PREDICTING SEXUAL PROBLEMS IN MEN AND WOMEN: THE RELEVANCE OF SEXUAL EXCITATION AND SEXUAL INHIBITION INVENTORY

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ABSTRACT

PREDICTING SEXUAL PROBLEMS IN MEN AND WOMEN: THE RELEVANCE OF SEXUAL EXCITATION AND SEXUAL INHIBITION INVENTORY

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Data from a non-clinical sample of 790 heterosexual participants (361 men and 429 women) were used to examine the relationships between scores on the Sexual Excitation/Sexual Inhibitoin Inventory for Women and Men (SESII-W/M) and ratings of overall sexual problems, orgasm difficulties, arousal difficulties, and low sexual interest problems. Multiple linear regression analyses were conducted. Descriptive analyses were conducted for demographic/background variables. Age was included in the multiple linear regression analyses along with the SESII-W/M factors. The SESII-W/M factor Concerns about Sexual Function was the best statistical predictor of sexual problems in men and women. SESII-W/M excitation factor Arousability was the strongest predictor for early orgasm and low interest for men and women. Arousability was also the best predictor of sexual problems men. These scales may have utility as prognostic factors in clinical contexts and treatment studies.

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This thesis has been a very rewarding experience for me and I am truly thankful I have had the opportunity to walk this journey.

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Sexual problems are pervasive in our society (Bancroft, Graham, Janssen & Sanders, in press; Laumann, Paik & Rosen,1999; Sanders, Graham & Milhausen, 2008) and they can impact individuals physically, psychologically and socially. The current study had two objectives. First, to examine the predictive ability of the arousal factors developed from the Sexual Excitation and Sexual Inhibition Inventory for Women and Men (SESII-W/M) with respect to sexual problems. The second objective was to assess how the nature of the relationships between arousal factors and sexual problems are similar and different for men and women. The results of this study add to the body of literature regarding an important model of sexual functioning: Dual Control Model of Sexual Response (initially developed by Bancroft) (1999).

There has been debate among researchers regarding how to define sexual problems. Some researchers have defined sexual problems using physiological and neurological outcomes (Bancroft, 1999; Barlow, 1986; Goldstein, 2000; Guilliano & Hellstorm, 2008). Others have taken a more subjective and cognitive approach to defining sexual problems (Dove & Wilderman, 2000; Sanders et al., 2008). In this study, both physical/physiological and the cognitive/relational aspects of sexual problems are considered. More specifically, Ellison's (2001) definition: "Discontent or dissatisfaction with any emotional, physical or relational aspect of sexual experience which may arise in one or more interrelated aspects of women's [or men's] lives" most closely articulates the conceptualization of sexual problems utilized in the current research.

The prevalence rates of sexual problems for women have been reported to range from 25% to 63% (Laumann et al., 1999). The National Health Survey and Social Life Survey indicated that 22% of women reported low sexual desire and 14% reported

arousal problems (Laumann et al, 1999). The prevalence of sexual problems among men is similar, ranging from 10% to 52% (Laumann et al., 1999). The research carried out by Laumann and colleagues (1999) revealed that 10% of men reported experiencing erectile disorder (ED) and 29% reported experiencing rapid ejaculation (RE). However, Laumann et al., (1999) have been criticized for phrasing the items in such a way that occasional problems and ongoing problems were considered together; for this reason their results may be somewhat inflated (Sanders et al., 2008). Nonetheless, the high prevalence of sexual problems has led many researchers to study this topic. Research on sexual problems began with the work of Masters and Johnson (1966) and has continued to flourish. A model that has been recently applied to the study of sexual problems and which is relevant to the purposes of the current study is the Dual Control Model of Sexual Response (Bancroft, 1999).

Literature Review

Dual Control Model of Sexual Response

The Dual Control Model provides a new way to approach sexual problems. The model purports that in the central nervous system there exist two systems for sexual response: inhibitory and excitatory (Bancroft, 1999; Bancroft & Janssen, 2000; Bancroft et al., in press). These two systems are the "dual control" for sexual behaviour. For the research reported in this thesis, the focus is on the ways in which the inhibitory and excitatory systems impact the experience of sexual problems for men and women. The capacity for sexual inhibition or excitation, in itself, is not a sexual problem, as these systems help humans to decide when it is safe to engage in sexual activity, and provide the impetus, or the drive and desire, to have sex (Bancroft & Janssen, 2000; Bancroft et

al., in press; Janssen, Vorst, Finn & Bancroft, 2002a). However, the dual control model suggests that when an individual's propensity for inhibition is too high this may predict sexual problems (Bancroft, 1999; Bancroft & Janssen, 2000; Bancroft et al., in press; Sanders et al., 2008). If the propensity for excitation is too high, this model suggests that this may predict sexual risk taking (Bancroft & Janssen, 2002; Bancroft et al., in press).

The first scales utilized to test the Dual Control Model were the Sexual Inhibition Scale (SIS) and the Sexual Excitation Scale (SES). These two scales were developed using factor analysis of data collected from a sample of men (Janssen et al., 2002a). In order to create the scales Bancroft and Janssen (2000) developed a range of different scenarios involving threatening sexual situations and exciting sexual situations. The exciting situations were designed to be exciting without any obvious stresses or threats. The threatening situations were designed to include risk, danger or likelihood of punishment. Next, scale items were written based on the aforementioned situations in order to assess the sexual response patterns that, in general, participants could relate to. For example, the inhibition items were written to reflect the situations where loss of arousal would occur due to the presentation of interpersonal or intrapersonal threat (e.g., negative consequences of having sex, concerns about performance, ideas about norms or values and physical and psychological harm) (Bancroft & Janssen, 2000).

Through factor analysis of responses from 459 men, three higher level factors emerged: one sexual excitation (SE) factor and two sexual inhibition (SI) factors (Bancroft & Janssen, 2000). The two sexual inhibition factors were "inhibition due to threat of performance failure" (SIS-1) and "inhibition due to threat of performance consequences" (SIS-2) (Bancroft & Janssen, 2000). The SIS-1 factor consists of items

pertaining to the fear of performance failure; for example, losing arousal easily, the need to start intercourse quickly or fantasize strongly to maintain arousal (Bancroft & Janssen, 2000). The SIS-2 factor includes items regarding fears of external threats such as a hostile partner response or threats of external risks (e.g., getting caught, getting their partner pregnant, or getting a sexually transmitted infection (Bancroft & Janssen, 2000).

The SIS/SES (Sexual Excitation and Sexual Inhibition Scales) were shown to be both reliable and valid for men (Janssen et al., 2002a; Janssen et al., 2002b). The scales have since been modified in order to be used with women (Carpenter, 2006). However, some researchers have been critical of using the SIS/SES with women, since the scales do not assess factors that may be most relevant to women's sexual responses and excitation and inhibition might be different for men and women (Graham, Sanders, & Milhausen, 2004; Graham, Sanders & Milhausen, 2006; Sanders et al., 2008;). For example, because of the unique and significant consequences of sexual activity for women (i.e., pregnancy), inhibitory mechanisms may be better developed in women and thus may be less variable than men's inhibitory mechanisms (Bancroft et al., in press; Graham et al., 2004; Sanders et al., 2008). Furthermore, research has suggested that there may be gender differences in the different temporal relationship between inhibition and sexual activity (i.e., inhibition may occur earlier for women) (Bancroft et al., in press; Bjorklund & Kipp, 1996). One of the main critiques of the SIS/SES is that it does not include relational factors that might be relevant to women (Graham et al., 2004; Sanders et al., 2008). Researchers have also suggested that what is threatening may be different for women and men (e.g., reputation, anxiety, body image, etc.) (Bassoon, 2002; Bassoon, 2008; Ellison, 2001; Milhausen & Harold, 2001; Tiefer, 2001). Lastly, the SIS/SES have been criticized because when the

items were adapted for women some items did not fit (e.g., "I quickly lose my arousal") because women's physiological arousal does not dissipate quickly (Graham et al., 2004; Graham et al, 2006; Sanders et al., 2008).

Focus Group Studies

As a result of these criticisms, a focus group study with a sample of non-clinical heterosexual and homosexual women was conducted (Graham et al., 2004). This study revealed a number of inhibition and excitation themes that were not included in the SIS/SES measure. The themes that emerged with regards to excitation and inhibition from this qualitative study include (a) feelings about one's body; (b) concerns about reputation; (c) fears about unwanted pregnancy/contraception; (d) feeling desired versus used by a partner; (e) style /approach (how approached) / initiation (what kind of approach) /timing (when approached) and, (f) negative mood.

Although the SIS/SES was found reliable and valid for men, a focus group study was conducted in order to explore the themes that would emerge with regards to inhibitory and excitatory factors. When men were asked about factors relating to inhibition, the themes they reported were very similar to those reported by women. The main themes that men reported were: (a) feelings about one's self (b) partner's sexual desire (c) mood state, (d) feeling emotionally connected and contextual variables (e.g., setting, alcohol) (Janssen, McBride, Yarber, Hill & Butler, 2008).

The "feelings about one's self" theme is similar to the women's focus group theme regarding "feelings about one's body" as both men and women reported that feeling confident and comfortable with themselves was an important arousal enhancer

(Graham et al., 2004; Janssen et al., 2008). Next the "partner's sexual desire" theme is similar to "feeling desired versus feeling used by a partner" as both men and women seem to value their partner's desire, although for the women not feeling used also seems important (Graham et al., 2004; Janssen et al., 2008). The "mood state" theme is similar to the women's theme "negative mood" although for the men sometimes negative mood does not necessarily decrease arousal whereas women reported that it does (Graham et al., 2004; Janssen et al., 2008). "Feeling emotionally connected" was a theme for men that relates to the "feeling desired versus used" theme for the women (Graham et al., 2004; Janssen et al., 2008). The women mentioned that they wanted to be with someone who wanted more than to have sex with them, but rather someone who is interested in them as an individual person. Similarly, men explained that feeling emotionally connected with their partner was an arousal enhancer. Finally both men and women reported a theme relating to context. The men identified "setting" or "alcohol" as important context factors whereas the women were more specific and identified: style of approach, initiation and timing as being important context factors to their arousal. It is interesting to note that similar factors emerged for both women and men suggesting that themes previously neglected or identified as "women's themes" are relevant for both men and women. These results indicated that a questionnaire encompassing all of the aforementioned themes would be beneficial (Janssen et al., 2008).

Development of the SESII-W and SESII-W/M

A questionnaire that includes both the factors from the SIS/SES as well as the themes reported in the focus groups is the Sexual Excitation/Sexual Inhibition Inventory (SESII-W) (Graham, Sanders & Milhausen, 2006). The one hundred and fifteen items

were developed almost verbatim from the women's focus group transcripts (Graham et al., 2004). The questionnaire was administered to a sample of community and campus women (N = 300; 18-81 yrs) and the data was subjected to maximum likelihood factor analysis with Varimax rotation (Graham et al., 2006). The resulting 36 item SESII-W consists of the following factors: (a) Relationship Importance (the requirement that sex occur within a certain context); (b) Arousal Contingency (the propensity for situational factors to disrupt arousal); (c) Concerns About Sexual Functioning (propensity for inhibition of arousal pertaining to worries about sexual functioning); (d) Partner Characteristics (the propensity for arousal to be enhanced with a positive behaviour or personality attribute of the partner); (e) Sexual Power Dynamics (arousal enhancement as a result of trusting forceful or dominating sexual encounter); (f) Smell (arousal enhancement as a result of olfactory cues) and; (g) Setting (arousal enhancement as a result of the possibility of being caught in a novel setting) (Graham, Sanders & Milhausen, 2006).

Graham and colleagues (2006) argued that the items that emerged from the women's focus group analysis would also have relevance for men. This argument is congruent with results from the aforementioned men's focus group study (Janssen et al., 2008). The SESII-W includes variables that men identified as being important (e.g., relationship quality; concerns about sexual functioning). Two items were added to the SESII-W to transform it into the SESII-W/M questionnaire so that men and women would be asked about opposite and same sex partners (Milhausen, 2004).

A random sample of male and female graduate and undergraduate students at a large Midwestern University were invited to complete the questionnaire (Milhausen,

2004). A sample of 822 men and women who identified as heterosexual, male or female, and who were between the ages of 18 and 37 was included in the analysis for this research. Data was subjected to the same factor analytic techniques as had been used in the women's study (Graham, Sanders, & Milhausen, 2006). Eight factors emerged as being relevant for both men and women's sexual arousal. The eight factors were: (a)Concerns about sexual functioning (propensity for inhibition of arousal pertaining to worries about sexual functioning); (b)Relationship Importance (the requirement that sex occur within a certain context); (c) Arousability (ability of finding numerous situations sexually arousing); (d) Partner Characteristics (the propensity for arousal to be enhanced with a positive behaviour or personality attribute of the partner); (e) Setting (the possibility of being caught as impacting arousal); (f) Hormones; (g) Dyadic elements of the sexual interaction and (h) Mood (Milhausen, 2004). Interestingly, the majority of the items present in the factor analysis based on a sample of men and women were also found in the analysis based only on women, providing additional support for the idea that the factors on the SESII-W/M may be relevant for both genders.

Sexual Arousal and Sexual Problems

The inhibitory factors in the SIS have been linked to sexual problems for men (Bancroft & Janssen, 2000). Research has shown that men who obtained high scores on SIS-1 were also likely to have erectile problems (Bancroft et al., 2005; Bancroft et al., in press). However, the SIS/SES has not been found to be predictive of rapid ejaculation (Bancroft & Janssen, 2005; Bancroft et al., in press). For women two main inhibitory factors emerged using the SESII-W: (a) Concerns about Sexual Function and (b)Arousal Contingency (Sanders et al., 2008). These factors have also been linked to sexual

problems for women such as arousal difficulty, orgasm difficulty and low sexual interest (Bancroft et al., in press; Sanders et al., 2008). Results from the focus group studies with women and with men suggest that similar factors are relevant to both women's and men's arousal (Graham et al., 2004; Janssen et al., 2008). It may be, then, that the SESII-W/M, developed using factor analysis with data collected from men and women, will be the most effective measure for predicting the experience of sexual problems in both genders.

Purpose of the Study

The purpose of the study was twofold. First, we wanted to determine the predictive ability of SESII-W/M factors with respect to sexual problems. Second, we wanted to compare the nature of the relationships between the SESII-W/M factors and sexual problems for men and women. We expected that our results would contribute to a better understanding of the Dual Control Model.

Hypotheses

The following four factors from the SESII-W/M are hypothesized to predict sexual problems: (a) Concerns about Sexual Functioning, (b) Relationship Importance, (c) Arousability and, (d) Dyadic Elements of the Interaction.

The first hypothesis was that the Concerns about Sexual Functioning factor would be predictive of sexual problems for both men and women. The Concerns about Sexual Functioning factor was found in the women's study to be predictive of arousal difficulties, orgasm difficulties and low interest (Graham et al., 2006). Given that Concerns about Sexual Functioning mirrors some of the items in the SIS-1 concerning threats due to performance failure (Bancroft & Janssen, 2000; Bancroft et al., in press), we expected that this factor would also be predictive of sexual problems for men. We

considered it possible that this factor would be a stronger predictor of sexual problems in women than in men because, in the previous study using the SESII-W/M, women scored higher on this factor than did men (Milhausen, 2004).

The second hypothesis was that the Relationship Importance factor would be predictive of sexual problems for men and women because, in both the focus group studies (Janssen et al., in press; Sanders et al., 2004), the theme of Relationship Importance was reported as being relevant to arousal. Furthermore, we expected that, similar to the previous research with the SESII-W/M (Sanders et al, 2004), it was possible that this factor would be a stronger predictor of sexual problems in women than in men.

The third hypothesis was that low scores on the Arousability factor would be predictive of sexual problems. This hypothesis was based on previous research which suggests that both men and women with low levels of arousability reported significantly more Arousal problems (Carpenter, 2002). Furthermore, as high Arousability scores have been linked with early orgasm/premature ejaculation for men, (Guiliano & Hellstorm, 2008; Jannini, Lombardo & Leitz, 2005) we hypothesized that this factor might also be a good predictor of sexual problems. Although the Dual Control Model had not been previously linked to sexual problems in this way (Bancroft & Janssen, 2000; Bancroft, Carnes, Janssen, Goodrich & Long, 2005; Bancroft et al., in press) it was possible that this factor would predict sexual problems to a greater degree in men than in women. In conceptual writings, exceedingly high or low arousability has been linked with rapid or premature ejaculation, erectile dysfunction and low interest (Bancroft et al., 2005;

Guiliano & Hellstorm, 2008; Jannini et al., 2005; Lief, 1981;.Rowland, 2007) Thus we hypothesized that this factor would better predict sexual problems for men.

The last hypothesis was that the Dyadic Elements factor would be predictive of sexual problems. In previous research Ellison (2001) found that women reported experiencing sexual problems when they were concerned about their partner's physical non-receptiveness or their own physical responsiveness. Also, as men reported in the focus group study, dyadic elements are important to some men's sexual functioning (Janssen et al., 2008). Thus if scores are low on this subscale there might be some link to sexual problems in men (Janssen et al., 2008). As a high need for relational/ reciprocal aspects of the sexual interaction (and not having it occur within the relationship) have been found to be predictive of sexual problems in women (Ellison, 2001), it seemed possible that Dyadic Elements would be a stronger predictor of sexual problems in women than men.

The remaining factors of the SESII-W/M were not included in the current study because there is a lack of theoretical and empirical evidence linking them to sexual problems.

Methodology

Participants

The present study involved analyses of data which was collected between November and January of 2004. A random sample of 4000 emails were sent to undergraduate and graduate students at Indiana University in Bloomington inviting them to participate in the study. Participants were randomly selected by computer from a database of all Indiana University students. Over one-third (34.75%) of the students who

received the email invitation to participate logged on to the study website. This logged-on sample was comprised of 1390 students (693 men and 679 women). The two main criteria for participation were (a) being enrolled at Indiana University (graduate or undergraduate) and (b) being 18 years or older. We removed from the sample participants who: (a) had technical problems, (b) did not specify gender, (c) did not complete at least 75% of the items from each SESII-W/M subscale to be used in the analysis, (d) did not identify as heterosexual (in order to maintain group homogeneity) and, (e) were older than 37 (participants who were more than 3 standard deviations from the mean in age of 21.80 years). There remained 790 participants. Of these 790 who completed the questionnaire participants 429 were women and 361 were men. Participants who completed the questionnaire were predominantly Caucasian.

Data Collection

Analyses for this study were conducted on the previously collected data from the sample of 790 university students. The questionnaire was administered using a Web-based format. This method has many benefits, including cost-effectiveness, increased data accuracy, and increased response rates (Mustanski, 2001; Pealer, Weiler, Pigg, Miller, & Dorman, 2001; Rhodes, DiClemente, Cecilo, Hergenrather, & Yee, 2002). Further, erroneous or unacceptable data was minimized because multiple responses to a single item and skipping items can be prohibited using a Web-based questionnaire whereas this is not possible with traditional pencil-and-paper questionnaires. Additionally, web-based questionnaires may elicit more honest responding, particularly regarding sensitive topics like sexual behaviour (Pealer et al., 2001).

Each of the students selected for the random sample received electronic mail from the principal investigator inviting him/her to participate in the study (See Appendix A). The emails included a link to a secure website. When a student accessed the site, he/she read the Study Information Sheet (Appendix C) and was able to decide whether or not to participate. By advancing to the next page, the student consented to participate and began answering questions. To ensure respondent anonymity, no electronic individual user tracking data (for example, Internet Protocol [IP] addresses) was collected. A reminder email including the Web address was sent to the entire sample a week following the initial invitation (Appendix B). Participants were given contact information for the principal investigator so that they could request a summary of the findings.

The data were automatically entered into a database for export into the Statistical Package for Social Sciences (SPSS) version 15.0 eliminating errors associated with data entry and allowing for real-time data processing (Baer, Saroiu & Koutsky, 2002).

Measures

The questionnaire includes three sections: (a) demographic questions, (b) SESII-W/M and, (c) sexual problems measures. The first section, demographic questions, includes age, sex, race, religion, marital status, sexual orientation, relationship status, and sexual satisfaction.

Sexual Excitation and Sexual Inhibition Measures

The second section of the questionnaire consists of the 40-item Sexual Excitation and Sexual Inhibition – Women's Version/Men's Version (SESII-W/M) (Milhausen, 2004). SESII-W/M items measure propensity for sexual arousal in a variety of situations. As previously noted this scale is based on the Dual Control Model of Sexual Response (Bancroft & Janssen, 2000). It was developed from themes that emerged from focus groups with women (Sanders et al., 2004). The questionnaire contains eight subscales: (a) Concerns About Sexual Functioning, (b) Relationship Importance, (c) Arousability, (d) Partner Characteristics and Behaviors, (e) Setting – Unusual or Unconcealed, (f) Hormones, (g) Dyadic Elements of the Sexual Interaction and, (h) Mood. The scale utilizes a four-point Likert-type scale with responses ranging from "strongly disagree" to "strongly agree".

As previously noted this current study will examine the relationship between the SESII-W/M factors and sexual problems. For this reason only four of the eight subscales will be used in this study: (a) Concerns about Sexual Functioning, (b) Relationship Importance, (c) Arousability and, (d) Dyadic Elements of the Interaction.

1. The *Concerns about Sexual Functioning (CSF)* subscale consists of eight items related to apprehension about sexual performance (e.g., worry about getting aroused). Examples of items in this subscale include: "Sometimes I feel so 'shy' or self-conscious during sex that I cannot become fully aroused" and "If I think about whether I will have an orgasm, it is much harder for me to become aroused." High scores on this subscale indicate inhibition related concerns about sexual functioning. The Cronbach's alpha was reported to be .80 in the research carried out by Milhausen (2004).

2. The *Relationship Importance* subscale is comprised of five items regarding the need for sex to take place within certain relationship contexts. Items within this subscale include: "It would be hard for me to become sexually aroused with someone who is involved with another person" and "If I think that I am being used sexually it completely turns me off." High scores on this subscale indicate inhibition related concerns about not being in a close committed relationship (Milhausen, 2004). The Cronbach's alpha was reported to be .75 in Milhausen. (2004).

3. The *Arousability* subscale is comprised five items. Low scores on this subscale indicate low sexual excitation levels. The items in this subscale include statements such as: "When I think about someone I find sexually attractive, I easily become sexually aroused" and "Just being physically close with a partner is enough to turn me on." The Cronbach's alpha was reported to be .72 (Milhausen, 2004).

4. The *Dyadic Elements of the Sexual Interactions* subscale is comprised of three items. The items in this subscale include statements such as: "It interferes with my arousal if there is not a balance of giving and receiving pleasure during sex." High scores on this subscale suggest that negative partner dynamics during the sexual interaction, specifically related to partner insensitivity to sexual signals, lack of balance and giving and receiving during sex, and uncertainty about partner's feelings can inhibit sexual arousal for the participant. The Cronbach's alpha was reported to be .66 (Milhausen, 2004).

Sexual Problems Measures

The final portion of the questionnaire was comprised of items pertaining to sexual problems. Participants were then asked a series of questions regarding their experience of various sexual problems. The problems addressed in this questionnaire include: difficulty becoming or staying sexually aroused, difficulty reaching orgasm, and difficulty with low sexual interest (See Table 1). The questions were adapted from a previous study regarding sexual problems in women (Sanders et al., 2008). The sexual problems items ask respondents to indicate whether they have experienced a sexual difficulty which they experienced as problematic. For example, early orgasm has been defined in the literature as reaching orgasm or climax (for men) in less than two minutes (McCarthy & Thestrup, 2008). However, the items in the current study pertain to the participant's perception of early orgasm (and whether this is something they didn't like) rather than operationalizing the problem for the participants. This allows the participants to define in a more subjective way what they see as problematic (See Table 1). This is an important distinction as sexual problems research has been criticized for pre-defining sexual problems and thus being an inaccurate representation of the participants experience (Basson, 2002). The items are presented in Table 1.

Table 1

Sexual Problem Items and Response Options

Sexual Problem	Item	Response Options
Overall sexual problems	To what degree, if any, would you say you experience sexual problems?	1- "Not at all" 2- "Very Little" 3- "A little" 4- "Moderately" 5- "Strongly" 6 – "Very strongly"
Difficulty reaching orgasm/climax	Have there been any times in your life when difficulty in reaching orgasm/climax was a problem for you?	1- "Never" 2- "Less than half of the time" 3- "About half of the time" 4- "More than half of the time" 5- "All of the time"
Early Orgasm	Have there been any times in your life when you achieved orgasm/climax earlier than you would have liked?	1- "Never" 2- "Less than half of the time" 3- "About half of the time" 4- "More than half of the time" 5- "All of the time"
Difficulty becoming/staying sexually aroused	Have there been any times in your life when difficulty becoming or staying sexually aroused was a problem for you?	1- "Never" 2- "Less than half of the time" 3- "About half of the time" 4- "More than half of the time" 5- "All of the time"
Low interest	Have there been any times in your life when you felt your sexual interest was too low?	1- "Never" 2- "Less than half of the time" 3- "About half of the time" 4- "More than half of the time" 5- "All of the time"

Data Analysis

The data analysis was designed to explore the relationship between sexual problems and various SESII-W/M factors. Multiple linear regression analyses were conducted on the sexual problems variables using each of the previously discussed factors as independent variables (CSF, Relationship Importance, Arousability, and Dyadic Interactions). The five criterion sexual problem variables included: difficulty reaching orgasm, early orgasm, difficulty staying aroused, low interest and overall sexual problems. Normality plots, skewedness, kurtosis, and homogeneity of variance were assessed and no violations of assumptions, such as multicollinarity, non-normality, non-linearity, and dependent variable non-normality, were found underlying the hierarchical linear regression analysis.

Additionally, interactions between gender and each independent variable were examined as previous research suggests that gender may interact with the SESII-W/M factors (Milhausen, 2004; Sanders et al., 2008; Bancroft et al., 1999). When interactions were significant, analysis was conducted separately for men and women. Finally, the full model was tested using linear regression for each of the sexual problem outcomes with the four SESI-W/M factors as the independent variables in order to determine the magnitude of the relationship between each of these variables and sexual problems. Hierarchical linear regression was used in order to determine how much variance would be accounted for once gender and age were included as covariates in the model. Age was controlled for in the first block of the analysis as research in sexuality suggests that age has been associated with less sexual drive, less sexual activity and more negative sexual attitudes (Purifoy, Grodsky & Gimbra, 1992; Katz & Marshall, 2003).

Results

Participants

Participants were 790 heterosexual, Indiana University men (N = 361) and women (N = 429) ranging in age from 18 to 36. Men were, on the average, significantly older than women (22.38 (*SD* = 3.44) vs. 21.32 (*SD* = 3.52), $p < .01$. The majority of the sample identified as White (over 90%). Participants were approximately equally distributed across the undergraduate and graduate years. The majority reported they were single/never married (85.4%), but about one-half (53.7%) were in exclusive sexual relationships, 7% were in nonexclusive sexual relationships, and 39.3% were not currently in a sexual relationship. See Table 1 for a more detailed description of the sample.

Table 2

Demographic and Background Characteristics of the Sample (N= 790).

Demographic/Background Variable	Statistic
Gender	
% Males	45.70
% Females	54.30
Sexual Orientation	
% Heterosexual	100.00
Age	
Mean (SD)	21.80 (3.50)
Min-max	18.00-36.00

Table 2 Continued

Demographic and Background Characteristics of the Sample (N= 790).

Demographic/Background Variable	Statistic
Status	
% Undergraduate	79.80
% Grad	20.30
Marital Status	
% Single / Never Married	85.40
% Living with Partner	7.50
% Married	6.20
% Separated / Divorced	0.90
Religion	
% Protestant	12.70
% Catholic	24.00
% Christian	25.20
% Jewish	5.90
% Muslim / Islam	0.80
% None	23.40
% Other	8.10

Table 2 Continued

Demographic and Background Characteristics of the Sample (N= 790).

Demographic/Background Variable	Statistic
_Importance of Religion / Spirituality	
% Very Important	14.70
% Important	34.00
% Slightly Important	32.50
% Not Important at All	18.80
Sexual Relationship Status	
% Exclusive	53.70
% Nonexclusive	7.00
% No Sexual Relationship	39.30
Race	
% American Indiana/Alaskan Native	0.30
% Asian	2.70
% Black or African American	2.50
% White	93.60
% Hawaiian / Pacific Islander	1.10

Table 2 continued

Demographic and Background Characteristics of the Sample (N= 790).

Demographic and Background Characteristics	Statistic
Sexual Satisfaction in Current Relationship	
% Very Satisfied	48.70
% Somewhat Satisfied	36.30
% Neither Satisfied nor Dissatisfied	8.00
% Somewhat Dissatisfied	4.30
% Very Dissatisfied	2.70

Overall Sexual Problems—Gender Differences

Men and women were significantly different in terms of the frequency of overall sexual problems they reported (x^2 (1, N = 772) = 145.79, p = .001). Women (M = 2.26, SD = 1.11) reported experiencing overall sexual problems significantly more (t (775) = 3.40, p = .00 than men (M = 2.00, SD = 1.00). See Table 2 for a more detailed reporting of the gender differences in experiencing overall sexual problems.

Table 3

Gender Differences in Overall Sexual Problems (N= 772).

Overall Experience of Sexual Problems	Gender	Statistic (%)	Chi Square	*P*
Not at all	Men	36.10	13.03	0.02*
	Women	27.30		
Very Little	Men	39.20		
	Women	37.70		
A little	Men	15.50		
	Women	22.0		
Moderately	Men	7.30		
	Women	9.00		
Strongly	Men	1.70		
	Women	2.80		
Very Strongly	Men	0.30		
	Women	1.20		

Difficulty Reaching Orgasm/Climax—Gender Differences

The proportion of men and women reporting difficulty reaching orgasm or climax was significantly different ($x^2(1, N = 772) = 145.79, p = .001$). Women ($M$ =2.36, SD = 1.20) reported experiencing this problem more frequently than men (M = 1.46, SD = 0.66, t (1, 669) = 13.16, p = .00). See Table 3 for frequencies.

Table 4

Gender Differences in Problems Due to Difficulty Reaching Orgasm/Climax (N = 772).

Experience of Difficulty Reaching Orgasm/Climax	Gender	%	Chi Square	*P*
			145.79	0.00
Never	Men	60.60		
	Women	27.00		
Less than half of the time	Men	35.40		
	Women	36.50		
About half of the time	Men	1.70		
	Women	17.20		
More than half of the time	Men	2.00		
	Women	12.20		
All of the time	Men	0.03		
	Women	7.20		

Early Orgasm—Gender Differences

Men and women were also significantly different with regards to their experience of early orgasm ($x^2(1, N = 772) = 209.90, p = .00$). Men ($M = 2.34$, SD = 0.98) experienced early orgasm significantly more than women ($M = 1.42$, SD = 0.70, t (1, 625) = 14.65, $p = .00$). See gender differences in early orgasm problems which are reported in Table 4.

Table 5

Gender Differences in Early Orgasm Problems (N = 772).

Experience of Early Orgasm	Gender	%	Chi Square	*P*
Never	Men	17.20	209.90	.000
	Women	66.30		
Less than half of the time	Men	49.20		
	Women	28.20		
About half of the time	Men	18.60		
	Women	2.90		
More than half of the time	Men	12.70		
	Women	2.20		
All of the time	Men	2.30		
	Women	0.50		

Difficulty Becoming/Staying Sexually Aroused—Gender Differences

Gender differences were also found related to problems with becoming or staying aroused ($x^2(1, N = 771) = 44.34, p = .00$). Women ($M = 1.76$, SD = 0.77) reported experiencing problems with becoming or staying sexually aroused significantly more than men ($M = 1.43$, SD = 0.55, $t(1, 749) = 7.0, p = .00$). Frequencies for men and women are displayed in Table 5.

Table 6

Gender differences in problems becoming or staying sexually aroused (N = 772).

Experience of problems becoming or staying sexually aroused	Gender	%	Chi Square	*P*
Never	Men	59.70	44.34	.00
	Women	39.90		
Less than half of the time	Men	37.70		
	Women	47.60		
About half of the time	Men	2.30		
	Women	8.90		
More than half of the time	Men	0.30		
	Women	3.40		
All of the time	Men	0.00		
	Women	0.20		

Low Sexual Interest—Gender Differences

Women and men differed in the experience of low sexual interest ($x^2(1, N = 772) = 78.30, p = .00$). Women ($M = 1.90$, SD = 0.97) reported experiencing low interest significantly more often than men ($M = 1.32$, SD = 0.62, $t\ (1, 716) = 9.25, p = .00$). See Table 6 for all significant differences.

Table 7

Gender Differences in Low Sexual Interest Problems (N = 772).

Experience of Low Sexual Interest	Gender	%	Chi Square	*P*
Never	Men	69.50	78.30	.00
	Women	39.70		
Less than half of the time	Men	25.40		
	Women	41.60		
About half of the time	Men	4.00		
	Women	9.10		
More than half of the time	Men	1.10		
	Women	7.90		
All of the time	Men	0.00		
	Women	1.70		

Sexual Problems and SESII-W/M Factors

Overall Sexual Problems--Regression Analysis

The outcome variable consisted of a six point Likert-type scale for overall sexual problems ranging from "never" to "all of the time". The models for men and women were analyzed separately as a significant interaction existed between the Arousability (F (3, 773) = 5.76, p = .04), Dyadic Elements subscales (F (3, 769) = 7.35, p = .02) and gender.

When the SESII-W/M factors were included in the men's model 12.6% (R^2 = .126) of the variance was explained, versus only 1.6% (R^2 = .016) of the variance which was explained by age alone. CSF was the strongest significant predictor of overall sexual problems for men (β = 0.30, p = .00). Arousability was the second strongest significant predictor of sexual problems for men (β = .11, p = .03). Age was the weakest significant predictor of overall sexual problems for men (β = .10, p = *.04).* As scores increased on the CSF, Arousability and age, men were more likely to report having experienced sexual problems.

For women, in the second block when the SESII-W/M factors were included the model for accounted for 14% of the variance (R^2 = .14) whereas age alone only predicted 0.6% (R^2= .01) of the variance. As aforementioned, CSF was the strongest predictor of overall sexual problems for women (β = .37, p = .00).

Table 8

Hierarchical linear regression analysis predicting overall sexual problems from age, gender and SESII-M/W factors

Variable	B	*B*	*P*	R^2	F	*P*
Overall Sexual Problems						
Males						
Step 1				.016	5.829	.016*
Age	.037	.128	.016*			
Step 2				.126	12.593	.00**
Age	.029	.100	.048*			
Concerns About Sexual Functioning (CSF)	.326	.302	<.01**			
Arousability	.117	.106	.039*			
Dyadic Elements	.073	.078	.145			
Females						
Step 1				.006	2.325	.128
Age	.023	.074	.128			
Step 2				.141	17.096	.00**
Age	.006	.020	.658			
CSF	.467	.372	<.01**			
Arousability	-.26	-.023	.622			
Dyadic Elements	-.087	-.072	.121			

Overall Sexual Problems--ANOVA

As there was a significant interaction between gender, Arousability (F (3, 773) = 5.76, $p = .04$), and Dyadic Elements (F (3, 769) = 7.35, $p = .02$), men and women were analyzed separately using ANOVA. Only SESII-W/M factors that were significant at the bivariate level were analyzed using ANOVA. Men who did not experience sexual problems at all ($M = 1.86$, SD = 0.41) scored significantly (F (4,350) = 11.24, $p = .000$) lower on the CSF subscale than those who experienced overall sexual problems "very little" ($M = 2.08$, SD = 0.42), "a little" ($M = 2.21$, SD = 0.52) or "moderately" ($M = 2.38$ SD = 0.57) (See Table 8 for all significant differences).

Women who reported not experiencing any sexual problems ($M = 2.33$, SD = 0.43) scored significantly lower (F (4, 417) = 18.63, $p = .000$) on the CSF subscale than women who reported experiencing overall sexual problems "a little" ($M = 2.40$, SD = 0.41), "moderately" ($M = 2.77$, SD = 0.36) and "strongly/very strongly" ($M = 2.87$, SD = 0.52). (See Table 9 for all significant differences)

Table 9

Percent reporting the frequency of lifetime overall sexual problems and corresponding mean scores (SD) for CSF, Arousability and Dyadic Elements Subscales for Men (N = 355).

Overall Problems	%	CSF $\bar{x}$ (SD)	Arousability $\bar{x}$ (SD)	Dyadic Elements $\bar{x}$ (SD)
Not at all	36.10	1.86 (0.41) [a,b,c]	3.19 (0.50)	2.74 (0.56)
Very Little	39.20	2.08 (0.42) [a, d]	3.26 (0.45)	2.81 (0.59)
A little	15.50	2.21 (0.52) [b]	3.21 (0.47)	2.98 (0.53)
Moderately	7.30	2.38 (0.57) [c, d]	3.22 (0.46)	3.05 (0.60)
Strongly/Very Strongly	2.00	2.19 (0.80)	3.34 (0.57)	3.14 (0.50)
Anova F (*p*)		11.24 (.000)	0.48 (0.75)	3.02 (0.18)

[abcd] indicates the significant comparisons at the .05 level (Tukey HSD).

Table 10

Percent reporting the number of lifetime overall sexual problems and corresponding mean scores (SD) for CSF, Arousability and Dyadic Elements Subscales for Women (N = 422).

Overall Problems	%	CSF $\bar{x}$ (SD)	Arousability $\bar{x}$ (SD)	Dyadic Elements $\bar{x}$ (SD)
Not at all	27.30	2.33 (0.43) [a, b, c]	2.94 (0.53)	3.05 (0.48)
Very Little	37.70	2.40 (0.41) [d, e, f]	3.02 (0.49)	3.00 (0.51)
A little	22.00	2.67 (0.42) [a, d]	2.90 (0.46)	3.15 (0.52)
Moderately	9.00	2.77 (0.36) [b, e]	2.90 (0.53)	2.95 (0.41)
Strongly/Very Strongly	4.00	2.87 (0.52) [c, f]	2.68 (0.49)	2.98 (0.53)
Anova F (*p*)		18.63 (.000)	2.68 (0.32)	1.75 (0.14)

[abcdef] indicates the significant comparisons at the .05 level (Tukey HSD).

Difficulty Reaching Orgasm/Climax--Regression Analysis

The response options for the difficulty reaching orgasm outcome variable were presented on a Likert-type scale ranging from "Never" to "All of the time". The models for men and women were analyzed separately because there were significant interactions between two of the arousal factors, CSF ($F(3, 768) = 86.47$, $p = .00$), Dyadic Elements ($F(3, 764) = 53.47$, $p = .02$), and gender.

For men, including the SESII-W/M factors in the model explained 10.4% ($R^2 = .10$) of the variance of the orgasm difficulty outcome variable, versus only .01% ($R^2 = .00$) which was explained by age alone. The CSF subscale was the strongest predictor of the experience of difficulty reaching orgasm/climax for men ($\beta = .30$, $p = .00$). As scores on CSF increased so did the experience of orgasm difficulties.

For women, the model (including SESII factors) explained 13% ($R^2 = .13$) of the variance in the orgasm difficulty variable whereas the model including age alone did not explain a detectable percent of the variance (0.00%, $R^2 = .000$). CSF was also the strongest predictor of difficulty reaching orgasm/climax for women ($\beta = .37$, $p = .00$) and as scores increased on this subscale so did the frequency with which women experienced this problem. Dyadic Elements was the second strongest predictor for women ($\beta = .10$, $p = - .04$). Dyadic Elements predict an inverse relationship such that as scores on this subscale increased women were less likely to experience difficulty reaching orgasm/climax.

Table 11

Hierarchical linear regression analysis predicting difficulty reaching orgasm from age, gender and SESII-M/W factors.

Variable	B	*B*	*p*	R^2	F	*P*
Difficulty Reaching Orgasm						
Males						
Step 1				.00	.30	.58
Age	.00	.03	.58			
Step 2				.10	8.03	.00**
Age	.00	.30	.89			
CSF	.21	.30	.00**			
Relationship Importance	-.04	-.07	.19			
Arousability	.03	.04	.43			
Dyadic Elements	.04	.03	.22			
Females						
Step 1				.00	.11	.73
Age	-.00	-.01	.73			
Step 2				.13	12.30	
Age	-.02	-.06	.14			
CSF	.50	.37	.00**			
Relationship Importance	-.10	-.07	.10			
Arousability	.08	.07	.12			
Dyadic Elements	-.13	-.10	.04*			

Difficulty Reaching Orgasm/Climax—ANOVA

The results for difficulty reaching orgasm/climax were analyzed separately for men and women as a significant interaction existed between gender, and CSF (F (3,768) = 86.47, p = .00) and Dyadic Elements (F (3, 764) = 53.47, p = .02) for this dependent variable. Due to low response rate the last two categories for difficulty reaching orgasm/climax have been merged for men in order to meet the statistical assumptions for this analysis. Men who reported "never" (M = 1.95, SD = 0.41) having difficulty reaching orgasm/climax scored significantly (F (3, 349) = 14.32 p = .000) lower on the CSF subscale than men who reported experiencing orgasm difficulties "less than half the time" (M = 2.15, SD = 0.50), "about half of the time" (M = 2.80, SD = 0.40), "more than half of the time/all of the time" (M = 2.50, SD = 0.69). (See Table 11 for all significant differences)

Similarly, women who had "never" (M = 2.30 SD = 0.44) experienced difficulty with orgasm/climax scored significantly lower (F = (4, 414) = 12.63, p = 0.00) on CSF than women who had experienced difficulty "less than half of the time" (M = 2.45, SD = 0.40), "about half of the time" 2.65 (0.41), "more than half of the time" (M = 2.80, SD = 0.50), and all of the time" (M = 2.72, SD = 0.43 (See Table 12 for all significant differences).

Table 12

Percent reporting the number of lifetime orgasm difficulties and corresponding mean scores (SD) for CSF, Relationship Importance, Arousability, and Dyadic Elements Subscales for Men (N = 353).

Difficulty Reaching Orgasm	%	CSF $\bar{x}$ (SD)	Relationship Importance $\bar{x}$ (SD)	Arousability $\bar{x}$ (SD)	Dyadic Elements $\bar{x}$ (SD)
Never	60.60	1.95 (0.41)[a,b,c]	2.69 (0.43)	3.23 (0.47)	2.78(0.56)
Less than half of the time	35.40	2.15 (0.50)[a,d]	2.68 (0.45)	3.22 (0.45)	2.90 (0.59)
About half of the time	1.70	2.80 (0.40) [b,d]	2.51 (0.51)	3.13 (0.41)	3.00(0.56)
More than half of the time/All of the time	2.30	2.50 (0.69)[c]	2.71 (0.32)	3.20 (.48)	3.21 (0.69)
Anova F (*p*) 2.46(0.062)		14.32 (0.00)	0.33 (0.80)	0.09 (0.97)	

[abcd] indicates the significant comparisons at the .05 level (Tukey HSD).

Table 13

Percent reporting the number of lifetime orgasm difficulties and corresponding mean scores (SD) for CSF, Relationship Importance, Arousability and Dyadic Elements Subscales for Women (N = 419).

Difficulty Reaching Orgasm	%	CSF $\bar{x}$ (SD)	Relationship Importance $\bar{x}$ (SD)	Arousability $\bar{x}$ (SD	Dyadic Elements $\bar{x}$ (SD)
Never	42.40	2.30 (0.44)[a,b,c,d]	3.08 (0.39)	2.93 (0.54)	3.05 (0.49)
Less than half of the time	36.00	2.45 (0.40)[a,e,f,g]	3.04 (0.39)	2.97 (0.49)	3.07 (0.51)
About half of the time	10.10	2.65 (0.41)[b,e]	2.99 (0.44)	2.89 (0.44)	3.05 (0.42)
More than half of the time	7.50	2.80 (0.50)[c,f]	3.01 (0.46)	2.95 (0.52)	3.04 (0.48)
All of the time	4.00	2.72 (0.43)[d,g]	3.04 (0.34)	2.95 (0.53)	2.88 (0.66)
Anova F (p) (0.49)		12.63 (0.00)	0.62 (0.65)	0.34 (0.85)	0.85

[abcefg] indicates the significant comparisons at the .05 level (Tukey HSD).

Early Orgasm--Regression Analysis

Participants rated their score on the early orgasm outcome variable on a Likert-type scale ranging from "Never" to "All of the time". The data for men and women was not analyzed separately as there was no significant interaction between the subscales and gender for this dependent variable. Gender alone ($\beta = -.43$, $p = .00$) explained 22.8% ($R^2 = .23$) of the variance for the early orgasm outcome variable. When the SESII-W/M factors were added into the model only 23.8% ($R^2 = .24$) of the early orgasm variance was explained. Specifically, there is an inverse relationship such that as the units increase from 1 to 2 (men to women) participants were less likely to report having experienced early orgasm.

Arousability was the second strongest predictor for men and women ($\beta = .08$, $p = .01$). As scores increased on the Arousability subscale men and women were more likely to experience early orgasm.

Table 14

Hierarchical linear regression analysis predicting early orgasm problems from age, gender and SESII-M/W factors.

Variable	B	*B*	*P*	R^2	F	*P*
Early Orgasm						
Step 1				.228	113.213	<.01**
Gender	-.924	-.482	<.01**			
Age	-.12	-.045	.165			
Step 2				.238	39.666	<.01**
Gender	-.831	-.433	<.01**			
Age	-.011	-042	.193			
CSF	-.003	-.004	.923			
Relationship Importance	-.059	-.062	.089			
Arousability	.078	.082	.016*			
Dyadic Elements	.005	.033	.877			

Early Orgasm Difficulty--ANOVA

Participants who reported "never" ($M = 2.42$, SD = 0.50) having experienced early orgasm scored significantly higher on the CSF subscale (F (4,767) = 12.90, p = .000) than participants who experienced early orgasm "less than half of the time" (M = 2.21, SD = 0.49), "about half of the time" ($M = 2.18$ SD = 0.48), or "more than half of the time" ($M = 2.03$, SD = 0.51). Also, participants who reported "never" ($M = 3.00$, SD = 0.43) experiencing early orgasm scored significantly higher (F (4, 767) = 14.53, $p = .000$) on the Relationship Importance subscale than participants who experienced early orgasm "less than half of the time" ($M = 2.82$, SD = 0.44), "about half of the time" ($M = 2.68$, SD = 0.40), "more than half of the time" ($M = 2.72$, SD = 0.54), or "all of the time" (M = 2.61, SD = 0.45). On the Arousability subscale, participants who had "never" ($M = 2.97$, SD = 0.51) experienced early orgasm scored significantly lower (F (4, 767) = 11.33, p = .000) than participants who experienced early orgasm "about half of the time" ($M = 3.34$, SD = 0.44) or "more than half of the time" ($M = 3.24$, SD = 0.47). Those who reported "never" ($M = 3.03$, SD = 0.53) reporting early orgasm scored significantly higher (F (4, 767) = 3.31, $p = .01$) on the dyadic elements subscale than those who experienced early orgasm "less than half of the time" ($M = 2.89$, SD = 0.55). (See Table 14 for all significant differences.)

Table 15

Percent reporting frequency of difficulties with early orgasm and corresponding mean scores (SD) for CSF, Relationship Importance, Arousability and Dyadic Elements Subscales (N = 772).

Early Orgasm	%	CSF $\bar{x}$ (SD)	Relationship Importance $\bar{x}$ (SD)	Arousability $\bar{x}$ (SD)	Dyadic Elements $\bar{x}$ (SD)
Never	43.80	2.42 (0.50)[a,b,c]	3.00 (0.43) [a,b,c,d]	2.97 (0.51) [a,b]	3.03 (0.53)[a]
Less than half of the time	37.80	2.21 (0.49)[a]	2.82 (0.44)[a]	3.08 (0.48)	2.89 (0.55)[a]
About half of the time	10.10	2.18 (0.48)[b]	2.68 (0.40)[b]	3.34 (0.44)[a]	2.94 (0.50)
More than half of the time	7.00	2.03 (0.51)[c]	2.72 (0.54)[c]	3.24 (0.47)[b]	2.81 (0.63)
All of the time	1.30	2.08 (0.66)	2.61 (0.45)[d]	3.30 (0.52)	2.93 (0.66)
Anova F (p) (0.01)		12.90 (0.00)	14.53 (0.00)	11.33 (0.00)	3.31

[a] indicates the significant comparisons at the .05 level (Tukey HSD)

Difficulty Becoming or Staying Sexually Aroused--Regression Analysis

Models for men and women were analyzed separately as a significant interaction existed between the Arousability subscale and gender ($F(3, 767) = 20.89, p = .00$). Participants responded to this item using the same response choices as the early orgasm and the difficulty with orgasm items, on a five point Likert-type scale.

For men, including the SESII-W/M factors into the model explained 21.8% ($R^2 = .21$) of the variance for the arousal difficulty outcome measure whereas with just age alone only 1.8% (.01) of the variance was explained. The CSF subscale was the strongest predictor of the experience of difficulty reaching orgasm/climax for men ($\beta = .45, p = .00$). As scores on the CSF scale increased men were more likely to report having experienced difficulty becoming/staying aroused. The second strongest predictor for men was Arousability ($\beta = .15, p = .00$) such that as scores on the Arousability subscale increased, men were more likely to experience difficulties becoming or staying aroused.

When the SESII-W/M factors were included in the model predicting women's arousal problems 17.2% ($R^2 = .17$) of the variance was explained versus only 1.8% ($R^2 = .01$) of the variance explained by age alone. CSF was the strongest predictor of difficulty becoming or staying aroused for women ($\beta = .37, p = .00$) and increased scores on this subscale were linked to women's increased reporting of arousal difficulties.

Table 16

Hierarchical linear regression analysis predicting difficulty staying aroused from age, gender and SESII-MW factors.

Variable	B	*B*	*P*	R^2	F	*p*
Becoming or Staying Aroused						
Males						
Step 1				.018	6.366	.012*
Age	.021	.133	.012*			
Step 2				.218	19.363	.00**
Age	.016	.098	.041			
CSF	.271	.454	.00**			
Relationship Importance	-.017	-.029	.569			
Arousability	.091	.150	.002**			
Dyadic Elements	.003	.006	.903			
Females						
Step 1				.018	7.743	.006*
Age	.030	.136	.006			
Step 2				.172	16.929	.00**
CSF	.326	.373	.00**			
Relationship Importance	-.068	-.078	.100			
Arousability	-.064	-.082	.076			
Dyadic Elements	-.016	-.019	.698			

Difficulty Becoming or Staying Sexually Aroused—ANOVA

Men and women were analyzed separately as a significant interaction exists between gender, and the Arousability subscale (F (3, 767) = 20.89, p = .00). The last three categories for becoming/staying aroused were merged in order to satisfy the conditions of ANOVA as response rate for each category alone was low. CSF scores for men who reported "never" (M = 1.90, SD = 0.40) experiencing problems becoming/staying sexually aroused were significantly lower (F (2, 355) = 41.56, p = .000) than scores for men who reported experiencing problems becoming/staying aroused "less than half of the time" (M = 2.23, SD = 0.47, "about half of the time / more than half of the time/ all of the time" (M = 2.85, SD = 0.43). (See Table 16 for all significant differences.)

The last three categories for becoming/staying sexually aroused were merged as the response rate for these categories was too low to satisfy the requirements of ANOVA. Women who reported never ($M = 2.31$, SD = 0.44) experiencing problems becoming/staying sexually aroused scored significantly lower (F (3, 412) = 29.69, p = .000) on CSF than women who reported experiencing problems becoming/staying aroused "less than half of the time" ($M = 2.53$, SD = 0.37), "about half of the time" (M = 2.96, SD = 0.40), "more than half of the time/ All of the time" ($M = 2.78$, SD = 0.48). On the Arousability subscale, women who reported never ($M = 2.99$, SD = 0.49) experiencing problems becoming/staying sexually aroused scored significantly higher (F (3,412) = 5.63, p = .000) than women who reported experiencing problems "about half of the time" ($M = 2.72$, SD = 0.50), or "more than half of the time/ All of the time" (M = 2.60, SD = 0.61). (See Table 17 for all significant differences.)

Table 17

Percent reporting the frequency of difficulties with becoming or staying aroused and corresponding mean scores (SD) for CSF, Relationship Importance, Arousability and Dyadic Elements Subscales for Men (N = 355).

Staying Aroused	%	CSF $\bar{x}$ (SD)	Relationship Importance $\bar{x}$ (SD)	Arousability $\bar{x}$ (SD)	Dyadic Elements $\bar{x}$ (SD)
Never	59.70	1.90 (0.40)[a,b]	2.68 (0.43)	3.19 (0.47)	2.78 (0.57)
Less than half of the time	37.70	2.23 (0.47)[a,d]	2.68 (0.43)	3.28 (0.44)	2.92 (0.57)
About half of the time/ More than half of the time/ All of the time	2.50	2.85 (0.43)[b,d]	2.69 (0.73)	3.09 (0.50)	3.15 (0.50)
Anova F (*p*) (0.19)		41.56 (0.00)	0.00 (0.99)	1.85 (0.16)	4.01

[abc] indicates the significant comparisons at the .05 level (Tukey HSD)

Table 18

Percent reporting the frequency of difficulties becoming or staying aroused and corresponding mean scores (SD) for CSF, Relationship Importance, Arousability and Dyadic Elements Subscales for Women (419).

Staying Aroused	%	CSF $\bar{x}$ (SD)	Relationship Importance $\bar{x}$ (SD)	Arousability $\bar{x}$ (SD	Dyadic Elements $\bar{x}$ (SD)
Never	39.90	2.31 (0.44) a,b,c	3.07 (0.42)	2.99 (0.49) a,b	3.03 (0.49)
Less than half of the time	47.60	2.53 (0.37) a,d	3.00 (0.39)	2.97 (0.48) c,d	3.05 (0.49)
About half of the time	8.90	2.96 (0.40) b,d	3.14 (0.41)	2.72 (0.50) a,c,e	3.08 (0.52)
More than half of the time/ All of the time	3.60	2.78 (0.48) [c]	2.95 (0.29)	2.60 (0.61) b,d,e	3.04 (0.63)
Anova F (p)		29.69 (0.00)	2.35 (0.72)	5.63(0.00)	0.12 (0.95)

[abc] indicates the significant comparisons at the .05 level (Tukey HSD)

Low sexual interest--Regression Analysis

Men and women's models were analyzed separately as there was a significant interaction between the CSF subscale ($F (3, 768) = 66.55$, $p = .00$) and gender. The response options for this variable were the same as the options for difficulty reaching orgasm/climax and for early orgasm problems.

In addition to the variance accounted by age alone (1.7%; $R^2 = .01$) on low interest, for men, the SESII-W/M factors plus age helped to explain 10.2% ($R^2 = .10$) of the variance. CSF was the strongest predictor of low interest ($\beta = .19$, $p = .00$), such that as scores increased on this subscale so did the likeliness of experiencing low interest. Arousability was the second strongest predictor of low interest ($\beta = -.18$, $p = .00$). There was an inverse relationship between Arousability and low sexual interest for men such that as scores on the Arousability subscale increased men were less likely to experience low sexual interest. Age was the third strongest predictor of low sexual interest for men ($\beta = .12$, $p = .01$), such that as men increase in age, they are more likely to experience low sexual interest.

For women, in addition to age alone (2.1%; $R^2 = .02$) the SESII-W/M factors plus age helped to explain 18.2% ($R^2 = .18$) of the variance on low interest. As aforementioned CSF was the strongest predictor of low sexual interest for women (See Table 15). CSF was the strongest significant predictor for women's low sexual interest ($\beta = .33$, $p = .00$). As scores on the CSF subscale increased, women were more likely to report having experienced low sexual interest. Arousability was the second strongest predictor for women's experience of low sexual interest ($\beta = -.16$, $p = .00$) such that, as scores increased on the Arousability subscale, women were less likely to experience low

sexual interest. Age was the weakest predictor of low sexual interest ($\beta = .09, p = 04$). As age increased so did the experience of low sexual interest.

Table 19

Hierarchical linear regression analysis predicting low sexual interest from age, gender and SESII-M/W factors.

Variable	B	*B*	*P*	R^2	F	*p*
Low Interest						
Males						
Step 1				.017	6.214	.01*
Age	.024	.132	.01*			
Step 2				.102	7.899	.00**
Age	.021	.121	.01*			
CSF	.123	.185	.00**			
Relationship Importance	-.020	-.031	.565			
Arousability	-.123	-.181	.00**			
Dyadic Elements	.024	.041	.474			
Females						
Step 1				.021	8.711	.00**
Age	.040	.144	.00**			
Step 2				.182	18.290	.00**
Age	.025	.090	.048*			
CSF	.375	.339	.00**			
Relationship Importance	.014	.013	.778			
Arousability	-.160	-.163	.00**			
Dyadic Elements	-.018	-.017	.720			

Low Sexual Interest—ANOVA

Data for men and women were analyzed separately as there is a significant interaction between gender and the CSF subscale (F (3, 768) = 66.55, p = .00. Men who reported never (M = 1.98, SD = 0.45) experiencing low sexual interest scored significantly lower on the CSF subscale than men who experienced low sexual interest "less than half of the time" (M = 2.19, SD = 0.48), or "more than half of the time" (M = 2.70, SD = 0.41). Men who scored highest on the Arousability subscale also reported "never" (M = 3.28, SD = 0.46) having experienced low sexual interest. Men who reported experiencing low sexual interest "less than half of the time" (M = 3.15, p = 0.44), or "more than half of the time" (M = 2.55, SD = 0.38) had significantly lower scores on Arousability. (See Table 19 for all significant differences.)

Women who reported "never" (M = 2.32, SD = 0.45) experiencing low sexual interest scored significantly lower on CSF than women who reported "less than half of the time" (M = 2.51, SD = 0.37), "about half of the time" (M = 2.66, SD = 0.44), "more than half of the time" (M = 2.91, SD = 0.40), or "all of the time" (M = 2.88, SD = 0.52). (See Table 20 for all significant differences.)

Table 20

Percent reporting low sexual interest and corresponding mean scores (SD) for CSF, Relationship Importance, Arousability and Dyadic Elements Subscales for Men (N = 353).

Low Interest	%	CSF $\bar{x}$ (SD)	Relationship Importance $\bar{x}$ (SD)	Arousability $\bar{x}$ (SD)
Never	69.50	1.98 (0.45) [a,b]	2.67 (0.42)	3.28 (0.46) [a]
Less than half of the time	25.40	2.19 (0.48) [a]	2.72 (0.48)	3.15 (0.44) [b]
About half of the time	4.00	2.19 (0.56)	2.64 (0.42)	2.97 (0.36)
More than half of the time	1.10	2.70 (0.41) [b]	2.75 (0.46)	2.55 (0.38) [a,b]
All of the time	0	Na	Na	Na
Anova F (*p*)		8.07 (0.00)	0.41 (0.75)	6.20 (0.00)

[abc] indicates the significant comparisons at the .05 level (Tukey HSD)

Table 21

Percent reporting low sexual interest and corresponding mean scores (SD) for CSF, Relationship Importance, Arousability and Dyadic Elements Subscales for Women (416).

Low Interest	%	CSF $\bar{x}$ (SD)	Relationship Importance $\bar{x}$ (SD)	Arousability $\bar{x}$ (SD)
Never	39.70	2.32 (0.45) [a,b,c,d]	3.01 (0.40)	3.03 (0.52)
Less than half of the time	41.60	2.51 (0.37) [a,e]	3.03 (0.42)	2.97 (0.44)
About half of the time	9.10	2.66 (0.44) [b]	3.16 (0.39)	2.74 (0.46)
More than half of the time	7.90	2.91 (0.40) [c,e]	3.05 (0.35)	2.78 (0.56)
All of the time	1.70	2.88 (0.52) [d]	2.94 (0.41)	2.20 (0.50)
Anova F (*p*)		18.26 (0.00)	1.08 (0.37)	8.32 (0.00)

[abc] indicates the significant comparisons at the .05 level (Tukey HSD)

Discussion

The objective of this study was to gain a greater understanding of SESII-W/M factors and their relationship to the non-clinical experience of sexual problems among men and women. The primary aim was to determine whether factors from the SESII-W/M (as developed from the Dual Control Model) were predictive of sexual problems, including; overall sexual problems, difficulty with reaching orgasm/climax, early orgasm, difficulty becoming or staying sexually aroused and low interest in men and women. Secondarily, we wanted to determine if the relationship between the SESII-W/M factors and sexual problems were different for men and women. Certain SESII factors (Concerns about Sexual Functioning, Arousability) have been found to be linked to sexual problems in previous research (Sanders et al., 2004; Bancroft & Janssen, 2002). Others (Relationship Importance, Dyadic Elements) were hypothesized to be associated because of other research linking sexual satisfaction and relationship satisfaction, particularly among women (Sanders et al., 2004; .Dove & Wilderman, 2000). These factors, Concerns About Sexual Functioning (CSF), Arousability, Relationship Importance and Dyadic Elements, were included in the current study to see if past results could be replicated (Sanders et al., 2008; .Dove & Wilderman, 2000) and new relationships might be found (Giuliano & Hellstorm, 2008, Ellison, 2001).

Again, our hypotheses were that as scores increased on the CSF, Relationship Importance, Dyadic Elements and the Arousability subscales so might the experience of sexual problems. Also, we hypothesized that as scores decreased on the Arousability subscale this may also be predictive of sexual problems. We hypothesized that CSF may be a stronger predictor of women's sexual problems than men's. We also expected that

the relationship between the Dyadic Elements, the Relationship Importance factors and the outcome variables could be stronger for women than men. Finally, we hypothesized that both very high and very low Arousability would be a stronger predictor for men's sexual problems than women's.

For all five sexual problems, the SESII-W/M factors were significant predictors. In all of the models, except early orgasm, the SESII-W/M factors helped to explain a large portion of the variance even after age was entered as a covariate. This suggests that the SESII-W/M, namely CSF and Arousability are strong predictors of sexual problems. However, it is important to note the potential bidirectionality of the relationship between the factors and the experience of problems (e.g., CSF worries predict problems, but problems may predict worries also). It may be important for future research to investigate the ways in which the SESII-W/M factors and sexual problems interact or impact each other.

The best predictor of sexual problems for both men and women was the SESII-W/M inhibition factor Concerns about Sexual Functioning (CSF). This factor focuses on worries or apprehensions regarding sexual performance. This subscale consisted of items such as: "Sometimes I feel so 'shy' or self-conscious during sex that I cannot become fully aroused." and "If I think about whether I will have an orgasm, it is much harder for me to become aroused." This relationship is consistent with previous research which has indicated worry about sexual performance is related to the experience of sexual problems among both women (Dove & Wilderman, 2000; Sanders et al., 2008) and men (Bancroft & Janssen, 2000; Barlow, 1986).

The second strongest predictor of sexual problems was the excitation SESII-W/M subscale, Arousability. Arousability was significant in predicting overall sexual problems, early orgasms, difficulty becoming/staying aroused, and low interest among men. High scores on this subscale indicate that participants become easily excited or aroused. This subscale consists of items such as: "When I think about someone I find sexually attractive, I easily become sexually aroused" and "Just being physically close with a partner is enough to turn me on." This finding was unexpected since previous research using the Dual Control Model did not link high scores on the excitation factors to sexual problems for men (Bancroft 1996; Bancroft, 1999; Bancroft & Janssen, 2000; Bancroft et al., in press). For women, high Arousability was a significant predictor of early orgasm and low Arousability was significant predictor of low interest. This finding was also inconsistent with previous research on the dual control model in predicting sexual problems for women (Sanders et al., 2008). It is possible that this study has highlighted an unexpected element of the dual control model and this will be discussed in greater detail in the next section.

Relationship Importance was not found to be a significant predictor for any of the sexual problems. This finding is consistent with previous research on the SESII-W with women (Sanders et al., 2008) and the SIS/SES with men (Bancroft, 1999; Bancroft & Janssen, 2000). Perhaps this factor was too distal to be relevant to the sexual problems men and women experienced during sexual activity.

Dyadic Elements was a significant predictor for women of difficulty reaching orgasm or climax. Items on this scale assessed the dynamics during sexual activity. Items included statements such as "It interferes with my arousal if there is not a balance of

giving and receiving pleasure during sex." The findings for this factor suggest that increased negative relational interactions (Dyadic Elements) predicted the experience of more orgasm problems. This finding was not supported by previous research which suggests that negative dyadic elements in a relationship are predictive of more problems with orgasm (Ellison, 2001). The sample size was quite large and this finding may be spurious.

What follows is a more detailed description of the relationships between the SESII-W/M factors, age, gender, and each sexual problem, including interpretations of the findings. Next, broader clinical and research implications are presented. Finally, limitations and suggestions for future research will be discussed.

CSF—Men

CSF was predictive of overall sexual problems, difficulty reaching orgasm/climax, difficulty becoming/staying sexually aroused and low interest, thus supporting our hypotheses. For men this finding was consistent with previous research conducted using the SIS/SES; CSF is similar to SIS1 - inhibition due to fear of performance failure (Bancroft & Janssen, 2000. Men who experience 'cognitive distractions' and/or worries or concerns about performance have also reported a higher frequency of sexual problems (Bancroft, Graham, Janssen, & Sanders, in press; Barlow, 1986; Jannini, Lombardo & Lenzi, 2005; Nobre & Pinto-Gouveia, 2008). In Barlow's (1986) experiment he found that men who had negative cognitions about their sexual performance often experienced dysfunction or sexual problems including arousal difficulties and low interest. Similarly, research has found that MOD (Male Orgasmic Disorder) is linked to worries or distress; thus supporting our finding (Janssen, et al., 2008; Lief, 1981; Nobre & Pinto, 2008; Rowland, 2007). Jannini et al., (2005) also suggest that concerns about functioning (lasting too long or not lasting long enough) can predict the experience of premature ejaculation and erectile dysfunction, and low interest.

CSF—Women

Across sexual problem categories CSF accounted for more of the variance for women than it did for men, thus suggesting that CSF is a stronger predictor of sexual problems for women than for men. CSF was found to be a significant predictor of overall sexual problems, difficulty reaching orgasm, difficulty becoming/staying aroused and low interest problems for women, thus supporting our hypotheses. These findings replicate the previous research on the Dual Control Model and SESII-W indicating that,

as anxiety about performance increases for women, they are more likely to experience sexual problems including problems with orgasm, arousal and low interest (Graham et al., 2004; Sanders et al., 2008). Our findings are also consistent with Basson's (2002) model for women's arousal which states that cognitive processing (i.e., concerns about sexual functioning, negative worries, and affective responses) can predict sexual problems for women. However, where previous research has focused on women's inhibition as related to inhibitory cognitions involving body image and, self consciousness (Bassoon, 2002; Dove & Wilderman, 2000; Weaver & Byers, 2006), the SESII-W/M has shown that performance concerns (previously seen as men's concern) go beyond body image to broader performance related worries. These findings are also consistent with the early research by Master's and Johnson indicating that when a woman is "spectatoring" her sexual activity she is more likely to have sexual problems including difficulty with orgasm/climax, arousal and low interest (1966).

Arousability—Men

Arousability was a significant predictor for overall sexual problems, early orgasm, problems becoming/staying aroused and low interest for men, thus supporting our hypotheses. Overall, this factor was better at predicting sexual problems for men than women (except in low sexual interest), suggesting that it is more important for men. Note that there is a methodological flaw with the becoming/staying aroused outcome variable as this item is double barreled and may have caused confusion for men. This limitation will be discussed in more detail in the limitations section of this thesis. Increased scores on Arousability were associated with an increased likelihood of experiencing overall problems, orgasm problems and arousal problems. These findings were surprising as they are not consistent with the postulations of Dual Control Model with regards to sexual problems. Previous sexual problems were linked to a high propensity for inhibition and not a high propensity for excitation (Bancroft et al., in press; Bancfroft & Janssen, 2002). However, previous research on arousal has indicated that "too much" subjective arousability is linked to overall sexual problems, early orgasm and general arousal difficulties (i.e., staying aroused) in men (Giuliano & Hellstorm, 2008; Jannini et al., 2005). If a man is too focused on his arousability or easily aroused then this may influence him to be cognitively distracted or too easily stimulated and thus cause distress or sexual problems. Other research has echoed that men who have reported sexual problems including early orgasm and arousal difficulties (i.e., staying aroused) have also been highly physically arousable (Jannini et al., 2005) moving from the excitement phase to the ejaculation phase with little time spent in the plateau phase (Leif, 1981). Thus, the SESII-W/M factors may help us to understand another facet of the Dual

Control Model with regard to men's sexual functioning and point the way to the need for more research to explore this.

Arousability was a significant predictor for low sexual interest for men, thus supporting our hypothesis. There was an inverse relationship between Arousability scores and low sexual interest for men such that, as scores on the subscale decreased, men were more likely to experience low sexual interest. This finding is consistent with the Dual Control Model for both men and women because low scores on Arousability have been theoretically and empirically linked to low sexual interest (Bancroft & Janssen, 2000; Bancroft et al., 2005; Bancroft et al., in press). Furthermore, hypoactive sexual desire has also been linked with a decreased interest in sexual activity as well as a decrease in sexual fantasy, both of which are elements of the Arousability subscale (Beck, 1995; Laan, van Driel, & van Lunsen, 2008).

Arousability—Women

The Arousability subscale was also a significant predictor of early orgasm for women, thus supporting our hypothesis. As scores on the Arousability subscale increase, women become more likely to experience early orgasm. This finding supports our hypothesis, although it once again contradicts predictions made by the Dual Control Model (Bancroft, 1999), namely that sexual problems are likely to occur in individuals who have a high propensity for inhibition. There has been no previous link (using the Dual Control Model) for a high propensity of excitation and sexual problems. However, in research with men (as there is currently no research for women on this topic) a high level of subjective arousability has been linked early orgasm (Jannini, Lombardo & Leitz, 2005; Giuliano & Hellstorm, 2008). Therefore it is possible the same relationship may exist for women.

Early orgasm is not identified in the Diagnosis and Statistics Manual IV (DSM-IV TR, 4th ed.; American Psychiatric Association, 1994) as a sexual dysfunction for women and this problem is also not reported or explored for women within sexual problems prevalence research (Bancroft, Loftus & Long, 2003; Ellison, 2001; Laumann, et al.,1999; Sanders et al., 2008). However our findings suggest that 28% of women report experiencing this problem less than half of the time, 2.9% experience it about half of the time, 2.2% experience it more than half of the time and 0.5% experience it all of the time. This finding suggests that further research is needed in order to determine the prevalence of this problem for women.

Low Arousability was significant in predicting low interest for women, thus supporting our hypothesis. This finding makes sense in the context of previous research

with women who experience hypoactive sexual desire as the research suggests that these women have very low genital arousal, and few sexual daydreams (Beck, 1995). This finding was further echoed in a qualitative study where women reported that low arousability negatively impacted their sexual interest (Sanders et al., 2004). The postulations of the dual control model also support this finding, as low arousability would likely mean that the inhibition mechanisms are high (Bancroft, 1999).

Dyadic Elements

Dyadic Elements (DE) was predictive of orgasm problems for women, but in a manner not suggested by previous research. As aforementioned, high scores on this subscale indicate that negative partner interactions inhibit sexual arousal. This finding partially supports our hypothesis as the factor was a significant predictor, but there is an inverse relationship between DE and difficulty reaching orgasm/climax such that as scores on DE increase, the experience of orgasm problems decreases. This finding is not consistent with previous research linking negative relationship factors to an increased likeliness of experiencing orgasm problems (Ellison, 2001; Milhausen et al., 2005; Potts, 2000). Ellison's research (2001) suggests that women reported partner related factors such as seeming uninterested, not engaging in desired foreplay, not noticing the woman's needs, all led to women experiencing difficulties with orgasms. Thus, our finding may be spurious.

Age--Men

Age was a significant predictor of overall sexual problems, difficulty becoming/staying aroused, and low interest for men. Our findings are congruent with previous findings that suggest that increased age is associated with decreased sexual

activity, increased negative attitudes, decreased sexual desire, increased sexual problems, and increased problems having/forming and keeping erections (Bancroft, 1999; Janssen et al., 2008; Katz & Marshall, 2003; Purifoy et al., 1992; Laumann et al., 1999;).

Age—Women

Age was also a significant predictor for both men and women's low interest. The general trend in the sexual problems research suggests that as women age they are more likely to experience low sexual interest (Bancroft, 1999; Ellison, 2001; Ferenidou, Kapoteli, Moisidis, Koutsogiannis, Giakoumelos & Hatzichristou, 2007; Gomaa, Eissa & Gebaley, 2001; Katz & Marshall, 2003; Laumann et al., 1999; Purifoy et al., 1992).

Gender

As there was no significant interaction between any of the SESII-W/M subscales and gender, men and women were analyzed together for early orgasm. Gender, was a significant predictor of early orgasm. Results indicated that men are more likely to experience early orgasms then are women. This finding is not surprising given that previous research indicates that early orgasm is commonly reported by men (21%) between 18-50 years (Laumann et al., 1999). Premature ejaculation (defined as intercourse lasting less than two minutes (McCarthy & Thestrup, 2008) has also been referred to as the most common male sexual dysfunction (Bancroft, Carnes, Jannsen, Goodrich & Long, 2005; Jannini et al., 2005; Lief, 1981; Rowland, 2007). Early orgasm was less problematic for women. This makes sense given research on women's sexual response cycles which suggest that prolonged stimulation is typically required for the experience of orgasm (Lief, 1986). This is consistent with the previous research as historically this sexual problem has not explored for women, thus suggesting it was seen

as unimportant for women (Bancroft et al., 2003; Ellison, 2001; Laumann et al., 1999; Sanders et al., 2008).

Research Implications

As CSF and Arousability were the strongest predictors of sexual problems for both men and women, this suggests that these psychological factors can impact not only arousal but the possibility for problems as well. Also, whereas previously CSF was seen as a factor that impacted men's sexual problems (Barlow, 1986), we are now seeing that these worries are relevant for college women as well. Perhaps this research suggests that there are more similarities with regards to men and women's sexual problems than previously expected. Also, this study continues to suggest similarities between men and women as the SESII-W/M was originally developed with women's focus groups, but as seen in this study, these factors are also relevant for men.

The findings also support the Dual Control Model's postulations (Bancroft, 1999) about inhibition and excitation, as high scores on CSF were found to predict sexual problems and low scores on Arousability were found to predict sexual problems in both men and women. However, high levels of Arousability were also linked with sexual problems, an unexpected finding within the context of the dual control model. Is it was originally put forth, the Dual Control Model cannot account for this finding, therefore perhaps our results have implications for modifications of the model.

Clinical Implications

The SESII-W/M provides clinicians with a tool that could be used early in therapy in order to determine where the risks for sexual problems exist. Being able to predict potential sexual problems could help to reduce the negative impacts of sexual problems on self-esteem, sexual satisfaction and well being (Dove & Wilderman, 2000; Weaver & Byers, 2006). As the predictive abilities of the subscales for sexual problems have been assessed (and can be assessed further in future research) this tool would allow clinicians to gain a sense of where the potential problems may be.

The findings in reported in this study suggest that CSF and Arousability are both important factors to consider in relation to sexual problems. These factors and corresponding subscales could help inform clinicians about what questions may be important to ask clients in order to become more aware of the nature of their sexual problems. The subscales could be used in order to attain more specific information about clients' propensity for Arousability difficulties and CSF. Such interviewing could likely help clinicians gain a richer understanding of their client's experience and sexual problems. Furthermore, using the Dual Control Model in conjunction with the SESII-W/M could help clinicians and therapists to better understand sexual problems at a more individual level (Bancroft et al., in press; Graham & Bancroft, 2005) because this model accounts for individual variation with respect to inhibition and excitation (Bassoon, 2002; Morrow,1994; Potts, 2000).

Some previous concerns with assessment tools for sexual problems have been that they have been too lengthy; for example, the Sexual Interaction Inventory (SII) and the Derogatis Sexual Functioning Inventory (DSFI). Some have focused only on a specific

problem; e.g., Sexual Interest and Desire Inventory (SIDI), Menopausal Sexual Interest Questionnaire (MSIQ). Others have been designed only for one gender; e.g., the McCoy Female Sexuality Questionnaire (MFSQ) and the International Index of Erectile Function (IIEF). Finally, there are several that are only possible to administer in a relational context (Graham & Bancroft, 2006).

The SESII-W/M subscales are brief and can be administered quickly (CSF and Arousability are comprised of 13 items) thus not creating cumbersome work for the therapist and clients. The SESII-W/M subscales can also be used to predict overall and specific sexual problems with both men and women individually or relationally. Thus, this measure contains many elements that previous scales have not included. The SESII-W/M also allows clinicians to predict clients' propensity for excitation and inhibition and thus attain a more individualized evaluation of the client's arousal propensity and the likeliness of sexual problems. Clinicians and patients/clients could benefit from this preventative measure.

Limitations

Although the aim of this study was not to assess the prevalence rates of sexual problems, one of the main limitations is that a convenience sample, using university men and women, was utilized Thus, the prevalence rates for sexual problems are not generalizable. Also, our sample included only heterosexual, middle class, university educated, men and women, thus not addressing sexual problems from alternate social locations. In a similar vein, our sample was predominantly Caucasian, thus also limiting the generalizability of the findings to other ethnic groups.

Another limitation of this study was the conflation of difficulties *becoming* and *staying* sexually aroused in a single sexual problem item. This item may have been somewhat confusing for male participants as problems with becoming aroused (e.g., erectile dysfunctions) are likely separate and distinct from problems related to staying aroused (e.g., premature ejaculation/rapid ejaculation) (DSM-IV; Bancroft et al., 2005; Jannini et al., 2005). It is possible that male participants had a difficult time responding to this double-barrelled item.

This study is also limited in that the data was not analyzed for the duration or the distress of the sexual problems. This omission is problematic as other researchers have suggested that it is important to consider the individual's self-evaluation of distress as well as the duration of the problem (i.e., long term versus occasional or "ever") (Sanders et al., 2008). Future research is needed with a more generalizable, diverse sample in order to determine the predictive abilities of the SESII-W/M factors for men and women. If the SESII-W/M factors are found predictive of sexual problems for men and women, future research could also explore the effectiveness/prognosis abilities of the SESII-W/M in identifying sexual problems in a more individualized manner.

Future Research

As aforementioned, future research could further explore the role of Arousability in relation to sexual problems as the Dual Control Model does not explain this finding. These findings make sense within the context of previous research with men on premature ejaculation (Guiliano & Hellstorm, 2008) stating that if men have too much physiological or psychological arousal this may predict sexual problems. Perhaps the reason this was not found in the SIS/SES was because excitation was previously linked to

risky behaviours and thus sexual problems nor rapid/premature ejaculation were not explained with this model (Bancroft & Janssen, 2000). Also, the Dual Control Model was originally developed in order to better understand erectile dysfunction, thus perhaps the SIS/SES scales did not address problems that could result form high Arousability whereas perhaps the SESII-W/M was able to detect this relationship. More research is needed in order to confirm this finding.

Further research is also needed to address the role that factors which inhibit and enhance sexual arousal play in couple relationships. For example, are couples typically concordant or discordant in terms of inhibition and excitation? Also, how might discordancies impact sexual and relationship quality and satisfaction? Because the SESII-W/M has been validated with a sample of men and women, and has been shown to be gender invariant, it is likely the most appropriate measure to answer these research questions.

Finally, as the arousal factors only account for just less than one-quarter of the total variance in each model predicting sexual problems it may be important for future research to include other factors such as previous abuse (Rellini, 2007), medical conditions, religious background, cultural background, education level, and sexual orientation (Sanders et al., 2008) which may help to provide a more comprehensive picture of the factors which impact sexual functioning..

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Appendix A

Recruitment Email

Hello,

You have been randomly selected to participate in an anonymous, web-based study focusing on the sexual attitudes of college women and men conducted by The Kinsey Institute for Sex, Gender, and Reproduction. Specifically, the survey will ask questions about your attitudes and behaviors related to sexual arousal. The purpose of this study is to help understand the factors that are associated with sexual arousal in college women and men.

You must be at least 18 years old and be able to read English to participate in this study. You will be asked to complete a questionnaire on-line by following a link from this page that asks about your general background and views, and specifically about your sexual history, attitudes, and responses. The questionnaire will take approximately 30 minutes to complete.

Your participation in this study is voluntary. You may refuse to participate without penalty. If you decide you do not wish to participate, simply do not complete the questionnaire.

Your participation is anonymous. You will not be asked for any identifying information in the survey. We will not be collecting IP addresses with your survey data, so will have no way to trace your responses back to your identity.

There is no payment provided for participation.

We hope you will enjoy participating in this important new research. If you are interested in completing the survey at this point, please click on the link below. You may choose to participate in the study at another time. If so, please complete the survey within the next two weeks.

Thank you for your interest!

Sincerely,

Robin Milhausen

Robin Milhausen,
Ph.D. Candidate
Department of Applied Health Science
The Kinsey Institute for Sex, Gender, and Reproduction
rmilhaus@indiana.edu
(812) 856-4343

https://www.indiana.edu/~kinres/sise

Appendix B

Reminder Email

Hello,

About one week ago you received an email inviting you to participate in an anonymous, web-based study focusing on the sexual attitudes of college women and men conducted by The Kinsey Institute for Sex, Gender and Reproduction. Specifically, the survey asks questions about your attitudes and behaviors related to sexual arousal. The purpose of this study is to help understand the factors that are associated with sexual arousal in college women and men.

If you have already completed the survey, please disregard this email message.

If you have not completed the survey, but are still interested in doing so, you may follow the link below to the online survey.

Remember, you must be at least 18 years old and be able to read English to participate in this study. The questionnaire will take approximately 30 minutes to complete. Your participation in this study is voluntary. You may refuse to participate without penalty. If you decide you do not wish to participate, simply do not complete the questionnaire.

There is no payment provided for participation.

We hope you will enjoy participating in this important new research. If you are interested in completing the survey at this point, please click on the link below.

Thank you for your interest!

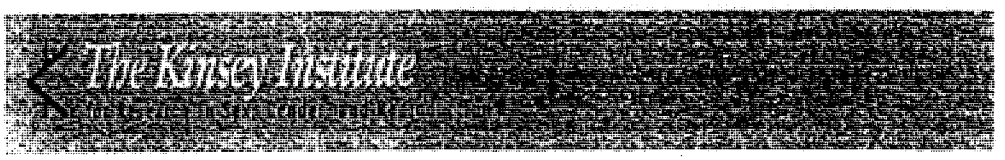
Sincerely,

Robin Milhausen,
Ph.D. Candidate
Department of Applied Health Science
The Kinsey Institute for Sex, Gender, and Reproduction

https://www.indiana.edu/~kinres/sise/

Appendix C

Study Information Sheet



Study #03-8599

Indiana University - Bloomington
Study Information Sheet

Sexual Arousal in College Men and Women

You are invited to participate in a research study. The purpose of this study is to help understand the factors that are associated with sexual arousal in college women and men.

INFORMATION

You must be at least 18 years old and be able to read English to participate in this study. You will be asked to complete a questionnaire on-line by following a link from this page that asks about your general background and views, and specifically about your sexual history, attitudes, and responses. The questionnaire will take approximately 30 minutes to complete.

BENEFITS

By participating in this study, you are contributing to knowledge in an under-researched area of sexuality.

CONFIDENTIALITY

This survey is anonymous. You will not be asked to provide any identifying information. We will not be collecting IP addresses with your survey data, so will have no way to trace your responses back to your identity. Data will be stored securely, only research personnel will have access to it.

CONTACT

If you have any questions about the study or the procedures, you may contact the researchers, Cynthia A. Graham, Ph.D., at cvgraham@indiana.edu or Stephanie Sanders, Ph.D., at sanders@indiana.edu. Both can be reached at the Kinsey Institute for Sex, Gender, and Reproduction, Morrison 313, Indiana University, Bloomington, IN, 47405, 812-855-7686.

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have not been honored during the course of this project, you may contact the office for the Human Subjects Committee, Carmichael Center, L03, 530 E. Kirkwood Avenue, Bloomington, IN, 47408, 812-855-3067, or by email at iub_hsc@indiana.edu.

PARTICIPATION

Your participation in this study is voluntary. You may refuse to participate without penalty. If you decide you do not wish to participate, simply do not complete the questionnaire. You may discontinue participation any time without penalty.

If are over the age of 18 and would like to complete the survey, please click on the button below.

February 5, 2004

I am over 18 years old
and
I consent to participate

IRB Approved
Approval Date. February 5. 2004
Expires: May 30. 2004

Appendix D

Approval for Use of Human Subjects—Guelph

UNIVERSITY of GUELPH

RESEARCH ETHICS BOARD

Certification of Ethical Acceptability of Research Involving Human Participants

APPROVAL PERIOD:	**January 3, 2008 to January 3, 2009**
REB NUMBER:	**07DC017**
TYPE OF REVIEW:	**Delegated Type 1**
RESPONSIBLE FACULTY:	**ROBIN MILHAUSEN**
DEPARTMENT:	**Family Relations & Applied Nutrition**
SPONSOR:	**N/A**
TITLE OF PROJECT:	**THE RELATIONSHIP BETWEEN SEXUAL PROBLEMS AND AROUSAL FOR MEN AND WOMEN**

The members of the University of Guelph Research Ethics Board have examined the protocol which describes the participation of the human subjects in the above-named research project and considers the procedures, as described by the applicant, to conform to the University's ethical standards and the Tri-Council Policy Statement.

The REB requires that you adhere to the protocol as last reviewed and approved by the REB. The REB must approve any modifications before they can be implemented. If you wish to modify your research project, please complete the Change Request Form. If there is a change in your source of funding, or a previously unfunded project receives funding, you must report this as a change to the protocol.

Adverse or unexpected events must be reported to the REB as soon as possible with an indication of how these events affect, in the view of the Responsible Faculty, the safety of the participants, and the continuation of the protocol.

If research participants are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and approvals of those facilities or institutions are obtained and filed with the REB prior to the initiation of any research protocols.

The Tri-council Policy Statement requires that ongoing research be monitored by, at a minimum, a final report and, if the approval period is longer than one year, annual reports. Continued approval is contingent on timely submission of reports.

Membership of the Research Ethics Board: F. Caldwell, *Student Health Services*; J. Dickey, *HHNS*, M. Dwyer, *Legal Representative;* M. Fairburn, *Ethics and External*, B. Ferguson, *Economics,* C. Harvey-Smith, *N.D. and External*; J. Minogue, *EHS*; L Trick, *Psychology*; P. Salmon, *SETS*; J. Tindale, *FRAN*, T. Turner; *Sociology & Anthropology.*

Approved: _____ Date: JAN 15 2008

per

Chair, Research Ethics Board

Appendix E

Approval for Use of Human Subjects—Indiana

INDIANA UNIVERSITY

NOTICE OF APPROVAL
EXEMPT REVIEW

Office of the Vice President For Research

TO: Robin Milhausen
HPER

DATE: November 6, 2003

FROM: Cybil Cole, Director Human Subjects Risk Compliance

RE: Protocol entitled: Sexual Arousal in College Men and Women: Relationships Between Sexual Risk Taking and Sexual Dysfunction
Protocol #: 03- 8599

Approval Date: November 5, 2003

The Human Subjects Committee (HSC) has reviewed and approved the research protocol referenced above as exempt; §46.101b, ¶#2. As the principal investigator of this study you assume the following reporting responsibilities:

AMENDMENTS: Investigators are required to report on these forms **ANY** changes to the research study (such as design, procedures, study information sheet/consent form, or subject population, including size). An amendment form is attached for your future use. **The new procedure may not be initiated until HSC approval has been given.**

AUDIT OR INSPECTION REPORTS: Investigators are required to provide to the HSC a copy of any audit or inspection reports or findings issued to them by regulatory agencies, cooperative research groups, contract research organizations, the sponsor, or the funding agency.

COMPLETION: Approximately one month after the date you indicated your study will end, we will send a notice to you at the address on your application, requesting information on the current status of your study. You are required to complete and return that form. If this is a student project and we don't hear from you, we will send a notice to your faculty sponsor. If we do not receive any response we will consider the study as ended and change our files to show that. It is your responsibility to let the HSC office know of address changes and project date changes.

STUDY INFORMATION SHEET: All subjects should be given a copy of **the stamped approved** study information sheet.

We suggest you keep this letter with your copy of the approved protocol. Please refer to the exact project title and protocol number in any future correspondence with our office. All correspondence must be typed.

Enclosures: Documentation of Review and Approval
Amendment Form
Approved Study Information Sheet - **stamped copy must be used**

Federal Wide Assurance #FWA00003544-IRB00000222
For additional FWA information, see the Web site at http://www.iupui.edu/~resgrad/spon/fwa.h

BLOOMINGTON CAMPUS
COMMITTEE FOR THE
PROTECTION OF
HUMAN SUBJECTS

Location:
Indiana University
Carmichael Center L03
530 E. Kirkwood Ave.

Mailing Address:
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Fax: 812-855-9943
E-mail:
iub_hsc@indiana.edu
WWW Address:
http://www.indiana.edu/
~resrisk.html

Appendix F

Measurement Tools

DEMOGRAPHIC QUESTIONS AND INSTRUCTIONS FOR MALE and FEMALE PARTICIPANTS

This anonymous survey takes about 30 minutes to complete and asks about attitudes, opinions and behaviors related to your sexual life. This information will increase our understanding of men's and women's sexuality.

If you take this opportunity to contribute information to this study, it is essential that you do so **seriously** and **honestly**. Your responses should represent only **your own** personal opinions and experiences. Every precaution has been taken to ensure that your responses remain private. This study has been approved by a university committee for the protection of human subjects' rights.

1. What is gender?
   a. Male
   b. Female
   c. Transgendered – Male to Female
   d. Transgendered – Female to Male
   e. Intersexed

2. What is your age? _____ years

3. Which of the following best describes your status at IU?
   - ☐ Freshman
   - ☐ Sophomore
   - ☐ Junior
   - ☐ Senior
   - ☐ Graduate or Professional School Student

4. What is your religion?
   - ☐ Protestant
   - ☐ Catholic
   - ☐ Other Christian
   - ☐ Jewish
   - ☐ Muslim/Islam
   - ☐ None
   - ☐ Other: _____

5. How important is religion or spirituality in your life?
   - ☐ Very important
   - ☐ Important
   - ☐ Slightly important
   - ☐ Not important at all

6. Are you Hispanic or Latina?
   - ☐ Yes
   - ☐ No

7. What is your race? Choose as many as apply to you.
   - ☐ American Indian or Alaskan Native
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ White

8. What is your current marital status?
   - ☐ Single/never married
   - ☐ Living with partner, but not married
   - ☐ Married
   - ☐ Widowed
   - ☐ Separated/divorced

9. Which of these commonly used terms would you use to best describe yourself?
   - ☐ Heterosexual/straight
   - ☐ Bisexual
   - ☐ Lesbian/gay/homosexual
   - ☐ Other _____
   - ☐ Uncertain

10. Are you currently:
    - ☐ In an exclusive/monogamous sexual relationship (that is, we have sexual activity only with each other)
    - ☐ In an non-exclusive/non-monogamous sexual relationship
    - ☐ Not in a sexual relationship (continue to next section)

11. How long have you been in your current relationship?
    _____ Years
    If less than one year, how many months? _____ Months

12. How satisfied are you with your current sexual relationship?
    - ☐ Very satisfied
    - ☐ Somewhat satisfied
    - ☐ Neither satisfied nor dissatisfied
    - ☐ Somewhat dissatisfied
    - ☐ Very dissatisfied

SISE-W/M INSTRUCTIONS AND ITEMS

The next set of items asks about things that might affect your sexual arousal. Other ways that we refer to sexual arousal are feeling "turned on", "sexually excited", and "being in a sexual mood". Women describe their sexual arousal in many different ways, including genital changes (being 'wet', tingling sensations, feelings of warmth, etc.) as well as non-genital sensations (increased heart rate, temperature changes, skin sensitivity, etc.) or feelings (anticipation, feeling 'open', etc.).

We are interested in what would be the most typical reaction for you now. Sometimes you may read a statement that you feel is not applicable to you, or a situation may have occurred in the past but is not likely to occur now. In such cases please indicate how you think you would respond, if you were in that situation. Some of the questions sound very similar, but are different; please read each question carefully and then mark the response which indicates your answer.

Don't think too long before answering. Please give your first reaction to each question.

NOTES:

a) Participants respond to items on a 4-point Likert-type scale 1 = strongly disagree to 4 = strongly agree
b) Items 10, 50, and 70 are different on the male and female versions.

1. I am more easily aroused when I feel good about myself
2. If I think that a partner might hurt me emotionally I put the brakes on sexually.
3. I often do not act on my sexual desires because I don't want a bad reputation.
4. A good sense of humor really turns me on.
5. I am unable to feel sexual if I am in a dirty and messy place.
6. Feeling "connected" to my partner really stimulates my sexual arousal.
7. It turns me on if my partner 'talks dirty' to me during sex.
8. When I do not feel valued by a partner, it turns me off sexually.
9. Watching erotic films is a turn on for me.
10. a) I can become more easily aroused at certain times of my menstrual cycle (SISE-W).
    b) I can become easily aroused early in the morning (SISE-M).
11. If I feel a partner is uncomfortable with how I am responding sexually, it inhibits my arousal.
12. If I think that having sex will cause my partner pain, it is harder for me to become aroused.
13. When I notice that others desire my partner, my own sexual arousal is enhanced.
14. If I think a situation could become violent, I am unlikely to become sexually aroused.
15. I find it arousing when a partner does something nice for me.
16. Having sex in a different setting than usual is a real turn on for me.
17. If it is possible that someone might see or hear us having sex, it is more difficult for me to get aroused.
18. Sometimes I have so many worries that I am unable to get aroused.
19. Someone doing something that shows he/she is intelligent turns me on.
20. When I am having sex, I have to focus on my own sexual feelings in order to stay aroused.
21. Worrying about sexually transmitted infections makes it harder for me to become aroused.
22. Just talking about sex is enough to put me in a sexual mood.
23. Feeling overpowered in a sexual situation by someone I trust increases my arousal.
24. If the phone or doorbell rang during sex, it would completely spoil my sexual mood.
25. It would be a big turn off if a partner went right for my genitals during sex.
26. If I don't feel comfortable discussing sex with a partner, it can really interfere with my arousal.

SISE-W/M Contd.

27. I find it harder to get sexually aroused if other people are nearby.
28. I think about sex more when I am feeling anxious or worried.
29. Something sexual that happened in my past interferes with my arousal now.
30. I am not sexually attracted to a partner who can't take care of himself/herself.
31. If I see a partner interacting well with others, I am more easily sexually aroused.
32. If I am concerned about being a good lover, I am less likely to become aroused.
33. If my partner does not seem aroused by our sexual activity, I find it harder to become aroused.
34. Seeing a partner doing something that shows his/her talent can make me very sexually aroused.
35. It would be hard for me to become sexually aroused with someone who is involved with another person.
36. Eye contact with someone I find sexually attractive really turns me on.
37. After I have been in a relationship for a while, I am much less interested in sex.
38. If someone doesn't smell "right" to me, I'm unlikely to become aroused.
39. Anticipating a sexual encounter can get me aroused.
40. A romantic evening can really put me in a sexual mood.
41. I get really turned on if I think I may get caught having sex.
42. If I am feeling unattractive it is harder for me to get sexually aroused.
43. When I am feeling sad or depressed, I am less likely to think about sex.
44. If I think that I am being used sexually, it completely turns me off.
45. Seeing an attractive partner's naked body really turns me on.
46. It is easier for me to become aroused with someone who has "relationship potential."
47. Just being physically close with a partner is enough to turn me on.
48. If I think about whether I will have an orgasm, it is much harder for me to become aroused.
49. I get very turned on when someone really wants me sexually.
50. a) If I was worried about getting pregnant, I would be unlikely to become sexually aroused (SISE-W).
    b) If I was worried about getting my partner pregnant, I would be unlikely to become sexually aroused (SISE-M).
51. Fantasizing about sex can quickly get me sexually excited.
52. When I am angry, I can easily become sexually aroused.
53. The smells and tastes of sex can really turn me on.
54. I am more easily aroused at certain times of the year.
55. Doing something fun together can put me in a sexual mood.
56. While having sex, it really decreases my arousal if my partner is not sensitive to the signals I am giving.
57. It interferes with my arousal if there is not a balance of giving and receiving during sex.
58. If I am uncertain about how my partner feels about me, it is harder for me to get aroused.
59. I get more aroused when the sex is spontaneous.
60. If I feel that I am expected to respond sexually, I have difficulty getting aroused.
61. If a partner is too needy, I am quickly turned off.
62. When I feel someone is really interested in me as a person, my arousal increases.
63. Someone who is self-confident really turns me on.
64. I get turned on by partners who are not "good" for me.
65. Of the things that turn me on sexually, the way a partner approaches me sexually is particularly important.
66. If I am very sexually attracted to someone, I don't need to be in a relationship with that person to become sexually aroused.
67. When having sex, it is important to me that we don't do the same thing every time.
68. If a partner felt uncomfortable with my sexual past, this would turn me off sexually.

SISE-W/M Contd.

69. If others wouldn't approve of my being sexually involved with a particular person, I put the brakes on sexually.
70. a) If I wanted to become pregnant, I think this would enhance my sexual arousal (SISE-W).
    b) If I wanted my partner to become pregnant, I think this would enhance my sexual arousal (SISE-M).
71. I need to have the lights off in order for me to become sexually aroused.
72. Sometimes my sexual arousal gets "switched off" when the attraction is too powerful.
73. Particular scents are very arousing to me.
74. I think about sex a lot when I am bored.
75. Often just how someone smells can be a turn on.
76. If a partner and I haven't seen eachother in a while, it is difficult for me to get aroused with him/her.
77. When I think about someone I find sexually attractive, I easily become sexually aroused.
78. I am turned off when someone seems too interested in me.
79. With a new partner I am easily sexually aroused.
80. If a partner surprises me by doing chores, it sparks my sexual interest.
81. Romantic pictures or movies put me in a sexual mood.
82. Women's bodies can really excite me sexually.
83. Sometimes just the sound of someone's voice can really turn me on.
84. If I see someone dressed in a sexy way, I easily become sexually aroused.
85. If a partner is forceful during sex, it reduces my arousal.
86. When I feel loved by a partner I am more easily aroused.
87. I am more easily aroused when I am not worrying about what others think.
88. Poor grooming really turns me off.
89. If I feel rushed during sex, it is more difficult for me to become aroused.
90. If a partner is unskilled sexually, it inhibits my arousal.
91. A partner's lack of sexual experience can be arousing to me.
92. Dominating my partner sexually is arousing to me.
93. I think that having a few drinks would make it easier for me to become sexually aroused.
94. Seeing a partner is clearly aroused makes me much more aroused.
95. Touching myself sexually is the quickest way for me to become sexually excited.
96. Using condoms could really spoil the sexual mood.
97. It reduces my arousal if a partner is self-conscious about his/her body.
98. When I feel interested in sex, I usually feel it in my genitals.
99. Sometimes I feel so "shy" or self-conscious during sex that I cannot become fully aroused.
100. When physically tired I am less likely to become aroused.
101. Sometimes I feel that my hormone level makes me more easily sexually aroused.
102. Certain hormonal changes definitely increase my sexual arousal.
103. I am unlikely to touch myself sexually if I think my partner will find out.
104. If a partner and I are fighting a lot, I cannot even think about sex.
105. If I am worried about taking too long to become aroused, this can interfere with my arousal.
106. Sometimes I am so attracted to someone, I cannot stop myself from becoming sexually aroused.
107. I really need to trust a partner to become fully aroused.
108. I am the most turned on when I feel pure lust for someone.
109. It turns me off if my partner asks what I want during sex.
110. Just the thought of some sex acts turns me completely off.
111. If I think that having sex will cause me pain, it is harder for me to become aroused.
112. It is difficult for me to stay sexually aroused.
113. I am easily sexually aroused.
114. When I am sexually aroused the slightest thing can turn me off.

115. Unless things are "just right" it is difficult for me to become sexually aroused.
116. Men's bodies can really excite me sexually.