of a woman's experience (Devault, 1990). This code sought to capture the range of experiences and physical and emotional factors that contributed to feeling good or content after engaging in sexual activity.

A few of the women focused primarily on their physical satisfaction when the question of sexual satisfaction was posed at the beginning of the interview, with most of the younger women responding that orgasm was a critical aspect of sexual satisfaction.

Mary reflected this view, stating:

Uh basically if we're both able to uh do what we need to do by the end of it. (Laughing). If we can both do the big old climax, especially at the same time, that's all I care about.

Mary refers to the "big old climax especially at the same time," embracing the idealized cultural view of what is supposed to be sexually satisfying for both men and women. Pornography culture and mainstream media has consistently and uniformly repeated the message that great sex must end in mutual orgasm. Mary agrees that both her and her partner need to "do what we need to do by the end of it" to be sexually satisfied, meaning that without orgasm neither she nor her boyfriend would be sexually satisfied. Mary had the same difficulty describing specific aspects of sexual satisfaction as some women had finding words to define "having sex." Mary initially relied on a vague euphemism to explain what was sexually satisfying ("if we are both able to uh do what we need to do"), laughing awkwardly before she was able to say "climax" out loud. Mary's reluctance to speak about sex in explicit terms may be a reflection of society's expectation that women should be hot and sexy, but not have sexual desires or needs of their own (Tiefer, 2004).

Amy took a different tact, and carefully distinguished between sex that satisfies a physical sexual need and sex that satisfies an emotional sexual need:

Where like you're just like holding each other and like doing it slow and stuff. Or like there are other times where you do it on the kitchen table—

...

And like it's really passionate and in the moment-heat. So sometimes it can be—it's like this spectrum of spontaneous and animal and like loving and very human and emotional connection.

Amy uses words like "animal," "spontaneous" and "heat" to refer to passionate sex, akin to terms and visual portrayals used in the media when depicting sexual acts between persons who cannot resist their instincts, emblematic of the cultural mantra that sex is natural. (Tiefer, 2004). A predominant cultural view is that the natural aspect of sex is sex in its most basic form, a primal driving male force to procreate with as many females, as efficiently as possible, to maintain the survival of the species. Amy has co-opted this male centered societal view of sex in describing what drives her own sexual satisfaction. It could be surmised that she subconsciously chose the terms "animal" and "spontaneous" to place herself on equal footing in the male dominated culture. Notably, throughout the course of the interview, Amy enthusiastically characterized herself as "open" "liberated" "quirky" and "uninhibited" in her sexuality, resisting being restricted to the sexual box that women have historically been placed in. Nevertheless, her word choices of "spontaneous" and "heat" to equate with "passionate" is quite in line with social norms and expectations.

On the other hand, Amy categorized "loving" sex as involving "holding" being "slow" and creating a "human and emotional connection." Amy did not describe emotional and loving sex as "passionate," implying that passion and love cannot co-exist. Contrary to animal sex, loving sex is seen as "very human" although the culture would insist that the kind of sex that is "very human" is the primal "animal" sex because it is

driven by the instinct to procreate. Amy's sexual categories line up with the time worn view of women as either "Madonna" or "whore," such that if a woman is loving she is pure, and if a woman is passionate her desires come from an unnatural or sullied place that is unacceptable in the culture (Frye, 1983). Loving sex is slow and emotional, passionate sex comes from "in the moment heat" and takes place on the kitchen table. Loving sex does not happen on the kitchen table, as it is the purer sex. Amy visualizes a spectrum, with "loving" on one end and "passionate" on the other, Amy does not explain what sexual activities fall in the middle.

Beth, like Amy, is in an open relationship (with her husband) and similarly separated sexual activity for fun from sexual activity that was satisfying because it was emotional and intimate:

... I don't believe that you need to be in a serious relationship to have sexual satisfaction. ... I think that we're just um—it's just kind of part of our nature to find ... other people attractive. [Long pause here] I don't know. I just think that people can have fun and have those relationships without being tied down to that—you know, that commitment.

Beth's explanation of what is sexually satisfying is also tied to the cultural view that sex is natural (Tiefer, 2004; Ortner, 2005/1974), "it's just part of our nature to find other people attractive." Sexual satisfaction is "more like fun" with partners outside of her marriage and "intimate" and "there is love" with her husband. As with Amy, Beth sees a dichotomy between "pure" sex and freewheeling "fun" sex that may not be entirely culturally appropriate. Beth appears uncertain whether sex for fun is really okay, pausing at length before haltingly stating "I don't know. I just think people can have fun and have

those relationships without being tied down to that." By the end of the interview it remained unclear whether sex for fun was actually that much fun for Beth.

Beth spoke differently about sex with her husband:

Um yeah, with my husband it's intimate, it is—there is love. There is um—um—uh complete giving up yourself to that—being completely vulnerable to that person. While, you know, my other partners, it's more like fun, friendship. ...

Beth refers to sexual activity with her husband using the words "intimacy" and "love," but at the same time matches those words with "a complete giving up yourself" and "being completely vulnerable." Although she is in an open relationship with her husband, she expressed a sense of surrender when she is with him. The words she chose to describe sex with her husband ("giving up yourself" and "vulnerable") are not erotic or empowering in any way, conforming to the gendered sexual scripts around women's sexual satisfaction, relationship satisfaction, and submissive behaviors (Peterson & Hyde, 2011; Sanchez et al., 2012). Beth appears to express greater sexual satisfaction when she can completely give herself up to her husband and allow him to be in charge.

For the most part the older women, all of whom were either married or in exclusive, stable, long term relationships, tended to focus more on emotional connection and being able to disconnect from the distractions of life as being sexually satisfying, minimizing or even dismissing any need to reach orgasm. Karen explained:

And sometimes I need that—and I mean sometimes I don't—but you kind of—to me, the orgasm's the bonus. Where it just really is, you know, just kind of forgetting the rest of—around us—for five, ten, fifteen—whatever— ... —whatever period of time is just to shut everything off around just us. And um that to me is satisfying. And um so if I can do that, even if it's for a couple of minutes, then I'm happy.

Karen, despite acknowledging that "sometimes I need that" she ultimately concluded that "the orgasm's the bonus," relegating the satisfaction of any physical desire to an unexpected extra that might be a pleasant surprise if it happened, but not an integral part of being sexually satisfied. Karen's broken phrasing ("And sometimes I need that—and I mean sometimes I don't—but you kind of—to me, the orgasm's the bonus") came off as subtly defensive in the sense that she was trying to convince herself that even if she needed physically satisfying sex, it may not be worth the time and effort to achieve orgasm. Later in the interview, Karen revealed that although she felt comfortable asking for what she physically desired sexually, "Sometimes I, you know—I won't.... It's just like, you know, oh—it really for me comes down to distractibility or time or um like business of life." For Karen, her responsibilities to others and "the business of life" take precedence, leaving little time to allocate for her own sexual satisfaction. Karen's description is overwhelmingly heteronormative, acknowledging that the time that sex might take is normally ten or fifteen minutes as described in Frye's "Lesbian 'Sex'" (1988).

Karen appears to equate sexual satisfaction with being able to remove herself from her surroundings and carve out any amount of time to just be connected to her husband, "just to shut everything off around just us." However, Karen does not use the word "sexually" in conjunction with the word "satisfying," rather, she refers to being able to "shut everything off" as "satisfying" and being able to do so as making her "happy." None of the language Karen chooses is sexual at all. We cannot know if Karen's language reflects her feelings that sex and satisfaction are not exactly the same for her, or

if she is uncomfortable making that connection in her pauses and starts in her descriptions.

Beth similarly focused on moments and emotions that make a sexual experience satisfying for her:

Um uh feeling—okay, so yeah, besides orgasms, feeling like I shared a really great experience with somebody. You know, a good place—moment in time. That would make me feel satisfied.

Beth continues to struggle for words to define what is sexually satisfying for her ("Um uh feeling-okay so yeah") and seemed compelled to include orgasms as the socially desirable answer for a sexually liberated woman in an open relationship. In responding to this question, Beth was more assertive and more sure of herself when she described "feeling like she shared a great experience with somebody" and reaching "a good place-a moment in time" as being satisfying for her. When Beth used the word "feeling" or "feel", which she did three times in this short passage, she was referring to the emotional satisfaction gained through "shared experience" and did not mention her physical body at all.

Diana's description of a sexually satisfying experience fell along the same lines, expanding beyond the satisfaction of a physical need to the satisfaction of an emotional one:

Because I like—I enjoy it. You know, it—well, I mean seriously. I enjoy it. I enjoy the interaction. I enjoy the physical feeling of it. I enjoy the emotional feeling of it....

...

I want to feel like my partner is really trying to make sure that I am um satisfied or at least enjoying myself to some extent. I don't—you know, it's not satisfying to me to just feel like, 'Okay, we got it done and yay.'

You know, again with the checkbox. You know, I don't like it to be like that. I like to feel like there's some kind of an um—I'm making him happy, he's making me happy ...

Diana, like Beth, focused on the experience with her partner, ("I enjoy the interaction"), but unlike Beth, also stated that she enjoyed "the physical feeling of it." Diana was the only woman interviewed that talked about her physical bodily sensations as something more than orgasm, disparaging the extent to which orgasm can be merely a "checkbox," stating that it was not satisfying "to just feel like, 'Okay, we got it done and yay.'" Rather, Diana talked about sexual satisfaction as a mutually satisfying activity, in which her partner is engaged ("I want to feel like my partner is really trying") in doing the things that he knows is satisfying for her, and she does the same, "I'm making him happy, he's making me happy." For Diana, sexual satisfaction is a two-way street, and her physical satisfaction is as important as her partner's.

When the question of sexual satisfaction was posed again later in the interview - after discussing each woman's relationship with a specific partner, (husband or boyfriend) - and thus sexual satisfaction was framed against the relationship, relationship satisfaction became intertwined with sexual satisfaction for all of the women interviewed. For some women, the relational intimacy may play a larger role in sexual satisfaction than for men (Manley & van Anders, 2015). As Madeline pointed out:

But you know, and I'll—I'll say very broadly, 'I love him. He doesn't have a ton of game. You know, he's not a smooth operator.' ...when I think about my relationship with my husband, that the sex is important and sometimes, you know, it's really good and sometimes it's just okay. But I really think about so many more pieces of our relationship when I think about how important he is to me.

Madeline is willing to forgo "really good" sex for sex that is "just okay" because she believes that although her husband is "not a smooth operator" and "does not have a ton of game," other aspects of their relationship matter more to her than her personal sexual satisfaction. Madeline stated, "I really think about so many more pieces of our relationship," defending her husband's "lack of game." When Madeline used the cultural euphemism of "game" as meaning male sexual prowess or expertise, she anticipated that there was a shared language and understanding of the term. In defending her husband, she was defending him from the social backlash of masculine gendered expectations around sex (Rudman et al., 2012) insisting that so many other parts of their relationship balanced out his lack of game. We also cannot know if Madeleine believes she is okay with foregoing a more satisfying sexual relationship because of women's discouragement from or inability to instruct their partner to do what they want sexually due to the social mandate to adhere to cultural sexual scripts (Sanchez et al., 2012).

Indeed, for some women, the male partner's sexual satisfaction equated with the woman's sexual satisfaction. In other words, the husband or boyfriend's satisfaction and the woman's sexual satisfaction became one and the same. Annie stated even though she wanted to have an orgasm her "main goal is for him to enjoy it." As the culture demands, her needs and wants take a back seat to her husband's needs and wants. (Rehman, Fallis, & Byers, 2013). Mary (25 years) admitted that sometimes she tells her boyfriend "I'm okay. We can just have a quickie and you can just do your thing and I'm okay with that." Mary accepts that the extra time that may be needed to satisfy her may not be in the cards and casually reflects that she is "okay" with her boyfriend "just do[ing his] thing." Mary

suppresses her needs, while allowing herself to be the portal through which her boyfriend's needs are met.

Michele downplayed her own sexual needs, sounding like she was trying to convince herself and the researcher why physical satisfaction was not really all that important, explaining:

Yeah. Um [Long pause]...well I don't think—I don't know, I don't like need to be satisfied, I guess—satisfied I'm saying like reaching orgasm. Like I don't—I feel like I don't need to like orgasm every time. Like if I don't, like if—like it's fine. Like I don't—but like he'll get mad if he doesn't get me to orgasm. I'll just be like, '(Name), like it's fine. Like it felt good.'

However, Michele's response was not definitive, taking a long pause and recited twice "I don't know" before finally "guessing," "I don't like need to be satisfied... saying like reaching orgasm." In fact, Michele appeared uncomfortable using the word "orgasm" and at the same time dismissive of its importance (Like if I don't, like if—like it's fine.") Of course, for many women, the word "fine", repeated by Michele at the end of the passage to describe how she felt about not reaching orgasm, often connotes the opposite of fine.

Michele's hesitation, discomfort, and uncertainty are evident in this passage in her pauses, redirections, self-interruptions. In addition, she uses the word "like" extensively in this short passage- a total of eleven times, which may indicate discomfort or use of filler language. (Stubbe & Holmes, 1995). Michele's language as illustrated here is indicative of her tentativeness when pressed to be more explicit in discussing her sexuality (McClelland, 2010).

Amy likewise focused on her boyfriend's satisfaction when her own sexual satisfaction was discussed in the context of the relationship:

It makes me feel happy that I can make him happy kind of thing. I usually—so when I have sex like that [because she thinks her boyfriend needs it], I tell him not to get me off, because I just like— sometimes it takes too long to—... Yeah. And it's not like I have to do it, but it's just like a nice bonus thing to do. Like, 'Surprise, here you go.'

Although Amy does not want to make time in her schedule to "get off," she states she is "happy" to be able to provide sexual release for her boyfriend and revels in her ability to "make him happy kind of thing." Perhaps without realizing it, Amy has embraced the cultural role of women as the gatekeepers of sex, while claiming that in the modern culture she does not "have to do it." Amy relishes her power to give her boyfriend a "nice bonus thing," referring to providing sex as an unexpected "surprise" she voluntarily bestows on him.

Karen, like Amy, stated that she is satisfied when she is able to satisfy her partner, even if she knows her personal sexual needs will not be met:

He's very—he's very—some—actually ironically sometimes it's annoying, because he's—he's very—wants to make sure that—he always wants to make sure that I'm—I'm—in his definition—satisfied.... And to him, [Emphasis on him] that means you have an orgasm, right? And sometimes that's just not it for me...Like I don't care if I do or not and like - can we—let's take care of you.

At the outset, Karen expressed being "annoyed" with the male dominated view ("in his definition" "to *him*" [emphasis by Karen]) that orgasm must be the ultimate end point of a sexual experience, and without it, sex cannot be satisfying. Karen appeared aware of her mental head space such that on certain occasions "sometimes that's just not

it for me" and unlike Michele's use of the term 'fine,' she genuinely appeared okay with "taking care" of her husband. Karen, like many of the other women, embraces her role as nurturer, "taking care" of her husband, implicitly accepting the social norm that a man's needs have to be met by a woman in a relationship (Lips, 2006a). Perhaps predictably, even if its "just not in it for [her]" Karen still fills her gendered role by saying "let's take care of you." However, there is no mention of or acknowledgment of a reciprocal norm that a woman's needs - as they are defined by each individual woman, which may be something different from penetration and orgasm - be taken care of in the same way (Koedt, 1970).

The sexual dynamics related by these women provide insight into prior quantitative studies which report high levels of sexual satisfaction being related to high levels of relational satisfaction for women (Apt et al., 1996; Fallis et al., 2016; Hassebrauk & Fehr, 2002).

These stories may also explain why sexual satisfaction scores for men and women have been found in numerous studies to be not significantly different. Clearly, at least for the women in this study, women's definition of sexual satisfaction is different from the definition used by men, as for each of these women, at least some of the time, the woman's own physical satisfaction was not even part of the equation.

The evolving nature of sexual satisfaction for these women in the context of their stable, committed relationships may also explain why age was not found to be a correlated with sexual satisfaction in the quantitative portion of this study and why relationship satisfaction and sexual satisfaction interacted to predict well-being.

Sexual agency.

Sexual agency, meaning the extent to which a woman is able to ask for what she wants, feels that she can refuse what she does not want, and is comfortable communicating with the person whom she is engaging in sexual activity, is shaped by the culture (Hurlbert, 1991). All three aspects of these agency were coded. This code captured how the women in this study felt about asserting their agency, when they described lack of agency, and occasions when it was difficult to communicate with their partner. For women, the pursuit of sexual satisfaction may be more complicated than for men, as institutional and social structures of gender inequality have had differing contextual impacts on women and their experience of sex (Castaneda, 2013). This sociocultural influence can be seen in passages when a woman has described her ability to express her desires to be sexually satisfied in ambivalent or contradictory ways.

When asked directly how they felt about asking for what they wanted from their partner sexually, for the most part the women reported feeling comfortable asking for what they desired, at least to some degree. For example, Beth thought, "the majority of the time I do" and Annie stated, "Most of the time I would say that I do." Both women implicitly acknowledged that there were times that they did not express their sexual needs, and said so somewhat abashedly, perhaps uncomfortable with admitting that they did not express their needs all of the time. Overall, responses to this question may be especially informed by volunteer bias, in that women who agreed to participate in the study perhaps wanted to appear sexually liberated. Later in the interview, Beth, who is in

an open relationship, clarified her response, explaining that with her husband she is much more open, but with other partners, she is not:

And I think that was like a lot of my twenties, is I wasn't sexually satisfied because I didn't say anything um and never orgasmed because nobody ever knew what they were doing—... So I'm almost like falling back into that—... like you know, ... And it's like this other part of me is like that—that 22-year-old—You know, when I'm with these other partners and not saying what I—what I like and what I don't.

Beth refers to her twenties as a time when she was sexually inexperienced, as were her partners ("nobody ever knew what they were doing") and expresses disappointment in herself that she "fall[s] back into that." She sees her present self as agentic, referring to her younger self as "like this other part of me" that reasserts itself when she is with new partners. Beth recognized that part of the reason she was not sexually satisfied in her twenties was "because I didn't say anything," and ultimately concluded:

And so um—so yeah, I definitely don't vocalize as much—...With my other partners. I should.

Thus, Beth understands that unless she takes some measure of control over her sexual needs, and expresses those needs to her partners, she will end up unsatisfied, much like her twenty-year old self when she relied on her partner to figure her needs out. When Beth says "With my other partners. I should" it sounds like she is making a resolution to be as agentic with her other partners as she has been with her husband.

When asked whether she openly talks about sexual activities that she needs or desires with her boyfriend, Mary responded, "I feel pretty comfortable doing that. I'm pretty explicit about it." Although her comment was followed by laughter, her words

("comfortable" and "pretty explicit") and tone conveyed that she was an active participant in achieving sexual satisfaction with her boyfriend. Of the women interviewed, Mary appeared at ease engaging with her partner to meet her sexual needs. Mary was jubilant in her present feelings about sex, seeing herself as a woman who unapologetically pursues her own sexual satisfaction:

I think it's really important for women to be able to enjoy themselves in sex. A lot of times men don't really think about what the woman gets to do. And um (laughs) so sometimes like, you know, when I'm younger I think, 'Oh, it's just all about the guys.' But as I get older, it's like, 'No, you know what? You are a woman. You deserve to be satisfied.'...

Interestingly, much like Beth, Mary sees her younger self as naive, having been willing to focus on her male partner ("Oh, it's just all about the guys") and has embraced her evolving sexual identity as she gets older, "You are a woman. You deserve to be satisfied." Unlike Beth, Mary not only acknowledged her right as a woman to be sexually satisfied, but has also been "explicit" in voicing her sexual needs to her partner. Mary appears aware of the male prerogative to be satisfied (Rehman et al., 2013), observing "men don't really think about what the woman gets to do." Mary's newfound sexual agency may also explain her high level of sexual satisfaction (Byers & Demmons, 1999; Hurlbert, 1991; MacNeil & Beyers, 2009; Rehman et al., 2011).

Karen was less direct in her approach with her husband stating "I'm pretty much like, 'No, that's not working. You need to try something else.' Or—I'm pretty straightforward." Despite describing herself as "pretty straightforward" and being adept at telling her husband what she did not like, Karen did not indicate whether she ever expressed her personal desires in terms of what she actually wanted. She says "you need

to try something else" but never describes what that something else might be. This omission may be emblematic of the schism between women being allowed, even expected, to be sexy and available, but being criticized as hypersexual if they directly voice their desires (Tolman, 1994).

Similarly, Michele reflected, "Yeah. I mean I don't really ask for much, but I'm comfortable talking to him about it." In the same breath she stated she felt "comfortable," Michele admitted she doesn't "really ask for much." Her sexual needs seem to matter little to Michele, as throughout the course of the interview, she made it clear that it "wasn't that big of a deal." This is not a criticism of Michele's attitude; rather, she genuinely appeared to be self-aware that in her relationship her sexual needs are not paramount and she is perfectly okay with that. This awareness in itself may be an expression of Michele's sexual agency to perhaps not conform to the social mandate to be sexy and sexual of that is not the kind of woman she wants to be. And at the same time, her words might also be an acceptance of her feminized sexual role as part of her identity (Lorber, 2013).

When the issue of agency came up indirectly during the course of the interviews, the answers were more ambiguous. For example, Madeline insisted, in a flat almost defensive tone, that "it" was "Fine...Not a problem." "It" referred to her ability to voice her sexual needs and desires to her husband. Madeline's choice of the word "fine" seemed to reflect a resignation toward the situation she and her husband are in at the moment, living with two young teenagers in a small house with one bathroom, that will change when their living arrangements change. Madeline sensed that there was no point in

asserting her agency by talking to her husband, as she felt constrained by the dynamics of her home life; instead accepted that it was more expedient for her to just take care of herself: "I take the lead a little bit more. I have to do more of the work to get what I want out of it." Madeline further explained somewhat obliquely, "I do a little work myself, but that's okay. I mean I—I'm fine with that....That means what you think it means. I mean I just—I have to do—I have to bring myself to that place a lot," at the same time motioning with her hand and nodding downward to indicate touching herself. Thus, although Madeline was not comfortable vocally expressing her sexual needs, she nevertheless exercised her agency by physically ensuring that her sexual needs were met. Her head and hand motion also indicate both a direct and indirect form of communication. Direct in gesture, and indirect in lack of language, again, a representation of the lack of language to understand or express women's sexuality (Frye, 1988).

Even more ambivalence was apparent when the question was posed regarding feelings about refusing to engage in sexual activities with their partner. For example, Mary revealed:

Um I feel weird about it. That's something that I've always struggled with. Like mostly just saying no to sex in general, like if I don't feel like having it at the moment. Saying no to that bothers me—it bothers me that it bothers me basically... I don't know. I don't know. I think because I still have that feeling of, 'Well this person wants to have sex right now and I don't. I'm depriving them of what they want in this moment and I feel bad.' So I still say no, but it still bothers me.

Mary's "struggle" with "saying no to sex in general" may be a reflection of the gendered roles surrounding women's agency and cultural norms around what is expected of women in the bedroom (Bordini & Sperb, 2013; Maas et al., 2015). Mary's admission

that "it bothers me that it bothers me basically" reflects a frustration with the awareness that even though as a woman she is empowered to say "no," saying no still flies in the face of social expectations, and perhaps she has internalized that discomfort. She is, on the one hand, culturally expected to be "sexy" and available for her man ("this person [who] wants to have sex"), and on the other hand sees herself as a strong, independent, liberated woman. The conflict between these two roles makes her feel "weird" and "bothered."

Similarly, Amy acknowledged that she has felt negative emotions when she refused to have sex with her boyfriend stating:

Uh it depends. So if he's been asking for like a few days, I do feel a little bad, because to him sex is like really all about love. And like—like so when we have sex, he feels like a rekindling (laughs) of love and stuff. ..."

Amy "feels bad" because saying no to sex is seen by her boyfriend as "really all about love" and a "rekindling of love and stuff." This explains to some extent Amy's willingness, as discussed earlier, to engage in sexual activity for her boyfriend's benefit, even though she did not want to "get off." Amy believes that her boyfriend needs sex in a different way from how she needs sex, and indeed some research bears this out (Perel, 2006b). It is ironic that much of the research on relationship satisfaction and sexual satisfaction focuses on women, when for the women interviewed, their men needed sexual satisfaction to believe that the relationship was on track.

As with sexual satisfaction, in the face of discomfort or lack of interest, in some instances deference to men's pleasure remained. As Annie described:

I feel like if it's hurting, then I always say something. But if it's something that I feel like is turning him on and I'm just kind of like whatever about it, I kind of just let him do it.

Annie does not have a problem with having sex with her husband ("I kind of just let him do it") even if she is not in the mood. It seems important to note that she describes it as "letting," as in allowing, an opportunity for *him* to "do it", again, reinscribing the idea that in the cultural notion of it, men are the ones who "have sex" while women are not included in the construct (Frye, 1988). Annie drew a line if she was in pain, but otherwise, she allows her husband to satisfy his sexual needs even if she is "kind of like whatever about it." Thus, even Annie, a young woman of 24 who may be socially presumed to be less sexually inhibited and indeed believing herself to be so, has been affected by the social norm that a woman must please her man. In the face of her man's pleasure, "something that I feel like is turning him on," Annie pushed aside her own needs - to not be engaging in sexual activity - in favor of her husband's needs. Incongruously, Annie seems to believe that she is asserting her sexual agency, perhaps as sexual gatekeeper, when she allows her husband "to do it" when he is "turned on" and does not see herself as deferring to her husband. However, Annie deems anything short of physical pain in the realm of what she might consider acceptable.

Despite stating earlier that she was fully able to express her sexual needs,

Madeline conceded there were limits to her ability to communicate with her husband:

C: Well do you ever talk to your husband about his—his "lack of game"?
M: [Long pause] A little bit. It's—it's hard because you don't want to bring it up in that moment.... And if you bring it up at some random time, he'll be like, 'Well you can't bring that up now' So, I just..... it's fine. I mean there are some things that I prefer that sometimes he'll do and

sometimes he won't. Uhm, but overall, I'm glad that he's so attracted to me and still wants to—that makes me happy.

For Madeline, there is no good time to talk to her husband about her sexual preferences, "it's hard" because she "does not want to bring it up in the moment" and discussing sex at a random time is cut short by her husband (he'll be like, 'Well you can't bring that up now.')

Thus, Madeline cannot really have a substantive conversation with her husband about her sexual needs and desires. Nevertheless, Madeline expresses being happy that he is "so attracted to me and still wants to." For Madeline, an older woman cognizant of her fading youth ("I'm worried they're [mid-life changes] going to be negative, mostly related to the impact of aging on my body.") being sexually desired and wanted is more important than her being sexually desirous and wanting.

Diana recounted a similar restricted communication dynamic in her relationship with her exclusive long-term partner, although she was able make her sexual preferences known, albeit in subtle ways:

I am, yeah. I mean not—I don't—I have to admit, it's not like, 'Hey, I need you to try this.' Sometimes it's, 'Hey, you know when we did that? Can we try it just *this* a little bit more?' [Voice goes up, emphasis on "this" as a direction]...

Or like—or, you know, a lot of positive feedback. Like, 'Holy crap, when you did that the other night? Holy shit, that was awesome.' And then, 'Oh cool, well I'll do it again. You know, great.' ... But um—but yeah, so it's more suggestive than it is, 'Do this,' or, 'Do that.'

Diana explained being sensitive and careful with her boyfriend when communicating about her sexual needs, giving "positive feedback" being "more suggestive" and using gestures when necessary, mindful of the potential negative effect on her partners and their relationship. Diana was hesitant to be explicit with her partner

("I have to admit, it's not like, 'Hey, I need you to try this.'"), but nevertheless she found effective ways to indirectly get her point across (Devault, 1990). Perhaps caution on the part of Diana and Madeline is a tacit recognition of the men's side of the sexual script, that men are expected to know their way around a women's body and any suggestion to the contrary would be bruising to their ego and masculinity (Kimmel, 2008).

Media, social media and culture.

Gender roles in the culture as how they inform women's sexuality are reinforced and disseminated through media and social media. (Bartone, et al., 2014; Jhally, 1990). This category was coded when participants talked about being influenced by the media such as television, movies, social media, etc. with regard to how they understood or viewed their own sexuality, including how these women felt that they are expected to behave based on social norms. Instances where the women stated that they have not been or are not affected by media were also included. The women responded to the specific question, "Do you feel like media has affected the way you feel as a woman about your sexuality?" but was also coded across other questions, if and when discussions of media arose.

Perceptions of sexuality garnered from media ranged from extreme sexualization of women and concomitant expectations, to expectations about sexual acts themselves. Although each of these women came to the interview because they believed themselves to be open and liberated in their sexual attitudes and sexuality, they nevertheless recognized the impact of media on their sexual lives. As Mary reflected:

Wow, that's a great question. Um... [Pausing to consider the answer] well, I think that, you know, the stereotypical answer which is also cliché but also true is women are extremely sexualized and we all feel like we have to be sexy and have sex all the time. Um, which I mean I feel that still.

It is notable that Mary paused before answering this question, not wanting to give the "stereotypical" and "cliche" answer, before conceding the sexualization of women and her own feeling that "we have to be sexy and have sex all the time." The cultural presumption that women today are sexually liberated, comes with the baggage of the male dominated meanings of sexuality, equating liberated to wanting to "have sex all the time" (Bartone et al., 2014). Mary reluctantly admits that she "feels that still."

Karen audibly sighed before she acknowledged that her sexuality was likely affected by the media because portrayals of what a woman should look like in order to be sexy and desirable shaped her body image:

Um, I would say for myself over the years, that I would assume that a lot of like body image issues that I've struggled with over the years is—is more—is probably a lot of influence from that.

Pictures in magazines, music videos and television of "sexy" women influence women's views towards their own bodies and their desirability which tend to conform the roles stereotyped in the media portrayals (Jhally, 1995; Ward (2003).

Media not only influenced Karen's body image, but it was something she "struggled with over the years" and continues to struggle with:

Like if all of a sudden my husband puts his hand on my stomach and I'm not feeling particularly flat that day—I'm like—I'll start like, 'Why does he have to touch that?' And then I'm like—but I'm quickly like, 'Stop it.'

When Karen "quickly" says "stop it," she is saying "stop it" to herself in her head, because she is aware that her reaction is not based on how her husband sees her or even how she sees herself, but on an unrealistic image of what sexy should look like, that has been drilled in to her consciousness over the course of her lifetime.

Amy sees some of the media stereotypes loosening up to some degree, at least when compared to her younger years:

Um so at first, when I was still in like middle school and high school, I had all these ideas about like people being skanks and whores and stuff but like guys not being that kind of thing... Which is what media is like— floods us with all the time. But I don't know when I made like a switch to like to be sexually liberated and stuff, but I did and like this is totally college life now. Because you don't call people like whores and skanks in college; everyone's just like sexually liberated and that's that (laughing) kind of thing—

When Amy refers to "people" being "skanks and whores" in middle school and high school, these are the names the young girls and ladies were called, whereas disparaging remarks were not made about the boys with whom these girls were engaging in sexual activities with ("like guys not being that kind of thing.") (Talbot, 2004/2002). The cultural norms that "flood" the media continue to excuse boys as being "just boys" while at the same time branding women's promiscuity as negative (Armstrong, Hamilton, Armstrong & Seeley, 2014; Frye, 1983).

Amy perceives a lessening judgment of college women who chose to engage in casual sex, "everyone's just like sexually liberated and that's that." In Amy's college experience, young men and women are treated the same, as women are now included as "everyone" and everyone can be "sexually liberated" if they want to be, without any

social backlash. This may or may not be the trend in the larger culture, although media representations of sexually uninhibited women is no longer uniformly negative (Armstrong et al., 2012; Kimmel, 2008; Orenstein, 2016).

Some of the women viewed the media's portrayal of women as positive, giving them permission to be both sexual and powerful. Madeline described the influence of her media choices:

But I guess I never felt like I had to be passive in any event or I couldn't ask for what I wanted or do what I wanted. So I guess in that respect, maybe there was some influence given the kind of TV and movies that I watched growing up, where you had like Susan Sarandon in *Bull Durham* saying, 'I'm going—' you know, 'You're going to be my guy this season.'

In *Bull Durham*, the lead character was both sexual and knowledgeable in the ways of baseball and literature, and her sexuality was not seen as desperate or sleazy. Rather, being chosen by her "guy for the season" was a sort of a good luck charm. Madeline felt that characters like this allowed her to discard the cultural belief that she "had to be passive" or that she "couldn't ask for what I wanted or do what I wanted." In addition, Susan Sarandon's character may have also created an expectation for Madeleine for how she was supposed to behave.

Diana was likewise positively affected by the media she watched on cable television:

So then I was—*Sex and the City* had a big impact. (Laughs) I mean I was totally Samantha. And you know, and it almost made it okay—... and actually her maybe even specifically, because before that it was the, you know, if you had sex with a lot of men you were a slut. But—and couldn't possibly be anything other than that. But she was an extremely successful, very self-empowered woman. So it was like oh okay, so that's cool.

For Diana, seeing Samantha's character on television gave her permission to be a young woman who enjoyed sex without needing a relationship ("[having] sex with a lot of men") who could still be a smart, confident professional, "an extremely, successful, very self-empowered woman." Diana was not alone in feeling empowered by *Sex and the City* (Markle, 2008; Stillion Southard, 2008); by seeing the kind of woman she wanted to be being treated in a positive way, without being slut-shamed or seen as merely a sex object, Diana was able to really believe "it was like oh okay, so that's cool" for her to be a sexual, competent urban professional woman.

The media's depiction of sexual activities had a positive influence for Amy as well. Amy, who laughingly admitted, "I feel like a lot of the shows make it seem like sex is fun, and I definitely received a lot of those messages—clearly." Amy laughed knowing that many of the stories she related during the interview were about threesomes and about sexual escapades within her open relationship with her boyfriend, evidenced that she "clearly" got the media's message that "sex is fun." For Amy, fun sex is adventurous and edgy sex, akin what she has been informed by the media fun sex should be.

Madeline on the other hand scoffed at the media's depiction of sex as completely unrealistic, referring to the popular sitcom *Friends*:

And Ross and Rachel and all that. UhmWatching it now, that—some of that stuff, I feel like... it's way messier than that....You know, that piece of it's not, not accurate.

Although it is not apparent what Madeline meant when she said, "its way messier," she seems to be contrasting the awkwardness and practicalities of real-life sex and relationships with the smoothness and cleanliness of TV depictions. Madeline

rejected the notion that sex is natural, at least insofar as primal passionate sex is portrayed in television shows and movies as effortless and not "messy."

For many women, social media influences their lives by forcing comparisons between their lives and experiences of other women. Despite the fact that these well-educated women were cognizant of social media's influence, it continues to be pervasive and unavoidable for both younger and older women. As Annie reluctantly admitted when asked about the social media effects:

I'm not really sure. Because I know I definitely do get like the weird feeling here and there. I'm like, 'Oh, I wish I was as pretty as this girl. I wish—I wish I dressed as nice as her. I hate my wardrobe. I need to go find something sexier.' Like you know?

Annie's reluctance is clear; at first, she says she is "not really sure" but in the next breath, she says she "knows" she "definitely" gets "like the weird feeling here and there." Her weird feeling may be the uneasiness of realizing that she is comparing herself to other women, when "wishes" she was "as pretty" and "dressed as nice" as the girls she sees on social media. At times, Annie feels like she needs "to go find something sexier" because the pictures posted on social media make her feel inferior and not sexy enough. Social comparison theory, a well-established psychological theory that people are driven to evaluate themselves by comparison with others (Festinger, 1954), has been exponentially enhanced by the ever-present comparison to images posted on social media. (Vogel et al., 2014). Focus on external flaws and social judgment is especially negative and problematic for women (Montemurro & Gillen, 2013; Waskul & Vannini, 2006).

Diana likewise expressed frustration when acknowledging that seeing posts on social media impacted feelings about her own life:

I—you know, buck off Facebook now and again because I—no, because I look at—you know, it's perfect—it's the perfect life—... It's the perfect, you know, whatever. Everybody has—everything is—you know, everybody's perfectly dressed and, you know, all the time, and 'my relationship with my husband and my children is ideal.' And I would say that I—I find myself getting jealous of the fact that somebody has their significant other within, you know, 500 miles of them....And it's okay that I don't have that. But I do get jealous of it, you know, thinking that that might be out there somewhere.

Diana used the word "perfect" four times, mockingly and sarcastically, in a tone that reflected that she recognized that people post on social media only those moments that represent their best life, and in no way means that the lives of these women are indeed perfect. Yet, despite knowing this, she still "find[s] herself getting jealous," using that word twice, knowing it might be absurd for her to feel that way, yet annoyed that she still does feel that way. To avoid this cognitive dissonance, Diana chooses to "buck off Facebook now and again," to shut off social media's negative impact on her overall well-being. Selective exposure theories suggest that avoidance of social media content may be a coping strategy designed to purposefully deter exposure to anxiety-inducing information (Knobloch-Westerwick, 2015).

Sexual satisfaction and wellness.

Sexual satisfaction, a component of sexual wellness, and its correlation with overall subjective well-being and life satisfaction has been the subject of several studies (Flynn et al., 2016; Diamond & Huebner, 2012; Rosen & Bachmann, 2008; Stephenson

& Meston, 2015). Throughout the interview, several questions asked about the importance of sexual satisfaction to overall well-being, as well as in ways in which they may be connected. This code reflected those instances when the women discussed ways in which their sexual satisfaction depended on their wellness and ways in which their wellness was improved when they were sexually satisfied.

Absent from the health psychology field, the mental health field, and the meaning of wellness as espoused by the majority of the women interviewed for this study, was any reference to sexuality, sexual health or sexual satisfaction when wellness was defined on its own. Karen alone mentions sex in describing wellness, as one of components of her life that needs to be "balanced."

Critically, and more notably, women's response when they were specifically prompted to consider their sexual satisfaction and wellness together. Against this framework, sexual satisfaction became salient and indeed quite important to all of these women, as each responded that they either "agreed" or "strongly agreed" with the statement "SEXUAL SATISFACTION IS AN IMPORTANT PART OF MY LIFE" and "MY SEXUAL SATISFACTION IS CONNECTED TO MY OVERALL HEALTH AND WELLBEING." This comported with the quantitative findings - the median score of the importance of sexual satisfaction to overall well-being, using a 1 to 5 Likert scale, was 3.98 ($SD=1.798$).

When the women were furthered probed as to the reasons why they felt that sexual satisfaction was connected to their overall health and well-being, participants

interpreted the directionality of the question differently. For some, such as Beth, sexual satisfaction *depends upon* their physical well-being:

... Okay, so going back to like where I'm feeling physically, I'm at a place right now where I don't feel sexy at all. So it's kind of hard—like (husband name) tried to engage in sex with me the other day and I was just like, 'I am—I am not sexy at all.' And he's, you know, trying to, you know, be my husband and tell me how beautiful I am and how much he loves me. And I was just like, 'But I just—I don't feel it.' [Emphasis on "I"]

Beth cannot separate feeling "sexy" from what she is "feeling physically" even in the face of her husband's efforts to assure her "how beautiful" she is. This intertwining of sexuality with physical appearance that Beth expresses mirrors research findings that sexual body image (SBI) among women is often negative, as women tend to focus on external judgment of their flaws rather than their attributes and seek to conform to what society has determined is sexually desirable (Montemurro & Gillen, 2013; Waskul & Vannini, 2006). When Beth does not feel that her body is physically sexy, she cannot be convinced otherwise, "I am not--I'm not sexy at all." A primary reason for Beth's New Year's Resolution to get back in shape physically is to get her "sexy back" (Timberlake, 2006): "I am motivated to get back to being where I'm happy and happy with my body and feeling sexy and all of that." For Beth, her ability to be sexually satisfied is integrally tied to her being physically healthy.

For other women, sexual satisfaction *improves* well-being. Diana's story reveals this interplay:

Because when I was married to (second husband), I had—and sex was sex and not sexual satisfaction from my perspective—it was a chore—I had high blood pressure, I was sick all the time, I was totally stressed out,...

but you know, having that stress of coming home and knowing that I had to perform that night and that kind of thing was—my—I mean I looked like crap, I mean my skin was bad, all of it. And um when I—when we—when I left ... it was almost like it was like immediate that just getting rid of that negative sexual part—... Was a huge, you know, improvement.

Diana describes sex in her second marriage as being a "chore," not involving "sexual satisfaction from my perspective." Her husband demanded sex as an activity that Diana was duty-bound to perform as his wife ("I had to perform that night") with no regard to whether Diana was satisfied or not. (Jonasdottir, 1994; MacKinnon, 1989).

The complete absence of sexual satisfaction in Diana's life resulted in her being "sick all the time," "totally stressed out," looking like "crap," with bad skin, and "high blood pressure." For Diana, at least one component of her lack of wellness was not only being bereft of sexual satisfaction, but also having recurrent negative sexual experiences with her husband. Tellingly, when she left her marriage " it was almost like it was like immediate that just getting rid of that negative sexual part—... Was a huge, you know, improvement." Removing negative sexual encounters from her life had an instant positive impact on Diana's overall well-being.

Diana's well-being continued to improve as she entered into casual relationships, engaging in sex that was no longer solely for her partner's benefit:

...The next couple of, you know, semi-relationships that I had just kind of made me feel a little more—it made me feel better about myself in some way.... Maybe that I was still attractive or desirable or whatever and not in that very, you know, controlling kind of a way...That, you know, I was just in a better mood overall and the other things just kind of fell into place after that.

In the intervening "semi-relationships" between her second marriage and her current relationship, Diana began "feel better about herself in some way" musing that

perhaps it was because she felt that she "was still attractive and desirable." This was a new kind of feeling, as it was no longer tied a committed relationship, she was desirable in her own right, not merely as sexual object possessed by another ("not in that very, you know, controlling kind of way"). Feeling sexually wanted as an individual led to improved mental and emotional health (I was just in a better mood overall") which led her overall improved well-being ("other things just kind of fell into place after that."). For Diana, being sexually satisfied has made her entire life better, in marked contrast to when sex was a "chore." There is a lesson here that reverts back to the discussion of sexual agency; namely, that pursuing sexually satisfying experiences is good, health-promoting behavior for women. (Hurlbert, 1991; Rehman et al., 2013).

Moreover, although the women interviewed routinely ranked sexual satisfaction last in importance (in relation to overall well-being and relationship satisfaction), it was not because sexual satisfaction was unimportant, but rather because it was wrapped up in the other two. In this way, the interview responses informed the quantitative results, as the majority of the women surveyed (83.6%) also ranked sexual satisfaction last. Annie explained, "Because I need to be my best me in order for my relationship to flourish. And if my relationship is flourishing, then my sexual health is going to flourish." The phrase "my best me" referred to her overall well-being, on which her relationship and sexual health hinged. Annie believed that neither her marriage nor her sexuality will "flourish" if her she is not "her best me" harkening back to her holistic definition of wellness.

Madeline expressed similar reasons for ranking sexual satisfaction last:

I really enjoy talking to him [her husband] about a lot of things. And I feel better when we have that connection and time to talk. Um but I don't want to put my health last because—because if my health is bad, then everything else is going to be bad. So that's why I put sex as kind of at the bottom. Not because it's not important, but because it automatically gets bolstered by the other two things.

Although Madeline ranked relationship satisfaction and not overall well-being first, ("I feel better when we have that connection and time to talk"), one reason her relationship was important was because she "feels better" when she is connected with her husband, which is part of her emotional health. Madeline, like Beth, believes that her sexual satisfaction "automatically gets bolstered" by both her overall well-being and relationship satisfaction ("the other two things"). In short, without her health, "then everything else is going to be bad." Thus, far from being unimportant, sexual satisfaction is a positive consequence of being in good health.

The sexual satisfaction and wellness connections experienced by these women in their personal lives are important because they demonstrate that real life experiences mirror the medical research that continues to discover substantial relationships between sexual satisfaction and overall health for women (Epstein & Mamo, 2017; Komisaruk et al., 2008; Komisaruk & Sansone, 2003; Liu et al., 2016). Moreover, from the standpoint of emotional and psychological health, sexual satisfaction improves both life satisfaction and quality of life (Flynn et al., 2016; Diamond & Huebner, 2012; Rosen & Bachmann, 2008; Stephenson & Meston, 2015).

Sexual satisfaction and age.

One of the research questions that prompted this study was the extent to which age was associated with women's sexuality and sexual satisfaction and whether connecting sexual satisfaction to wellness would help them centralize the role of sexual satisfaction in their overall wellness. As discussed above, the quantitative data did not support the hypothesis that sexuality and age would interact. However, the qualitative interviews, in the aggregate, revealed that sexuality and the definition of sexual satisfaction changed over the course of several of the women's life experience, but that it was life experience, not age in and of itself, that altered these women's views toward their own sexuality. For example, Mary, although only 25, recounted a clear change in attitudes towards her own sexual satisfaction as she had more sexual experiences:

I feel like as a woman, I think about sex like—I think it's really important for women to be able to enjoy themselves in sex. ... when I'm younger I think, 'Oh, it's just all about the guys.' But as I get older, it's like, 'No, you know what? You are a woman. You deserve to be satisfied.'

Mary now feels that her enjoyment of sex and her satisfaction is something she "deserves" as part of her identity as a woman. She sees her more mature sexual self as breaking from her younger self, who believed "it's just all about the guys." Sex is now "really important" for her as a woman, and not merely something for "just" men to enjoy. Mary has embraced agency over her own pleasure (Perel, 2006a).

Diana, a bit older at 52, and bit more sexually experienced, related a similar change from her youthful sexual experiences:

... [Referring to sex in her twenties] You know, and it may or may not lead to orgasm on my side, it usually always did on the other side—(laughs) or else, you know, what was the point?

... [Referring to sex in her late forties and presently] But you know, as I got older it became less about that and more um—more about feeling connected to the person. So—and more—like the effort part of it, like they actually cared whether or not it was me or somebody else that was there.

Like Mary, younger Diana accepted that sexual experiences might be sexually satisfying for her, but would be for her male partner, ("it may or may not lead to orgasm on my side, it usually always did on the other side"). She even noted that if the guy she was with did not reach orgasm "what was the point?" Although she enjoyed sex and did not feel that she needed to be in a relationship to engage in sexual activities, there was no expectation that her sexual partner cared whether she was satisfied or not (Frye, 1988). As she got older "it became less about that [her partner being satisfied] and she cared more about "like the effort part of it." Today, Diana expects to be satisfied and expects her partners to put in the effort for her benefit. In other words, she expects her partners to "care" about her satisfaction as much as their own.

These women exemplify that it is life experience, not so much age, that prompts sexuality to evolve. Moreover, for these women, evolved sexuality meant achieving an understanding of the importance of their own sexual satisfaction to their overall well-being.

Reflexivity.

Consideration of my perspective as the researcher in this study, a qualitative component of analysis often referred to as reflexivity, acknowledges that no research, whether quantitative or qualitative in nature, can ever truly be objective (Dottolo &

Tillery, 2015; DuBois, 1983; Etherington, 2004; Fine, 1998). Reflexivity can be used as a tool for investigation, engagement and interpretation at every stage of the research process. As academic researchers, we are necessarily drawn to study questions that are germane to our own lives, and to engage in research to illuminate our own personal questions (Dottolo & Tillery, 2015). As a qualitative researcher, I must recognize that I shape the story, while at the same time knowing that if my views are tightly held, I could miss a piece of the story (Kleinman & Copp, 1993).

The light bulb moment, the germ of an idea for this study, came when I found an article that had been published in *The Atlantic* citing studies linking female orgasm to pain tolerance and other health benefits. That had been my part of my wellness journey, as I had an intuitive sense that intense sexual satisfaction had enabled me to continue to function as an attorney through the pain and exhaustion of chronic lyme disease for longer than should have been possible. The article and my experience made me wonder whether women understood the relationship between orgasms and health. As I delved further into the research, it became clear that not only orgasms, but sexual satisfaction as a construct had positive benefits for women's health. A close friend had been studying to become a health coach – was sex a part of those studies? Of course not. I want to know why not and what I could do about it. My focus was to examine if women connected their sexuality to their wellness, they would be able to start talking about sex openly as a healthy behavior instead of a fringe issue relegated to sexologists and sex therapists.

As a woman and a feminist, I am, in a sense, an insider to women's experiences of both sexuality and health (Wilkinson & Kitzinger, 2015). At the same time, it was

paramount for me to recognize at the start of my research, and indeed throughout the entire process, that simply because I am a woman, there are as many differences as similarities in experiences among women and my foremost job as a researcher was to listen to the stories of the women I spoke with and not to presume a false commonality (Finley, 2002).

When I began this research, I was concerned with whether the topic would be considered frivolous, when viewed against all of the other issues of inequity that continue to plague women in society. My review of prior research highlighted the many variables that impact women's sexuality that could not possibly be addressed in one thesis. I questioned: How do I take enough of a bite into this subject so that my research will matter? How do I bring this topic into the non-cis gendered non-heteronormative world, despite the fact that is the primary basis of my life experience? How can I be credible in this endeavor? I compensated for my lack of personal experience by diving headfirst into books, articles, TED Talks and research in diverse sexualities.

This background research included extensive review of feminist works, reading theories of inequality and oppression in which I was not well versed. As a professional woman working in a field dominated by alpha males, I was certainly personally familiar with discrimination and bias against women, yet I was unfamiliar with feminist activism and its leading writers. My personal story is one of striving and empowerment and therefore I intellectually and emotionally pushed back against feminists, in particular MacKinnon (1989), who spoke about women's sexuality as irretrievably imbued with male power, violence and dominance, as I believed that did not square with my

experiences. However, as I proceeded through the interviews, listened to the audiotapes, and read and reread the transcripts, it became apparent how much of the language used for women's sexual experiences was male-focused, and I was compelled to grudgingly admit that all women, myself included, live in the socially constructed swamp of gender inequality. The core of feminism - discussions around oppression, lack of choice and inequality were clearly pertinent to discussions around women's sexuality.

Fundamentally, "lack of choice" is not markedly different from oppression, as it is the system that constrains women's choices. Moreover, all of the women expressed feeling internalized oppression - the cultural pressure and social pressures to fit in - at least to some degree.

Keeping these ideas in mind, my point of view nevertheless continues to be one of women's empowerment toward their sexuality as part of overall health and wellness.

A more practical concern for me was whether I would have the bandwidth and cognitive stamina to give this topic the energy it deserves. I was resolved to be mindful of making sure this process was one of positive stress and not a negative drain on my physical, mental and emotional resources. And of course, to pursue my own sexual satisfaction, and integrate my sexual relationships into my own health and wellness.

The present research was also impacted by my positionality as a professional, cis-gendered, heterosexual, white woman, older than the women I interviewed, with more education and, at least until I started graduate school, higher socioeconomic status.

"Positionality represents a space in which objectivism and subjectivism meet" (Bourke, p.3, 2014) wherein although the researcher may strive to be objective, she does so

cognizant that she will inevitably fall short. With the students I interviewed, I was simultaneously holding myself out as the academic, while at the same time being a student, albeit a graduate student, myself. For the most part, the women I interviewed expressed feeling comfortable, most saying they felt so because I was comfortable with the topic. During the interviews, I was conscious of not being too formal in my speech, specifically not using my "lawyer voice," intentionally working to be as informal in conversational tone as possible.

Perhaps the most difficult part of this process was letting go of my quantitative tendencies in deciding to use a mixed methods approach. Designing the survey, choosing the measures, and justifying those choices were more in my wheelhouse than designing interview questions to target what I wanted to know, and then revising those questions to use lay terms in order for the participants to define terms such as "having sex" and "sexual satisfaction." I expected the interviews would be extraordinarily interesting, but I did not anticipate the challenges in responding to stories of trauma. Overall, I was awed by the honesty and authenticity of the women I interviewed.

Finally, the coding of the transcripts, the interpretation of their words, and the choices that had to be made for inclusion in this thesis were quite daunting, and in some cases intimidating. At times, I felt audacious, believing myself unworthy of making the right choices, and chagrined at the data I was constrained to leave out. Fortunately, I was strongly mentored throughout this process to embrace my role as authority and an expert, at least insofar as this particular research study was concerned.

My personal health journey certainly informed my research, as well as the interpretations of these women's words, all part of the process of better understanding the barriers to both sexuality and wellness for women of various ages and backgrounds.

Summary Conclusions

Significant Conclusions

A strength of this study is that unlike prior research, women of different ages were asked about their self-reported levels of sexual satisfaction and overall wellbeing, so that the influence of age could be specifically analyzed. One of the most interesting findings from this study was in fact a null finding; namely, that age did not alter the relationship in any statistically significant way. Because this was a mixed methods study, it was possible to directly ask both younger and older women about factors that contributed to being sexually satisfied in order to illuminate survey results that appeared contrary to prior research on women's sexuality. The interviews told a story of a changing definition of sexual satisfaction as women had more sexual experiences and life experiences. Thus, it is quite possible that the finding that age did not alter the relationship between sexual satisfaction and well-being resulted from differing measures of sexual satisfaction as women had more sexual encounters, and differing meanings of satisfaction considering quality over quantity as women's sexual self-identities evolved. In other words, mature women are just as satisfied as their younger cohort, it is just that what women consider sexually satisfying changes throughout the sexual life course. Another plausible explanation could be the fact that the majority of the women came of

age after the sexual revolution, meaning that these women were from a similar generation, despite being varying ages (Stewart & Healy, 2015).

Another important aspect of this study was the intersection between the survey results and the qualitative data regarding sexual agency. The strongest predictor of sexual satisfaction was sexual agency, and the second strongest predictor of overall well-being, after age, was sexual satisfaction. Thus, for women of all ages, being able to express needs and desires, refuse unwanted sexual activities, and communicate with the person they are having sex with, lead to better sex and better health. Moreover, these associations were found for both women who were single and dating and for women in more committed relationships. This is striking, as it undermines the cultural presumption that has guided prior research, that for women, relationship satisfaction and sexual satisfaction are one and the same, and that women cannot have one without the other (Laumann et al., 2006; Stephenson & Meston, 2015). The deliberate decision to eliminate partner centered questions from the subjective sexual satisfaction scale had its anticipated effect, namely, permitted the women surveyed to consider sexual satisfaction purely from their own point of view, which runs counter to gendered sexual scripts.

In addition, this finding suggests that casual sex for women can be satisfying sex, as long as a woman feels sexually empowered to claim her own sexual satisfaction. The qualitative data revealed that while women in relationships still struggle with directly communicating their sexual desires (Tolman, 1994), and may feel societal guilt when saying no to sexual activity, they nevertheless believe that they deserve to be sexually satisfied. The quantitative data provides evidence that being sexually assertive is healthy

as sexual agency may lead to more satisfying sex, which in turn may support overall well-being. As discussed by Perel (2006b) communication should include both verbal communication in which women specialize, as well as the language of the body, the predominant language of men. Using both forms of sexual communication can open new doors to closeness, intimacy and more sexual satisfaction for both women and men. In short, sexual communication which allows women to express their sexuality, not merely talking and loving and discussing the relationship, could lead to better overall well-being.

Limitations of the Present Study

It is acknowledged that this study does not support conclusions regarding cause and effect, as it only analyzed associations between levels of sexual satisfaction, relationship satisfaction, sexual agency and relationship status on overall well-being. We cannot know whether satisfying sex causes better overall well-being or whether women in better health have more satisfying sex lives. Moreover, because women whose reported that their health negatively impacted their sexual activity were excluded from the study, whether these associations exist for women who may be faced with medical issues or disabilities cannot be determined from this study. It is recognized that the sexuality of disabled persons is understudied and this decision by the researcher was not intended to enhance this silencing, but rather to eliminate potential confounds which could be explored more deliberately in future research. Future research might include persons facing health issues that impact both their sexuality and their wellness.

Generalizability is also a limitation to this study, as health and wellness and/or sexual well-being may be more salient for the study sample than the public, as a majority of

the women surveyed and interviewed were primarily college educated and reported middle to upper middle class socioeconomic status. Results from a less homogenous sample could be more generalizable to the general population. Nevertheless, it is notable that the women in this study were not limited to college students. Another threat to generalizability, primarily due to the nature of the topic, may be self-selection of the volunteers, as participants who may be more comfortable or interested in the topic of sexuality likely chose to take the survey and volunteered to be interviewees, perhaps resulting in a sample that is more sexual satisfied than the general population.

Generalizability to a broader class of women was also limited by the fact that the survey participants were primarily heterosexual, able-bodied, cisgender, white and in relationships. Moreover, if there had been a more even distribution between single women and women in relationships, the influence of relationship status on the observed associations between variables could have been analyzed more directly.

Self-selection bias could have also impacted the validity of the results, as the women surveyed reported high satisfaction scores which may have influenced the associations between the variables analyzed. On the other hand, because the majority of participants were recruited from classes that had a genuine interest in the topic of either women's sexuality or well-being, the respondents may have been more deliberate with their answer choices than participants recruited from the IntroPsych pool or if M-Turk had been used to target a more diverse population.

The scales selected for the survey were closed-ended with Likert-type ratings, which are necessarily limited. The subject matter of the study resulted in some

nonresponse error, participants opting not to answer certain questions, or not completing the survey because of being uncomfortable with the subject matter. Other response issues, such as responses made to comport with perceived social desirability could have been present, as women may have wanted to be perceived as more sexually satisfied and more sexually assertive than they may actually experience in their lives.

With regard to the qualitative portion of the study, all of the interview participants volunteered after taking the survey, creating an additional bias because they were already aware of the research and the topics that would likely be covered. Moreover, although the survey participants varied in their sexual orientation and relationship status, the women who volunteered for the interview portion were primarily heterosexual (two stated they were bisexual, although not in relationships with women) and in long term committed relationships, thereby limiting the data.

Implications and Future Directions

The strong connection between sexual activity, sexual satisfaction, and sexual well-being on the one hand, and physical health, mental health, emotional health, and overall wellness on the other are becoming more established in medical and psychology research. Evidence that sexual activity is a positive health behavior continues to mount; nevertheless cultural attitudes toward women's sexuality and sexual behaviors continues to inhibit the promotion of sexual satisfaction as a component of overall wellness and as a protective factor for more successful aging. "Qualitative research that explicitly examines social context may be a way to reinvigorate current health psychology theories so they

are based on real life experiences and behaviours, embedded in the complexity of people's individual and social worlds" (Lyons, 2011, p. 5)

The strong associations between sexual agency and sexual satisfaction and sexual satisfaction and overall well-being highlights the need for psychology and health education advocates to work to free women from the social constraints that allow women to be "sexy" but not to actively pursue their own sexual satisfaction whether or not they are in a relationship. Because the present study parsed sexual satisfaction from relationship satisfaction, the findings provide strong evidence for that sexual satisfaction, on its own, is associated with better overall well-being for women. This departs from the historical and cultural view that sexual satisfaction for women has is merely secondary to relationship satisfaction. The health benefits of sexual activity should no longer be culturally reserved for women in relationships and women who seek sexual satisfaction for its own sake should not have to face negative social judgments. It is also hoped that this study will provide a foundation for the education of women of all ages that a sexually satisfying life can lead to a longer, healthier, and happier life, which both women and men deserve.

Education about the importance sexual agency could also be a critical component of prevention-based efforts around sexual violence and HIV prevention. Focusing on agency could be an effective tool to augment discussions about consent and safety in all aspects of sexuality, shifting the emphasis away from saying "no" to unwanted sexual activities to saying "yes" to the sexuality and healthy behaviors that all persons are entitled to.

Remarkably, as this research was progressing, three separate articles discussing the sexual recession among young men and women were brought to my attention, citing that for some young adults, their education, careers, professional aspirations, social awkwardness, or a combination, has made finding and maintaining relationships and pursuing sexual satisfaction a low priority (Bonos & Spivey, 2019; Ingraham, 2019; Julian, 2018). This is a disturbing trend that could potentially negatively influence the health and well-being of a generation.

Some segments of the medical profession have actively worked to combat trends that have negatively impacted health, such as poor nutrition due to increased prevalence of processed foods and lack of physical activity due to increased time in front of computers and other media. I would argue that the trend away from building relationships and pursuing sexual satisfaction should be countered by health psychologists and wellness experts in a similar way. Future studies should examine single men and women to assess whether this trend is impacting both sexual satisfaction and overall well-being for this cohort.

Future research could examine more deeply the impacts of media literacy, feminism, and sexual fluidity on gender relations and enhanced sexual agency for women. An interesting avenue would be to conduct this same study with men to open a dialogue about sexual scripts, gender roles, women's lack of choice and sexual inequalities. Future interviews should explore whether sexual satisfaction is experienced differently when it is a result of a partner being satisfied versus personally reaching orgasm. Interestingly, many women responded “orgasm” initially to what is satisfying

sexually, but later in the interviews stated that it was satisfying if her partner was satisfied. Are these different types or kinds of sexual satisfaction and do they affect overall well-being differently?

Future research should include other sexualities to understand importance differences as well as similarities in both sexual satisfaction and wellness. The present sample consisted of 80 women (27.9%) who identified their sexual orientation as other than strictly heterosexual, which were insufficient numbers to conduct anything other than exploratory analyses which were not reported here. Perhaps cultural permission to pursue sexual satisfaction in non-heterosexual relationships would ease the stigma experienced by these persons as part of a targeted minority. Future research could also explore the influence of sexual satisfaction for women with different levels of well-being, perhaps assessing women in clinical settings or women with chronic medical or mental illnesses.

Future research could be conducted experimentally to better understand the causal relationship between sexual satisfaction and overall well-being using the OMG-yes video series which teaches women, with or without sexual partners, to explore their bodies and understand what is satisfying sexually. A longitudinal study assessing the effects of this intervention on overall well-being at several points post intervention could be quite illuminating.

The bottom line is that positive sexuality is a healthy behavior. For women, erotic energy is an energy that can be creative, inspiring, deeply spiritual and nurturing.

Decades ago Audre Lorde (1978) wrote about herself as a woman:

In touch with the erotic, I become less willing to accept powerlessness, or those other powerless states of being which are not native to me, such as resignation, despair, self-effacement, depression, self-denial.

In the present study, Mary echoed these sentiments:

‘Put yourself first. Like you’re a woman and you’re awesome.’

I agree.

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Table 1
Interview Participants Demographics

Name	Age	Race/Ethnicity	Sexual Orientation	Relationship
AMY	20	White	Bisexual	Boyfriend/Open/Living Together
MICHELE	24	White Asian	Heterosexual	Boyfriend/Exclusive
ANNIE	24	American	Bisexual	Married (4 months)
MARY	25	White	Heterosexual	Boyfriend/Living Together
BETH	36	White	Heterosexual	Married (5)/Open
MADELINE	48	White	Heterosexual	Married /2 children
KAREN	48	White	Heterosexual	Married (17/21)
DIANA	52	White/Hispanic	Heterosexual	Boyfriend/Exclusive

Note: The names listed above are pseudonyms

Table 2
Correlations Between Variables

	1	2	3	4	5	6
1. PWB	1	---	---	---	---	---
2. Sexual Satisfaction	.277**	1	---	---	---	---
3. Sexual Agency	.272**	.643**	1	---	---	---
4. Relationship Sat	.307**	.520**	.467**	1	---	---
5. Sociosexual	-.039	.025	.072	-.212**	1	---
6. Age	.325**	-.003	-.003	-.131*	.053	1

Note: ** Correlation is significant at the .01 level (2-tailed).

* Correlation is significant at the .01 level (2-tailed).

Table 3. *Multiple Regression: Relationship to Overall Well-being (Psychological Well-Being Index)*

	Overall Well-being			
	Model 1		Model 2	
	<i>B</i> (SE)	β	<i>B</i> (SE)	<i>B</i>
Constant	14.46 (5.43)	-	24.93 (.046)	-
Age	.49 (.063)	.402***	.40 (.061)	.32***
Relationship Satisfaction	4.31 (1.16)	.224***	-	-
Sexual Satisfaction	.53 (.124)	.259***	.65 (.134)	.31***
Sexual Agency			.081(.066)	.078
<i>R</i> ²	.29		.24	
<i>F</i>	36.78		33.82	

Note: Model 2 Substitutes Sexual Agency for Relationship Satisfaction to include larger participant sample. Model 1: N=269; Model 2: N=322. * $p < .05$, ** $p < .01$. *** $p < .001$

Table 4. *Multiple Regression: Relationship to Sexual Satisfaction*

	Sexual Satisfaction			
	Model 1		Model 2	
	<i>B</i> (SE)	β	<i>B</i> (SE)	<i>B</i>
Constant	10.60 (2.37)	-	15.45 (1.85)	-
Age	.025 (.026)	.043	.022 (.025)	.037
Relationship Satisfaction	2.25 (.47)	.254***	-	-
Sexual Agency	.26 (.024)	.535***	.32 (.021)	.65***
Sociosexual Orientation	-.045 (.027)	-.079	-.073 (.025)	-.126**
<i>R</i> ²	.49		.43	
<i>F</i>	61.62		6.53	

Note: Model 2 Does not include Relationship Satisfaction to include a larger participant sample Model 1: N=265; Model 2: N=. * $p < .05$, ** $p < .01$. *** $p < .001$.

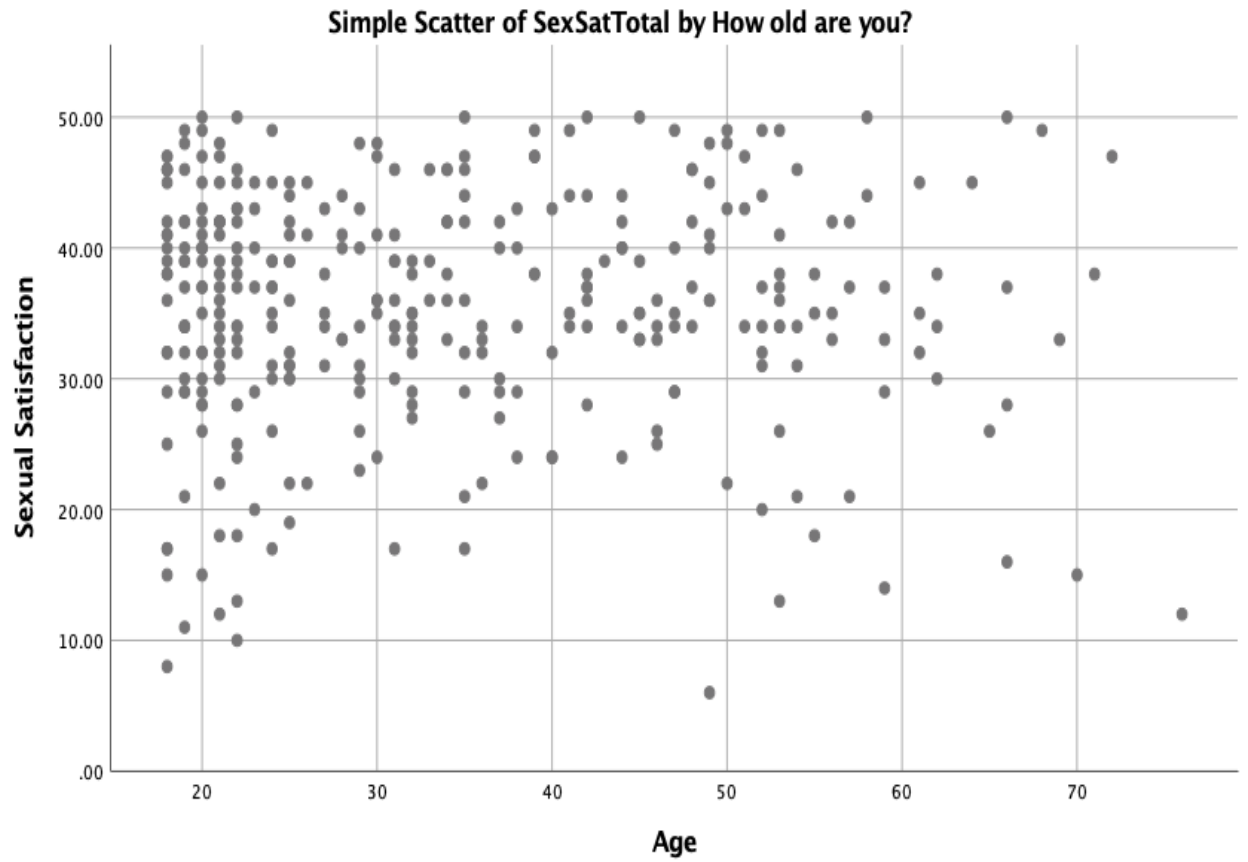


Figure 1 - Age and Sexual Satisfaction

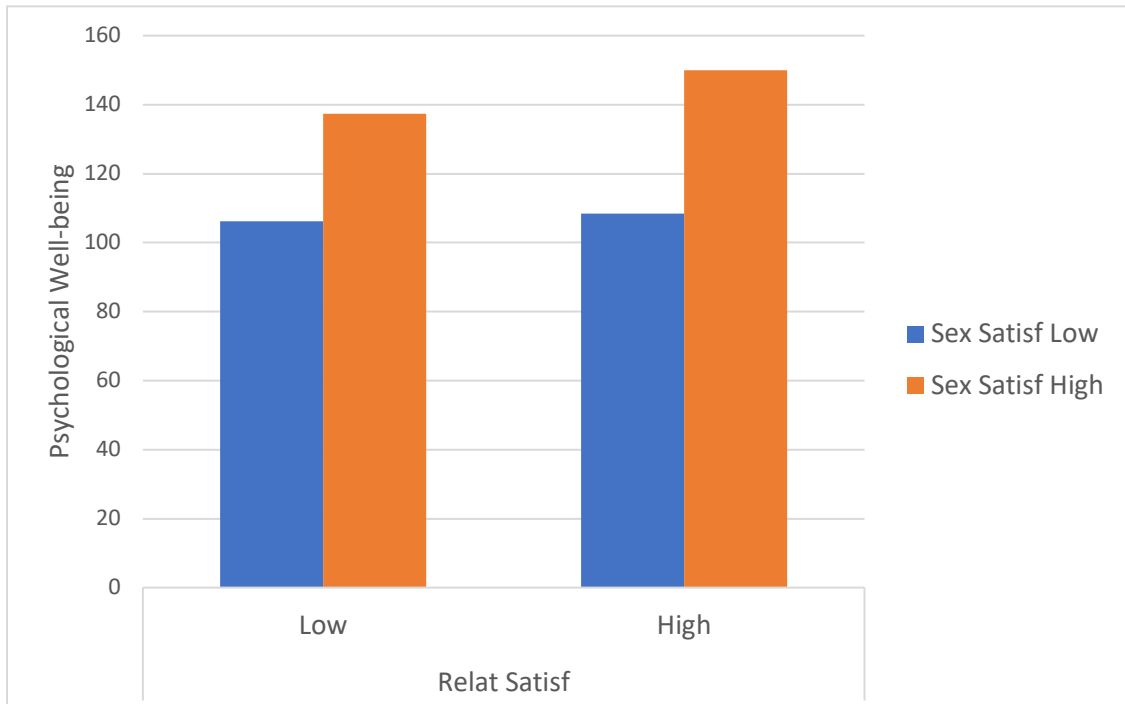


Figure 2. Interactions between Relationship Satisfaction and Sexual Satisfaction and its effects on Overall Well-being

APPENDIX A

Psychological General Well Being Index**1. How have you been feeling in general during the past month?**

- In excellent spirits..... 5
 In very good spirits..... 4
 In good spirits mostly..... 3
 I have been up and down in spirits a lot..... 2
 In low spirits mostly..... 1
 In very low spirits..... 0

2. How often were you bothered by any illness, bodily disorder, aches or pains during the past month?

- Every day..... 0
 Almost every day..... 1
 About half of the time..... 2
 Now and then, but less than half the time..... 3
 Rarely..... 4
 None of the time..... 5

3. Did you feel depressed during the past month?

- Yes – to the point that I felt like taking my life..... 0
 Yes – to the point that I did not care about anything..... 1
 Yes – very depressed almost every day..... 2
 Yes – quite depressed several times..... 3
 Yes – a little depressed now and then..... 4
 No – never felt depressed at all..... 5

4. Have you been in firm control of your behaviour, thoughts, emotions or feelings during the past month?

- Yes, definitely so..... 5
 Yes, for the most part..... 4
 Generally so..... 3
 Not too well..... 2
 No, and I am somewhat disturbed..... 1
 No, and I am very disturbed..... 0

5. Have you been bothered by nervousness or your “nerves” during the past month?

- Extremely so – to the point where I could not work or take care of things..... 0
 Very much so..... 1
 Quite a bit..... 2
 Some – enough to bother me..... 3
 A little..... 4
 Not at all..... 5

6. How much energy, pep, or vitality did you have or feel during the past month?

- Very full of energy – lots of pep..... 5
 Fairly energetic most of the time..... 4
 My energy level varied quite a bit..... 3
 Generally low in energy or pep..... 2
 Very low in energy or pep most of the time..... 1
 No energy or pep at all – I fell drained, sapped..... 0

7. I felt downhearted and blue during the past month.

- None of this time..... 5
 A little of the time..... 4
 Some of the time..... 3
 A good bit of the time..... 2
 Most of the time..... 1
 All of the time..... 0

8. Were you generally tense or did you feel any tension during the past month?

- Yes – extremely tense, most or all of the time..... 0
 Yes – very tense most of the time..... 1
 Not generally tense, but did feel fairly tense several times..... 2
 I felt a little tense a few times..... 3
 My general tension level was quite low..... 4
 I never felt tense or any tension at all..... 5

9. How happy, satisfied, or pleased have you been with your personal life during the past month?

- Extremely happy – could not have been more satisfied or pleased..... 5
 Very happy most of the time..... 4
 Generally satisfied, pleased..... 3
 Sometimes fairly happy, sometimes fairly unhappy..... 2
 Generally dissatisfied or unhappy..... 1
 Very dissatisfied or unhappy most or all the time..... 0

10. Did you feel healthy enough to carry out the things you like to do or had to do during the past month?

- Yes – definitely so..... 5
 For the most part..... 4
 Health problems limited me in some important ways..... 3
 I was only healthy enough to take care of myself 2
 I needed some help in taking care of myself..... 1
 I needed someone to help me with most or all of the things I had to do..... 0

11. Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile during the past month?

- Extremely so – to the point that I have just about given up..... 0
 Very much so..... 1
 Quite a bit..... 2
 Some – enough to bother me..... 3
 A little bit..... 4
 Not at all..... 5

12. I woke up feeling fresh and rested during the past month.

- None of the time..... 0
 A little of the time..... 1
 Some of the time..... 2
 A good bit of the time..... 3
 Most of the time..... 4
 All of the time..... 5

13. Have you been concerned, worried, or had any fears about your health during the past month?

- Extremely so..... 0
 Very much so..... 1
 Quite a bit..... 2
 Some, but not a lot..... 3
 Practically never..... 4
 Not at all..... 5

14. Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel or of your memory during the past month?

- Not at all..... 5

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- Only a little..... 4
- Some – but not enough to be concerned or worried about..... 3
- Some and I have been a little concerned..... 2
- Some and I am quite concerned..... 1
- Yes, very much so and I am very concerned..... 0

15. My daily life was full of things that were interesting to me during the past month.

- None of the time..... 0
- A little of the time..... 1
- Some of the time..... 2
- A good bit of the time..... 3
- Most of the time..... 4
- All of the time..... 5

16. Did you feel active, vigorous, or dull, sluggish during the past month?

- Very active, vigorous every day..... 5
- Mostly active, vigorous – never really dull, sluggish..... 4
- Fairly active, vigorous – seldom dull, sluggish..... 3
- Fairly dull, sluggish – seldom active, vigorous..... 2
- Most dull, sluggish – never really active, vigorous..... 1
- Very dull, sluggish every day..... 0

17. Have you been anxious, worried, or upset during the past month?

- Extremely so – to the point of being sick or almost sick..... 0
- Very much so..... 1
- Quite a bit..... 2
- Some – enough to bother me..... 3
- A little bit..... 4
- Not at all..... 5

18. I was emotionally stable and sure of myself during the past month.

- None of the time..... 0
- A little of the time..... 1
- Some of the time..... 2
- A good bit of the time..... 3
- Most of the time..... 4
- All of the time..... 5

19. Did you feel relaxed, at ease or high strung, tight, or keyed-up during the past month?

- Felt relaxed and at ease the whole month..... 5
 Felt relaxed and at ease most of the time..... 4
 Generally felt relaxed but at times felt fairly high strung..... 3
 Generally felt high strung but at times felt fairly relaxed..... 2
 Felt high strung, tight, or keyed-up most of the time..... 1
 Felt high strung, tight, or keyed-up the whole month..... 0

20. I felt cheerful, lighthearted during the past month.

- None of the time..... 0
 A little of the time..... 1
 Some of the time..... 2
 A good bit of the time..... 3
 Most of the time..... 4
 All of the time..... 5

21. I felt tired, worn out, used up, or exhausted during the past month.

- None of the time..... 5
 A little of the time..... 4
 Some of the time..... 3
 A good bit of the time..... 2
 Most of the time..... 1
 All of the time..... 0

22. Have you been under or felt you were under any strain, stress, or pressure during the past month?

- Yes – almost more than I could bear or stand..... 0
 Yes – quite a bit of pressure..... 1
 Yes, some – more than usual..... 2
 Yes, some – but about usual..... 3
 Yes – a little..... 4
 Not at all..... 5

APPENDIX B

Modified New Sexual Satisfaction Scale

Thinking about your sex life during the last year, please rate your satisfaction with the following aspects.

	Not at All Satisfied (1)	A Little Satisfied (2)	Moderately Satisfied (3)	Very Satisfied (4)	Extremely Satisfied (5)
The intensity of my sexual arousal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The quality of my orgasms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My "letting go" and surrender to pleasure during sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sense of safety during sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My body's sexual functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My knowledge about the human body and sexual health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My mood after sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My freedom to choose whether, when, and how to be sexually active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The variety of my sexual activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The frequency of my sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPENDIX C

RELATIONSHIP ASSESSMENT SCALE**Reference:**

Hendrick, S. S. (1988). A generic measure of relationship satisfaction. *Journal of Marriage and the Family*, 50, 93–98.

Description of Measure:

A 7-item scale designed to measure general relationship satisfaction. Respondents answer each item using a 5-point scale ranging from 1 (low satisfaction) to 5 (high satisfaction).

Self Report Measures for Love and Compassion Research: *General Relationship Satisfaction*

Scale:

	Low			High
1. How well does your partner meet your needs?	1	2	3	4 5
2. In general, how satisfied are you with your relationship?	1	2	3	4 5
3. How good is your relationship compared to most?	1	2	3	4 5
4. How often do you wish you hadn't gotten into this relationship?	1	2	3	4 5
5. To what extent has your relationship met your original expectations?	1	2	3	4 5
6. How much do you love your partner?	1	2	3	4 5
7. How many problems are there in your relationship?	1	2	3	4 5

Scoring:

Items 4 and 7 are reverse-scored.

Scoring is kept continuous. The higher the score, the more satisfied the respondent is with his/her relationship.

APPENDIX D

The Revised Sociosexual Orientation Inventory (SOI-R)

Please respond honestly to the following questions:

1. With how many different partners have you had sex within the past 12 months?

0 1 2 3 4 5-6 7-9 10-19 20 or more

2. With how many different partners have you had sexual intercourse on one and only one occasion?

0 1 2 3 4 5-6 7-9 10-19 20 or more

3. With how many different partners have you had sexual intercourse without having an interest in a long-term committed relationship with this person?

0 1 2 3 4 5-6 7-9 10-19 20 or more

4. Sex without love is OK.

1 2 3 4 5 6 7 8 9

Strongly disagree

Strongly agree

5. I can imagine myself being comfortable and enjoying "casual" sex with different partners.

1 2 3 4 5 6 7 8 9

Strongly disagree

Strongly agree

6. I do not want to have sex with a person until I am sure that we will have a long-term, serious relationship.

1 2 3 4 5 6 7 8 9

Strongly disagree

Strongly agree

7. How often do you have fantasies about having sex with someone you are not in a committed romantic relationship with?

- 1 – never
- 2 – very seldom
- 3 – about once every two or three months
- 4 – about once a month
- 5 – about once every two weeks
- 6 – about once a week
- 7 – several times per week
- 8 – nearly every day
- 9 – at least once a day

8. How often do you experience sexual arousal when you are in contact with someone you are not in a committed romantic relationship with?

- 1 – never
- 2 – very seldom
- 3 – about once every two or three months
- 4 – about once a month
- 5 – about once every two weeks
- 6 – about once a week
- 7 – several times per week
- 8 – nearly every day
- 9 – at least once a day

9. In everyday life, how often do you have spontaneous fantasies about having sex with someone you have just met?

- 1 – never
- 2 – very seldom
- 3 – about once every two or three months
- 4 – about once a month
- 5 – about once every two weeks
- 6 – about once a week
- 7 – several times per week
- 8 – nearly every day
- 9 – at least once a day

APPENDIX E

TABLE 1
THE HURLBERT INDEX OF SEXUAL ASSERTIVENESS*

-
-
1. I feel uncomfortable talking during sex.
 2. I feel that I am shy when it comes to sex.
 3. I approach my partner for sex when I desire it. (R)
 4. I think I am open with my partner about my sexual needs. (R)
 5. I enjoy sharing my sexual fantasies with my partner. (R)
 6. I feel uncomfortable talking to my friends about sex.
 7. I communicate my sexual desires to my partner. (R)
 8. It is difficult for me to touch myself during sex.
 9. It is hard for me to say no even when I do not want sex.
 10. I am reluctant to describe myself as a sexual person.
 11. I feel uncomfortable telling my partner what feels good.
 12. I speak up for my sexual feelings. (R)
 13. I am reluctant to insist that my partner satisfy me.
 14. I find myself having sex when I do not really want it.
 15. When a sexual technique does not feel good, I tell my partner. (R)
 16. I feel comfortable giving sexual praise to my partner. (R)
 17. It is easy for me to discuss sex with my partner. (R)
 18. I feel comfortable in initiating sex with my partner. (R)
 19. I find myself doing sexual things with my partner that I do not like.
 20. Pleasing my partner is more important than my own sexual pleasure.
 21. I feel comfortable telling my partner how to touch me. (R)
 22. I enjoy masturbating myself to orgasm. (R)
 23. If something feels good in sex, I insist on doing it again. (R)
 24. It is hard for me to be honest about my sexual feelings.
 25. I try to avoid discussing the subject of sex.
-

Note.—Items are scored on the following choices: All of the time (0); Most of the time (+1); Some of the time (+2); Rarely (+3); Never (+4). (R)reverse-scored items. *Items are reproduced with kind permission (letter September 12, 1998) from D. F. Hurlbert (1991).

APPENDIX F

Interview: Semi-structured interviews

Women's Sexual Satisfaction and Well-being: Interview Questions

Introduction:

I am a Graduate Student pursuing a Masters' Degree in Psychology with a concentration in health and wellness. This project involves examining sexual satisfaction and its relationship to wellness.

Thank you for agreeing to complete this interview with me. I am required to get your formal permission before we begin. This interview is being used for my Master's Thesis in Psychology. I will be sharing information from this interview with my advisors, professors, students and the public, and possibly as part of an on-campus presentation and/or poster session that focuses on describing the project itself and its results. Your name will not be used or associated with any of this work. You are free to skip a question or even end the interview at any time if you become uncomfortable or have another reason for doing so. There are no negative consequences if you do so.

Do I have your permission to continue?

Do I have your permission to tape and transcribe this interview?

Do I have permission to quote you if I do not use your name?

I will be handing you a consent form to review, sign and keep a copy for your records. The consent form contains resources for you to seek help should any question or response to a question trigger any unexpected reactions or emotions, either during or after the interview, which you might want or need to discuss with a health professional.

This interview is more like an informal conversation in which you say as much or as little about yourself and your experiences as you like.

Wellness Related Questions:

1. How would you define wellness in your life?
2. Do you engage in any particular activities or practices for your wellness? Please give some examples.

Sexual Satisfaction / Sexual Agency Questions:

3. How do you feel about sex? Probes: Do you like it? Why or why not?

Do you experience a particular emotion when you think of sex?

4. For you, what counts as “having sex”?
Do you experience a particular emotion when you think of having sex?
5. Would you like to have sex more often?
 - A. If yes, with your partner or someone else?
Can you describe what prevents you or limits you from having more sex?
 - B. If you would not like to have sex more often, why not?

6. Please respond to the following statement: [The interviewee will be handed a visual of the Likert scale as it is read it aloud.]

Sexual satisfaction is an important part of my life.

1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

Why did you answer in this way?

What factors contribute to you personally feeling sexually satisfied?

7. A. Did you feel the same about sex as you felt in your 20s? Why or why not? What do you think might have contributed to any change?
 - B. Do you think you will feel the same about sex in your 60s? Why or why not? What do you think might contribute to any change?
8. A. Did you feel the same about your sexual satisfaction as you felt in your 20s? Why or why not? What do you think might have contributed to any change?
 - B. Do you think you will feel the same about your sexual satisfaction in your 60s? Why or why not? What do you think might contribute to any change?

Relationship and Sociosexual Orientation Questions

9. Are you currently in a relationship? Tell me a little about your relationship. [how long, whether it is exclusive/committed, etc.]
 - A. If yes, do you engage in sexual activity with this person? Please describe what makes sexual activity with your partner satisfying or not satisfying.

If you do not engage in sexual activity with this person, why do you think that is the case?

- B. If you are not in a relationship, do you engage in sexual activity?

If yes, please describe the nature of the sexual activity you engage in and with whom.

If no (you are not engaging in sexual activity), do you want to be engaging in sexual activity ?

If yes, what do you think is preventing you from engaging in sexual activity?

If you do not have any interest in engaging in sexual activity, can you explain your answer?

Sociocultural Influences

10. Is there anything about your background that effects your sexuality?
[Probe for race, ethnicity, culture, religion, family, upbringing]
11. How do you think the media, social or otherwise, has effected how you think about your sexuality?

Sexual Satisfaction and Overall Well-being Questions

12. Please rank order these items from most to least important

-relationship satisfaction
-sexual satisfaction
-overall health and well being

Why did you place _____ first?

Why did you place _____ last?

13. Please respond to the following statement:

My sexual satisfaction is connected to my overall health and well-being.

1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree

Why did you answer in this way?

14. I would like you to consider the following statement:

Women who are sexually satisfied often: live longer, have lower pain thresholds, have reduced cardiovascular (heart) risk, have improved sleep and have greater life satisfaction.

How do these facts change your views or perceptions of sexual satisfaction?

15. Would you consider your sexual satisfaction differently if you knew a more satisfying sex life could add years to your life?

Why or why not?

Demographic Questions

1. How old are you?
2. What gender do you identify with?
3. Please describe your current relationship status.
4. What is your sexual orientation or sexual identity?
5. What is your racial identity or ethnicity?
6. How would you describe your social class?

Is there anything else you would like to add before concluding this interview?

Is there a particular fake name or pseudonym that you would prefer?

Thank you for your time and willingness to participate in this study. Please feel free to contact me if you have any further thoughts about this interview.

APPENDIX G

Coding Manual

Introduction:

This study examined the association between sexual satisfaction and well-being, and the interplay with age, relationships, sexual agency, cultural attitudes and media influences. Prior studies have found a strong link between sexual satisfaction and life satisfaction, physical health, mental health and emotional well-being. One of the purposes of this research was to open a dialogue promoting sexual satisfaction as a health behavior. Women across the life span have been included in this study to assess whether the relationship between sexual satisfaction and overall well-being varies based upon age.

1. Wellness
2. Sexual Satisfaction and Wellness
3. Having sex – what counts
4. Sexual satisfaction
5. Agency
6. Media

Question specific themes:

1. **Wellness-** This code describes how participants define wellness.
 - a. Some women describe wellness in an overall more holistic way.

BETH (36) “physical, mental, and emotional health and being—um gosh, well. Um being positive, feeling good, um in all of those aspects, I suppose. Feeling healthy.”

- b. Some women define wellness as Physical health. This includes diet, fitness, and caring for the body, and how the body feels. Some mention yoga and other physical activities. Some more specifically focused on body image, weight, eating

MADLINE (48) "...good energy levels, ability to be as active as I want to be, whether that means keeping up with the kids or going to the gym."

- c. Some women focus on Emotional/psychological well being. This includes inner contentedness, including feelings, thoughts, behaviors, perceptions. They mention being “happy” and “balanced.”

MARY (25) “...all that good happy stuff.”

d. This code will include those activities and practices described by the participants that they engage in to support their wellness, such as talking to family, eating clean, and keeping a gratitude journal, as these activities and practices are part of the overall experience of wellness for these women.

C: SO DO YOU ENGAGE IN ANY PARTICULAR ACTIVITIES OR PRACTICES TO SUPPORT YOUR WELLNESS?

AMY: Um I pack my own lunch, so I feel like that's a little bit of wellness with financial wellness, because if I bought it at Don [Donovan Dining Hall] every day, it may be—(laughs)

C: IT MIGHT BE NUTRITIONAL WELLNESS TOO. (LAUGHS)

AMY: Yeah, which I'm not as great at, but you know, we're working on it. Um I drink a lot of water. I don't drink any coffee or anything like that, so that's like healthy, wellness and stuff like that.

2. **Having sex-** This theme describes how participants define what it means to “have sex.” This includes the specific acts that the participant believes “counts” as “having sex.” A women might describe her desire in a way designed to fit her experience to the male-defined idea of sexual normalcy (Koedt, 1970) or may define sex as intercourse because “Men’s meanings, and not women’s meanings, are encoded in what is presumed to be the whole population’s language” with regard to having sex. (Frye, 1988).

MADLINE (48) “We’re pretty boring. It’s intercourse.”

MARY (25) “Uh to me, I think it’s pretty much everything. I mean some people say like, ‘Oh, penetration is sex.’ And I’m like, ‘No, I think other things can be sex too.’ Like oral and, you know, what’s it called—foreplay?”

C: WELL THE QUESTION REALLY IS WHAT DO YOU MEAN? LIKE IF SOMEONE SAYS TO YOU, ‘ARE YOU—DO YOU HAVE SEX?’ HOW WOULD YOU DEFINE THAT? LIKE IN TERMS OF A SEXUAL ACTIVITY, WHAT COUNTS AS HAVING SEX?

MICHELE: Like having sex. That’s what counts. I don’t know.

C: DO YOU HAVE ANY—SO DO YOU—YOU HAVE A BOYFRIEND, YOU SAID?

MICHELE: Yeah.

C: SO DOES IT COUNT—DOES ANYTHING BEFORE PENETRATION COUNT AS HAVING SEX?

MICHELE: No.

3. **Sexual Satisfaction** – For the purposes of this research, sexual satisfaction refers to an individual’s evaluation of their sexuality which may or may include physical function as well as closeness, communication, safety, etc. (Rehman & Byers,

2013). One of the fundamental issues implicated in researching sexual satisfaction is defining sex, as the culturally-dominant male perspective has defined sex as a purely phallic concept, requiring penetration and orgasm (Frye, 1988; Rich, 1984). There may be instances where the interviewee has difficulty finding words to describe what feels good sexually or assumes a mutual understanding of a woman's experience, (Devault, 1990). This theme seeks to capture the factors that contribute to feeling good or content after engaging in sexual activity.

MARY (25) "Uh basically if we're both able to uh do what we need to do by the end of it. (Laughing). If we can both do the big old climax, especially at the same time, that's all I care about. Although sometimes I'm like, 'Oh like, I'm okay. We can just have a quickie and you can just do your thing and I'm okay with that.'"

KAREN (46) "If I—if I finish—if we finish up a session and I'm like, 'That was no good,' it's never—I never project onto my partner. It's always like, 'Where did I go?' I must have been, you know, either doing my grocery list or something, which is wrong because we have fleeting moments where we're able to just connect."

MADELINE (48) "But you know, and I'll—I'll say very broadly, 'I love him. He doesn't have a ton of game. You know, he's not a smooth operator.' ...when I think about my relationship with my husband, that the sex is important and sometimes, you know, it's really good and sometimes it's just okay. But I really think about so many more pieces of our relationship when I think about how important he is to me."

4. **Sexual Agency** – Sexual agency, meaning the extent to which a woman is able to ask for what she wants, feels that she can refuse what she does not want, and is comfortable communicating with the person she is engaging in sexual activity with, is informed by the culture (Hurlbert, 1991). All three aspects of agency should be coded here. This code should capture instances of a woman asserting her agency and also when she describes lack of agency. For women, the pursuit of sexual satisfaction may be more complicated than for men, as institutional and social structures of gender inequality have had differing contextual impacts on women and their experience of sex. (Castaneda, 2013). There may be passages where a woman is describing her ability to express her desires to be sexually satisfied in ambivalent or contradictory ways.

BETH (36) "I'm not as vocal about my needs sometimes."

MADELINE (48) "Fine...Not a problem"

MARY (25) “Um I feel weird about it. That’s something that I’ve always struggled with. Like mostly just saying no to sex in general, like if I don’t feel like having it at the moment. Saying no to that bothers me—it bothers me that it bothers me basically.”

ANNIE: (24) "I feel like if it's hurting, then I always say something. But if it's something that I feel like is turning him on and I'm just kind of like whatever about it, I kind of just let him do it.

5. **Media/ Social Media** - Gender roles in the culture are reinforced and disseminated by media and social media. (Bartone, et al., 2014). This category will be coded when participants talk about being influenced by the media such as television, movies, social media, etc. on how they understand/view their own sexuality, and/or how women are expected to behave based on social norms, and will also include those instances where women state that they have not or are not affected by media. This is usually coded in response the specific question, “Do you feel like media has affected the way feel as a woman about your sexuality?” but will also be coded across other questions, if and when discussions of media arise.

Q: DO YOU—HOW DO YOU THINK THE MEDIA—SOCIAL MEDIA OR OTHERWISE—HAS AFFECTED HOW YOU THINK ABOUT YOUR SEXUALITY AS A WOMAN?

MARY: Wow, that’s a great question. Um... [Pausing to consider the answer] well, I think that, you know, the stereotypical answer which is also cliché but also true is women are extremely sexualized and we all feel like we have to be sexy and have sex all the time. Um which I mean I feel that still.

MADELINE (48) “So I guess in that respect, maybe there was some influence given the kind of TV and movies that I watched growing up, where you had like Susan Sarandon in *Bull Durham* saying, ‘I’m going—’ you know, ‘You’re going to be my guy this season.’ Or that kind of stuff. So I never felt like I was in a submissive role when it came to that.”

Thematic codes- not question specific- coded across the interview

1. **Sexual Satisfaction and Wellness** – Sexual satisfaction, a component of sexual wellness, and its correlation with overall subjective well-being and life satisfaction has been the subject of several studies (Flynn, et al., 2016; Diamond & Huebner, 2012; Rosen & Bachmann, 2008; Stephenson & Meston, 2015).

Throughout the interview, several questions asked about the importance of sexual satisfaction to overall well-being as well as in what ways they are connected. This code will reflect those instances where sexual satisfaction depended on wellness and when wellness was improved by being sexually satisfied.

MADELINE: ...But basically, I would say like if I'm depressed or unhappy or my general wellbeing is low, my satisfaction is going to be correlated to that.

DIANA: Because when I was married to (second husband), I had—and sex was sex and not sexual satisfaction from my perspective—it was a chore—I had high blood pressure, I was sick all the time, I was totally stressed out. I mean I had other work things going on too, but you know, having that stress of coming home and knowing that I had to perform that night and that kind of thing was—my—I mean I looked like crap, I mean my skin was bad, all of it. And um when I—when we—when I left at the beginning of '14, which is now five years ago, it was almost like it was like immediate that just getting rid of that negative sexual part—

C: MMHMM.

DIANA: Was a huge, you know, improvement. And then—I mean I didn't get together with (partner) then, but you know, the couple of men that I did get together with (laughing)—not at the same time or anything like that, I was a good girl—um but, you know, the next couple of, you know, semi-relationships that I had just kind of made me feel a little more—it made me feel better about myself in some way.

C: MMHMM.

DIANA: Maybe that I was still attractive or um desirable or whatever and not in that very um, you know, controlling kind of a way. It was more like a, you know, give and take kind of a thing.... That, you know, I was just in a better mood overall and the other things just kind of fell into place after that.