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The Development of Sexual Attitudes in the Family of Origin and Sexual Satisfaction Later in Life

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THE DEVELOPMENT OF SEXUAL ATTITUDES IN THE FAMILY OF ORIGIN AND
SEXUAL SATISFACTION LATER IN LIFE

By

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Bachelor of Science- Psychology
University of Utah
2011

A thesis submitted in partial fulfillment
of the requirements for the

Master of Science – Marriage and Family Therapy

Marriage and Family Therapy Program
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Abstract

The purpose of this study was to determine if variance for individuals' sexual satisfaction as well as attitudes toward sexual instrumentality, sexual permissiveness, sexual communion and attitudes could be predicted by family sexual communication during adolescence as well as various demographic factors such as age, years together, gender, race, income level, religion, religiosity and sexual orientation. This was done by recruiting 250 people via Mechanical Turk (www.mturk.com) and through undergraduate courses at the University of Nevada-Las Vegas. The researcher used an enter-method multiple regression model and Kendall's Tau for non-parametric data. The results of this study show that sexual satisfaction and sexual instrumentality cannot be predicted by these variables, however variance in sexual permissiveness, sexual communion and birth control attitudes could be predicted to varying degrees by the independent variables. The author then discusses the implications of these results and clinical applications as well as opportunities for future research.

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Chapter 1: Introduction

The three most stressful events that adults experience are the death of a spouse, divorce and marital separation (Holmes & Rahe, 1967). The emotional impact of marital separation on couples is similar to the loss of an attachment figure in childhood (Weiss, 1976). Divorce typically has a detrimental effect on those involved, some of whom never fully recover from the emotional effect (Amato, 2000). Children and parents of divorce typically score lower on well-being measures overall (Amato, 2000). In contrast, a recent study showed that very happy people were highly social and have stronger romantic relationships than people who report lower levels of happiness (Diener & Seligman, 2002).

Other research on happiness indicates that romantic relationships and lower levels of conflict are indicative of higher levels of happiness in general. This research also indicated that a romantic bond is more powerful in predicting happiness than a relationship with a best friend (Demir, 2010). Taking this information presented to this point at face value, there seems to be a correlation between happiness and relationship satisfaction. The question now becomes what factors are contributing to relationship satisfaction and what will it take to develop happy, committed relationships going forward?

Within romantic, committed relationships, there are many factors that lead to relationship satisfaction. They vary from factors such as shared interests to genetic compatibility. A few of these factors that have been strongly and consistently shown as contributing factors to relationship satisfaction through research are sexual satisfaction and sexual frequency (Christopher & Sprecher, 2000; Ponzetti, 2003). Many couples, however, struggle to find the

sexual connection they desire. There are myriad factors that might lead to this lack of sexual satisfaction that can be explored.

Couples have been shown to base their sexual expectations around what they think they should be doing sexually and what they are actually doing sexually (Hummel, 2002). Other couples experience greater sexual satisfaction and frequency from complying with traditional gender roles in their family structure (Kornrich, Brines, & Leupp, 2013). Other factors such as body image, orgasm frequency, and satisfaction with non-sexual aspects of a relationship have been shown to correlate with sexual satisfaction in a relationship (McNulty & Fisher 2007; Young, Young, Denny & Luquis, 1998). For the purposes of this research, sexual attitudes developed within family of origin will be examined to determine whether there is a correlation between these sexual attitudes and later sexual satisfaction in committed relationships. For this to be accomplished, sexual satisfaction and sexual attitudes will be defined for the purpose of this research, and then examined through the literature regarding the impact of family of origin on human development in general. Then, the association between sexual attitudes developed in the family of origin and sexual satisfaction will be investigated to determine the extent to which they impact each other.

Chapter 2: Literature Review

Sexual Satisfaction

Sexual satisfaction in relationships is important to understand because it usually correlates with relationship satisfaction; in order to include sexual satisfaction in research studies, it must be defined in a way that it can be measured. According to MacNeil and Byers (2005), sexual satisfaction is defined as the net result of all the positive and negative aspects of a sexual relationship. Factors as diverse as young age, high education, reciprocal feeling of love, frequency of orgasm and diversity of sexual techniques have all been shown to have a positive impact on sexual satisfaction (Young et al., 1998). Sexual satisfaction has been correlated with higher levels of intimate communication and closeness (Litzinger & Gordon, 2006). Other factors, such as lack of sexual assertiveness, conservative sexual attitudes and late start to sexual life are all negatively correlated with sexual satisfaction, particularly in women (Byers, 2005; Haavio-Mannila & Kontula, 1997). Factors within a relationship, such as anger, neuroticism and poor communication, have been negatively correlated with sexual satisfaction as well (Dabrowski, 2010). Finally, positive sexual attitudes and fantasies have been positively associated with sexual satisfaction (Trudel, 2002).

Attachment Theory and Sexual Satisfaction

Researchers on attachment theory have explored at length the link between attachment styles and sexual satisfaction and sexual attitudes; they have found clear correlations for both sexual satisfaction and sexual attitudes with various attachment styles. Attachment styles serve as a strong predictor of individual sexual satisfaction (Butzer & Campbell, 2008). Early research on attachment theory explored the possibility that romantic love is a bio-social process of attachment like the attachments we make with our mothers as infants. This research proposed

that attachment in infancy is significantly reflected in romantic relationships in adulthood (Hazan & Shaver, 1987). Higher levels of anxiety and avoidance related to attachment correspond inversely with levels of sexual satisfaction (Butzer & Campbell, 2008). People who develop anxious attachment styles show strong correlations with sexual anxiety, deference to partners, and using sex as a barometer for the relationship; those with avoidant attachment showed particularly large negative correlations between love for partner and relationship satisfaction (Davis et al., 2006) There is a correlation between both anxious and avoidant attachment styles and inhibited sexual communication for varying factors (Birnbaum et al., 2006; Davis et al., 2006). Individuals with insecure attachment styles tend to hold more irrational beliefs about relationships and have lower levels of relationship satisfaction than those who develop secure attachment as children (Stackert & Bursik, 2003).

In contrast to the sexual experiences of insecurely attached individuals, securely attached individuals typically have more satisfying relationships. (Birnbaum et. al, 2006). Typically, securely attached individuals have more positive sexual experiences and have higher levels of sexual satisfaction when compared to those with insecure attachment styles (Mikulincer & Shaver, 2010). People with secure attachment styles tend to report higher levels of closeness, self-disclosure and interdependence which leads to higher levels of intimacy through sexual experiences (Mikulincer & Shaver, 2010). Securely attached individuals are more likely to be successful in a long-term relationship (Gillath & Schachner, 2006). Enjoyable sexual experiences with securely attached individuals lead to intimacy and communion with their current sexual partners (Shaver & Mikulincer, 2006).

Sexual Attitudes

For the purposes of this exploration, it is important to operationally define sexual attitudes as the implicit beliefs and assumptions around sexual activity. Previous research has explored this concept and has discovered some interesting changes in sexual attitudes during the last sixty years. A recent meta-analysis of sexual behaviors and attitudes demonstrates this change in sexual attitudes. According to Wells & Twenge (2005), attitudes toward sexual behaviors have changed dramatically, especially since the sexual revolution of the 1960's. Prior to 1960, only 12% of young women in the United States believed that premarital sex was permissible, compared to 73% percent in 1987, while young men's attitudes toward the acceptability of premarital sex raised from 40% in the 1950's to 84% in 1987 (Wells & Twenge, 2005). Sexual attitudes and actual sexual behaviors have changed concurrently over this time period (Wells & Twenge, 2005). However, sexual behaviors may not be consistent with sexual attitudes, for example, 50% of sexually active, unmarried girls believe that premarital sex is never acceptable despite their own sexual activity (Planned Parenthood, 2001).

Some key differences in sexual attitudes can be accounted for by examining gender differences. Women report highly significant differences toward masturbation incidences when compared to men while also reporting casual sexual intercourse and moderate differences in their ideas between committed sexual intercourse, engaged sexual intercourse and sexual permissiveness (Hyde, 2005). Men tend to have more rigid sexual attitudes towards homosexual sexual activity and gay civil rights than women (Kite & Whitley, 1996). Women have demonstrated more negative attitudes toward sex both implicitly and explicitly (Geer & Robertson, 2005). However, these sexual differences in gender might be more culturally and socially influenced than actual differences in gender due to a process referred to as "erotic

plasticity” (Baumeister, 2000). Research investigating the concept of erotic plasticity has found evidence of acculturation differences in sexual attitudes between both men and women, however there is not a significant difference between men and women. (Benuto & Meana, 2008).

The development of sexual attitudes has also been analyzed through the construct of religion. Adolescents who identify as religious tend to develop more conservative attitudes toward sex. Also, adolescents and emerging adults who attended church weekly were more likely to be sexually abstinent than non-believers and infrequent church attendees (Lefkowitz, Gillen, Boone & Shearer, 2004). Research has also shown that male children are more influenced by individual factors, while females are more influenced by family factors when developing attitudes about sexuality as a whole. These attitudes tend to be influenced by religious practices within the family (Werner-Wilson, 1998). Although there is a significant difference between the development of sexual attitudes between religious and non-religious individuals, there is not a significant difference between the attitudes they develop because of their specific religion. Being deeply religious and church attendance are significant predictors of sexual behavior within relationships (Penhollow, Young, & Denny, 2005).

A recent study of four universities throughout the United States determined that religion, family background and campus milieu were strong correlates to sexual attitudes; however, race was the strongest correlate differentiating the sexual attitudes and behaviors of college students (Davidson, Moore, Earle & Davis, 2008). Concurrently, greater exposure and greater involvement with sexual content through television are associated with more recreational attitudes toward sex, higher expectations of sexual activity among peers and more extensive sexual experience (Ward & Rivadeneyra, 1999). Through this research, it appears there may be

myriad social mores and expectations that determine what being sexual means to individuals and therefore help develop sexual attitudes.

Family of Origin and Sexual Attitudes

Sexual attitudes, like many other attitudes and beliefs we develop, may begin their roots in expectations and exposures from an early age. Research on the field of the development of sexual attitudes indicates that the family plays a significant role in the development process. Higher levels of physical affection and positive attitudes about sex in the family of origin correlate with higher levels of sexual satisfaction as an adult (Bridges, 1999). Negative family environment, the development of negative sexual schemas, and childhood abuse in the home correlate to lower levels of romantic relationship quality and sexual satisfaction in adulthood (Seehuus, Clifton, & Rellini, 2014). Maternal connectedness in Asian-American and Pacific Islander adolescents has been correlated to healthier attitudes about sex and with a delay of sexual initiation (Kao, Loveland-Cherry & Guthrie, 2010). Family factors for adolescents such as positive relationships with their parents, sharing mealtimes, and participating in shared activities correlate positively with healthy sexual practices and indicate later sexual initiation among adolescents (Pearson, 2006). Adolescents who lived without their biological father for the majority of their lives tend to initiate sexual behaviors earlier in life (Mendle et al., 2009). Girls who have a high level of connectedness with their fathers' delay coital debut and generally have less sex than those who do not (Regnernus & Luchies, 2006). Poor parental relationships in general are associated with early sexual debut (Price & Hyde, 2009).

The relationship between parents and their adolescent children has shown to be a factor in the development of healthy sexual practices in adolescents. Factors such as closeness, parental supervision and parental values against unprotected intercourse help prevent teen pregnancies

(Miller, Benson, & Galbraith, 2001). Open communication between adolescents and parents about sex correlates with use of birth-control, delayed sexual activity, being able to say no to sex and having only one sexual partner (Aspy et al., 2007). Research has also shown that male children are more influenced by individual factors, while female children are influenced by family factors when developing attitudes about sexuality as a whole. These attitudes tend to be influenced by religious practices within the family (Werner-Wilson, 1998). Positive relationships within the family of origin and between children and parents has been correlated with higher levels of sexual satisfaction (Strait et al., 2015). This research demonstrates a correlation between one's family of origin and the attitudes and behaviors toward sex that one develops through life. What the author would like to explore is whether these attitudes have an impact on sexual satisfaction later in life. This research would provide information that would determine how often and openly parents should talk to their children about sex. It would also provide information about whether sexual displays of affection within a family (i.e., parents cuddling, kissing, hugging, flirting with their spouse , etc.) have a significant impact on development of sexual attitudes for children and their sexual satisfaction later in life.

Etiology and Treatment

To this point, I have discussed many correlations between sexual attitudes and sexual satisfaction as well as the influence of the family of origin on these factors. However, I have not discussed the nature of sexual dysfunction itself as viewed by clinical research. I will now discuss sexual dysfunction on an etiological level and various treatment approaches used by clinicians currently to treat sexual dysfunction leading to higher levels of sexual satisfaction. This will enhance the reader's understanding of the nature of sexual dysfunction from various viewpoints and address current treatment for these issues from different frameworks.

Etiology- Individual

Independent of family voices, individuals may also develop expectations of sexuality and play those out in their relationships. According to Cohen and Shotland (1996), there is a significant gender difference regarding the timing of when to have a first sexual experience within a relationship; men tend to expect sex after 9-11 dates, whereas women tend to expect sex significantly later in a relationship (15-18 dates). In one study, expectations were reflected in the actual experience for women, but not for men. Sexual expectations only developed if partners were emotionally connected; however, men were more accepting of a physical relationship without emotional closeness. Male college students have developed an expectation of a variety of sexual activities due to exposure to sexual activity in the media, while females have developed an expectation of earlier sex within relationships because of media influences (Aubrey, Harrison & Kramer, 2013). Those who have developed conservative or restrictive views of sex report lower levels of satisfaction (Mannila & Kontula, 1997). Women who attempt to conform to traditional gender norms during sex report lower levels of sexual satisfaction (Sanchez, Crocker, & Boike, 2005). Women who have assertive expectations about their sexual experiences tend to have more satisfying sexual experiences than those who tend to conform to non-feminist passive expectations (Yoder, Perry & Saal, 2007). Knowledge of the impact of our individual expectations about sex and our sexual satisfaction within a relationship becomes useful when assessing for sexual problems in a relationship. A therapist can begin the assessment process by understanding individual expectations about relationships.

The way one views oneself may also affect their sexual satisfaction. Larson, Anderson and Holman (1998) studied the effects of self-esteem and various other components of sexual satisfaction within the first year of marriage. They reported the following:

“Wives’ premarital self-esteem was the best predictor of wives’ marital sexual satisfaction. The explanation for this finding is very similar to that for husbands. The higher a woman’s self-esteem, the more confident she is likely to be about getting what she wants or needs sexually. She is also more likely to feel that she deserves to be satisfied and may exhibit the corresponding sexual behavior in order to insure that sexual satisfaction. (pp. 201-202).”

The fact that wives’ self-esteem is the best predictor to sexual satisfaction for both husbands and wives really demonstrates how prominent self-worth is in the sexual experience, especially for women. Furthermore, self-confidence in adolescents leads to an increase in safe-sex practices like saying “no”, using condoms and less casual sex (Shrier, Harris, Sternberg, & Beardslee, 2001). Additionally, global self-esteem and, more especially, sexual self-esteem contribute to an individual’s ability to communicate sexual wants and needs to a partner, which corresponds with a more sexual-satisfying experience for both partners (Oattes & Offman, 2007).

Etiology-Interpersonal

Couple factors are also important in creating a sexually satisfying relationship. Sexual beliefs and attitudes between men and women show some similarities as well as differences in meaning and behaviors. Men tend to be more sexually permissive than women, but both men and women view sex as an emotional experience within their relationships (Hendrick & Hendrick, 1999). Men and women show equal amounts of sexual desire within relationships, showing more variance within groups than between groups (Dawson & Chivers, 2014). Love, loyalty and shared values within a committed relationship are shown as strongly correlating factors in relationship satisfaction and sexual satisfaction within a committed relationship (Rosen-Grandon, Myers & Hattie, 2004). However, it is important to understand that the goal of sexual desire is

often different for women and men. Sex represents an interpersonal and romantic experience. Women tend to believe that love and emotional intimacy are more important goals for sexual desire, whereas more men than women tend to believe that sexual activity is the goal of sexual desire (Regan & Berscheid, 1996). From this information, we can gather that sex is important to both men and women within relationships, but the meaning assigned to sex might be different. Shared values and beliefs lead to more fulfilling romantic experiences and more satisfaction within relationships. Cupach and Comstock (1991) emphasize this point:

“Based on extensive research, Masters and Johnson (1979, Johnson et. al, 1986) maintain that communication about sex between partners is essential to a satisfying sexual relationship. Communication allows partners to educate each other about their sexual needs, desires and preferences (Gordon & Snyder, 1986). Individual expectations and scripts for sexual behavior are negotiated by relational partners through interaction, thereby allowing individuals to adjust to each other’s perspectives and to negotiate a ‘dyadic’ sexual script for their relationship. (p. 180)”

The dyadic pathways model for sexual communication (MacNeil & Byers, 2005) focuses on two specific pathways—the expressive pathway and the instrumental pathway—as means of improving sexual satisfaction within relationships. The expressive pathway focuses on the level of self-disclosure in a relationship, both sexual and non-sexual, as a means of creating greater relationship satisfaction and sexual satisfaction concurrently. The instrumental pathway focuses more on communication about sexual likes and dislikes, as well as sexual rewards and costs as a means of creating sexual satisfaction. The expressive pathway has been shown to function as a means to greater sexual satisfaction through relationship satisfaction for women, however was not significantly correlated to sexual satisfaction for men. Mutual self-disclosure

did not lead to greater satisfaction. Through the instrumental pathway, both men and women seemed to gain greater sexual satisfaction, although for different reasons. Women gained greater satisfaction because their sexual likes and dislikes were being addressed. For men, there was a greater focus on partner understanding being a reward for sexual communication (MacNeil & Byers, 2005).

From this research, one can learn that an emphasis on communicating each other's sexual needs and desires leads to greater sexual satisfaction in relationships and, in turn, greater relationship satisfaction as a whole. With this knowledge and our earlier discussion on sexual satisfaction, one can begin to see that there are various factors that lead to greater sexual satisfaction in relationships. They vary from the physical aspects of sex (consistency of orgasm, amount of sex in relationships), relationship satisfaction as a whole, self-esteem and attachment styles. This understanding can help guide the assessment process for therapists in the future which will serve as a useful starting point in understanding the full dynamics of sexual relationships.

Etiology-Intergenerational

According to Hertlein and Weeks (2012), the family of origin has impact on the development and understanding of sexual attitudes and beliefs. This influence can lead to issues within a couple, as there might be differences in the interpretation of sexual behavior or the definition of sexual behavior as a whole, based on the development of sexual attitudes developed within the family of origin. Some of these definitions might include how much sexual activity is appropriate in a relationship or what activities are acceptable. Understanding these internalized lessons from the family of origin about sex in a couple leads to greater levels of positive communication about sex within the couple. This understanding also helps the therapist

understand the roles and ideas around sex within the couple, which leads to greater levels of success in therapy.

Recent research has found associations between behaviors such as parental supportiveness, parental values, monitoring and rules about TV content with delayed intercourse, condom use and expecting sex within the context of a relationship (Parks, et al., 2011). However, this same research shows that frequency of discussion about sex with contraceptives and more open values toward contraceptives correlate negatively with delayed intercourse and expecting sex in a relationship (Parks, et al., 2011). A study of ethnic minority families determined that process variables within families such as maternal monitoring, mother-adolescent general communication, mother-adolescent sexual communication and mother's attitude toward adolescent sexual behavior show statistically significant differences in sexual behaviors, whereas factors such as family income, parental education and maternal marital status show no significant correlations (Miller, Forehand & Kotchick, 1999). This research indicates that attitudes toward sex and sexual communication in the home have an effect on adolescents' developing sexuality, whether verbalized or non-verbalized. Parents who communicate honestly with children about sex and develop better relationships with them in general will have a more lasting positive impact on their children's sexual beliefs and assumptions.

Despite the importance of developing positive sexual attitudes and beliefs within the home, direct parental involvement is not occurring frequently within the home (Feldman & Rosenthal, 2002). This is related to the varying challenges that parents face as their children change over time, focusing on their bodies and sexual functions as young children to the more interpersonal aspects of sex as adolescents (Feldman & Rosenthal, 2002). A recent global survey on sex determined the following: "49% of people who have received formal sex education were

highly satisfied with their sex lives, compared with just 40% of those who have not. Similarly, 49% of women and 48% of men do not think that they received enough advice and information to get the best from their relationships especially about the emotional aspects.” (Wylie, 2010, p. 440). Shtarkshall, Santelli, and Hirsch (2007) try to address the need for cooperation between parents and community sex education from health and school services. They proposed the following as a means of creating the best model for sex education to be effective:

“Both parents and educators have essential roles in fostering sexual literacy and sexual health. We believe that parents should play the primary role in imparting to their children social, cultural and religious values regarding intimate and sexual relationships, whereas health and education professionals should play the primary role in providing information about sexuality and developing related social skills. Schools and health professionals should acknowledge and support the critical role of parents in sexual socialization.

Parents, in turn, should support schools in providing sex education (pp. 117-118).”

Shtarkshall et al., (2007) clearly emphasize parental responsibility in sex educations as being the primary guide for developing healthy ideals of sex while emphasizing the concurrent importance of sex education in school. With this knowledge in hand, parents can be better prepared to help their children develop healthier attitudes and expectations about sex leading to greater sexual fulfillment.

Treatment-Individual

Individual treatment methodologies for sexual satisfaction tend to focus on physical aspects of the sexual experience rather than the emotional implications, especially when discussed in the context of sexual dysfunction. However, therapeutic treatments have been shown to be effective as well in the treatment of various sexual dysfunctions. When used in the

treatment of erectile dysfunction, group psychotherapy correlates with more success in treatment than medications such as Sildenafil, vacuum devices and local injections (Melnik, Soares & Nasello, 2007). Premature ejaculation has been treated with various psychological and medicated treatments, including the start-stop method, the squeeze method, anesthetics applied to the penis during sexual activity and medications such as Dapoxetine (Riley & Seagraves, 2006). Successful treatment of Female Orgasmic Disorder has been seen through psychological and medicated methods as well including the PLISSIT approach, sensate focus therapy, hormone treatment and medication changes to reduce sexual side effects (Laan, Rellini, & Barnes, 2012).

Antidepressants often lead to sexual dysfunction within couples, so sexual dysfunction could be prevented by providing these individuals with medications for sexual dysfunctions early in treatment to prevent later sexual dysfunction (Montejo, Majadas, Calama & Hernandez, 2011).

Guilt about one's first sexual experience is highly correlated with sexual dissatisfaction, especially for women. Some of the factors associated with guilt include: uncommunicative mother and father figures, over-strict father figure, uncomfortableness with sexuality, physiological and psychological sexual dissatisfaction with first intercourse, guilt feelings about current intercourse and psychological sexual dissatisfaction (Moore and Davidson, 1997).

Understanding these individual processes surrounding the sexual experience serves as a great starting point to gain knowledge about sexual attitudes and beliefs in therapy which, when processed through therapy, can lead to a more satisfying sexual experience.

Treatment-Interpersonal

A biopsychosocial approach to sex therapy involving the patient, the partner and the couple through medication and therapy has been shown to be an effective method of treatment for couples dealing with sexual dysfunction (Althof et. al, 2005). Recent innovations in sex

therapy include the “Good-Enough Sex” model, which, instead of focusing on physical outcomes such as orgasm, recognizes that quality of sex will vary and so it is more important to develop reasonable expectations about sex and embrace the nuance of the sexual experience to be successful in treatment (Metz & McCarthy, 2007). Because of the difficulty in defining successful treatment in universal terms, the “Good-Enough Sex” model is effective because it defines the goal of sex therapy as increasing relationship satisfaction rather than predetermined sexual criteria (Tabatabaie, 2014). Sexual dysfunction in women is highly associated with depression and married women are twice more likely than single women to be stressed about sexual performance and dysfunction (Shifren et. al, 2008). Negative emotional experience during sex is more determinate to sexual difficulties in a relationship for women than the physiological aspects of sex (Bancroft, Loftus & Long, 2003). Men tend to place more value on sexuality and tend to place more emotional importance on personal sexual performance in their relationship; both men and women view the primary purpose of sex as pleasure and love rather than procreative (Colson et. al, 2006). One other element of couples treatment to consider is the role of depression within a marriage relationship. Spouses who report at least one major depressive episode a year are three more times likely to report marital dissatisfaction than those who do not (Whisman & Bruce, 1999). Understanding this, it is important to acknowledge the level to which mental health influences overall daily functioning between couples. When a couple comes in for treatment, it is important to screen for issues such as depression or personality disorders when focusing on sexual dysfunction or dissatisfaction, as these can have a direct impact on the level of relationship and sexual satisfaction.

Treatment-Intergenerational

As discussed previously, there are direct correlations between the way sexuality is taught in the home and how sexual attitudes are developed over the long term. Parents generally believe that talking to their kids about sex is important and believe that it is effective; however, a majority of parents are not actually talking to their kids about sex (Turnbull, Van Wersch & Van Schiak, 2008). Parents are worried about talking to their kids while they are too young and do not feel confident in their abilities. Parents felt more comfortable talking about sex with their children when they had a good relationship with their children, took advantage of opportunities to talk, and started talking to their children when they were very young (Wilson, Dalberth, Koo & Gard, 2010). Programs such as Parents as Primary Sexuality Educators (PAPSE) have been shown to increase a parent's ability to talk about sex, intercourse, sexually transmitted diseases and sexual risks with adolescents (Klein et al., 2005).

It is also important to understand the dynamics of sexual discussion within adolescents and how they affect sexual behavior. According to Diiorio, Kelley and Hockenberry-Eaton (1997), both boys and girls report feeling more comfortable talking to their mothers than their fathers about sex. They are more likely to talk to their mothers than friends, but they are more likely to talk to friends than to their fathers. Boys are consistently talking with mothers, fathers and friends about similar topics. Girls tend to talk to their mothers about menstrual cycles, their fathers about abstinence and their friends about intercourse. Adolescents who talk to their parents about sex more tend to be less sexually active and develop conservative values, while those who talk to their friends about sex start having sex younger and develop more liberal sexual values. Adolescents feel more comfortable with talking about sex with their friends more than with anyone else. It is worth noting that when parents talk to their children about peer norms about

sexual behaviors and condom use, parents act as a mediator between peers and reality for their children. Children identify parents as their best source of knowledge when talking about sex when communication is open (Whitaker & Miller, 2000). It seems that children want to rely on their parents for information about sex. They trust their parents' thoughts and knowledge about sex. It is also reasonable to posit that when parents feel confident in their ability to talk about sex with their children, they are more likely to help children develop healthy sexual attitudes and expectations for the future.

Purpose of Study

There seems to be a relationship between sexual satisfaction, sexual attitudes and family of origin influence on sexuality. For the purpose of this study, the author would like to determine whether family of origin attitudes and rules around sex can be used to predict later attitudes toward sex and sexual satisfaction in committed relationships. These predictive abilities could be used to develop more effective sex education in the home. This information could also be used as an assessment tool for therapists using a systemic lens within the sex therapy process.

Understanding the specific aspects of communication in the home about sex that influence the development of sexual attitudes later in life would open up to developing training programs for parents to improve sexual communication in the home.

In addition, determining the predictive ability of sexual communication in the home and various demographic information (i.e., gender, ethnicity, religion, etc.) on sexual attitudes and sexual satisfaction would be particularly useful in helping determine which factors are most predictive of sexual attitudes and sexual satisfaction. Recognizing how these societal factors influence sexual communication, sex education trainings for parents could become more specified to different cultural groups, especially those outside of the cultural norm, which would

lead to more effective parental training to help develop healthy sexual attitudes for children. By exploring the predictive power of family of origin sexual communication on later sexual satisfaction and sexual attitudes, the author would be able to add to the research on the importance of sexual communication in the home as well as assess for trans-generational processes for clients presenting with sexual issues in adulthood.

Research Question

Can demographic factors such as race, age, relationship length, income level, religiosity, religion, gender, sexual orientation and family sexual communication predict sexual attitudes and sexual satisfaction later in life?

Hypotheses

Hypothesis 1: Race, age, income level, religiosity, religion, years together with current partner, gender, sexual orientation and family sexual communication as measured by the Family Sex Communication Quotient (FSCQ, Warren & Neer, 1986), will significantly predict the variance in sexual satisfaction, as measured by the Index of Sexual Satisfaction (ISS, Hudson, 1993).

Hypothesis 2: Race, age, income level, religiosity, religion, years together with current partner, gender, sexual orientation and family sexual communication, as measured by the Family Sex Communication Quotient (FSCQ, Warren & Neer, 1986), will significantly predict the variance in differences toward sexual instrumentality or in other words, “biological, utilitarian sexuality” (Hendrick, Hendrick & Reich, 2006) as described and measured by the Brief Sexual Attitudes Scale (BSAS, Hendrick & Hendrick, 2006).

Hypothesis 3: Race, age, income level, religiosity, religion, years together with current partner, gender, sexual orientation and family sexual communication, as measured by the

Family Sex Communication Quotient (FSCQ, Warren & Neer, 1986), will significantly predict the variance in differences toward sexual communion or in other words, “idealistic sexuality” (Hendrick, Hendrick & Reich, 2006) as described and measured by the Brief Sexual Attitudes Scale (BSAS, Hendrick & Hendrick, 2006).

Hypothesis 4: Race, age, income level, religiosity, religion, years together with current partner, gender, sexual orientation and family sexual communication, as measured by the Family Sex Communication Quotient (FSCQ, Warren & Neer, 1986), will significantly predict the variance in differences toward birth control attitudes or in other words, “responsible, tolerant sexuality” (Hendrick, Hendrick & Reich, 2006) as described and measured by the Brief Sexual Attitudes Scale (BSAS, Hendrick & Hendrick, 2006).

Hypothesis 5: Race, age, income level, religiosity, religion, years together with current partner, gender, sexual orientation and family sexual communication, as measured by the Family Sex Communication Quotient (FSCQ, Warren & Neer, 1986), will significantly predict the variance in differences toward sexual permissiveness or in other words, “casual sexuality” (Hendrick, Hendrick & Reich, 2006) as described and measured by the Brief Sexual Attitudes Scale (BSAS, Hendrick & Hendrick, 2006).

Chapter 3: Methods

Participants

I used a convenience sample to collect data for the research. All participation was voluntary. Participants in the survey lived in the United States of America and were over the age of 18; they also were in a committed relationship for at least one year with their current partner. I used a web-based survey to distribute the survey to a broader population base throughout the country to ease data collection. Participants were recruited for the survey through the use of Mechanical Turk (www.mturk.com), a subsidiary of Amazon.com that pays users a remedial amount to complete tasks and surveys for companies and researchers. Participants were also recruited through undergraduate courses at the University of Nevada-Las Vegas. Participants were compensated \$.50 for each survey completed through mturk.com and were offered the opportunity to receive extra credit in undergraduate classes at UNLV with their professor's permission. Only mturk accounts in the United States were permitted to complete the survey. Each account was allowed to complete the survey once to ensure that there are no duplicate results. This data was tracked through the use of IP addresses provided by QuestionPro.com which was used to distribute the online survey.

Procedures

Participants were given a basic demographic survey to determine various types of information about the participants, such as age, gender, sexual orientation, religious affiliation and income level, as well as duration of current relationship and race. Participants were also administered various empirically validated surveys to help determine levels of sexual satisfaction, sexual attitudes and sex education style within their family of origin. These surveys include the *Index of Sexual Satisfaction (ISS)*, *Brief Sexual Attitudes Scale (BSAS)*, and the

Family Sex Communication Quotient (FSCQ). These surveys were used to determine if there are any correlations between these various factors as well as the demographic factors. The three surveys were combined into one online survey for the purpose of this study. Completion of the survey took somewhere between 10-15 minutes.

Measures

Sexual Satisfaction

The *Index of Sexual Satisfaction (ISS)* (Hudson, 1993) was administered to determine levels of sexual satisfaction within their dyadic relationship. The ISS is a 25 question short-form Likert scale that is used to measure various aspects of sexual satisfaction. Scores range from 0 to 100 with higher scores indicating lower levels of sexual satisfaction. The ISS typically takes between five to seven minutes to complete. The Cronbach's alpha of the ISS is .92. The known groups validity coefficient .76 as determined by a point biserial correlation between group status and the ISS scores.

The index consists of 25 statements that are rated by the participant on a scale of 1 (None of the time) to 7 (All of the time) on how true they are in their current relationship. Some of these statements include: *I feel like my partner enjoys our sex life, I feel like our sex is dirty and disgusting, and my partner is very sensitive to my sexual needs and desires*. Some of these items are reverse scored in order to improve reliability of the index. The responses of the 25 statements are then added up to create a cumulative score from 0 to 100 with a higher score indicating more sexual dissatisfaction. A score higher than 30 indicates clinically significant sexual discord in a relationship (Fisher, Davis, Yarber & Davis, 2011). By using this empirically validated measure, the researcher will have a total to determine sexual satisfaction as a whole, as well as individual

indicators of different aspects of sexual satisfaction that can be correlated with various sexual attitudes, family of origin ideals and various demographic factors.

Sexual Attitudes

Participants completed the *Brief Sexual Attitudes Scale* (BSAS, Hendrick & Hendrick, 2006) to investigate correlations between various sexual attitudes and sexual satisfaction, as well as family of origin ideas about sex. The BSAS is a 23 question Likert Scale that is used to determine various attitudes toward sexual permissiveness, birth control, communication and instrumentality. Participants rate their answers on a traditional five-point Likert Scale (1 = “Strongly agree” to 5 = “Strongly disagree”). The scores are divided and totaled in the four subscale categories, as the subsets are not necessarily correlated with each other. Each subscale, however, is statistically reliable independently (Permissiveness: $\alpha = .95$; Birth Control $\alpha = .88$; Communication, $\alpha = .73$; and Instrumentality, $\alpha = .77$). The means of each subscale are used to determine the score for each subset (Fisher et al., 2011).

The use of subsets is conducive to this research as it provides an opportunity for observing different correlations to various sexual attitudes to family of origin ideals and sexual satisfaction factors as a whole. It also provides a good observation tool for correlations between demographic information that might have an effect on the development of various aspects of sexual attitudes. The brief form for the exam is specifically designed to be conducive to technological advances which will make the survey process less burdensome to participants.

Family of Origin Influence

To gain an understanding of the influence of family on sexual development, the researchers used the *Family Sex Communication Quotient* (FSCQ, Warren & Neer, 1986). This particular measure is used to understand general family orientation toward dialogue about sex in

the family. The FSCQ measures three different dimensions of sexual communication: comfort, information and value. These aspects were selected for the quotient because they are predictors of positive communication in children who are raised in homes with higher scores on this inventory. The FSCQ consists of 18 statements that are rated on a 5-point Likert Scale from *Strongly Agree* to *Strongly Disagree*. There are six questions for each of the three dimensions. These are then scored and given an FSCQ total, which can also be broken down into three sub set scores. The *alpha* coefficient shows the FSCQ to be highly reliable, as tests have averaged above .90. Internal consistency is strong as well, as the total dimensions correlate above .80 for the FSCQ (Fisher et al., 2011).

For the purposes of this research, it is important to clarify that I was looking for family of origin influence, as the statements are currently written in the present tense. Statements such as *during my adolescence* as qualifiers before the actual statements on the instrument were used as a way to ensure that I was gaining an understanding of the communication process of the family of origin as communication about sexuality might change overtime. This helped me understand the influence of parents during the most pivotal periods of sexual development. Statements such as “*it is not necessary to talk to my parents about sex*” were altered to say *during my adolescence, I thought it was not necessary to talk to my parents about sex* to clarify the purpose of the survey, as it is likely that someone who has been in a committed sexual relationship would have a different response after becoming significantly sexually experienced. Using these modifications helped clarify the purpose of this study without actually modifying the core content of the statements themselves. The results of the subsets, as well as the scoring of the assessment as a whole, were used to examine the impact of the family of origin on the

development of sexual attitudes, as well as sexual satisfaction. These results were also tested to understand the impact of the demographic information.

Analysis

Using SPSS 23 for Windows, I conducted three enter-method regression analyses to determine 1) the explained variance in sexual communion based on the independent variables (race, age, gender, religiosity, income level, sexual orientation, and family communication), 2) the explained variance in sexual instrumentality based on the independent variables (race, age, gender, religiosity, income level, sexual orientation, and family communication), and 3) the explained variance in sexual satisfaction based on the same independent variables. I chose the enter method because the literature, while suggestive of a relationship between family communication and sexual attitudes/sexual satisfaction, I did not feel there was a strong enough theory-based theoretical case to warrant a hierarchical regression model. For data not normally distributed, I used a Kendall's Tau analysis as a substitute for the enter-method regression model per Sen (1968). From this, I analyzed the correlational data between 1) sexual permissiveness based on the independent variables (race, age, gender, religiosity, income level, sexual orientation, and family communication) and 2) birth control attitudes based on the same independent variables.

The independent variables are race, age, income level, religiosity, gender, sexual orientation and family communication about sex as determined by the *Family Sex Communication Quotient* (Warren & Neer, 1986). The dependent variables include sexual permissiveness, sexual communion, birth control attitudes, and sexual instrumentality measured by the *Brief Sexual Attitudes Scale* (Hendrick & Hendrick, 2006) and sexual satisfaction measured by the *Index of Sexual Satisfaction* (Hudson, 1993).

To minimize the impact of data not missing at random in the results of the survey, we deleted cases where there is missing data. To ensure that regression is not skewed by outliers, SPSS was used to determine the Mahalanobis distance of the sample. Then, the researcher eliminated any data with a Mahalanobis D2 value greater than 3 at $p \leq .001$ after it was not determined to be representative of the sample. Also, because a multiple regression model of testing assumes that variables are normally distributed, a visual inspection of skew and kurtosis were performed as well as a Kolmogorov-Smirnov test was used to determine whether the data given in the research can be assumed to be normally distributed (Pett, 2015). Finally, multicollinearity issues were examined through the collinearity diagnostics feature on SPSS to ensure that data is not collinear. When data was not found to be normally distributed, a Kendall's Tau analysis was used to examine non-parametric correlational data.

Chapter 4: Results

Demographics

A total of 323 surveys were solicited through the Mechanical Turk website www.mturk.com to recruit paid workers to participate in the study. In addition, an undergraduate class at the University of Nevada-Las Vegas were given the opportunity to participate in the study for extra-credit per the professor's permission, in which 60 students chose to participate totaling 383 participants in all. Participants in the study were required to be in a sexually committed relationship for at least a year to participate in the study. Participants were also required to live in the United States of America to be eligible for the study. Participants were asked a screening question of "Are you currently in a committed relationship?" prior to beginning the survey; if they answered "no", they were directed to the thank you page of the survey without participation. If they answered "yes", they were asked a follow-up question regarding the length of their current relationship to determine that participants had been with their current partner for at least a year. Any data from participants who had been in their current relationship for less than a year was omitted from the data sample. Also, participants who did not complete the survey were omitted from the final sample in an attempt to limit the impact of data missing at random as well as to limit the impact of kurtosis. After cleaning the data, 250 (63.6%) surveys were analyzed in the final sample.

Of the 250 participants in the study, 138 (55.2%) identified as female, 110 (44%) as male and 2 (0.8%) as gender non-conforming. The ages of participants ranged from 18 to 83 years old with a mean age of 33.67 years old. Tables 1-7 will be used to discuss demographic information as a whole.

Table 1: Age and Gender

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Gender Non-Conforming</u>
18-29	43	58	2
30-39	36	51	0
40-49	15	16	0
50-59	13	11	0
60+	3	2	0

Forty-four percent of all respondents were men, 55.2% were women while 0.8% identified as gender non-conforming. 41.2% of respondents were ages 18-29, 34.8% were 30-39, 12.4% of respondents were ages 40-49, 9.6% were between the ages of 50-59, and 2% of the respondents were over the age of sixty. The mean age for the sample was 33.67 years old.

Table 2: Race and Gender

<u>Race</u>	<u>Male</u>	<u>Female</u>	<u>Gender Non-Conforming</u>
White	85	102	2
Black	8	12	0
Asian	10	8	0
Latino	7	11	0
Native American	0	1	0
Mixed Heritage	0	3	0
N/A	1	0	0

Out of the total respondents to the survey, 75.6% identified as White/Caucasian and 8% as Black/African American. 7.2% identified as Asian, and 7.2% of participants identified as Latino/a. 0.4% of participants surveyed identified as Native American, and 1.2% come from a mixed racial background. One female participant did not submit data for her racial background.

Table 3: Income Level and Gender

<u>Income Level</u>	<u>Male</u>	<u>Female</u>	<u>Gender Non-Conforming</u>
Less Than \$20,000	18	18	0
\$20,000-\$40,000	24	38	2
\$40,000-\$60,000	25	37	0
\$60,000-\$80,000	17	18	0
\$80,000-\$100,000	11	12	0
\$100,000-\$150,000	10	12	0
\$150,000-\$200,000	4	1	0
More than \$200,000	1	2	0

Table 3 gives us data on the income levels of our participants. Nearly half the participants fell between the \$20,000-\$40,000 income level (24.8%) and the \$40,000-\$60,000 income level (24.8%). Fourteen percent of those polled made \$60,000-\$80,000 a year. 14.4% made less than \$20,000. Just under ten percent of those polled made anywhere from \$80,000-\$100,000 (9.2%). 8.8% of the sample made anywhere from \$100,000-\$150,000 a year. Two percent of the sample made anywhere from \$150,000-200,000, and just over one percent made more than \$200,000 a year (1.2%).

Table 4: Religion and Gender

<u>Religion</u>	<u>Male</u>	<u>Female</u>	<u>Gender Non-Conforming</u>
Catholic	44	56	2
Atheist/Agnostic	22	19	0
Christian	33	48	0
Buddhist	2	1	0
Jewish	1	1	0
Spiritual	3	8	0
LDS	2	1	0
Muslim	2	2	0
Wiccan	1	1	0

This table acknowledges the religious beliefs of those participating in the study. The majority of participants in this study identified as Catholic (40.8), followed by Christian (32.4%), Agnostic/Atheist (16.4%), Spiritual (4.4%), Muslim (1.6%), Buddhist and LDS both at 1.2%, Wiccan and Jewish at 0.8%, and Hindu (0.4%). All participants identified some religious belief.

Table 5: Religiosity and Gender

<u>Religiosity</u>	<u>Male</u>	<u>Female</u>	<u>Gender Non-Conforming</u>
More than Once a Week	5	3	0
Weekly	14	20	0
Twice a Month	8	2	0
Monthly	9	6	0
Quarterly	7	8	0
Annually	27	27	0
Never/Less than Once a Year	40	72	2

For the purpose of this study, it was not only necessary to ask about religious preference but also develop a tool to determine the level of religiosity of those participating in the study. To determine the level of religiosity of those participating in this study, participants were asked about the level of typical church attendance. The majority of those surveyed reported attending church never or less than once a year (45.6%). 21.6% reported attending church at least annually. 13.4% of those polled reported weekly church attendance, 6% reported attending monthly, 6% also reported attending quarterly, 4% attend religious services twice a month on average, and 3.2% attend church more than once a week.

Table 6: Sexual Orientation and Gender

<u>Sexual Orientation</u>	<u>Male</u>	<u>Female</u>	<u>Gender Non-Conforming</u>
Heterosexual	98	117	0
Gay/Lesbian	5	2	0
Bisexual	6	16	1
Pansexual	1	3	1

Sexual orientation was also explored as a demographic factor in the survey. The overwhelming majority of participants identify as Heterosexual (86%). 9.2% of participants identified as Bisexual. 2.8% of participants identified as either Gay or Lesbian. Two percent of clients identified as Pansexual.

Table 7: Years together with Current Partner and Gender

<u>Years Together</u>	<u>Male</u>	<u>Female</u>	<u>Gender Non-Conforming</u>
1-5	65	65	2
6-10	17	35	0
11-15	11	16	0
16-20	4	8	0
21-25	5	3	0
25+	8	7	0

Participants were asked to verify the length of their relationship with their current partner to ensure that they are in a committed relationship at this time and have been for at least a year. 53.7% of participants have been with their partner anywhere from 1-5 years. 21.1% have been with their current partner for 6-10 years. Eleven percent of participants have been with their partner for 11-15 years. 4.9% have been with their partner for 16-20 years. 3.3% have been with their partner for 20-25 years. 6.1% have been with their partner for over 25 years. All participants have been with their current partner for at least one year.

Descriptive Statistics

In the following tables, I will discuss the questionnaires that were used to determine sexual satisfaction scores (*ISS*, 1993), scores for different aspects of sexual attitudes (Permissiveness, Instrumentality, Birth Control and Communion) (*BSAS*, 2006), and family communication about sex (*FSCQ*, 1983). Each of the following tables will present the questions asked to participants on each survey as well as the mean, standard deviations, and respondents for each question.

Table 8: Descriptive Statistics (ISS)

<u>Question</u>	<u>N</u>	<u>Mean</u>	<u>Std. Deviation</u>
I feel like my partner enjoys our sex life	249	5.73	1.360
Our sex life is very exciting	249	4.89	1.580
Sex is fun for my partner and me	249	5.64	1.433
Sex with my partner has become a chore for me	250	5.40	1.781
I feel that our sex is dirty and disgusting	250	6.28	1.407
Our sex is monotonous	244	5.05	1.871
When we have sex it is too rushed and hurriedly completed	248	5.25	1.623
I feel that my sex life is lacking in quality	249	5.15	1.955
My partner is sexually very exciting	247	5.25	1.694
I enjoy the sex techniques that my partner likes or uses	248	5.41	1.527
I feel that my partner wants too much sex from me	248	5.42	1.802
I think that our sex is wonderful	248	5.41	1.664
My partner dwells on sex too much	250	5.50	1.752
I try to avoid sexual contact with my partner	249	5.94	1.589
My partner is too rough or brutal when we have sex	247	6.34	1.255
My partner is a wonderful sex mate	249	5.76	1.491
I feel that sex is a normal function of our relationship	242	5.69	1.585
My partner does not want sex when I do	246	5.30	1.714
I feel that our sex life really adds a lot to our relationship	248	5.20	1.714
My partner seems to avoid sexual contact with me	249	5.86	1.694
It is easy for me to get sexually excited by my partner	244	5.64	1.582
I feel that my partner is sexually pleased with me	247	5.62	1.509
My partner is very sensitive to my sexual needs and desires	248	5.05	1.854
My partner does not satisfy me sexually	249	5.55	1.750
I feel that my sex life is boring	250	5.45	1.869

Table 9: Descriptive Statistics (FSCQ)

<u>Question</u>	<u>N</u>	<u>Mean</u>	<u>Std. Deviation</u>
In my family, we believed that sex was one of the most important topics for parents and children to discuss.	249	2.17	1.233
I could talk to my parents about almost anything related to sex during my adolescence	250	2.17	1.344
My parents knew what I thought about sex as a teenager	248	2.29	1.337
It was not necessary to talk to my parents about sex as a teenager	247	2.58	1.347
I could talk openly and honestly with my parents about sex during my adolescence	248	2.33	1.430
I knew what my parents thought about sex during my adolescence	249	2.99	1.488
The home should be a primary place for learning about sex	247	3.34	1.206
When I was a teenager, I felt comfortable discussing sex with my parents	250	2.10	1.366
During my adolescence, my parents gave me very little information about sex	246	2.20	1.333
When I was a teenager, sex was too personal a topic to discuss with my parents	246	2.13	1.284
When I was a teenager, my parents felt comfortable discussing sex with me	248	2.27	1.390
Much of what I know about sex has come from family discussions	245	1.93	1.243
In my family, we believed that sex should not be discussed in the family unless there was a problem to resolve	244	2.82	1.384
During my adolescence, sex was too hard a topic to discuss with my parents	246	2.27	1.415
When I was a teenager, I felt better informed about sex if I talked to my parents	249	2.26	1.310
During my adolescence, I believed that sex was the least important thing to discuss with my parents	249	2.49	1.335
When I was growing up, I felt free to ask my parents questions about sex	249	2.31	1.401
When I was a teenager, when I wanted to know something about sex, I would generally ask my parents	250	2.02	1.296

Table 10: Descriptive Statistics (BSAS Permissiveness Score)

<u>Question</u>	<u>N</u>	<u>Mean</u>	<u>Std. Deviation</u>
I do not need to be committed to a person to have sex with him/her	249	2.90	1.581
Casual sex is acceptable	250	3.27	1.539
I would like to have sex with many partners	248	2.27	1.422
One-nights stands are sometimes very enjoyable	240	2.88	1.532
It is okay to have ongoing sexual relationships with more than one person at a time	248	2.53	1.470
Sex as a simple exchange of favors is okay if both people agree to it	249	2.98	1.601
The best sex is no strings attached	247	2.24	1.312
Life would have fewer problems if people could have sex more freely	249	3.01	1.484
It is possible to enjoy sex with a person and not like that person very much	248	3.02	1.523
It is okay for sex to be just a good physical release	248	3.85	1.320

Table 11: Descriptive Statistics (BSAS Birth Control Scores)

<u>Question</u>	<u>N</u>	<u>Mean</u>	<u>Std. Deviation</u>
Birth control is part of responsible sexuality	243	4.51	.938
A woman should share responsibility for birth control	247	4.48	.958
A man should share responsibility for birth control	247	4.51	.932

Table 12: Descriptive Statistics (BSAS Sexual Communion)

<u>Question</u>	<u>N</u>	<u>Mean</u>	<u>Std. Deviation</u>
At its best, sex seems to be the merging of two souls	250	4.02	1.144
A sexual encounter between two people deeply in love is the ultimate human interaction	246	4.40	.992
Sex is a very important part of life	249	4.32	.930
Sex is usually an intensive, almost overwhelming experience	249	3.73	1.173

Table 13: Descriptive Statistics (BSAS Sexual Instrumentality Score)

<u>Question</u>	<u>N</u>	<u>Mean</u>	<u>Std. Deviation</u>
Sex is best when you let yourself go and focus on your own pleasure	248	3.64	1.133
Sex is primarily the taking of pleasure from another person	247	2.72	1.342
The main purpose of sex is to enjoy oneself	249	3.50	1.228
Sex is primarily physical	249	3.35	1.283
Sex is primarily a body function, like eating	250	3.14	1.331

Table 14: Mean Scores of ISS

<u>Mean Score</u>	<u>Female</u>	<u>Male</u>	<u>Gender Non-Conforming</u>
1-1.99	1	0	0
2-2.99	5	1	0
3-3.99	7	8	0
4-4.99	25	30	1
5-5.99	33	25	1
6-6.99	64	43	0
7	3	3	0

This table represents the mean total scores for each participant in the study for sexual satisfaction using the *ISS*. Higher scores represent higher levels of satisfaction in their current relationship. Scores between 6-6.99 represent 42.8% of the sample. Scores of 5-5.99 represent 23.6% of participants. 4-4.99 scores represent 22.4% of all participants. Six percent of participants scored between 3-3.99. 2.4% scored between 2-2.99. 2.4% of those sampled scored a perfect 7 as their mean score. One participant scored between 1-1.99. Any missing data was replaced by the group mean; participants had to answer 22 of 25 questions for their data to be included.

Table 15: Mean Scores of the FSCQ

<u>Mean Score</u>	<u>Female</u>	<u>Male</u>	<u>Gender Non-Conforming</u>
1-1.99	66	44	1
2-2.99	44	28	0
3-3.99	19	32	1
4-4.99	8	6	0
5	1	0	0

This table represents the mean total scores for each participant in the study for family of origin communication about sex using the *FSCQ*. Higher scores represent higher levels of communication about sex during their adolescence. One participant achieved the highest possible mean score of 5. 4-4.99 scores represent 5.6% of all participants. 20.8% of participants scored between 3-3.99. 28.8% scored between 2-2.99. 44.4% of those sampled scored between 1-1.99. Any missing data was replaced by the group mean; participants had to answer 15 of 18 questions for their data to be included.

Table 16: Mean Scores for Sexual Permissiveness (BSAS)

<u>Mean Scores</u>	<u>Female</u>	<u>Male</u>	<u>Gender Non-Conforming</u>
1-1.99	51	22	0
2-2.99	41	15	0
3-3.99	37	44	1
4-4.99	9	26	1
5	0	3	0

This table represents the mean total scores for each participant in the study for sexual permissiveness using the *BSAS*. Higher scores represent higher levels of permissiveness in their sexual beliefs. The highest possible mean is 5, and the lowest is 1. Scores of 5 represent 1.2% of participants. 4-4.99 scores represent 14.4% of all participants. 32.8% of participants scored between 3-3.99. 22.4% scored between 2-2.99. 29.2% of those sampled scored between 1-1.99. Any missing data was replaced by the group mean score; participants had to answer at least 8 of 10 questions for their data to be included.

Table 17: Mean Scores for Birth Control Attitudes (BSAS)

<u>Mean Scores</u>	<u>Female</u>	<u>Male</u>	<u>Gender Non-Conforming</u>
1-1.99	3	2	0
2-2.99	4	2	0
3-3.99	15	23	0
4-4.99	19	27	0
5	97	56	2

This table represents the mean total scores for each participant in the study for attitudes about birth control using the BSAS. Higher scores represent more responsible attitudes and beliefs about the use of birth control. The highest possible mean is 5 and the lowest is 1. Scores of 5 represent 62% of participants. 4-4.99 scores represent 18.4% of all participants. 15.2% of participants scored between 3-3.99. 2.4% scored between 2-2.99. Two percent of those sampled scored between 1-1.99. Any missing data was replaced by the group mean score; participants had to answer at least 2 of 3 questions for their data to be included.

Table 18: Mean Group Scores for Sexual Communion (BSAS)

<u>Mean Scores</u>	<u>Female</u>	<u>Male</u>	<u>Gender Non-Conforming</u>
1-1.99	2	0	1
2-2.99	10	5	0
3-3.99	31	31	1
4-4.99	73	49	0
5	22	25	0

This table represents the mean total scores for each participant in the study for attitudes about sexual communion as a purpose of sex using the *BSAS*. Higher scores represent higher levels of belief about the importance of connectedness through sexual experiences. The highest possible mean is 5 and the lowest is 1. Scores of 5 represent 18.8% of participants. 4-4.99 scores represent 48.4% of all participants. 25.2% of participants scored between 3-3.99. Six percent scored between 2-2.99. 1.2% of those sampled scored between 1-1.99. Any missing data was replaced by the group mean score; participants had to answer at least 3 of 4 questions for their data to be included.

Table 19: Mean Scores for Sexual Instrumentality (BSAS)

<u>Mean Scores</u>	<u>Female</u>	<u>Male</u>	<u>Gender Non-Conforming</u>
1-1.99	8	11	0
2-2.99	37	26	2
3-3.99	59	36	0
4-4.99	30	32	0
5	4	5	0

This table represents the mean total scores for each participant in the study for attitudes about sexual instrumentality as a purpose of sex using the BSAS. Higher scores represent higher levels of belief about the importance of the physical aspects of sexual intercourse. The highest possible mean is 5 and the lowest is 1. Scores of 5 represent 3.6% of participants. 4-4.99 scores represent 24.8% of all participants. Thirty-eight percent of participants scored between 3-3.99. Twenty-six percent scored between 2-2.99. 17.6% of those sampled scored between 1-1.99. Any missing data was replaced by the group mean score; participants had to answer at least 4 of 5 questions for their data to be included.

Research Question

Can demographic factors such as race, age, relationship length, income level, religiosity, religion, gender, sexual orientation, and family sexual communication predict sexual attitudes and sexual satisfaction later in life?

To test each hypothesis, I attempted to run an enter-method multiple regression for each dependent variable; however, the variables of sexual permissiveness and birth control attitudes could not be assumed to be normally distributed, which is a requirement for this method of analysis. I used a Kendall's tau correlation as a non-parametric substitute for the regression model as recommended by Sen (1968). Table 20 below expounds on this information to clarify which test was used for each hypothesis as well as a listing of kurtosis, standard error of kurtosis, and Fisher's coefficient to explain the logic behind each decision.

Table 20: Kurtosis and Fisher's Coefficient for Dependent Variables

Variable	Kurtosis	Std Error of Kurtosis	Fisher's Coefficient	Test Used
Sexual Satisfaction	-.154	.307	-.501	Regression
Sexual Instrumentality	.467	.307	1.62	Regression
Sexual Communion	-.500	.307	-1.52	Regression
Birth Control	2.620	.307	8.53	Kendall's Tau
Sexual Permissiveness	-1.115	.307	-3.63	Kendall's Tau

Sexual Satisfaction

Hypothesis 1: Race, age, income level, religiosity, religion, years together with current partner, gender, sexual orientation and family sexual communication as measured by the FSCQ, will significantly predict the variance in sexual satisfaction, as measured by the Index of Sexual Satisfaction (Hudson, 1993).

To determine the amount of variance predicted in Sexual Satisfaction scores from the *ISS* by race, age, relationship length, income level, religiosity, gender, sexual orientation, and family communication about sex based off of *FSCQ* scores, I ran an enter-method linear multiple regression after verifying that kurtosis fell between -1.96 and 1.96. The assumptions of linearity, independence of errors, homoscedasticity, unusual points, and normality of residuals were met. I received an $R=.138$ and R squared adjusted value= $-.019$, which would indicate very little significance in explaining the variance in sexual satisfaction. The independent variables of race, age, relationship length, income level, religiosity, gender, sexual orientation, and family communication about sex were not statistically significant predictors of the variance in sexual satisfaction ($F(9, 240) = .477$ $p=.890$). These results would seem to indicate that the difference in the variance in sexual satisfaction scores from the *ISS* cannot be explained based on the independent variables of race, age, relationship length, income level, religiosity, gender, sexual orientation, and family communication about sex based off of *FSCQ* scores.

Model	B (Unstandardized)	t	Sig.
Constant	142.062	12.110	.000
Years Together	-.204	-.688	.492
Age	.123	.568	.570
Gender	-3.760	-1.052	.294
Sexual Orientation	-.1.651	-.611	.542
Race	.021	-.012	.990
Religion	-.820	-.747	.456
Religiosity	-1.021	-.978	.329
Income Level	-.730	-.628	.530
Family Comm.	-.1.370	-.664	.508

As previously stated, I could not predict the variance in sexual satisfaction based on these independent variables which would indicate that there are other variables responsible for predicting sexual satisfaction scores for this sample.

Instrumentality Results

Hypothesis 2: Race, age, income level, religiosity, religion, years together with current partner, gender, sexual orientation and family sexual communication, as measured by the Family Sex Communication Quotient (FSCQ, Warren & Neer, 1986), will significantly predict the variance in differences toward sexual instrumentality or in other words, “biological, utilitarian sexuality” (Hendrick, Hendrick & Reich, 2010) as described and measured by the Brief Sexual Attitudes Scale (BSAS, Hendrick & Hendrick, 2006).

To determine the amount of variance predicted in Sexual Instrumentality scores from the BSAS by race, age, relationship length, income level, religiosity, gender, sexual orientation, and family communication about sex based off of FSCQ scores, I ran an enter-method linear multiple regression after verifying that kurtosis fell between -1.96 and 1.96. The assumptions of linearity, independence of errors, homoscedasticity, unusual points, and normality of residuals were met. I received an $R=.185$ and R squared adjusted value= $-.002$, which would indicate very little capability in explaining the variance in sexual instrumentality. The independent variables of race, age, relationship length, income level, religiosity, gender, sexual orientation, and family communication about sex were not statistically significant predictors of the variance in Sexual Instrumentality ($F(9, 240) = .490$ $p=.45$). These results seem to indicate that the difference in the variance in sexual instrumentality scores from the BSAS cannot be explained by the independent variables of race, age, relationship length, income level, religiosity, gender, sexual orientation, and family communication about sex based on FSCQ scores.

Model	B (Unstandardized)	t	Sig.
Constant	2.598	6.765	.000
Years Together	-.018	-1.888	.060
Age	.004	.627	.531
Gender	.072	-.615	.539
Sexual Orientation	-.047	-.537	.592
Race	.049	-.884	.378
Religion	.052	1.437	.152
Religiosity	.055	1.599	.111
Income Level	.031	.828	.409
Family Comm.	.065	.961	.337

As stated previously, I could not predict the variance in sexual instrumentality based on the independent variables presented. However, the duration of the relationship between partners is trending toward a significant prediction level ($p=.060$) which could serve as an interesting starting point in future research on sexual instrumentality. It would seem that couples with newer relationships would be more likely to value the physical experience of sex than those in longer relationships.

Sexual Communion Results

Hypothesis 3: Race, age, income level, religiosity, religion, years together with current partner, gender, sexual orientation and family sexual communication, as measured by the Family Sex Communication Quotient (FSCQ, Warren & Neer, 1986), will significantly predict the variance in differences toward sexual communion or in other words, “idealistic sexuality” (Hendrick, Hendrick & Reich, 2010) as described and measured by the Brief Sexual Attitudes Scale (BSAS, Hendrick & Hendrick, 2006).

To determine the amount of variance predicted in Sexual Communion scores in the BSAS by race, age, relationship length, income level, religiosity, gender, sexual orientation, and family communication about sex based off of FSCQ scores, I ran an enter-method linear multiple regression after verifying kurtosis. The assumptions of linearity, independence of errors, homoscedasticity, unusual points, and normality of residuals were met. I received an $R=.289$ and R squared adjusted value=.055 that would indicate a moderate level of predictive power for a small effect size of explanation of the variance with the current data only accounting for 5.5% of the variance in scores. However, the independent variables of race, age, relationship length, income level, religiosity, gender, sexual orientation, and family communication about sex based on FSCQ scores statistically significantly predict the variance in Sexual Communion ($F(9, 239)=2.083, p<.05$).

Model	B (Unstandardized)	t	Sig.
Constant	4.339	13.521	.000
Years Together	-.002	-.275	.783
Age	.005	.921	.358
Gender	-.017	-.171	.864
Sexual Orientation	-.181	-2.447	.015
Race	-.057	-1.225	.222
Religion	.057	1.895	.059
Religiosity	-.049	-1.723	.086
Income Level	-.017	-.528	.598
Family Comm.	-.025	-.444	.658

Of the variables presented in this study, only sexual orientation can significantly explain the variance in sexual communion ($p=.015$) although religion and religiosity are trending toward significance ($p=.059, .086$). The data would seem to indicate that those who identify as heterosexual, attend church more often, and identify as religious seem to value sex as an idealized experience. Due to the low effect size and lack of correlational data within the independent variables as currently stated, it would be reasonable to assume that there are other factors in the variance of sexual communion that the data is currently missing or is not accounting for at this moment. However, examining the effect of sexual orientation, religion, and religiosity in sexual communion in the future could help validate and explain the difference in sexual communion as a whole.

Birth Control Results

Hypothesis 4: Race, age, income level, religiosity, religion, years together with current partner, gender, sexual orientation and family sexual communication, as measured by the Family Sex Communication Quotient (FSCQ, Warren & Neer, 1986), will significantly predict the variance in differences toward birth control attitudes or in other words, “responsible, tolerant sexuality” (Hendrick, Hendrick & Reich, 2010) as described and measured by the Brief Sexual Attitudes Scale (BSAS, Hendrick & Hendrick, 2006).

I attempted to use an enter-method regression model to predict the variance in birth control scores; however, it was determined that the results were not normally distributed as the Fisher’s Coefficient was above 1.96. I used a Kendall’s Tau correlation to determine a non-parametric estimate of the regression coefficient as discussed by Sen (1968). These scores were used to determine significant correlations between the dependent variable of Birth Control Scores based off the criteria determined in the *BSAS* and the independent variables of age, years together with current partner, gender, sexual orientation, race, income level, religion, religiosity, and family sex communication based off the *FSCQ* sum total. The results are displayed in table 24 below.

Table 24: Kendall Tau for Birth Control Scores

		Birth Control Score	FOO	Years Together	Age	Gender	Sexual Orient.	Race	Religion	Religiosity	Income Level
Kendall's Tau	Birth Control Score	Correlation Coefficient	1.000								
		Sig. (2-tailed)									
Family of Origin Influence	Correlation Coefficient	-.141**	1.000								
		Sig. (2-tailed)	.003								
Years Together	Correlation Coefficient	.058	-.114**	1.000							
		Sig. (2-tailed)	.232	.010							
Age	Correlation Coefficient	.130**	-.106*	.411**	1.000						
		Sig. (2-tailed)	.007	.015	.000						
Gender	Correlation Coefficient	-.153**	.102*	-.060	.052	1.000					
		Sig. (2-tailed)	.008	.050	.258	.324					
Sexual Orientation	Correlation Coefficient	-.011	.035	-.112*	-.167**	-.025	1.000				
		Sig. (2-tailed)	.851	.497	.032	.001	.689				
Race	Correlation Coefficient	-.098	-.007	-.182**	-.203**	-.053	.025	1.000			
		Sig. (2-tailed)	.079	.882	.000	.000	.377	.673			
Religion	Correlation Coefficient	-.052	.016	.165**	.119*	-.039	-.145*	.016	1.000		
		Sig. (2-tailed)	.329	.747	.001	.014	.503	.012	.780		
Religiosity	Correlation Coefficient	.118*	-.113*	-.020	.022	-.115*	.207**	-.127*	-.504**	1.000	
		Sig. (2-tailed)	.026	.017	.686	.643	.045	.000	.022	.000	
Income Level	Correlation Coefficient	.028	-.038	.208**	.161**	.020	-.218**	-.100	-.013	-.033	1.000
		Sig. (2-tailed)	.594	.416	.000	.001	.723	.000	.063	.804	.521

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

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

Kendall's Tau was used to examine the extent to which attitudes toward birth control as defined by the *BSAS* were associated with age, years with current partner, gender, race, sexual orientation, religion, religiosity, and family sex communication as defined by the *FSCQ*. The results of this analysis determined that birth control attitudes are associated with age ($\tau_b = .130$, $p = .007$, two-tailed), gender ($\tau_b = -.153$, $p = .008$, two-tailed), religiosity ($\tau_b = -.118$, $p = .026$, two-tailed), and family sex communication ($\tau_b = -.141$, $p = .003$, two-tailed). These results seem to indicate that older individuals value birth control more than younger individuals. Also, these results would seem to indicate that women value birth control more than men or gender non-conforming individuals. Those who attend church less frequently also tend to value birth control more as a whole. Finally, perhaps surprisingly, higher scores on family communication about sex actually led to lower birth control attitude scores. Birth control attitudes were not significantly associated with years with current partner, race, sexual orientation, or religion.

Sexual Permissiveness Results

Hypothesis 5: Race, age, income level, religiosity, religion, years together with current partner, gender, sexual orientation and family sexual communication, as measured by the Family Sex Communication Quotient (FSCQ, Warren & Neer, 1986), will significantly predict the variance in differences toward sexual permissiveness or in other words, “casual sexuality” (Hendrick, Hendrick & Reich, 2010) as described and measured by the Brief Sexual Attitudes Scale (BSAS, Hendrick & Hendrick, 2006).

I attempted to use an enter-method regression model to predict the variance in sexual permissiveness scores as outlined by the *BSAS*, however it was determined that the results were not normally distributed as the Fisher’s Coefficient was above 1.96. I used a Kendall’s Tau correlation to determine a non-parametric estimate of the regression coefficient as discussed by Sen (1968). These scores were used to determine significant correlations between the dependent variable of sexual permissiveness scores based off the criteria determined in the *BSAS* and the independent variables of age, years together with current partner, gender, sexual orientation, race, income level, religion, religiosity, and family sex communication based off the *FSCQ* sum total. The results are displayed in table 25 below.

Table 25: Kendall's Tau for Sexual Permissiveness Scores

		Per. Score	FOO	Years Together	Age	Gender	Sexual Orientation	Race	Religion	Religiosity	Income Level
Kendall's Tau	Sexual Permissiveness Score	Correlation Coefficient	1.000								
		Sig. (2-tailed)									
Family of Origin Influence	Correlation Coefficient	.045	1.000								
	Sig. (2-tailed)	.298									
Years Together	Correlation Coefficient	-.078	-.114**	1.000							
	Sig. (2-tailed)	.075	.010								
Age	Correlation Coefficient	.014	-.106*	.411**	1.000						
	Sig. (2-tailed)	.743	.015	.000							
Gender	Correlation Coefficient	.293**	.102*	-.060	.052	1.000					
	Sig. (2-tailed)	.000	.050	.258	.324						
Sexual Orientation	Correlation Coefficient	.162**	.035	-.112*	-.167**	-.025	1.000				
	Sig. (2-tailed)	.002	.497	.032	.001	.689					
Race	Correlation Coefficient	-.079	-.007	-.182**	-.203**	-.053	.025	1.000			
	Sig. (2-tailed)	.114	.882	.000	.000	.377	.673				
Religion	Correlation Coefficient	-.251**	.016	.165**	.119*	-.039	-.145*	.016	1.000		
	Sig. (2-tailed)	.000	.747	.001	.014	.503	.012	.780	.		
Religiosity	Correlation Coefficient	.279**	-.113*	-.020	.022	-.115*	.207**	-.127*	-.504**	1.000	
	Sig. (2-tailed)	.000	.017	.686	.643	.045	.000	.022	.000		
Income Level	Correlation Coefficient	-.056	-.038	.208**	.161**	.020	-.218**	-.100	-.013	-.033	1.000
	Sig. (2-tailed)	.225	.416	.000	.001	.723	.000	.063	.804	.521	

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

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

Kendall's Tau was used to examine the extent to which attitudes toward sexual permissiveness as defined by the BSAS were associated with age, years with current partner, gender, race, sexual orientation, religion, religiosity, and family sex communication as defined by the FSCQ. The results of this analysis determined that sexual permissiveness attitudes are associated with gender ($\tau_b = .293$, $p = .000$, two-tailed), sexual orientation ($\tau_b = .162$, $p = .002$, two-tailed), religion ($\tau_b = -.251$, $p = .002$, two-tailed), and religiosity ($\tau_b = .279$, $p = .000$, two-tailed). These results would seem to indicate that men and gender non-conforming tend to be more sexually permissive than women. Those who identify as either bisexual, gay, lesbian, or pansexual tend to be more sexually permissive than heterosexual couples. They also seem to indicate that those who attend church less or identify as atheist or agnostic tend to be more sexually permissive than those who do not. Sexual permissiveness attitudes were not significantly associated with age, years with current partner, race, income level, or family sex communication.

Chapter 5: Discussion

Implications

The goal of this study was to gain greater understanding into the systemic process and development of sexual processes within individuals. Results of the study show that we can predict the variance of scores in sexual permissiveness, birth control scores, and sexual communion using demographic factors and family sex communication. However, we could not predict the variance in sexual satisfaction and sexual instrumentality based off the same independent variables. Overall, religiosity, gender, sexual orientation, and religion seemed to be the most indicative factors in sexual attitude development. Systemically, family sex communication was only correlated with attitudes toward birth control. However, understanding the acculturation processes for individual factors such as religious beliefs, religiosity, gender, and sexual orientation supports the argument that sexual attitude development is a cultural process and supports a systemic approach to sexuality. Interestingly, factors such as race and economic status were not indicative of sexual attitudes or sexual satisfaction. Age and time together with current partner were only significantly associated with birth control attitude scores.

Cultural values seemed to be a key component in the results of this study, particularly gender norms and religiosity levels. Perhaps not surprisingly, those who identify as more religious and attend church more frequently seemed to have more conservative sexual attitudes toward sexual permissiveness and birth control, but viewed the sexual experience as a more idealistic experience than those who attend church less or identify as atheist and agnostic (Lefkowitz, Gillen, Boone & Shearer, 2004; Werner-Wilson, 1998; Penhollow, Young, & Denny, 2005). Women also tend to be less sexually permissive than men or gender non-

conforming individuals; however, they value birth control more (Wells & Twenge, 2005; Planned Parenthood, 2001; Hyde, 2005; Kite & Whitley, 1996; Geer & Robertson, 2005).

Also, it was interesting to see the impact of sexual orientation on many factors and how, in general, those who identify as heterosexual tend to value sexual communion more and sexual permissiveness less than those who do not identify as heterosexual. It is worth noting from a family systems perspective that, even though family communication about sex is not as predictive as other factors, the most noteworthy predictive factors are culturally influenced and tend to be family specific. This would seem to indicate that cultural influences can be predictive of sexual attitude development and are correlated with personal family beliefs as well, particularly with religiosity.

This research correlates well with previous research arguing for a systematic approach to sexual attitude development and sexual satisfaction. Positive parent-child relationships have been positively associated with sexual satisfaction (Strait et. al, 2015). Caregiving proximity and sensitivity during childhood have been associated with lower levels of relationship anxiety, as well as higher levels of sexual satisfaction (Peloquin et. al, 2014). This study furthers this previous research and gives insight into the various factors that contribute to sexual attitude development within the family, as well as the cultural factors contributing to sexual attitude development and sexual satisfaction. Specifically, understanding the predictive influence of factors such as religiosity, gender, and sexual orientation, as well as sexual communication with parents, can be useful in developing future ideas about sexual attitude development as a whole.

With this further insight, assessments for sexual issues in therapy can be developed to screen for family of origin influence on current sexual beliefs and expectations, which can help clinicians account for transgenerational issues related to sexuality. In addition, clinicians and

educators can develop new frameworks for psychoeducation for parents and children to more effectively educate children about sex. Previous research on sex education indicates that parents believe that conversations about sex with their children are critical to the developments of healthy sexual attitudes and practices within their children. However, they do not feel confident in their ability to approach children about sex; parents who are given training programs on how to discuss sex with their children report feeling more comfortable and capable of discussing sex with their children (Klein et al., 2005). Understanding this connection, and from the information gathered from this study, new training programs could focus on developing parental confidence to help them feel more confident talking with their children about sex to help develop healthy attitudes toward sex and birth control.

A greater systemic understanding about sexuality also strengthens the arguments for attachment theory as a significant aspect of sexual development as the influence of familial values can be seen as a significant factor in sexuality. Using attachment styles, as well as parenting styles, as a framework for sexual development should be explored in further research on sexual development and satisfaction to help identify specific aspects of the systemic process of sexual attitude development that can influence maladaptive sexual attitudes that lead to lower levels of sexual satisfaction. Previous research indicates that individuals with insecure attachment styles report lower levels of sexual satisfaction as well as significantly higher levels of anxiety about sex in general (Davis et. al, 2006). Insecure attachment is linked to increased drug use before sexual contact; anxiety over relationships has been linked to less safe sexual practice, but discomfort with closeness was associated with a tendency for males to be cautious about sexual risk-taking (Feeney et. al, 2000). Avoidant attachment patterns in both men and women are indicative of more sexually permissive attitudes towards sex and participating in

casual sex more often than securely attached individuals in adulthood (Gentzler & Kerns, 2004). Other research indicates that parental involvement and perceived disapproval of adolescent sexual intercourse is correlated with sexual abstinence, lower occurrences of sexual intercourse, and lowered heterosocial risk (Buhi & Goodson, 2007). When parental involvement and sexual discussion are present, children in high-poverty situations are more likely to delay sexual initiation, engage less in risky sexual behaviors and anal sex, and are more likely to use condoms when having sex (Romer et. al, 1999). This research seems to coincide at least in part with the results of the current study, particularly in regard to the influence of sexual communication with parents on birth control attitudes. This would also seem to coincide with research on attachment theory in that higher quality of relationships with parents tends to be correlated with healthier sexual practices and attitudes.

Previous research on parental styles and sexual behaviors also indicates a significant influence of parents on sexual decision making. Factors such as authoritative parenting styles, higher levels of parental monitoring, and high levels of parent-adolescent communication are predictive factors in sexual risk-taking in adolescence (Huebner & Howell, 2003). Other research indicates that the more positive a relationship is between parents and an adolescent, the less likely the adolescent is to engage in risky sexual behavior (Luster & Small, 1994). Other family factors such as divorce, living in a single parent home, socioeconomic status, parental modeling, and parental structure are correlated to sexual risk-taking during adolescence (Kotchick, Shaffer, Miller & Forehand, 2001). This research would seem to indicate that taking a systemic approach to sexuality, particularly during sexual development, lowers sexual risk-taking. Less sexual risk-taking during adolescence leads to less teenage pregnancy, lower rates of sexually transmitted diseases, and healthier attitudes towards sexuality overall.

Understanding sociocultural factors and their impact on sexual attitude development can help clinicians assess sexual and relational difficulties in couples due to different perceptions about the meaning of sex in the context of their relationship. Clinicians focusing on sex therapy should assess the impact of cultural expectations about sex, particularly regarding religiosity, ideas about gender norms, and sexual orientation when approaching couples in sex therapy. Doing so could help clarify differences in sexual attitudes and beliefs to help change sexual scripts within the relationship. This would help develop healthier and more realistic expectations between partners, leading to greater levels of sexual satisfaction. Also, therapists should assess the quality of the client's relationship with parents during childhood and the parental attitudes toward sex in the home to assess sexual attitudes and beliefs of the client (Butzer & Campbell, 2008; Hazen & Shaver, 1987; Davis et al., 2006; Birnbaum et al., 2006; Stackert & Bursik, 2003; Mikulincer & Shaver, 2010; Gillath & Schachner, 2006; Shaver & Mikulincer, 2006).

Theoretical Implications

A systemic understanding of sexuality can be beneficial in assessing a client's sexual dysfunction, as well as emphasizing the importance of parental influence in sexual development over the life span. However, there has not been a discussion of the implications of this research on specific marriage and family models of therapy and how to clinically apply the research beyond the scope of systems theory in general. To further enhance this discussion, I will focus on specific theoretical approaches to systemic thinking and practical application to these findings within the context of therapeutic models.

Family of origin influence on sexual development has been discussed in the context of sex therapy since Bowenian models of therapy have been used by therapists. Bowen argued that a lack of differentiation of self could lead to a *multigenerational transmission process* of

symptomatic behavior within the individual (Bowen, 1993). Sexual dysfunction has been linked to psychological factors resulting from issues within the family-of-origin (Betcher, 2005). One of the best methods of uncovering implicit sexual attitudes and beliefs through a Bowenian lens is the use of a sexual genogram to determine how sex was discussed in the home by parents, as well as the unspoken rules about sex in the family of origin. It can also be particularly useful when discussing possible sexual abuse or incest within the family of origin (DeMaria, Weeks & Hof, 2013).

Researchers have theorized about the development of pursuer-distancer dynamics within the family of origin through both Bowenian and Attachment models of therapy as a function of the parent-child relationship (Betcher, 2005; Johnson, 2004). According to Bowenian theorists, men and women develop pursuer-distancer relationships with their adult partners as a coping function of triangulation with parents during childhood. This dynamic carries into adult relationships due to a lack of differentiation from the triangulation experienced during childhood continuing onto adulthood (Betcher, 2005).

Attachment theorists claim that pursuer-distancer dynamics in couples are a byproduct of unresolved attachment needs from a primary caregiver, often leading to the development of anxious or avoidant attachment styles with adult partners. They also purport that sexuality within a romantic relationship serves as a primary function to developing secure attachment as a couple, as oxytocin is released during climax for the primary purpose of bringing closeness for couples (Johnson, 2004).

Both of these theories focus on parent-child interaction and closeness as a major component in the development of beliefs and ideas of romantic relationships in adulthood. Insecure attachment has been linked to early sexual onset with teens, especially with girls

(Ostler, 2013). This can also carry over into communication about sex and intimacy with children in the home, as conversations about sex are among some of the most vulnerable that parents and children will have during development. Research suggests that teaching attachment theory as part of sex education programs can help teens abstain from sex until they find secure relationships (Busby, Carroll & Willoughby, 2010). This would seem to indicate that attachment styles are linked to the sexual education and development process of adolescents. Understanding this, it seems imperative for parents to develop secure relationships with their children to be able to successfully develop healthy attitudes about sexuality and sexual behavior in general.

Clinicians can use this information specifically when assessing and treating sexual disorders within the couple dyad. Clinicians should assess subjects such as sexual history, parental attitudes toward sex, attachment styles, and history of sexual abuse specifically within the family to gain insight into possible attachment issues within the sexual framework of clients. Also, when dealing with adolescents and parents discussing perceived sexual issues, clinicians should engage both parents and adolescents in frank conversation about the sex education process in their home in addition to the quality of their relationship as a whole.

Pursuer-distancer patterns in sexually committed relationships are one of the more common problems clinicians see in both couples and sex therapy. Clinicians need to gain insight into parental relationships to identify possible triangulation or attachment issues from parental relationship to be able to manage these issues in treatment. By assessing the complete systemic dynamic instead of just the couple dynamic, clinicians gain perspective into deeply held beliefs and attitudes about sex and the meaning of sexual relations to each individual within the dyad. This insight can be used to identify key differences in sexual attitudes from childhood between

partners that could be contributing to the sexual issues between partners and creating the pursuer-distancer dynamic within the couple.

Another useful systemic approach to individual sexual issues could be the use of Internal Family Systems (IFS) therapy to combat shame and embarrassment about sex (Rosenberg, 2013). IFS uses “parts” as a way of finding deeply held, unconscious beliefs about oneself and internal conversation to reconcile conflicting beliefs and desires. Often, these “parts” serve as protective mechanisms in some context but can be maladaptive in other contexts. “Parts” are formed through our experiences, including perceived societal norms and expectations, family values and expectations, religion, race, and perceived gender norms, as well as many other factors that contribute to individual beliefs and standards. This use of personal context within treatment seems to mesh well with the results of this study as a whole, as factors such as religiosity, gender, sexual orientation, and family discussion about sex were all predictive factors in the formation of sexual attitudes. IFS researchers argue that enhanced awareness of the erotic “parts” of clients can lead to enhanced sexual satisfaction and clearer understanding of intrinsic sexual values, particularly when dealing with the polarity of these erotic parts. Rosenberg (2013) discusses the polarity between the relational parts and lusty parts of individuals and the necessity of both as part of the sexual experience:

“Lusty Parts seek sex for recreation and the highly reinforcing psycho physiological sensations that come from touching, stimulating erogenous areas and having orgasm...

Relational parts seek sex for emotional attachment, intimacy and romantic love... Being aware of our attractions and reactions to sexual differences... invites the erotic into therapy with genuine acceptance. When we bring Self-curiosity, compassion, and courage to our protectors as well as our exiles, we discover not only that we can tolerate

the desires that pull us in different directions but also we can accept and play with them to heighten erotic excitement and deepen intimacy. (pp. 181, 184)”

Therapists can use “parts” as a way to gain insight into the sexual process of a client and the myriad factors that may be contributing to sexual issues in their lives. This method is especially useful when working with clients dealing with issues reconciling their sexual beliefs and attitudes with their own sexual behavior. Much like a narrative approach or other postmodern therapeutic models, IFS attempts to liberate clients from social expectations and gain insight and acceptance into who they are as an individual. Specifically, erotic “parts” of individuals are rooted in familial expectations and societal/cultural norms, which therapists should address by identifying the purpose behind these “parts” within the context of the client and repurposing them in more constructive ways for the sexual wellbeing of the client. This involves discussing how sex was portrayed within the home during childhood, as well as perceived gender expectations and religious expectations about sex and sexuality and how the client interpreted these messages. Also, it could be useful to discuss parental sexual attitudes with parents when working with an adolescent dealing with sexual issues to identify possible points of shame or disgust that might be contributing to the sexual attitudes of the adolescent. This discussion could be used to help train parents on more effective ways to create healthy attitudes toward sexual behavior. By identifying their own hesitancy or fears about discussing sexuality with their children, parents can be given training on how to discuss sexuality with their children in order to feel more confident.

Opportunities for Further Research

The results of this study also provide ample opportunity to build and reinforce the results of this study through further research. A clear limitation to this study is the retroactive self-

assessment of communication about sex during adolescence with parents. For the purpose of this study, it was a necessary component for the time limitations of the study. However, future studies might benefit a more longitudinal approach to research, including case studies to gain more accurate depictions of communication during adolescence. By taking a longitudinal approach, researchers would be able to track changes in attitudes about sexuality over the course of multiple years, particularly during early adulthood. Case studies would also help identify particular parenting styles and attitudes, as well as help determine the influence of other family members such as siblings, on the development of sexual attitudes. Also, other factors, such as sexual activity during adolescence, pornography use, socioeconomic status, divorce, and non-traditional family structures could be examined to determine what other factors that determine sexual attitudes and behavior during adolescence, early adulthood, and long-term committed relationships going forward. In addition to these benefits, by exploring sexual communication with parents during adolescence, researchers can begin to explore other aspects of sexual identity development, including sexual orientation.

In addition to expanding the length of time of the research, replication of the study with an expanded sample could reaffirm the validity of the results of the current study, as well as expand on the quality of the results of the study. A more comprehensive study could also help give power to the results. It would also give more statistical insight into specific influence of the demographic factors. This could also lead to more specific studies of factors such as race, socioeconomic status, sexual orientation, gender, and religious factors through the context of family. Other research opportunities could involve using a meta-analysis on sexual attitude development in the family later in life to solidify the correlation between these factors overall and add internal validity to this study itself.

In order to develop new assessment tools and training programs for parents regarding better communication about sex with their children, research needs to identify what aspects of sexuality are most important to discuss and how they might influence children's attitudes toward sex and satisfaction later in life. Also, this research could examine other factors that might contribute to sexual attitude development within the home such as parenting styles, discipline, personal sexual attitudes and beliefs of the parents, personality of both the children and the parents, attachment styles, and other demographic information that could be influential to the development of sexual attitudes. This could also be a good opportunity to explore the influence of political ideology of parents surrounding sexual issues such as birth control, LGBT civil rights, abortion, and gender roles as a framework for the development of sexual beliefs as children and the long-term influence of sexual beliefs on sexual satisfaction as a whole. By gaining this understanding, researchers and clinicians can begin to develop the tools they need to successfully develop healthy sexual attitudes, as well as determine what can be defined as a healthy sexual attitude overall. This would also provide a good framework of comparing the influence of parents on sexual attitudes and satisfaction to the influence of other biopsychosocial factors such as peer influence, public sex education programs in schools and other organizations, the influence of religion on sexual beliefs, sexual orientation, mental health issues, and race to give a clearer picture of the way sex is perceived in the greater cultural zeitgeist in comparison to the nuclear family.

Other research opportunities could use a qualitative approach to determine how communication in the home influences sexual attitude development and sexual satisfaction. The benefit of using a qualitative approach would be the depth of the information received about sexual communication in the home. By opening up conversation instead of just distributing a

survey, researchers allow participants to identify the aspects of sexual communication that they found most influential in their sexual attitude development and views on sex, instead of assuming understanding as a researcher. If researchers wish to explore the influence of parenting styles or specific religious practices on sexual attitude development and satisfaction later in life, this might be a preferred option as it allows for personal influence and experience of the clients to guide research. It also allows for much greater depth within the answers given through research. This could be used to create a guiding point for more specific quantitative research in the future as well as help determine which aspects of communication are most important over development. Qualitative research might also provide an ideal format to examine the influence of cultural beliefs about sexuality and the influence they play on parenting styles and beliefs about sex on the whole. By examining these cultural differences, researchers gain insight into the cultural processing of parents on what is often a taboo topic to discuss with both parents and children. This insight will lead to more comprehensive training programs, as well as better surveys and questionnaires to meet modern values of sexual norms within the greater cultural framework. It would also allow for cultural sensitivity on the whole, which would allow for higher quality research overall.

Limitations of the Research

Although the results of this study are helping in identifying the impact of sexual communication during childhood and the influence it has on sexual attitudes and satisfaction in adulthood, there are limitations to this research that should be examined in the future that could provide substantive research going forward. One key limitation of this study is the selected sample. All participants in the study needed to be in a committed relationship for at least a year at the time of the study, which means those not currently in a sexually committed relationship are

excluded from this research. This means the sample is biased to those believe that sexual relationships involve commitment and are sexually active. The consequence of this is that those who do not believe that commitment is a necessary part of a sexual relationship are excluded from the sample or those who are in a committed non-sexual relationship as well. Also, other potential candidates for research are being excluded due to the lack of a sexual partner. This could lead to potentially skewed data, as this sample misses potential differences in attitudes and satisfaction from non-committed sexually active individuals as well as all sexually inactive adults. A follow-up study could be beneficial, comparing the sexual attitudes of those in committed relationships and those who prefer non-committed sexual experiences to see what differences might exist in sexual attitude development for these groups.

Another important limitation to address in future research would be the effects of sexual abuse within the family. In order to address sexual attitude development within the family, there needs to be a clear understanding that not all sexual behaviors within a family system will be positive interactions. Many individuals experience sexual abuse within their families, which limits safety and disrupts normal sexual development; survivors of childhood sexual abuse often experience depression, sexual disturbance and dysfunction, and increased anxiety, fear, and suicidal ideation and behaviors (Beitcherman et. al, 1992). Greater long-term effects are typically a result when parents or step-parents are the perpetrators (Beitcherman et. al, 1992). According to previous research, the area of most effect of male sexual abuse survivors is on intimate relationships in adulthood as they either tend to avoid intimacy with partners or allow partners to become abusive (Dhawali et. al, 1996). Childhood sexual abuse in women leads to significant differences in levels of affection, mature defenses, and consensus in adult romantic relationships

(Fairweather & Kinder, 2013). Future research on family of origin influence on sexual development should be aware of the effects of familial sexual abuse and address these issues.

Another key conceptual issue to address in future research would be defining healthy sexual attitudes, especially if future research would be used to determine which communication factors are most indicative of successful sexual development. For the purposes of this research, sexual attitudes were defined as the implicit beliefs and assumptions around sexual activity. However, this does not identify what beliefs and assumptions are beneficial to sexuality. Generally, there are some agreed upon healthy beliefs such as consent and safe sexual practices, such as condom use and sexually-transmitted disease prevention; however, with many sexual issues, cultural influences may have more of a bearing on healthy sexual attitudes. For example, a devout Christian might believe that sex outside of marriage is generally an unhealthy practice, while an agnostic might believe that not having sex with a partner before marriage is unhealthy, as sexual satisfaction is an important part of a committed relationship. Healthy beliefs about topics such as BDSM, pornography use, homosexuality, and cohabitation are highly influenced by cultural beliefs and therefore make defining one as healthy or unhealthy creates difficulties. These boundaries are also malleable as societal shifts have influenced and changed various sexual issues.

Chapter 6: Conclusion

The goal of this study was to explore the impact of various cultural and family of origin communication factors to determine whether they could be used as predictive factors in sexual attitude development and sexual satisfaction. After conducting the research, it is reasonable to conclude that these sociocultural demographic factors and family communication about sex have some impact on sexual attitude development, particularly in regards to religiosity, sexual orientation, and gender. However, this study failed to find predictive value for sexual satisfaction through these demographic and communitive factors. This opens opportunities for further research regarding the systemic nature of sexual satisfaction, as we were unable to connect sexual satisfaction to the factors presented in the research. It would be interesting to continue this exploration to whether there are systemic factors that contribute to sexual satisfaction as a whole. It would also be interesting to explore whether sexual attitudes regarding sexual permissiveness, sexual communion, birth control attitudes, and sexual instrumentality contribute to sexual satisfaction. Overall, the results of this study enhance the argument for a more systemic approach to sexuality as a whole, specifically regarding sexual attitude development. This increases the argument, at the very least, for the importance of sex education as a construction of attitudes and beliefs about sex. Understanding the importance of sex beliefs and attitudes from a sociocultural framework as well as from a family systems perspective helps future researchers and therapists' understanding the systemic process of sexuality. This can lead to the development of tools and research opportunities in the future to enhance the effectiveness of parents as sexual educators. By enhancing the ability to teach children about sex, children will be able to develop healthier ideas about sex and have more satisfying sexual experiences as adults.

Appendix A: Index of Sexual Satisfaction

This questionnaire is designed to measure the degree of satisfaction you have with your partner. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can for each of the following statements. Please choose N/A if you would rather not respond to the statement. Participants are given the option to pick the sentence from each statement that best corresponds with their beliefs about their personal sex lives. These choices are placed on a Likert scale which includes the following: none of the time, very rarely, a little of the time, some of the time, a good part of the time, most of the time, all of the time, and N/A for those who prefer not to respond to a question. The responses to the following statements would be used to measure individual sexual satisfaction within a relationship:

1. I feel like my partner enjoys our sex life
2. Our sex life is very exciting
3. Sex is fun for my partner and me
4. Sex with my partner has become a chore for me
5. I feel that our sex is dirty and disgusting
6. Our sex is monotonous
7. When we have sex it is too rushed and hurriedly completed
8. I feel that my sex life is lacking in quality
9. My partner is sexually very exciting
10. I enjoy the sex techniques that my partner likes or uses
11. I feel that my partner wants too much sex from me
12. I think that our sex is wonderful
13. My partner dwells on sex too much

14. I try to avoid sexual contact with my partner
15. My partner is too rough or brutal when we have sex
16. My partner is a wonderful sex mate
17. I feel that sex is a normal function of our relationship
18. My partner does not want sex when I do
19. I feel that our sex life really adds a lot to our relationship
20. My partner seems to avoid sexual contact with me
21. It is easy for me to get sexually excited by my partner
22. I feel that my partner is sexually pleased with me
23. My partner is very sensitive to my sexual needs and desires
24. My partner does not satisfy me sexually
25. I feel that my sex life is boring

Appendix B: Brief Sexual Attitudes Scale

Listed below are several statements that reflect different attitudes about sex. For each statement, fill in the response that indicates how much you agree or disagree with that statement. Responses include strongly disagree, moderately disagree, neither agree nor disagree, moderately agree, strongly agree and N/A for those who choose not to respond to a statement. Some of the items refer to a specific sexual relationship, while others refer to general attitudes and beliefs about sex. Whenever possible, answer the questions with your current partner in mind.

Respond to the following statements:

1. I do not need to be committed to a person to have sex with him/her
2. Casual sex is acceptable
3. I would like to have sex with many partners
4. One-night stands are sometimes very enjoyable
5. It is okay to have ongoing sexual relationships with more than one person at a time
6. Sex as a simple exchange of favors is okay if both people agree to it
7. The best sex is no strings attached
8. Life would have fewer problems if people could have sex more freely
9. It is possible to enjoy sex with a person and not like that person very much
10. It is okay for sex to be just a good physical release
11. Birth control is part of responsible sexuality
12. A woman should share responsibility for birth control
13. A man should share responsibility for birth control
14. A sexual encounter between two people deeply in love is the ultimate human interaction

15. At its best, sex seems to be the merging of two souls
16. Sex is a very important part of life
17. Sex is usually an intensive, almost overwhelming experience
18. Sex is best when you let yourself go and focus on your own pleasure
19. Sex is primarily the taking of pleasure from another person
20. The main purpose of sex is to enjoy oneself
21. Sex is primarily physical
22. Sex is primarily a body function, like eating

Appendix C: Family Sex Communication Quotient

The following statements represent personal feelings about family discussion about sex. Please select one of the five response categories that best describes your opinion based on your experience as an adolescent in your family of origin. Responses include strongly disagree, disagree, neither disagree nor agree, agree, strongly agree and N/A for those who choose not to respond to a statement. Also, please answer these questions regardless of whether you have ever talked about sex with your parents. Please base your responses on your best understanding of how sex was discussed or viewed within your family of origin.

Please respond to the following statement:

1. In my family, we believed that sex was one of the most important topics for parents and children to discuss
2. I could talk to my parents about almost anything related to sex during my adolescence
3. My parents knew what I thought about sex as a teenager
4. It was not necessary to talk to my parents about sex as a teenager
5. I could talk openly and honestly with my parents about sex during my adolescence
6. I knew what my parents thought about sex during my adolescence
7. The home should be a primary place for learning about sex
8. When I was a teenager, I felt comfortable discussing sex with my parents
9. During my adolescence, my parents gave me very little information about sex
10. When I was a teenager, sex was too personal a topic to discuss with my parents
11. When I was a teenager, my parents felt comfortable discussing sex with me
12. Much of what I know about sex has come from family discussions

13. In my family, we believed that sex should not be discussed in the family unless there was a problem to resolve
14. During my adolescence, sex was too hard a topic to discuss with my parents
15. When I was a teenager, I felt better informed about sex if I talked to my parents
16. During my adolescence, I believed that sex was the least important thing to discuss with my parents
17. When I was growing up, I felt free to ask my parents questions about sex
18. When I was a teenager, when I wanted to know something about sex, I would generally ask my parents

Appendix D: Demographics

Age:

How would you identify your gender?

How would you identify your sexual orientation?

How do you racially identify?

Pick the income level that most closely corresponds with your anticipated annual household income level for this year:

Less than \$20,000

\$20,000-\$40,000

\$40,000-\$60,000

\$60,000-\$80,000

\$80,000-\$100,000

\$100,000-\$150,000

\$150,000-\$200,000

More than \$200,000

Please describe your religious affiliation (Catholic, Christian, Muslim, Agnostic, LDS, Atheist, Spiritual, Buddhist, Jewish, Hindu etc.)

If religious, how often do you attend church typically?

More than once a week

Weekly

Twice a Month

Monthly

Quarterly

Annually

Are you currently in a committed relationship?

Yes

No

If in a committed relationship, how long have you been with your current partner?

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