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The relationship between sexual assertiveness, sexual satisfaction, sexual function and sexual distress among women in Lebanon

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A thesis submitted to the Faculty of Social and Behavioral Sciences in partial fulfillment of the requirements for the Master of Arts in Psychology – Emphasis: Clinical Psychology at Haigazian University

Beirut – Lebanon

May 27th, 2014

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DEDICATION

I would like to dedicate this work to my friends and family who showed great support and encouragement and who never doubted in my ability to succeed.

ACKNOWLEDGEMENTS

First, I would like to thank Dr. Hanine Hout for her time and dedication, and for the hard effort that was put to make this a successful work.

Second, I would like to thank Dr. Marwan Gharzeddine for his encouragement and belief in my potentials to make things right and on time.

Finally, I would like to thank my friends for their continuous support and help in every obstacle encountered in the process.

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Abstract

Few studies have looked over the subject of women's sexual satisfaction and the factors affecting it, in particular sexual assertiveness that consists of expressing preferred sexual behavior to the partner and initiating the sexual activity (Shafer, 1977). Focusing on such a factor will highlight other aspects including women's sexual distress and sexual function that can be affected by the level of assertiveness and satisfaction indicated in a heterogeneous relationship (Hayes et al, 2008). This current study aimed at measuring how women's assertiveness in the Lebanese society influenced their sexual satisfaction, sexual distress and function during the sexual activity in order to assist women presenting with sexual distress in a clinical setting and encourage them to express their sexual needs regardless of the societal image of passive sexuality they were placed into (McCormick, 1994). Four different scales were utilized to measure the different variables put into question on 120 sexually active Lebanese women ranging between the ages of 18 and 45 chosen from a convenient sample. The Index of Sexual Satisfaction (Hudson, 1992), the Sexual Assertiveness Scale for Women (Morokoff, 1997), the Female Sexual Distress Scale (Dirogatis *et al.* 2002) and the Female Sexual Function Index (FSFI) (Rosen *et al.*, 2000) were used to measure sexual satisfaction, sexual assertiveness, sexual distress and sexual function respectively. The findings indicated the effect of sexual assertiveness on the women's sexual function in particular their desire to initiate sexual behavior, as well as the relationships that existed between sexual satisfaction and sexual function and the negative association between distress and function.

Keywords: sexual assertiveness, sexual satisfaction, sexual distress, sexual function, Lebanese women.

The relationship between sexual assertiveness, sexual satisfaction, sexual function and sexual distress among women in Lebanon

Sexual satisfaction has been researched a lot in literature and associated with several factors that play a role in the in relationships between partners. One of the most important factors is the degree of assertiveness women display with their partner, whether it is about expressing preferred sexual behaviors or initiating them, refusing sexual intercourse or expressing the need to use contraceptive methods. Moreover, when this sexual assertiveness is lacking, the relationship's sexual satisfaction is put at greater risk as it is associated with sexual distress that takes place during the intercourse, and consequently influences women's sexual function, that is, the orgasm. The current study examined the relationship between sexual satisfaction and sexual assertiveness among Lebanese women to see whether this relationship is similar to that found in research in other countries. Finally, the study aimed at examining the relationship between sexual satisfaction and sexual distress and function, to assist women presenting such distress and lack of sexual satisfaction in psychotherapy clinics.

Background of the study

Sexual Assertiveness and Sexual Satisfaction

There has been limited research on women's sexuality over the past decades because of its societal perception as a secondary topic of concern. As a general term, sexuality is often referred to as any individual's "erotic desires, practices, and fantasies" or "aspects of personal and social life which have erotic significance." (Jackson, Scott, 1997). Narrowing it down to studying the factors that affect women's sexuality, many variables come across in literature such

as the communication of the sexual needs to the partner. With respect to sexual communication, sexual assertiveness is considered as a sub-type defined as “a person’s ability to communicate sexual needs and initiate sexual behavior with a partner” (Shafer, 1977).

It is necessary to highlight the difference between sexual assertiveness and sexual disclosure as it may lead to confusion in sexual partners. Sexual disclosure consists of unveiling certain preferences to the partner with regards to sexual techniques (Byers & Demmons, 1999; MacNeil & Byers, 1997), whereas sexual assertiveness goes beyond disclosure and includes initiations of sexual behaviors or making requests to the partner (Ménard, Offman, 1997). The latter supports findings demonstrated by Oattes and Offman (2007) stressing that higher levels of self-esteem are positively correlated with sexual assertiveness.

Although several studies have been conducted on sexual communication, the purpose of such studies has focused mainly on negotiating safer sex behaviors (Noar, Morokoff, & Harlow, 2002; Snell & Wooldridge, 1998) and prevention programs that encourage the use of protection and the ability to communicate the need for it, hence preventing the transmission of sexual diseases (Di Noia & Schinkle, 2007; Onuoha & Munakata, 2005; Zamboni, Crawford, & Williams, 2000). According to Quina *et al.* (2000), focusing on sexual communication, for the purpose of highlighting safe sex without including the teaching of sexual satisfaction, is quite different than including such teachings in such programs. In fact, since many educational facilities promote safer sex but very few teach or endorse the verbalization of desire for sexual pleasure (Allen, 2007), provides the author of this proposed study with a stronger rationale to study the variables, sexual satisfaction and sexual assertiveness, and how both such variables correlate with each other.

On one hand, sexual satisfaction is best defined as “affectionate response arising from one’s subjective evaluation of the positive and the negative dimensions associated with one’s sexual relationship” (Lawrance, Byers, 2005). On the other hand, among the several factors associated with sexual satisfaction, are a sense of well-being (Taleporos & McCabe, 2002), physical health (Whipple, Knowles, Davis, Gianotten, & Owens, 2007) and an overall relationship satisfaction (Byers, 2005; Byers, Demmons, & Lawrance, 1998; Cupach & Comstock, 1990; Morokoff & Gilliland, 1993; Trudel, 2002; Young, Denny, Luquis & Young, 1998). Additionally, studies have shown an association between sexual happiness or satisfaction and overall well-being (Blanch-Flower & Oswald, 2004; Kahneman, Krueger, Schkade, Schwartz, & Stone, 2004; Laumann et al., 2006; Lindau, et al., 2007). In other words, it is more likely for someone who is in good emotional and physical shape to be more satisfied sexually, and this latter contributes generally to a satisfying relationship and quality of life (Rosen, Bachmann, 2008). Moreover, sexual satisfaction increases in individuals who communicate their sexual needs, step into the initiation of the desired sexual behavior, and end up viewing their sexuality in a much more positive light (Ménard & Offman, 1997).

Sexual Assertiveness and Women’s Sexual Function

Sexual satisfaction is a relationship aspect that can be measured using different variables that are also affected by the level of the woman’s sexual assertiveness and communication of needs and desires. One of these variables that are tackled in this study is the sexual function that women experience during sexual intercourse. Sexual function is defined as “the persistent or recurrent ability to attain and maintain arousal until completion of the sexual activity, having adequate lubrication response of sexual excitement” (American Psychiatric Association, 2000). A crucial part of this study will be to measure the level of female sexual function and study its

relationship with sexual satisfaction and assertiveness. Moreover, sexual satisfaction is regarded as one the most important aspects of sexual function (Rosen *et al.*, 2000), and a dysfunction in this area include problems in desire and arousal as well as orgasm disorders that seem to be equally prevalent in the community studies (Spector & Carey, 1990).

Although female sexual dysfunctions are more prevalent than male dysfunctions (Laumann, Paik, & Rosen, 1999) little attention is paid to the former. This indicates that unlike male arousal, which is relatively easy to measure, there has been no specific measure female arousal or a clear definition of an arousal disorder (Rosen *et al.*, 2000). With regards to the assessment of female arousal, no empirically validated instrument has been used, which makes research about female sexuality lag behind that of male sexuality. On the other hand, the instrument used in this study to measure female sexual functioning has undertaken several steps to validate a self-report measure of female sexual arousal and domains related to their functioning (Rosen *et al.*, 2000).

Furthermore, other implications might be highlighted such as if there is any probability of a sexual arousal disorder which is defined as “the persistent or recurrent inability to attain or to maintain sufficient sexual excitement, which causes personal distress. It may be expressed as lack of subjective excitement or lack of genital lubrication or the presence of swelling or other somatic responses” (DSM-IV). However, a need for a subjective distress criterion is needed to define sexual dysfunction (DSM IV, ICD-10), and this study might be a link to measure assertiveness as a subjective distress affecting women’s sexual functioning.

It is worth mentioning that this part of the study doesn’t consider increased sexual intercourse or orgasm as predictors of higher sexual satisfaction. On the contrary, and mainly for women, the enjoyment of sexual intercourse is correlated with higher levels of sexual

assertiveness (Bridges et al., 2004; Ferroni & Taffe, 1997). This type of communication is exceedingly interrelated with a greater number of orgasms (Ferroni & Taffe, 1997) as well as greater regularities of intercourse and sexual excitability (Hurlbert, 1991; Hurlbert, Apt, & Rabehl, 1993). In other words, sexual communication and assertiveness are predictors of sexual satisfaction whereas this latter might not be induced by intercourse or frequency of orgasms.

Sexual distress and Sexual Functioning

Female sexual function and the changes that women experience during intercourse has been shown to vary in accordance to several variables, these variables include sexual distress (Witting et al., 2008). Sexual distress is characterized by “negative feelings and anxiety about one's sexuality or sexual activities” and there is a reciprocal relationship between sexual functioning and distress (Witting et al., 2008). On the other hand, other variables included in the study were the length of the relationship as well as age that were evident factors in decreasing sexual desire consequently leading to sexual distress and decreased sexual functioning (Dinnerstein, 2005; Liu, 2003).

Furthermore, female sexual distress generally seems to be more affected by the lack of sexual communication among partners (Hayes et al, 2008), the decreased emotional well-being and the presence of negative emotional feelings during the sexual interaction rather than the whole female sexual response. Thus, it might be that an emotionally satisfying sexual relationship with the partner moderates the associations between female sexual function problems and sexual distress (Loftus, 2003).

Problem Statement

Based on the above discussed literature, the following three hypotheses were predicted:

1. Increased sexual assertiveness will positively correlate with sexual satisfaction
2. Increased sexual assertiveness will positively correlate with sexual function
3. Increased sexual assertiveness will negatively correlate with female sexual distress

Significance of the study

Sexuality as a general topic has always been considered a debatable subject to be discussed in certain cultural settings such as Lebanon. In Lebanon, it is even more conflict ridden to question women about their sexuality since they are considered to be more conservative in their sexual attitudes than men (Haavio-Mannila, Kontula, 1997). There is limited information concerning female sexuality, in general, as well as a fundamental absence of such information in the Middle East, in particular. Furthermore, within the context of marriage, as well as relationships, there is a lack of an egalitarian relationship between men and women (Chamie, 1977). In other words, and among Middle Eastern women, in particular Lebanese, the woman has infrequent initiations of sexual behavior, where she views the sexual intercourse as marital requirement rather than an act of pleasure (Chamie, 1977). This latter is still indirectly affecting the woman's self image, role as a partner, rights to make decisions regarding her own contentment and make them more prone to certain psychological disorders such as depression that will in turn decrease the sexual desire and pleasure (Frohlich and Meston, 2002, Clayton et al., 1997). These findings present women with a vicious cycle of dissatisfaction that have as an origin the lack of assertiveness and sexual communication.

In other words, in patriarchal societies such as Lebanon, women's sexuality is still met with discomfort and labeling, whereas some men still hold the belief that women are sexual

objects that have no rights to communicate their needs or to be sexually assertive (Tolman, 2000).

The implication of this proposed study is to show that it should be safe for women to be sexually assertive and when asking clinicians for help in this area, they are to be taught to achieve what is already their right but unable to express it in the fear of rejection by a male figure.

Overview of Methodology

This quantitative study was conducted to understand the correlations between sexual assertiveness, sexual satisfaction, sexual distress and sexual function. One-hundred and twenty participants, above 18 years of age and from a convenient sample were asked to fill a survey consisting of 4 separate questionnaires that target sexual assertiveness, sexual satisfaction, sexual distress, and sexual function. They were also asked to read a consent form and provide oral consent for participation. Moreover, participants were asked to provide some demographic information regarding their age, relationship status, the length of the relationship they are involved in, and the number of sexual partners they are currently involved with. Participants who were currently single were asked to answer with respect to a past relationship of their choice. This study included married, single, and engaged participants, as well as those currently in a committed relationship.

Four measures will be used in this study. The first scale is **The Index of Sexual Satisfaction** (Hudson, 1992). This scale is used to measure the degree of dissatisfaction in the sexual component of a dyadic relationship. The second scale that will be used in this study is the **Sexual Assertiveness Scale for Women** (Morokoff, 1997) used to measure sexual assertiveness specifically in women. The third scale that will be used in this study is the **Female Sexual**

Distress Scale (Dirogatis *et al.* 2002) measuring the degree of sexually related personal distress in women. The fourth scale that will be used in this study is **The Female Sexual Function Index** (FSFI) (Rosen *et al.*, 2000) indicating the degree to which participants agree with certain statements regarding their sexual function over a period of 4 weeks.

Definition of key terms

Sexual satisfaction: the affectionate response arising from one's subjective evaluation of the positive and the negative dimensions associated with one's sexual relationship" (Lawrance, Byers, 2005).

Sexual assertiveness: it is a person's ability to communicate sexual needs and initiate sexual behavior with a partner" (Shafer, 1977).

Sexual distress: negative feelings and anxiety about one's sexuality or sexual activities" and there is a reciprocal relationship between sexual functioning and distress (Witting *et al.*, 2008)

Sexual function: the persistent or recurrent ability to attain and maintain arousal until completion of the sexual activity, having adequate lubrication response of sexual excitement" (American Psychiatric Association, 2000).

CHAPTER 2

Review of Literature

Sexuality and Sexual satisfaction

Several psychological theories have studied the topic of sexual satisfaction and the different factors correlated with it, but very few of them focused on female sexuality. However, in an age of globalization, women's bodies and their sexuality are increasingly becoming areas of increased conflicts among women's rights movements and other opposing parties (Ilkcaracan, 2002). Following up on this matter, several international organizations discussed essential women's human rights related to sexuality, sexual rights, gender roles in the Middle East and the Mediterranean and resulted in an attempt to deconstruct fundamentalist notions of female sexuality (Ilkcaracan, 2002). In fact, during the last decade, attitudes towards female sexuality have been positively changing due to increasing activities of women's groups regarding this matter (Ilkcaracan, 2002).

Sexual satisfaction is a rather personal topic for people to discuss and is one of the most essential feelings in one's life (Campbell, Converse & Rogers, 1976). Breaking it down to understand its constitution often results in conflicting reports, especially that contradictions are most frequent in the way men and women differ in what they consider as sexually satisfying (Blumstein & Schwartz, 1983). In other words, and in contrast to studies that have shown that female sexual satisfaction lies in the quality of the relationship (Hurlbert & Whittaker, 1991; Darling, Davidson & Cox, 1991), this sexual satisfaction evidently lies in the psychological and physiological aspects of a relationship. In particular, this satisfaction includes mainly more interactional variables such as initiation or refusal of the sexual activity much more often than men do (Darling, Davidson & Cox, 1991).

Narrowing the topic even more, a study of a Middle Eastern society, in particular Cairo, had suggested that the social taboo regarding sexual behavior provides a space of negotiability (Singerman, 1997). Just like decades ago, the Middle East still struggles with the sexual norms that have long existed, where there has been limited writing on female's sexuality, on the contrary of men's (Stephens, 2008). When Middle Eastern societies are studied social order of gender differences is taken into consideration with the threatening implications that come along. In other words, the security of the social order is linked to that of a woman's virtue and consequently to the satisfaction of her needs; hence, the social order placed by the patriarchic society requires male control of women's bodies and sexuality (Stephens, 2008). In Middle Eastern societies, sexuality was defined as "the domination by or reception of the penis in the sex act" (Oberhelman, 1993, p.67, 68); here we notice again how one's position in the social hierarchy puts her or him in a predetermined sexual role (Oberhelman, 1993). In other words, sex was a concept determined by dominance and submission of gender roles where women were only receptors of pleasure.

As for the gender roles, Tucker (1993) described this phenomenon as social segregation which focused on separating men as being more rational and capable of self control, whereas women as being more emotional and lacking self control, particularly sexual drives. Consequently, when female sexuality was met with dissatisfaction, the social order thus required male control of women's bodies. Additionally, Middle Eastern societies such as Egypt and Lebanon have historically specified social hierarchies concerning sexual relations, which place men in a primary position and women as secondary social status (Dunne, 1998). Therefore, the "general importance of male dominance and the centrality of penetration to conception of sex" (Rowson , 1991, p. 73) which is the symbol of sexual ethos with antecedents in Greek and late

Romans antiquity is, and according to Everett Rowson (1991), broadly representative of Middle Eastern societies from the 9th century to present times.

Particularly, the patriarchal segregation in Lebanon has risen into conflicts with women's sexuality as this latter was expressed freely by young generations and people in the region (Obermeyer, 2000; Khair Badawi, 2001; Belhadj, 2001; Mernissi, 1982; Cindoglu, 1997), in particular when this subject was displayed on national television debating women's sexuality in Lebanon (Foster, 2000). Over the years, the global women's movement has accomplished some changes by 1) replacing the terms "health" and "sexual health" to "sexual rights" of women, 2) the sexual relationships including the problems women face have been the focus of debate in the recent years (Leiblum, 2007; Rosen & Laumann, 2005), and 3) a big amount of concern was directed to the sexual satisfaction since sexual satisfaction among women is a predictor of an overall positive quality of life (AARP, 1999).

Sexual Assertiveness and Sexual Satisfaction

Studying sexual assertiveness is a step forward into promoting healthy sexual behavior and health, in general. Additionally, the increase of the egalitarian perspective in relationships provides women with broadened information for the fulfillment of their sexual satisfaction. Hence, such a perspective enables Lebanese women to interpret sexuality as a window for the expression of a variety of needs present in relationship.

A study conducted by Ferroni and Taffe (1997) has shown that women's rating of their sexual assertiveness to their partner whether for initiation or refusal of sexual intercourse is significantly related to the importance of their sexual life and the pleasure experienced in sex

(Ferroni & Taffe, 1997). However, most studies fail to acknowledge that assertiveness is a kind of communication that is a two way process and the woman's assertiveness relies on her partner's reaction to the expression of her preferred sexual behavior and sexual demands (Ferroni & Taffe, 1997).

Furthermore, woman's lack of assertiveness in this particular field of study dates back to the anticipation of the negative reactions from the male partner in case of refusal of the sexual intercourse (Rickert, Sanghvi & Wiemann, 2000). In most cultures, in particular the Middle Eastern such as Lebanon and Egypt (Dunne, 2008), sexuality has been dealt with in secrecy which hindered open communication of the sexual behavior in relationships, negatively affecting sexual assertiveness. Even though western societies have undergone a "sexual revolution", women are often expected to be passive allowing men to take lead during intercourse (McCormick, 1994; Perper & Weis, 1987). In other words, despite sex being increasingly framed as desirable to ensure harmony in relationships, cultural discussion about gender and sexuality enclose men and women as sexually different, with men stereotyped as sexually assertive and women stereotyped as sexually passive (Crawford & Popp, 2003). Hence, the conceptualization of sexuality became negative and problematic as it is dealt with in public (DiMauro, 1996). In heterosexual relationships, there is an interpersonal power imposed by men on their partners negatively affecting this latter's sexual assertiveness and expression of desired sexual behavior (Manlowe & Goldstein, 1997).

Through the socialization process of women, the emerging qualities of women's assertiveness that would have been disallowed by the conventions of an earlier phase are starting to flourish (Marmore, 1972). Additionally, the display of sexual feelings even in the realm of

marriage was considered unfeminine. However, a remarkable shift with the expression of sexual desires and engagement of sexual acts as active participants rather than passive recipients took place in the 1970s (Marmor, 1972). This shift in the female sexual roles was indicated by an increasing emphasis on orgasmic satisfaction in sexual relationships (Marmor, 1972).

Furthermore, the context in which women make sexual decisions includes concerns about safety and security, which are critical to take into account, in an attempt to understand women's sexual assertiveness (Gomez & Marin, 1996; Kalichman, Williams, Cherry, Belcher, & Nachimson, 1998; Kelly & Kalichman, 1995; Mays & Cochran, 1998; Wimgood & DiClemente, 1997). In heterosexual relationships, these concerns include fears of a negative response to a certain expressed sexual desire to preserving the relationship and economic security (North & Rothenberg, 1993). However, it is crucial to differentiate among types of assertion as the initiation of sexual contact and refusal of unwanted sex where the role of gender power plays an essential role (Morokoff et al., 1997). Assertion of desired behaviors sends an important signal to the partner. Through this type of expression, women can use the information in order to adopt protective practices with their partners. This assertive measure of protective intercourse leads to a more assertive stance in refusal of unwanted sex (Quina, Harlow, Morokoff & Burkholder, 2000).

On the contrary, whereas some studies showed the fear of rejection by the male figure as a result of sexual assertiveness, other theorists stated in their findings how men experienced more enjoyment when their partner initiated sex defying the traditional role instead of being offended by it (Sirkin, Mosher, 1985). Hence, for this second group of men the women's sexual

assertiveness is considered more of a sexual trigger rather than a failure to achieve intercourse as other studies have found.

Sexual functioning and Sexual distress

In many societies, women have been taught to be sexually passive, focusing on male satisfaction during intercourse regardless of any expression of sexual needs from their part. Studies conducted on women's sexuality and their orgasmic abilities have found that the expression of likes and dislikes to partners, initiation of sex and concentration on their own need were highly associated with high orgasmic ability (Nelson, 1991). Therefore, and in other studies, the inability of expressing sexual desires have been found to be a common attribute to "anorgasmia" (Kuriansky, Sharpe, 1981; Cotton-Houston, Wheeler, 1983) which is a part of the problematic nature of female orgasm and the role of female sexual assertiveness (Kuriansky, Sharpe, O'Connor, 1982). Consequently, when women take responsibility and control over their own stimulation, orgasm is more likely to take place (Hite, 1976). However, for such a fact, women's role relies in starting the sexual assertion or expression of their sexual needs and desires regardless of the male orgasm.

Relationship satisfaction, in particular sexual satisfaction and motivation, are highly correlated to the subjective perception of the sexual compatibility with the partner (Hurlbert, 2000), where compatibility is a term that includes the expression of one's needs and understanding of emotions, which also influences the level of assertiveness among the couple (Purnine, Carey, 1997). This latter is a direct influence on the female sexual function, in particular orgasmic problems (Kelly, Strassberg & Turner, 2006). As for the sexual function, orgasm has been associated with high percentages of relationships' happiness (Lief, 1980) since

orgasm acts as a reinforcement value leading women to engage in more sexual activity (Arafat & Cotton, 1974). Additionally, and as a combination, women are considered to have problems with their sexual function when this latter is associated with a marked sexual distress (American Psychiatric Association, 2000). Whereas, sexual distress is characterized by “negative feelings and anxiety about one's sexuality or sexual activities” hence the reciprocal relationship between sexual functioning and distress (Witting et al., 2008, p.2588).

In the light of the previous literature, it is clear that sexual assertiveness among women, during the sexual intercourse, has a strong impact on their sexual satisfaction. Therefore, this study aims at examining the relationship between Lebanese women's sexual assertiveness and their sexual satisfaction (hypothesis 1). Moreover, it appears that women's sexual assertiveness affects other factors that contribute to the satisfaction of the whole relationships. Hence, this current study also aims at studying the relationship between sexual assertiveness and sexual function (or orgasmic problems) (hypothesis 2), and its relationship with sexual distress (hypothesis 3). This study also seeks to study the sexual assertion in Lebanese women who refrained from the expression of their sexual needs and desired behaviors, from the initiation of sexual activity or refusal of any sexual contact, and how these latter affected couple's sexual satisfaction, women's orgasmic function and sexual distress.

CHAPTER 3

Method

Participants

The sample for this study consisted of 120 working female participants. The ages of the participants ranged from 18 to 45 years, with an average age of 31 years. Thirteen participants were single, 20 were engaged, 53 were married, 28 were in a relationship, and 8 others had a non indicated relationship status. Participants were selected on the basis of a convenience sampling of those who were sexually active within a relationship.

Materials

The Index of Sexual Satisfaction. The Index of Sexual Satisfaction is a self-report scale aimed to measure the degree of satisfaction in the sexual component of a dyadic relationship (Hudson et al., 1981). It consists of 25 items with a Likert-type scoring from 1 to 7 indicating the degree to which respondents agree with certain statements regarding their sexual activities with 1 indicating “None of the time” and 7 indicating “All of the time”. Sample statements include: *I feel that my partner enjoys our sex life* and *Our sex life is monotonous*. Some of these statements are negatively keyed to offset the potential for response set bias. The reliability for this scale is high ($\alpha = .92$).

Sexual Assertiveness Scale for Women .This scale is a self-report scale aimed to measure the degree to which women are assertive about their sexual life (Morokoff, 1997). It consists of 18 true or false items designed to measure sexual assertiveness specifically in women. A sample statement includes: *I refuse to have sex if I don't want to, even if my partner insists*. It consists of three subscales of 6 items each assessed assertiveness related to Initiation, Refusal, and Pregnancy –STD Prevention. Instructions for the survey were as follows:”Think of a steady

sexual partner you have now or your last steady partner. Answer the next 18 questions with this person in mind.” The reliability for this scale is high ($\alpha = .77$).

Female Sexual Distress Scale. This scale is a self-report scale aimed to measure women’s sexual distress in the relationship (Dirogatis *et al.* 2002). It consists of 13 items with a Likert-type scoring from “never” to “always” indicating the degree of sexually related personal distress in women. A sample statement includes: *How often do you feel regrets about your sexuality?* The reliability of this scale is high ($\alpha = .92$).

The Female Sexual Function Index (FSFI). This scale is a self-report scale aimed to measure female’s sexual function such as orgasm and arousal responses (Rosen *et al.*, 2000). It consists of 19-item questionnaire with a Likert-type scoring from “Almost always” to “Almost never” indicating the degree to which participants agree with certain statements regarding their sexual function over a period of 4 weeks. Individual items were assigned to six separate domains of female function: desire, arousal, lubrication, orgasm, global satisfaction and pain. A sample statement include: *Over the past 4 weeks, how confident were you about becoming sexually aroused during sexual activity or intercourse?* Furthermore, the satisfaction field consists of items only pertaining to global sexual and relationships satisfaction, hence it is known as the “quality of life” domain of the scale. The reliability of this scale is high ($\alpha = .93$).

Procedure

A pilot study was performed and the data of 20 participants were analyzed for the scale reliabilities. The scales were all found to have high reliabilities. Index of Sexual Satisfaction: $\alpha = .91$. Sexual Assertiveness for Women: $\alpha = .75$. Female Sexual Distress Scale: $\alpha = .90$ and The Female Sexual Function Index: $\alpha = .93$.

The four scales were combined into one questionnaire packet. Demographic variables pertaining to gender, age, relationship status, length of the relationship, and the number of partners sexually active with were added (Appendix B). The three scales used Index of Sexual Satisfaction (Appendix C), Sexual Assertiveness Scale for Women (Appendix D), the Female Sexual Distress Scale (Appendix E) and the Female Sexual Function Scale (Appendix F), and were arranged in the above mentioned order following the demographic information.

Convenience sampling was used to collect data. Questionnaires were handed out by the researcher in schools and different areas of Beirut in an attempt to get a diverse sample of participants with different ages and backgrounds. The researcher approached individuals and explained the purpose of the study, asking individuals if they would be willing to fill out a questionnaire. If participants were not sexually active within a relationship, they would not fill the questionnaire. Moreover, before filling the questionnaire, participants were asked to read a consent form (Appendix A) and provide oral consent.

Data collection began in February 2014 and was completed in April 2014. Following this, data were entered into SPSS and statistical analyses were run, including correlational analyses, regression and analyses of variance (ANOVA).

CHAPTER 4

Results

Reliability Testing

Cronbach's alpha was computed to determine the reliabilities of each scale and subscale used in the study. The current reliability scores were within acceptable range. The previous and current reliability coefficients are reported below (See Table 1).

Table 1

Cronbach's Alpha for the Sexual Satisfaction, Sexual Assertiveness, Sexual Distress and Sexual Function Scales

	Previous Cronbach	Current Cronbach
Sexual Satisfaction	.92	.87
Sexual Assertiveness	.77	.68
Sexual Distress	.92	.92
Sexual Function	.93	.90

Hypotheses Testing

Hypothesis 1: Increased sexual assertiveness will positively correlate with sexual satisfaction.

A Pearson correlation coefficient was used to assess this relationship. No correlation was detected ($r = -.11, p > .05$) between sexual assertiveness and sexual satisfaction (see Table 2).

The hypothesis was not confirmed. Hence, the sexual assertiveness in the relationship is not related to sexual satisfaction.

Table 2

Correlation Matrix for the Sexual Assertiveness with the Sexual Satisfaction, Sexual Distress and Sexual function

		Sexual assertiveness	Positive sexual satisfaction	Female Sexual Distress
Positive Sexual Satisfaction	Pearson Correlation	-0.116		-0.621
	Sig. (2-tailed)	0.208		0.000
	N	120.00		120.00
Sexual Assertiveness	Pearson Correlation		-0.116	
	Sig. (2-tailed)		0.208	
	N		120.00	
Female Sexual Distress	Pearson Correlation	0.027	-0.62	
	Sig. (2-tailed)	0.769	0.00	
	N	120.00	120.00	
Female Sexual Function (FSF) Total	Pearson Correlation	0.102	0.33	-0.30
	Sig. (2-tailed)	0.270	0.00	0.00
	N	120.00	120.00	120.00
FSF Desire	Pearson Correlation	0.23	0.119	-0.067
	Sig. (2-tailed)	0.01	0.197	0.468
	N	120.00	120.00	120.00
FSF Arousal	Pearson Correlation	0.003	0.39	-0.40
	Sig. (2-tailed)	0.970	0.00	0.00
	N	120.00	120.00	120.00

FSF Lubrication	Pearson Correlation	0.169	0.34	-0.27
	Sig. (2-tailed)	0.065	0.00	0.00
	N	120.00	120.00	120.00
FSF Orgasm	Pearson Correlation	0.008	0.49	-0.41
	Sig. (2-tailed)	0.931	0.00	0.00
	N	120.00	120.00	120.00
FSF Satisfaction	Pearson Correlation	-0.007	0.33	-0.36
	Sig. (2-tailed)	0.941	0.00	0.00
	N	120.00	120.00	120.00
FSF Pain	Pearson Correlation	0.083	-0.23	0.24
	Sig. (2-tailed)	0.369	0.01	0.01
	N	120.00	120.00	120.00

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Hypothesis 2: Increased sexual assertiveness will positively correlate with sexual function.

A Pearson correlation coefficient was used to assess this relationship. Only a positive correlation was found between sexual assertiveness and the desire subscale of sexual function ($r = 0.23, p < .05$), whereas there was no correlation between sexual assertiveness and the whole scale of sexual function ($r = 0.102, p > .05$). The hypothesis was, therefore, not confirmed. Hence, the sexual assertiveness in the relationship is only related to the desire aspect in the sexual function in women (Table 2).

Hypothesis 3: Increased sexual assertiveness will negatively correlate with female sexual distress.

A Pearson correlation coefficient was used to assess this relationship. No correlation was found between sexual assertiveness and sexual distress ($r = 0.02, p > .05$). The hypothesis was not confirmed. Hence, the sexual distress in the relationship is not related to the sexual assertiveness (Table 2).

Additional Analysis

Additional Pearson correlation analyses, revealed all the following significant correlations:

A strong negative correlation between sexual satisfaction and sexual distress ($r = -.62, p < .01$), a negative correlation between sexual satisfaction and the pain subscale of the sexual function scale ($r = -.23, p < 0.01$) as well as a positive correlation between sexual satisfaction and sexual function ($r = .33, p < .01$), a positive correlation between sexual satisfaction and the arousal subscale of the female sexual function scale ($r = 0.39, p < 0.1$), as well as the lubrication subscale ($r = 0.34, p < 0.1$) and the orgasm subscale ($r = 0.49, p < 0.1$) (Table 2).

In addition, a positive correlation between sexual distress and the pain subscale of the sexual function ($r = .24, p < .01$) was detected as well as a negative correlation between the sexual distress and the total of the sexual function scale ($r = -0.30, p < 0.1$), and in particular with the arousal subscale ($r = -0.40, p < 0.1$), the lubrication subscale ($r = -0.27, p < 0.1$), the orgasm subscale ($r = -0.41, p < 0.1$), and the satisfaction subscale ($r = -0.36, p < 0.1$) (Table 2).

Additionally, and in order to check the strongest predictors of sexual satisfaction and of sexual distress, a regression analysis was conducted (tables 3-8). The highest predictors of the sexual satisfaction in this study are the satisfaction experienced ($t = 4.42, p = 0.00$), which is a subscale in the female sexual function scale, followed by the arousal subscale ($t = 4.35, p = 0.00$) and then orgasm ($t = 2.67, p < 0.01$), (Table 4). The highest predictors of sexual distress calculated through the regression analysis were arousal ($t = -3.15, p = 0.00$), followed by satisfaction ($t = -2.64, p < 0.01$) and pain ($t = 2.4, p < 0.02$), (Table 7).

Table 3

Significance of Regression Model in predicting sexual satisfaction

ANOVA^b					
	Sum of Squares	df	Mean Square	F	Sig.
Regression	27939.004	6	4656.5007	12.008696	0.00
Residual	43816.963	113	387.76073		
Total	71755.967	119			

a. Predictors: (Constant), FSFPain, FSFLubrication, FSFDesire, FSFOrgasm, FSFSatisfaction, FSFArousal

b. Dependent Variable: PositiveISS

Table 4*The strength of each independent variable on sexual satisfaction*

	Coefficients ^a				
	Unstandard. Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig
(Constant)	54.27	11.33		4.79	0.00
FSFDesire	2.83	1.28	0.18	2.21	0.03
FSFArousal	14.6	3.36	2.43	4.35	0.00
FSFLubrication	0.46	0.75	0.08	0.61	0.55
FSFOrgasm	2.43	0.92	0.34	2.65	0.01
FSFSatisfaction	19.6	4.44	2.43	4.42	0.00
FSFPain	-0.9	0.4	-0.17	-2.24	0.03

a. Dependent Variable: PositiveISS

Table 5*Percentage of variance explained in sexual satisfaction*

Model Summary ^b			
R	R Square	Adjusted R Square	Std. Error of the Estimate
0.62	0.39	0.36	19.69

a. Predictors: (Constant), FSFPain, FSFLubrication, FSFDesire, FSFOrgasm, FSFSatisfaction, FSFArousal

b. Dependent Variable: PositiveISS

Table 6*Significance of Regression model in predicting female sexual distress*

ANOVA^b					
	Sum of Squares	df	Mean Square	F	Sig.
Regression	2420.99	6	403.5	7.87	0.00
Residual	5794.88113	51.28			
Total	8215.87	119.00			

a. Predictors: (Constant), FSFPain, FSFDesire, FSFSatisfaction, FSFOrgasm, FSFLubrication, FSFArousal

b. Dependent Variable: FemaleSexualDistress

Table 7*The strength of each independent variable on sexual distress*

Coefficients^a					
	Unstandard Coefficient B	Std. Error	Standardized Coefficients Beta	t	Sig.
(Constant)	37.82	4.12		9.18	0.00
FSFDesire	-0.28	0.47	-0.05	-0.6	0.55
FSFArousal	-3.84	1.22	-1.89	-3.15	0.00
FSFLubricat	0.26	0.27	0.14	0.96	0.34
FSFOrgasm	-0.5	0.33	-0.20	-1.49	0.14
FSFSatisfact	-4.26	1.61	-1.56	-2.64	0.01
FSFPain	0.35	0.15	0.19	2.4	0.02

a. Dependent Variable: FemaleSexualDistress

Table 8*Percentage of variance explained in sexual distress*

Model Summary ^b			
R	R Square	Adjusted R Square	Std. Error of the Estimate
0.54	0.29	0.26	7.16

a. Predictors: (Constant), FSFPain, FSFDesire, FSFSatisfaction, FSFOrgasm, FSFLubrication, FSFArousal

b. Dependent Variable: FemaleSexualDistress

Last additional analysis was conducted in which ANOVA was used to look at differences between sexual satisfactions across the length of the relationship. Sexual satisfaction was assessed across the reported length of the relationship. The length was divided into the following groups: Less than a year, 1-5 years, 6-10 years, and more than 10 years. The highest means in sexual satisfaction were recorded for the women that had been in relationships for less than a year, followed in descending order by those who had been in relationships between one and five years, then between six and ten years, and finally above ten years.(Table 9)

Table 9:*ANOVA for sexual satisfaction across relationship length*

Multiple comparisons						
Bonferroni						
Dependent Variable	(I) Length of the relationship	(J) Length of the relationship	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval
						Lower Bound
PositiveISS	0	less than a year	-11.38	14.03	1.00	-51.60
		1 to 5 years	-7.36	13.71	1.00	-46.65
		6 to 10 years		14.35	1.00	-51.01
		more than 10	15.25	14.56	1.00	-26.50
	less than a year	0	11.38	14.03	1.00	-28.85
		1 to 5 years	4.02	4.62	1.00	-9.21
		6 to 10 years	1.51	6.28	1.00	-16.48
		more than 10	26.63	6.74	0.00	7.30
	1 to 5 years	0	7.36	13.71	1.00	-31.94
		less than a year	-4.02	4.62	1.00	-17.25
		6 to 10 years	-2.51	5.51	1.00	-18.32
		more than 10	22.61	6.04	0.00	5.30
	6 to 10 years	0	9.87	14.35	1.00	-31.28
		less than a year	-1.51	6.28	1.00	-19.50
		1 to 5 years	2.51	5.51	1.00	-13.29
		more than 10	25.12	7.39	0.01	3.95
	more than 10	0	-15.25	14.56	1.00	-57.00
		less than a year	-26.63	6.74	0.00	-45.95
		1 to 5 years	-22.61	6.04	0.00	-39.91
		6 to 10 years	-25.12	7.39	0.01	-46.29

CHAPTER 5

Discussion

The current study aimed at examining the relationship between sexual assertiveness, sexual satisfaction, sexual distress and sexual function among Lebanese women.

The study hypothesized that increased sexual assertiveness will be positively correlated with sexual satisfaction. However, the hypothesis was not confirmed; no correlation existed between the two variables. Unlike other studies (Ménard and Offman, 1997; Darling, Davidson & Cox, 1991), it seems that the Lebanese women's sexual satisfaction was not related to their sexual assertiveness. In other words, the sexual satisfaction experienced through the sexual intercourse is related to other factors regardless if women expressed their preferred sexual behavior or initiated the sexual activity.

Furthermore, the second hypothesis that predicted a positive correlation between sexual assertiveness and sexual function was also not confirmed. That is the expression of any desired sexual behavior or the initiation of the sexual act was not related to what extent Lebanese women could achieve or maintain the necessary sexual function, such as, lubrication and arousal, until the completion of the sexual act.

However, a significant correlation existed only between sexual assertiveness and the sexual desire subscale of the sexual function scale. This finding is supported by Hulbert (1991) in whose studies sexually assertive women reported greater sexual desire compared to non - sexually assertive women. This correlation can be explained by stating that women feel more desire to engage in a sexual intercourse or any kind of sexual contact with their partner as long as they are performing their preferred sexual behavior or expressing their sexual needs, even if the sexual act itself does not result in an overall sexual satisfaction, e.g. lubrication or orgasm.

Additionally, studies conducted by Matsuura (2008) support the current finding by stating that high levels of desire, which is considered as the psychological aspect of the function scale, act as predictors of sexually assertive behavior in the purpose of satisfying the desired sexual urges.

Moreover, the third hypothesis that predicted a negative correlation between increased sexual assertiveness and sexual distress was not confirmed either. Taking this result into consideration, it is significant to explain this outcome by stating that sexual assertiveness might not be influenced by the lack of sexual distress which can be affected by external factors other than the sexual communication taking place. In other terms, sexual distress can be influenced by external factors such as having high expectations of the sexual act, personal sexual problems and concern of the partner's satisfaction (Davison *et al.*, 2008) regardless if the preferred sexual behavior was expressed or not. Additionally, marked sexual distress, which is the negative feelings about one's own sexuality (Witting *et al.*, 2008) is considered to be the factor behind sexual function problems instead of their sexual assertiveness (American Psychiatric Association, 2000).

Furthermore, in the additional analysis of the obtained results, sexual function was negatively correlated with sexual distress, as is the case in previous studies (Hayes *et al.*, 2008). The explanation given by such studies is that the overall relationship satisfaction, the intimacy with the partner as well as similarities of desired sexual activities, will all play a role in the level of sexual distress (Hayes *et al.*, 2008). Furthermore, the emotional intimacy between partners, which was not addressed in this study, could have acted as a reward compensating for low desire, which, in turn, could have resulted in low change in sexual distress as indicated by previous studies (Lawrance & Byers, 1992).

On the other hand, sexual function correlated positively with sexual satisfaction in this study. And, according to the results of the subscales as they correlated with sexual satisfaction, the more women indicated arousal, lubrication, orgasm and satisfaction during the sexual intercourse, the more they reported heightened sexual satisfaction. This is supported by previous studies, such as, Rosen et al., (2000). It is worth mentioning that even when sexual desire, which is a part of the sexual function in women, is positively related to sexual assertiveness but not sexual satisfaction, the feeling that one's partner is able to perform certain sexual activities when asked to, will eventually result in positive arousal, lubrication and orgasm that are contributing factors for the achievement of sexual satisfaction. This was evident in the results of the current study.

In addition, the sexual satisfaction was negatively correlated with pain which seems logical. It is reasonable to assume that when women experience pain for the lack of lubrication, the end result of the intercourse will not be as satisfying.

On the other hand, as discussed previously, this study showed that there is a negative correlation between sexual distress and sexual satisfaction but no correlations between sexual satisfaction and sexual assertiveness. We can infer that when a woman identifies herself as being sexually satisfied, many factors are being taken into consideration other than her sexual assertiveness including the frequency of her sexual activity, her age, her expectations of her relationship with her partner, and her aspirations (Davison *et al.*, 2008). These latter can cause a source of distress prior to the sexual activity but do not inhibit it to happen. Moreover, sexual distress can be caused by discrepancies in desires not necessarily by the lack of sexual assertiveness (Witting *et al.*, 2008) and can be highly affected by the arousal at the beginning of the sexual activity and orgasms regardless of the lack of correlation with sexual assertiveness

(Witting *et al.*, 2008). However, and as was shown in the additional results of this study, a negative correlation existed between sexual distress and sexual function, indicating when distress was a main factor in the sexual activity, women tend to experience low desire or arousal problems.

As for the regression analysis, the satisfaction subscale of the sexual function scale was the highest predictor of sexual positive satisfaction. This is a logical expectation that does not need elaboration. The second highest predictor of positive sexual satisfaction was the arousal followed by the orgasm subscales. It seems that the arousal factor at the beginning and during the sexual act would be considered as the incentive to engage more in the sexual process and therefore leading the course of action into orgasm and consequently satisfaction of function and overall sexual satisfaction. This would be an ongoing cycle since orgasm acts as a reinforcement value leading women to engage in more sexual activity hence directing the sexual act into increased sexual satisfaction (Arafat & Cotton, 1974).

Consequently, and as the results of the regression of the sexual distress with the sexual function indicated, the lack of arousal is the highest predictor of sexual distress. It seems that just as arousal is a predictor of sexual satisfaction, it is also a predictor of sexual distress when it is lacking in the sexual act. The second predictor of sexual distress was sexual satisfaction; in other words, indicating that an unsatisfying sexual relationship could cause distress for women (American Psychiatric Association, 2000).

Although only some research has examined the effect of relationship length on sexual satisfaction, this study showed that the highest mean of reporting sexual satisfaction was of participants that were engaged in a long term relationship which was less than a year. It seems that unlike other studies that confirmed that as the relationship duration increases, women would

be learning more about their own and their partner's sexual preferences and the factors that can influence their sexual satisfaction (Witting *et al.* 2008), women in Lebanon experience sexual satisfaction in the beginning of their relationships and not as time goes by. More future research regarding this finding should be conducted.

Conclusions and Clinical Implications

The findings of the current study had several implications within the clinical context. First, starting with sexual assertiveness, and knowing that it did not correlate with the women's sexual satisfaction in Lebanon, clinicians, during therapy sessions, should focus on finding other sources that influence women's sexual satisfaction. In other words, knowing that sexual satisfaction can be affected by external factors can narrow the scope into identifying some of these elements and providing women the chance to explore and express their sexuality. Women should be provided with the opportunity to get in control of the factors influencing their relationship satisfaction, in particular the sexual aspect of it.

Second, realizing that sexual satisfaction isn't but a factor of an overall relationship satisfaction, where discrepancies in this latter can cause sexual distress and worry about sexual expectations and responses, and since the results of this study did show that sexual satisfaction is correlated strongly and negatively with distress, clinicians can teach women to strive for their sexual satisfaction even if certain external factors are sources of worry for them and, hence, affecting their relationship with their partners. Moreover, since sexual distress and sexual function were negatively correlated in this study, providing women in Lebanon with the opportunity to work harder on the emotional satisfaction and intimacy in their relationships would in turn moderate the associations between sexual distress and sexual function.

Third, confirming that sexual satisfaction and female sexual function are positively correlated, should help clinicians during couple therapy to teach men and women about the importance of the factors of the female sexual function in particular lubrication, desire and orgasm for the achievement of sexual satisfaction. Particularly, it is worth mentioning the importance of sexual desire in women that plays the role of the psychological trigger in sexual assertiveness. A response to this desire would result in the measured satisfaction.

Furthermore, orgasm was measured as the highest predictor of sexual satisfaction and sexual distress in women. With this fact in mind, couples can be taught the importance placed on the end result of the sexual intercourse that acts as a value of reinforcement of more sexual intercourse resulting in sexual satisfaction and consequently decreased sexual distress.

Limitations and Future Studies

As with all research, there were several limitations to the current study that must be noted. One limitation was that random sampling was not utilized. Instead, the questionnaires were administered based on a convenience sampling method, meaning that the results cannot be generalized to the general women population of Lebanon. A second limitation was that the questionnaires were not translated to Arabic, thereby including only English-speaking members of the Lebanese population. This again meant that the results could not be generalized to the whole of Lebanon. Third, and because the questionnaire included very personal questions about women's personal sexual life, there was reluctance to respond to the survey and refusal to participate in the study. The correlational design of the study was also a limitation in that it did not provide causality or directionality regarding the variables, only associations between them. Although important findings were examined in this study, there are many more factors to study

in the Lebanese society. Future research could focus on examining the male's sexual satisfaction and their response to any expressed sexual need by their partners, the initiation or refusal of coitus and measure its correlation with the female's sexual satisfaction as well with the overall relationship satisfaction, specifically how the sexual aspect influences the relationship's intimacy. In addition, and since the study sampled participants from the Beirut area, it is important that future studies focus on different areas of Lebanon which would include women from different educational and social backgrounds.

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Appendix A
Consent form

Haigazian University
P.O. Box 11-1748
Riad El Solh, 1107 2090
Beirut, Lebanon

CONSENT TO SERVE AS A PARTICIPANT IN A RESEARCH PROJECT

Project Title: *The Relationship between Sexual Satisfaction, Sexual Assertiveness and Function among Lebanese women*

Project Director: *Dr. Marwan Gharzeddine, PhD. email: garzedin@gmail.com*

Research Investigator: *Diana AbouNaccoul. Dianaabounaccoul@yahoo.com*

Nature and Purpose of the Project:

The purpose of this study is to determine the relationship between sexual satisfaction and the sexual assertiveness among Lebanese women.

Explanation of Procedures:

As a research participant you will be administered a questionnaire that you will be asked to fill out. Your names will not appear on the questionnaires and they will remain anonymous. It is expected that your participation in this research will last for 10 minutes at maximum.

Potential Discomfort and Risks:

There are no risks associated with participation in this research.

Potential Benefits:

The potential benefit is that you would have helped the investigator complete this research which is a thesis dissertation, and contributed to answering the research problem.

Costs/Reimbursements:

There are no costs associated with the participation in this research.

Alternative Procedures:

There are no alternative procedures in this study in case you refuse to participate.

Alternatives to Participation:

There are no alternatives to participation in this study in case you refuse to participate.

Termination of Participation:

If you decide to give consent to participate in this research, your participation might be terminated by the principal investigator or research director if the results show that they were contradictory or malingered.

Confidentiality:

The results of your participation will be kept confidential to the fullest extent possible. This means that only the principal investigator and research director will know about your specific results. Only information that cannot be traced to you will be used in reports or manuscripts published or presented by the investigator or director. Raw data on data-recording systems will be kept with the investigator following the termination of the study.

Withdrawal from the Project:

Your participation in this research project is completely voluntary. You can refrain from participating and completing the questionnaires. If you decide to consent to participate, you can withdraw your consent to participate at any point without any explanation and without any penalty. You are free to leave this research at any time.

Participant's Oral Consent:

*Only your **oral** consent is needed. By consenting you agree to participate in this research project. The purpose, procedures to be used, as well as, the potential risks and benefits of your participation have been explained to you in detail. You can refuse to participate or withdraw your participation in this study at any time without penalty. You will be given a copy of this consent form.*

Appendix B**Demographics Form**

This survey is confidential. Please do not include your name anywhere on it. Answer the following questions, without forgetting to answer anything, and then go on to answer the survey.

Please indicate your age: -----

Please indicate your relationship status

- Single**
- Married**
- Engaged**
- In a relationship**
- Others** _____

If married, engaged or in a relationship, please indicate the length of this relationship:

How many sexual partners are you currently active with? -----

Appendix D

Sexual Assertiveness Scale for Women

Think about a steady partner you have now or your last steady partner. Answer the following questions with this person in mind.

	TRUE	FALSE
I begin sex with my partner if I want to		
I let my partner know if I want my partner to touch my genitals		
I wait for my partner to touch my genitals instead of letting my partner know that's what i want		
I wait for my partner to touch my breasts instead of letting my partner know that's what i want		
I let my partner know if I want to have my genitals kissed		
Women should wait for men to start things like breast touching		
I give in and kiss if my partner pressures me, even if I already said no		
I put my mouth on my partner's genitals if my partner wants me to, even if I don't want to		
I refuse to let my partner touch my breasts if I don't want that, even if my partner insists		
I have sex if my partner wants me to, even if I don't want to		
If I said no, I won't let my partner touch my genitals even if my partner pressures me		
I refuse to have sex if I don't want to, even if my partner insists		
I have sex without a condom or latex barrier if my partner doesn't like them, even if I want to use one		
I have sex without using a condom or latex barrier if my partner insists, even if I don't want to		
I make sure my partner and I use a condom or latex barrier when we have sex		
I have sex without using a condom or latex barrier if my partner wants		
I insist on using a condom or latex barrier if I want to, even if my partner doesn't like them		
I refuse to have sex if my partner refuses to use a condom or latex barrier		

Appendix E

Female Sexual Distress Scale

Below is a list of feelings and problems that women sometimes have concerning their sexuality. Please read each item carefully, and check the answer that best describes how often that problem has bothered you or caused distress with your steady partner or the last steady partner you had.

	Never	Rarely	Occasionally	Frequently	Always
How often did you feel distressed about your sex life?					
How often did you feel unhappy about your sexual relationship?					
How often did you feel guilty about your sexual difficulties?					
How often did you feel frustrated by your sexual problems?					
How often did you feel stressed about sex?					
How often did you feel inferior because of sexual problems?					
How often did you feel worried about sex?					
How often did you feel sexually inadequate?					
How often did you feel regrets about your sexuality					
How often did you feel embarrassed about sexual problems?					
How often did you feel dissatisfied with your sex life?					
How often did you feel angry about your sex?					
How often did you feel bothered by low desire?					

Appendix F

The Female Sexual Function Index

Think about a steady partner you have now or your last steady partner. Answer the following questions with this person in mind.

Over the past 4 weeks, how often did you feel sexual desire or interest?				
Almost always or always	Most times (more than half the time)	Sometimes (about half the time)	A few times (less than half the time)	Almost never or never

Over the past 4 weeks, how would you rate your level (degree) of sexual desire or interest?				
Very high	High	Moderate	Low	Very low or none at all

Over the past 4 weeks, how often did you feel sexually aroused ("turned on") during sexual activity or intercourse?					
No sexual activity	Almost always or always	Most times (more than half the time)	Sometimes (about half the time)	A few times (less than half the time)	Almost never or never

Over the past 4 weeks, how would you rate your level of sexual arousal ("turn on") during sexual activity or intercourse?					
No sexual activity	Very high	High	Moderate	Low	Very low or none at all

Over the past 4 weeks, how confident were you about becoming sexually aroused during sexual activity or intercourse?					
No sexual activity	Very high confidence	High confidence	Moderate confidence	Low confidence	Very low or no confidence

Over the past 4 weeks, how often have you been satisfied with your arousal (excitement) during sexual activity or intercourse?					
No sexual activity	Almost always or always	Most times (More than half the time)	Sometimes (about half the time)	A few times (less than half the time)	Almost never or never

Over the past 4 weeks, how often did you become lubricated ("wet") during sexual activity or intercourse?					
No sexual activity	Almost always or always	Most times (More than half the time)	Sometimes (about half the time)	A few times (less than half the time)	Almost never or never

Over the past 4 weeks, how difficult was it to become lubricated ("wet") during sexual activity or intercourse?					
No sexual activity	Extremely difficult or impossible	Very difficult	Difficult	Slightly difficult	Not difficult

Over the past 4 weeks, how often did you maintain your lubrication ("wetness") until completion of sexual activity or intercourse?					
No sexual activity	Almost always or always	Most times (more than half the time)	Sometimes (about half the time)	A few times (less than half the time)	Almost never or never

Over the past 4 weeks, how difficult was it to maintain your lubrication ("wetness") until completion of sexual activity or intercourse?					
No sexual activity	Extremely difficult or impossible	Very difficult	Slightly difficult	Not difficult	

Over the past 4 weeks, when you had sexual stimulation or intercourse, how often did you reach orgasm (climax)?					
No sexual activity	Extremely difficult or impossible	Very difficult	Difficult	Slightly difficult	Not difficult

Over the past 4 weeks, how satisfied were you with your ability to reach orgasm (climax) during sexual activity or intercourse?					
No sexual activity	Very satisfied	Moderately satisfied	About equally satisfied and dissatisfied	Moderately dissatisfied	Very dissatisfied

Over the past 4 weeks, how satisfied were you with your ability to reach orgasm (climax) during sexual activity or intercourse?					
No sexual activity	Very satisfied	Moderately satisfied	About equally satisfied and dissatisfied	Moderately dissatisfied	Very dissatisfied

Over the past 4 weeks, how satisfied have you been with the amount of emotional closeness during sexual activity between you and your partner?					
No sexual activity	Very satisfied	Moderately satisfied	About equally satisfied and dissatisfied	Moderately dissatisfied	Very dissatisfied

Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?					
No sexual activity	Very satisfied	Moderately satisfied	About equally satisfied and dissatisfied	Moderately dissatisfied	Very dissatisfied

Over the past 4 weeks, how satisfied have you been with your overall sexual life?					
No sexual activity	Very satisfied	Moderately satisfied	About equally satisfied and dissatisfied	Moderately dissatisfied	Very dissatisfied

Over the past 4 weeks, how often did you experience discomfort or pain during vaginal penetration?					
Did not attempt intercourse	Almost always or always	Most times (more than half the time)	Sometimes (about half the time)	A few times (less than half the time)	Almost never or never

Over the past 4 weeks, how often did you experience discomfort or pain following vaginal penetration?					
Did not attempt intercourse	Almost always or always	Most times (more than half the time)	Sometimes (about half the time)	A few times (less than half the time)	Almost never or never

Over the past 4 weeks, how would you rate your level (degree) of discomfort or pain during or following vaginal penetration?					
Did not attempt intercourse	Very high	High	Moderate	Low	Very low or none at all