

“This is *Torah*, and I Must Learn”: Evaluation of Women’s Premarital Sexual
Education and Sexual Satisfaction in the Orthodox Jewish Community

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Abstract

Cultural and religious characteristics have been found to play a pivotal role in shaping sex-related attitudes and behaviors. Specifically, studies have found an association between religious affiliation, sexual pleasure, and marital satisfaction. This thesis project will examine the relationship between these factors within the Orthodox Jewish community. It will suggest that sex education for Orthodox Jewish women can either enhance or diminish future sexual and marital satisfaction. This project will then propose an experiment which quantitatively analyzes the differential psychological impact of Orthodox Jewish sexual education curricula on women's marital and sexual experience.

Keywords: Orthodox Judaism; sexual satisfaction; marital satisfaction; sexual education

Introduction:

Human sexual activity is at once rooted in instinct and channeled through a number of highly individualized sociocultural values and expectations. One such agent of sexual socialization is religion, which has significantly shaped sexual activity and determined sexual norms throughout human history. Religious individuals' moral evaluation of sexual activity and attitudes toward sex-related issues are often based on those of religious texts and religious authorities. For example, research has found that public opinion toward same-sex marriage is powerfully linked to religious affiliation (Olson, Cadge, & Harrison, 2006). Religion can also drive individuals' sexual behaviors throughout their lifetimes by influencing their likelihood of engaging in a number of sexual activities. Laumann et al. (1994) observed that religious individuals were significantly less likely to fantasize about sex, masturbate, engage in oral or anal sex, or have sex with multiple partners.

While there is a substantial body of literature concerning the effect of religion on perception of sex-related behaviors, relatively few studies have explored these implications within specific religious communities. Some degree of generalization is understandable, as many core ethical principles of sexuality run uniformly across different religions. For instance, the moral condemnation of adultery and pre-marital intercourse exists in numerous world religions, including Judaism, Christianity, Islam, and Hinduism (Wilson, 1991). However, religious views on sexuality and sexual ethics also range widely, from perceiving sex as the height of spiritual awakening to viewing it as a hindrance, a necessary evil, or even a carnal rejection of the divine (Leeming, 2003). These attitude differences are often reflected in both ancient religious texts and modern-day discourse (or lack thereof) surrounding sex-related topics. There are crucial distinctions between religious communities

in when, how, and to what degree individuals are taught to regard sex. Even the acquisition of sex-related language is dependent on their specific religion; one study found that many Hindu women reported lacking a name for their genitals (Rao & Nagaraj, 2015).

The Orthodox Jewish community is a small subset of Judaism which adheres strictly to Biblical and Talmudic laws regarding sexual activity between marital partners. Sexual foreplay, consent, and an atmosphere of mutual pleasure are at the heart of many Talmudic texts (Chagiga 4b; Eruvin 100b; Ketubot 61b). Despite this, Friedman, Labinsky, Rosenbaum, Schmeidler, and Yehuda (2009) demonstrated that many married Orthodox women report lower levels of sexual satisfaction compared to a previously measured non-Orthodox sample, which used the same scales (Laumann et al., 1994). It is possible that Friedman et al.'s results cannot be directly compared to those of Laumann et al. (1994) due to the span of time between them and potential cultural and historical factors independent of religiosity which may have affected results. However, these findings may alternatively have concerning implications for Orthodox Jewish women, seeing as low sexual pleasure appears detrimental to both marital satisfaction (Ziaee et al., 2014) and sexual wellness (Rao & Nagaraj, 2015). Though women's sexual assertiveness is a crucial aspect of Talmudic law, it is plausible that married Orthodox women feel alienated from their sexuality. This may arise for a number of different reasons: it is possible that Orthodox women are failing to acquire concrete knowledge regarding their sexual anatomy and sex-related behavior. Conversely, they may be taught the biological aspect of sex without being properly informed about religious attitudes within the Jewish tradition, such as their mandated right to sexual pleasure or the importance of foreplay. Formal sex-related education concerning these laws are traditionally taught to Orthodox Jews during their engagement through "*kallah* classes"

(Petok, 2001). Therefore, it is predicted that creating a standardized curriculum for *kallah* classes based on empirically-supported improvements in sexual and marital satisfaction can create vast improvements for the community.

History of human sexuality:

Discussion of human sexuality has been recorded all over the world since the dawn of civilization. However, sex began to be associated with immorality and punishment in the 16th century, propelled by the growing knowledge of sexually-transmitted diseases, such as syphilis, which were postulated to be a sign of sin (Burg, 2012). This theory, and the cultural landscape which created it, greatly influenced both the policies and moral standards surrounding sexual behavior for the centuries following. The belief that sex and sin were inextricable from one another saw a peak in the Victorian era, when sex was seen as a “necessary evil,” to be used only as a means of procreation (Landale & Guest, 1986). The value placed on self-denial and sexual abstinence was likely reflective of the emergent cultural emphasis on self-discipline and moral superiority that was associated with establishing social position (Landale & Guest, 1986). It was additionally assumed that women lacked sexual desire altogether and were instead bound by a marital duty to please their husbands. Despite this, most historical reports seem to indicate that many Victorian women experienced great sexual pleasure (Degler, 1974).

In the early 20th century, German physician Iwan Bloch (1909) made the case for studying human sexuality, which he termed *Sexualwissenschaft* (“sexology”). Rather than considering sex an easily corrupting force threatening the more sophisticated human functions, as many Victorian thinkers were apt to do (Smith-Rosenberg, 1978), Bloch

believed precisely the opposite. He viewed cultural determinants as corruptible and sex as inherently “ever purer and more promotive of happiness” (1909). For instance, Bloch boldly asserted in *The Sexual Life of Our Time* that marriage was “the true cancer of our sexual life, the sole cause of the increasing diffusion of prostitution, of wild sexual promiscuity, and of venereal diseases” (1909). Through asserting that sex is not simply a physiological process but a social and cultural one as well, Bloch paved the way for future theorists – most notably, Sigmund Freud.

Bloch’s studies, as well as the lingering sexual repression of the late Victorian era, provided the framework for Freud’s own observations and theories on sexuality (Cotti, 2009). On one hand, Victorian society was characterized by the Puritan policing of sexual expression; yet it simultaneously brought about what historian Michel Foucault described as “a veritable discursive explosion” on sex (1978). The seeming contradiction between society’s simultaneous fixation and repulsion with sex made a marked impression on Freud’s psychoanalytic theory. According to Freud’s view, the human sexual drive is a primordial biological urge which seeks release but is repeatedly stifled by repressive societal norms (1964). Classic psychoanalysis radically changed the conventional understanding of sexuality by proposing that “perverse” sexual thoughts existed in all people since childhood. In an effort to ease the anxiety these thoughts produced, perverse thoughts were removed from conscious awareness (Freud, 1964). However, they continued to influence people’s automatic activities and attitudes, as well as mental illnesses. Accordingly, Freud (1964) believed that women experienced “hysteria” as a result of the sexual fantasies and penis envy they experience during childhood. While most of this line of thinking has been popularly rejected, Freud was unusual in his assertion that women possessed sexual desire.

Later, the Lacanian approach to psychoanalysis fundamentally reformulated Freud's theory in favor of the argument that sexual desire is produced and regulated partly by social convention (Lacan & Miller, 1988). According to Lacan, one's experience with the world is like looking into a mirror. That is, one's understanding of their own identity is inherently limited to a one-dimensional, socially-constructed plane of existence, as humans cannot fully understand and integrate their own vast multidimensionality. Individuals communicate this reductive understanding of themselves and their realities primarily through language, which similarly represents – but does not fully capture – the essence of what they wish to express. People are powerfully inclined to attempt translating their self-concepts into a representational “language” which others can understand and respond to. This is done in the hopes of recognizing themselves through the “mirror realm” of other people. Such efforts are conducted through tangible, symbolic language or action, such as declaring their love for someone or engaging in sexual intercourse. Lacan considers “love” to be this inclination for closeness – that is, the impossible, narcissistic attempt to extend into another person's existence through shared, socially-constructed representations of one's own identities. In other words, Lacan explained sexuality – including sexual desire, fantasies, and even gender identity – not as a biological human reality, but as a concretized social representation of the individual. Love, he asserted, is merely “one's own ego that one loves in love, one's own ego made real on the imaginary level” (Lacan & Miller, 1988).

Alfred Kinsey became the first major American sexologist and arguably the first researcher to apply the scientific method in order to study sexual experience. His first book, *Sexual Behavior in the Human Male*, presented data from 5,000 sexual histories to plainly illustrate the surprising prevalence of premarital sex, masturbation, and homosexual behavior

(Kinsey, Pomeroy, & Martin, 1948). In his next book, *Sexual Behavior in the Human Female* (Kinsey, Pomeroy, Martin, & Gebhard, 1953), Kinsey concluded that women are less sexually active than men, but still far higher than the public would expect; 50% of women were having premarital sex, supposedly. He concluded that there was an enormous disparity between attitudes toward sexuality and actual sexual practices (Kinsey, Pomeroy, & Martin, 1948). He further argued that Abrahamic religions (specifically Christianity and Judaism) fostered negative attitudes toward sexuality which caused “shame, remorse, despair, desperation, and attempted suicide” for women who transgressed those religious codes (Kinsey et al., 1953). Kinsey’s blunt condemnation of religious communities, along with the challenge to gender roles that was inherent to his two volumes, enraged religious conservatives and motivated religious liberals (Griffith, 2008). It may be said that Kinsey’s controversial publications fundamentally split sex ethics in religious communities; some adopted a radically new openness to sexual theories, while others became suspicious of engagement with sexual theories (Griffith, 2008).

Kinsey’s methods and conclusions are now widely disputed, but they are nonetheless thought to have partly given rise to the subsequent “sexual revolution” in American society during the ‘50s and ‘60s. The widespread rejection of moralizing sexual behavior and the acceptance of sex as a natural consequence of sexual attraction led to higher rates of sexual intercourse and intimacy, wider use of effective contraception, and an overall embrace of sexual pleasure (Dominian, 1982). Though data remains sparse, there has been increased investigation into the interaction between sexual behavior and the surrounding culture in the 21st century. For instance, Foucault (1978) argued that sexuality is a social construction which is shaped by the moral systems existing in one’s particular culture. The sexual script theory

builds from Foucault's social constructionism hypothesis to suggest a multilayered approach to learned sexual norms: namely, a cultural dimension, an interpersonal dimension, and an intrapersonal dimension, each of which color the way sexuality develops in the individual (Simon & Gagnon, 1986). This theory highlights the fact that there can be different scripts in different cultures, and therefore different conceptions of sexuality and sexual satisfaction. Many feminist theorists additionally asserted that there are gender scripts which shape gender-specific sexual norms and expectations (Frith & Kitzinger, 2001). Finally, intersectionality incorporated several factors – including race, biological sex, and ethnicity – to explain the individual's identity, including their sexual identity (Cerezo, Cummings, Holmes, & Williams, 2020). Overall, the history of sex research dictates that it is necessary to keep both biology and culture in mind when properly examining the sexual expression of a specific community. An interdisciplinary approach between psychology, biology, history, and sociology is ideal for the purposes of this project.

Sex and culture:

The most well-known model of physiological response to sexual arousal was proposed by Masters and Johnson (1966). Masters and Johnson primarily wanted to study sexuality under a biological lens in order to distinguish healthy sexual functioning from sexual dysfunction. They divided sexual response into four crucial stages: arousal, plateau, orgasm, and resolution. Sexual arousal refers to the physiological changes which occur due to sexual desire, as well as the subjective sexual pleasure these changes produce. Both men and women experience increased breathing, heart rate, and blood pressure, and muscle tension. For women, arousal leads to increased vaginal lubrication and enlargement of the

vagina, clitoris, and uterus. For men, arousal is associated with penile erection, swelling of the testes, and the elevation of the testes in the scrotum. The plateau phase refers to the stage of sexual arousal when vasocongestion has reached its peak. Because women have a larger and more vascular pelvis area, it can take longer for them to reach the plateau phase than men (Carroll, 2018). Continued sexual stimulation results in the third stage, orgasm, during which the genital muscles repeatedly and involuntarily contract. For men, orgasm is associated with a burst of ejaculatory fluid, while women's orgasms last longer but are far less likely to include ejaculation. Following orgasm is the resolution period, when the male's penis and testicles and the female's uterus and vulva return to normal size, and all other physiological changes associated with arousal return to baseline. Unlike men, the female sexual response lacks a refractory period during which further orgasms are impossible (Carroll, 2018).

Religious affiliation can influence religious women's sexual response cycle, as well as the overall satisfaction they receive from sexual intercourse. Women who self-identified as "religious" were found to exhibit more reluctance in using masturbation, anal intercourse, oral-genital sex, vibrators, or pornography to stimulate arousal compared to nonreligious women (Tavris & Sadd, 1977). Furthermore, Gil (1990) revealed that conservative Christians reported feeling heightened guilt and anxiety when engaging in sexual fantasies. This potentially lends insight as to why religious women report lower frequency of sexual fantasizing than nonreligious women (Ahrold, Framer, Trapnell, & Meston, 2011). Sexual activity as a whole additionally appears to be affected, with religious unmarried adults engaging in comparatively less sexual activity (Abbot, Harris, & Mollen, 2016; Lefkowitz et al., 2004). Interestingly, greater frequency of sex and sexual satisfaction were found to be unrelated to religiosity among *married* adults (Abbot, Harris, & Mollen, 2016). This may

suggest that married religious women tend to have a more positive sexual attitude than religious women who are unmarried.

That said, other research has found that stigma surrounding sexuality in religious circles is a potential risk factor for hypoactive sexual desire, a disorder characterized by lack of interest in sexual activities or fantasies and lower sexual satisfaction (Rao & Nagaraj, 2015). Another notable example of religion's potential effect on sexual behavior is the occurrence of vaginismus, or the recurrent contraction of muscles surrounding the vagina. These contractions make it painful or even impossible to engage in intercourse (Rao & Nagaraj, 2015). While the etiology of vaginismus can be organic, it has also been postulated that certain cases are instead caused by the psychological fear of penetration (Rao & Nagaraj, 2015). It is possible that religious attitudes equating sex with guilt, embarrassment, and anxiety can contribute to such conditions.

Abbott, Harris, and Mollen (2016) found that religious commitment correlates with lower sexual activity, lower sexual satisfaction, and heightened sexual guilt, especially for women. Degree of guilt during sex was found to be directly correlated with frequency of church attendance, with those who worshipped weekly experiencing the greatest guilt and those who never worship experiencing the least guilt (Fagan & Nagai, 1992). However, these results appear to be at odds with much of the literature on religiosity and sexual satisfaction. For instance, very religious women reported greater sexual satisfaction and more happiness in their current relationship than moderately religious or non-religious women (Tavris & Sadd, 1977). This is supported by the increased sense of feeling "thrilled and excited" (Fagan & Nagai, 2012) and the higher frequency of orgasm during intercourse reported by religious women compared to nonreligious women (Kontula & Miettinen, 2016). While the reason

remains unclear, it is possible that this can be partly explained by the higher rate of orgasms reported when engaging in sexual behavior with a steady partner, a phenomenon which is particularly common among religious individuals (Kontula & Miettinen, 2016).

The seeming contradiction between negative emotions surrounding intercourse and increased sexual and marital satisfaction is worthy of further exploration. It is possible that religiosity produces a complex, multilayered relationship with sexuality which produces both heightened shame and heightened satisfaction. It also seems conceivable that because different religions vary greatly in the attitudes promoted concerning sexuality and sexual practice, combining positive and negative ideologies in one “religious” condition leads to a puzzling amalgamation of conflicting data.

The Orthodox Jewish community is a culturally distinctive subgroup of the larger Jewish population, partially due to their strict observance of laws including those related to sexual activity. However, current research on this population is scarce, leading to little data regarding Orthodox women’s sexual and overall relationship satisfaction. Indeed, there are almost no empirical studies exploring the dynamic of Orthodox Jewish marriage. The proposed study would begin to fill the gap in sexual psychology research involving Orthodox Jewish women. It would additionally work toward improving the community’s overall sexual health and awareness without undermining its fundamental values. Accordingly, this paper will now focus specifically on the conceptual and normative analysis of sexuality found in classical Jewish philosophy, the sexual rituals in the modern-day Orthodox Jewish community, and the related attitudes produced within Orthodox Jewish women.

Overview of sexual norms defined by Jewish sacred texts:

It has thus far been determined that religion transmits direct and indirect messages establishing influential moral customs and guidelines for the sexual behavior of its community. This is certainly true of the Orthodox Judaism population, which continues to ascribe to the moral teachings of ancient Jewish texts. Ribner (2004) points out that Judaism fundamentally conceptualizes sexuality as the necessary means to both procreation and human completion. This is shown in the first two chapters of Genesis, when God creates Adam before declaring, “It is not good for the man to be by himself; I will make him a helper as his counterpart” (Genesis 2:18). Eve is subsequently created directly from Adam’s side, at which point Adam and Eve are given what is popularly considered the first divine commandment: “Be fruitful and multiply” (Genesis 1:28). The Old Testament proceeds to morally evaluate sexuality with explicit laws, such as those condemning homosexuality (Leviticus 18:22), adultery (Exodus 20:14), and premarital sex (Exodus 22:16–17), while simultaneously illustrating immoral extremes with graphic tales of incest and rape. It is made abundantly clear throughout the Old Testament that sexuality is deeply foundational to not only Jewish philosophy, but also human nature.

Sexuality was further codified in the Babylonian Talmud, when central rabbinic authority struggled to provide a systematic and detailed framework for Jewish sexual practice using a combination of quotes, hypotheticals, and anecdotes. Belonging to the last category is a curious tale from Chagiga 4b in which Rav Kahane hid under the bed of his teacher Rav in order to observe the precise way he went about having sexual intercourse. To his surprise, he instead heard the sound of his master talking and laughing with his wife. When he exclaimed aloud about the peculiarity of Rav’s actions, his alarmed master told him to leave the room,

to which Rav Kahane responded, “This is *Torah*, and I must learn it.” The lessons of this Talmud passage are two-fold: firstly, it represents sex as a field of study, a matter of ritual and ethical detail which one must engage with intellectually. At the same time, however, it emphasizes the genuine enjoyment shared mutually between lovers, so much so that foreplay is not only encouraged but mandated. Indeed, sexual expression in the context of a marital relationship is perceived as a manifestation of divine creation; conversely, “single adults are viewed as essentially unfinished, with wholeness coming only through the partnership afforded by marriage” (Ribner 2004). Marital intimacy is so sacred to the Jewish marriage that withholding sexual contact is grounds for divorce, while forcing it is forbidden (Eruvin 100b).

In Ketubot 61b, it is explained that sexual pleasure is a wife’s right and a husband’s obligation. At a couple’s wedding, the husband must sign a *ketubah*, a contract securing his dedication to regularly fulfilling his wife’s sexual desire for fear of committing a grievous sin. Stunningly, while men are forbidden from coercing sex, women have the right to demand it from their husbands (Eruvin 100b). The importance of engaging in foreplay is explicitly specified by Rabbi Yochanan, who asserts that in order to properly please a woman, one should emulate the rooster during sex by “first coaxing and then mating” (Eruvin 100b). During intercourse, no clothes are worn in order to enhance close bodily contact and emotional intimacy (Ketubot 48a). However, sexual intercourse – or any touching whatsoever – is forbidden between a husband and a wife while the wife is in her *niddah* period, which occurs during menstruation (Ketubot 4b). It can also occur during perimenopause, when women often experience mid-cycle staining (“Perimenopause &

Menopause,” 2019). Menopause marks the end of abiding by the laws of *niddah* and *mikveh* immersion.

After menstruation, there are an additional *shivah neki'im* (“seven clean days”) to confirm that bleeding does not recur (Brachot 31a). *Niddah* can last for up to fourteen days (in the case of women with longer menses), after which the wife performs a ritual immersion in a pool of water called a *mikveh* (Bava Metziah 84a). The Talmud explains that a wife “will be as beloved” to her husband after the *niddah period* and *mikveh* submersion “as on the day of her marriage” (Niddah 31b). Indeed, it is encouraged for the couple to have sex the very night that the wife returns from the *mikveh* (Niddah 31b). The emphasis on ritual purity and the careful regulation of sexual contact suggests a model of sexuality which can be channeled into loftier purposes, such as providing richness to a marital relationship or engaging in the holy act of procreation.

According to Hartman and Marmon (2004), “The halakhic system establishes a sexual sphere within marriage that is distinct from procreation and encourages women to expect, demand, and enjoy an active and vital sexual relationship with their spouses.” This appears to be in line with research on the effects of attitudes on sex and sexual satisfaction. For instance, more self-determining attitudes toward sexual activity, such as the belief that women can initiate sex, were associated with higher frequency of orgasm in women (Kontula & Miettinen, 2016). Women were also more likely to orgasm when they evaluated their own orgasms as important to the experience of intercourse and the status of their current relationship. In other words, if women think experiencing orgasm is important for the satisfaction of their current relationship, they are more likely to achieve orgasm during sex (Kontula & Miettinen, 2016). Indeed, happy relationships are linked to orgasm achievement

(Kontula & Miettinen, 2016). Halacha could be said to encourage a high degree of self-determination and a sense of their own importance in the sexual lives of Orthodox women. Overall, the Talmud presents a positive, if meticulously monitored, approach to sex.

Cultural context of sexuality before and during traditional Jewish marriage:

Intimacy goals of Orthodox Jews are affected by the cultural context of their religious community. Traditional rules influence Orthodox Jewish women's behavior and expectations before marriage. Boys and girls typically attend gender-segregated educational environments starting from preschool and attend synagogues which have separate seating (Ribner, 2003). As they mature, they are forbidden from physical contact (*negiah*) or isolation with the opposite sex (*yichud*). Men and women are also forbidden from dancing together, and women are forbidden from singing in front of Jewish men who are not their husband or family members (Ribner, 2003). After marriage, the husband and wife are able to touch and be secluded together; in fact, the traditional Orthodox wedding dictates that the newly-married husband and wife spend a period of time in a room alone following their marital vows in order to seal the marriage (Ribner & Rosenbaum, 2005).

Orthodox men and women are expected and encouraged by their community to marry at young ages, usually in their early twenties. This was likely due to the communal value placed on having large families and the belief that an early marriage would prevent the channeling of sexual urges into less acceptable means, like masturbation, prostitution, and premarital sex (Riemer, 2007). One Talmudic source even seems to imply that early marriage increases intelligence (Kiddushin 29b-30a). In comparing Reform and Orthodox Jewish women's evaluation of achieving intimacy goals, Stark-Adler (2010) found that Orthodox

Jewish women were more likely to describe experiencing stress due to the communal expectation to find a romantic partner during emerging adulthood. It was additionally noted that women who did not achieve this expectation were more likely to experience feelings of isolation and loneliness (Stark-Adler, 2010).

Not only are Orthodox Jewish women assumed to be virgins at the time of marriage, but they also tend to have little formal information about the biological experience of sex or the complicated religious laws which regulate it until the time immediately preceding marriage. “*Kallah* classes” are generally taught to engaged Jewish women by older women who teach the laws of matrimony, including those pertaining to sexual contact and times of separation from one’s husband (Petok, 2001). The ultimate goal of these classes is to help navigate the complex laws which govern the sexual life of the married woman. Women in *kallah* classes learn how to anticipate and identify times of ritual impurity, how to properly count the days from the beginning of menstruation, how to conduct oneself during these days, and how to fully immerse oneself in the *mikveh* afterward (Petok, 2001). They are additionally instructed in proper conduct during each of these stages; everything from the arrangement of the bedroom to permitted topics of conversation and marital acts with their husband is deeply influenced by the complex web of marital rituals and obligations (Petok, 2001). *Kallah* classes may also cover the laws of pregnancy, including those preceding, during, and after childbirth (Petok, 2001).

However, *kallah* classes for Orthodox Jewish women tend to be notably less exhaustive in their covering of the anatomy and physiology regarding sexual contact, pregnancy, and birth (Petok, 2001). It is often encouraged for women to ask the couple’s chosen rabbi about even the most intimate questions which arise from marital ritual rather

than reaching their own conclusions (Petok, 2001). Though classes may be taught by a *yoetzet halacha*, a woman trained to answer questions about religious laws related to family purity and sexual intercourse, pre-marital sexual advisors do not technically require certificates or formal markers of any kind (Ribner, 2003). This makes it possible that some *kallah* teachers possess minimal or incorrect information regarding sexual activity (Ribner, 2003). Such scenarios are especially concerning because many members of the community are wary of secular literature which may not reflect their values. They are therefore significantly limited in their anatomical understanding of sex, which can have drastic consequences (Ribner, 2003).

It has been postulated that certain aspects of Orthodox beliefs and ritual surrounding sex may contribute to sexual dysfunction (Bullis & Harrigan, 1992; Masters & Johnson, 1970; Simpson & Ramberg, 1993; Ribner, 2004). Particularly fascinating is the cognitive shift which inevitably occurs when religious women must switch their perception of sexual contact from something wrong and forbidden to something sacred and vital. This is especially notable in the Orthodox Jewish community, in which women transition from absolute celibacy to sexual union within what is often a relatively short time frame. Ribner (2003) observes that for women to never experience contact with the opposite sex, and then to be encouraged to engage in total nudity during future sexual activity with their husband, must have a profound effect on their psychological and physiological experience of sex. He offers the following sharp insight regarding the unique difficulties the *haredi* (Orthodox) individual may face upon entering their first intimate relationship:

Beyond overcoming the barriers of physical self-revelation lies the task of emotional self-revelation. Physical intimacy may engender redefinitions of self and other, for which no personal, and therefore useful, model exists. Feelings heretofore repressed or sublimated now must be released to allow for the successful sequencing of desire

and arousal. The Haredi practice of minimal dating and/or conversation before the wedding will have produced little emotional attachment at this stage of the relationship.

Similarly, in a case study of a newly married Orthodox man who experienced premature ejaculation, Levine (2004) remarks that “his symptom was the product of his premaritally formed, unyielding conscience that continued to forbid intercourse after marriage.” It is likely that women similarly experience psychosomatic features related to upholding religious values. Ribner and Rosenbaum (2007) assert that insufficient understanding of female anatomy, a history of little self-exploration (such as that which arises from penetrative masturbation or tampon insertion), and no actual sexual experience can be causal factors in preventing sexual intercourse. Fear or anxiety over sex is also known to potentially prevent the occurrence of successful intercourse; extreme cases can lead to conditions such as vaginismus (discussed above). These sexual difficulties can lead to delayed pregnancy.

Sexual satisfaction is also one of the greatest determinants of marital satisfaction (Ziaee et al., 2014). Marital satisfaction refers to the interpersonal evaluation of a marriage’s perceived costs and benefits (Lawrance & Byers, 1995). When the global benefits of the relationship are perceived to supersede its global costs, marital satisfaction is high. However, if the costs are thought to overwhelm the benefits – for instance, if a relationship is emotionally or financially draining – satisfaction with the marriage partner and the marriage itself declines. Likewise, whether a woman considers her sexual life fulfilling and enjoyable or dirty and anxiety-provoking will be a determinant in the cost-benefit analysis of the marital relationship. A high assessment of sexual satisfaction is thus integral for one’s relationship satisfaction, as well as the individual’s overall emotional and physical health. As

was determined earlier, sexual satisfaction is powerfully influenced by one's cultural system, including their religious values and rituals. Therefore, it may be possible to investigate sexual dissatisfaction by recognizing relevant, intersecting features of their culture.

There are multiple dimensions to sexual satisfaction, yet a paucity of information exists on precisely how each of these dimensions interact directly and with one another to influence women's sexual pleasure. Two dimensions in particular will be explored in this project: sexual attitudes and knowledge of reproductive anatomy.

Sexual attitudes: Stable, sex-related emotions, beliefs, and behaviors act as critical mediators for sexual satisfaction. A correlation exists between sexual satisfaction and underlying perspectives on sexuality (Haavio-Mannila & Kontula, 1997). Individuals are more likely to seek out and embrace sexual experiences if they have a positive evaluation of sexuality (Dosch et al., 2016). A 1992 survey found that the greater average sexual dissatisfaction in women compared to men may be partly due to conservative sexual attitudes, lack of sexual assertiveness, and the belief that their own sexual activity is irrelevant or unimportant (Haavio-Mannila & Kontula, 1997). Because women are more likely than men to place more importance on the emotional aspect of an intimate relationship, it is especially important for women to feel comfortable expressing their sexual needs and wants to their partner – and to simply feel that this communication is valuable (Bridges, Lease, & Ellison, 2004). Unfortunately, women—particularly those who are religious—are more likely to experience anxiety and guilt related to sex (Abbott, Harris, & Mollen, 2016). A recent study has additionally pointed out that sexual satisfaction was significantly dependent upon both *explicit* (i.e. conscious) and *implicit* (i.e. unconscious, automatic) sexual attitudes (Dosch et al., 2016). Furthermore, importance of religion was categorized as an

important implicit attitude for influencing sexual satisfaction. However, it should be noted that approximately 85% of participants from the previous study considered religion as largely unimportant to their lives (Dosch et al.). This represents a serious shortcoming in the study's ability to be generalized to religious populations.

Knowledge of reproductive anatomy: Sexual satisfaction is additionally associated with knowledge of the human sexual anatomy. In a randomized control trial, educational sessions regarding sexual health were found to have a positive effect on sexual desire for women with hypoactive sexual desire disorder compared to the control group (Kaviani et al., 2014). Educating women on important issues such as reproductive health and sexual anatomy can also allow them to transmit the information to their husbands and families, allowing the information to become more far-reaching and discussed more freely within all parts of the community. This is especially important in the Orthodox Jewish community, where comprehensive sexual education is rarely part of the educational curriculum and publically speaking of sexual behavior is often outwardly frowned upon.

In a comprehensive empirical study, it was found that Orthodox women are approximately 4% more likely to be unhappy with their sex lives compared to other women (Friedman et al., 2009). Additionally, several women considered their experience immersing in the *mikveh* to be traumatic and their first sexual intercourse to be “shocking.” Others relayed the profound anxiety they felt as they transitioned from abiding to the extreme modesty and privacy encouraged in women to the disinhibition and vulnerability expected in their intimate lives. When asked what *kallah* classes should have covered, most respondents mentioned basic sexual education, including women's anatomy, women's sensitivities, orgasm, different positions, what a man's body looks like, what to expect, and how to

actually consummate the marriage. Other participants reported wishing that their *kallah* classes had covered the relationship between sex and Jewish life – including healthy and religiously informed sexual attitudes, such as a firm understanding in an Orthodox woman’s right to sexual pleasure (Friedman et al., 2009).

The aim of this research proposal is to identify key issues relating to sexual pleasure for women in the Orthodox community, keeping in mind the unique components of Jewish culture which color and sometimes prohibit sexual pleasure, and to use these key issues in creating an effective formal sexual education curriculum. As shown above, the existing sexual education has been found to be lacking due to its informal structure and paucity of information on culturally taboo topics such as female sexual desire and female sexual anatomy. However, Ribner (2003) importantly points out that “it is axiomatic that denying the validity or opposing the mandates of these expectations will undermine any attempt at creating therapeutic trust.” Therefore, this project will attempt to adapt an educational technique which poses no threat to the values of the Jewish Orthodox community.

RESEARCH PROPOSAL

Methods

Participants

Researchers will recruit 100 Orthodox, English-speaking women between the ages of 18 and 28 in the New York metropolitan area via social media, Jewish community networks, and religious educational institutions. It is anticipated that this sample size will be sufficiently powered to detect a difference between the different treatment groups and will ensure an accurate representation of Jewish culture. All participants will be expected to complete the study during the time period when they are engaged to be married. Engagement status will be determined based on self-report. Therefore, for the purposes of this study, respondents' denomination will also be determined based on self-identification (e.g. answering "yes" to the question "Do you consider yourself Orthodox?") as well as "yes/no" responses to the following questions:

1. When married, do you intend to keep the laws of *Taharat HaMishpacha* ("family purity," or laws regarding sexual discipline in marriage) in their entirety, including laws of *niddah* (period of separation) and *mikveh* (ritual immersion)?
2. Did you grow up observing Orthodox religious law – including study of *Torah* and strict observance of *Shabbat*, *kashrut*, and religious holidays?
3. Did you attend exclusively religious educational schooling until at least the high school level?

Students will be excluded if they answer "no" to the first question. Incentives for participation will include a \$5 Amazon gift card.

Materials

Sexual Knowledge and Attention Test: The SKAT (Miller & Lief, 1979) has primarily been used as a research instrument for measuring changes in sex-based knowledge and attitudes after exposure to sexual education. It includes true-false and multiple-choice questions to gauge sexual knowledge and 5-point Likert scales to gauge sexual attitudes (see Appendix, Table 1).

Sexual Satisfaction Scale for Women: The SSS-W (Meston & Trapnell, 2010) was developed to measure sexual and marital satisfaction. The SSS-W measures five separate domains of female sexual function: contentment, communication, compatibility, relational concern, and personal concern (Meston & Trapnell, 2010). It contains 30 statements to which participants report their level of agreement on a 5-point Likert scale (see Appendix, Table 2).

Satisfaction with Married Life Scale: Participants will complete the SWML (Ward, Lundberg, Zabriskie, & Berrett, 2009) to gauge marital satisfaction. Participants will be asked to report the degree to which they agree or disagree with each of the SWML's five statements using a 7-point Likert scale (see Appendix, Table 3).

Modifications may need to be made to integrate relevant Orthodox Jewish beliefs and attitudes influencing sexual activity and sexual attitudes.

Procedure

Participants will be asked to read and sign a consent form briefly describing the study and listing what will be expected of them. Each participant's self-reported status as an engaged, English-speaking woman will be ascertained. Participants will then complete a questionnaire to establish their status as an Orthodox Jew, which will determine each respondent's eligibility to participate in the study. Those who are eligible to continue will

complete the SKAT to measure their initial sexual knowledge, beliefs, and attitudes prior to attending pre-marital classes.

Participants will then be randomly assigned to one of four groups:

The *integrative group*'s program will include both basic sexual education (including information on sexual anatomy, sexual activity, and reproductive health) and a conceptual analysis of how sex relates to the Jewish lifestyle (including textual sources on the importance of emotional relations and pleasure-based intercourse).

The *biology-based group*'s program will include only basic sexual education, without explicitly associating it with overall Jewish culture.

The *attitudes-based group*'s program will discuss accepted Jewish sources for pleasure-based intercourse and focus on building a healthy and culturally-specific mindset on sexuality while not specifically going into detail on sexual anatomy or reproductive health.

Finally, the *control group*'s program will be scripted by an established Orthodox *kallah* teacher to represent the mainstream marital education classes which Orthodox women currently receive.

Every class for all four groups will be pre-recorded to minimize confound. However, in order to adhere to Orthodox culture's value on direct transmission of tradition, trained Orthodox educators will attend the classes in all conditions and be available to answer questions from each group.

Sexual education programs will be held in four separate and identical meeting rooms from 3 pm to 4 pm each Sunday and Thursday for four consecutive weeks, making eight classes in total. Participants from all conditions will be equally distributed to different days and times using block randomization. Each participant must attend all eight classes in order

to continue contributing to the experiment. All programs will be recorded for further analysis of questions asked and reactions of the participants.

Immediately following the last education program, participants will be asked to complete the SKAT again; this follow-up questionnaire will allow for examination of whether sex-related attitudes, beliefs, and knowledge have been influenced by their education program. One month, six months, and one year after each participant's wedding, they will be emailed the SSS-W and the SWML to gauge potential differences in sexual and marital satisfaction between women of different groups. Means for conditions of all groups will be recorded and used for data analysis. Answers to the initial Orthodox affiliation questionnaire regarding participants' religious observance and religious educational schooling during childhood should additionally be kept in mind while reviewing data.

A between-group ANOVA will be performed to compare levels of sexual and marital satisfaction in each group. It is expected that both sexual and marital satisfaction will show increases for all groups compared to baseline assessment as participants grow to become more comfortable with their partners sexually and emotionally. It is additionally predicted that participants exposed to information on sexual anatomy and behavior and a culturally-mindful view on sexuality will experience greater levels of sexual satisfaction and marital satisfaction compared to participants in the control group, which will receive mainstream marital education classes. However, little research has been conducted specifically *comparing* different types of sex education curricula's effect on satisfaction. Therefore, a comparison of the sexual anatomy/behavior-only group and the mindset-only group, as well as possible interaction effects found in the sexual anatomy-and-mindset group, will additionally be made.

Discussion

The proposed study has the ability to grant much-needed insight into the rarely-studied sexual dimension of the insular Orthodox Jewish community. Firstly, the initial SKAT would provide a more accurate illustration of Orthodox Jewish women's sex-based attitudes and level of knowledge prior to premarital classes. Establishing the community's baseline framework of sexuality provides a critical reference point for assessments and interventions that may be conducted in the future. Furthermore, the study's results would reveal the effect of different forms of sexual education on Orthodox Jewish women's sexual pleasure, marital satisfaction, and underlying sex-related beliefs. If results suggest that a specific curriculum can bring about significant improvement in these factors, such findings could pave the way for establishing a comprehensive, standardized curriculum for women of the larger Jewish Orthodox community. Alternatively, it might promote and legitimize the acceptance of religious authorities who are thoroughly trained in both human sexuality and the Jewish laws governing sexual activity and sexual attitudes. Perhaps most importantly, by attempting to ensure that Jewish Orthodox women are not being misinformed or uninformed without challenging the community's cultural and religious structures, the proposed study may provide important guidelines for conducting ethical, respectful, and impactful research with racial and ethnic minorities.

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Appendix

Table 1

Content of the Sex Knowledge and Attitude Test (SKAT)

<p>A. Part I-Attitudes (35 items)</p> <p><i>Topic areas</i></p> <ol style="list-style-type: none"> 1. Sexual activities outside marriage 2. Sexual activities within marriage 3. Sexual activities before marriage 4. Sexual variance, causative agents, and remedial or punitive actions 5. Auto eroticism: male, female, group 6. Abortion: medical-legal aspects; personal freedom
<p>B. Part II-Knowledge (71 items)</p> <p><i>Topic areas</i></p> <ol style="list-style-type: none"> 1. Physiological aspects 2. Psychological aspects 3. Social aspects
<p>C. Part III-Basic Information (12 items)</p> <p><i>Topic areas</i></p> <ol style="list-style-type: none"> 1. Basic Information <ol style="list-style-type: none"> a. Age b. Sex c. Race d. Marital status 2. Personal Background <ol style="list-style-type: none"> a. Father's occupation b. Parents' education status c. Religious affiliation d. Earliest sex education
<p>D. Part IV-Frequency of Sexual Encounters (31 items)</p> <p><i>Topic areas</i></p> <ol style="list-style-type: none"> a. Heterosexual encounters b. Dating, etc. c. Autoerotic activities

Table 2*Content of the 30-item Phase II SSS-W*

Question	Response options
Q1: I feel content with the way my present sex life is.	1 = Strongly disagree 2 = Disagree a little 3 = Neither agree or disagree 4 = Agree a little 5 = Strongly agree
Q2: I often feel something is missing from my present sex life.	5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree
Q3: I often feel I don't have enough emotional closeness in my sex life.	5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree
Q4: I feel content with how often I presently have sexual intimacy (kissing, intercourse, etc.) in my life.	1 = Strongly disagree 2 = Disagree a little 3 = Neither agree or disagree 4 = Agree a little 5 = Strongly agree
Q5: I don't have <i>any</i> important problems or concerns about sex (arousal, orgasm, frequency, compatibility, communication, etc.).	1 = Strongly disagree 2 = Disagree a little 3 = Neither agree or disagree 4 = Agree a little 5 = Strongly agree

Q6: Overall, how satisfactory or unsatisfactory is your present sex life?	5 = Completely satisfactory 4 = Very satisfactory 3 = Reasonable satisfactory 2 = Not very satisfactory 1 = Not at all satisfactory
Q7: My partner often gets defensive when I try discussing sex.	5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree
Q8: My partner and I do not discuss sex openly enough with each other, or do not discuss sex often enough.	5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree
Q9: I usually feel completely comfortable discussing sex whenever my partner wants to.	1 = Strongly disagree 2 = Disagree a little 3 = Neither agree or disagree 4 = Agree a little 5 = Strongly agree
Q10: My partner usually feels completely comfortable discussing sex whenever I want to.	1 = Strongly disagree 2 = Disagree a little 3 = Neither agree or disagree 4 = Agree a little 5 = Strongly agree
Q11: I have no difficulty talking about my deepest feelings and emotions when my partner wants me to.	1 = Strongly disagree 2 = Disagree a little

	<p>3 = Neither agree or disagree 4 = Agree a little 5 = Strongly agree</p>
Q12: My partner has no difficulty talking about their deepest feelings and emotions when I want him to.	<p>1 = Strongly disagree 2 = Disagree a little 3 = Neither agree or disagree 4 = Agree a little 5 = Strongly agree</p>
Q13: I often feel my partner isn't sensitive or aware enough about my sexual likes and desires.	<p>5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree</p>
Q14: I often feel that my partner and I are not sexually compatible enough.	<p>5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree</p>
Q15: I often feel that my partner's beliefs and attitudes about sex are too different from mine.	<p>5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree</p>
Q16: I sometimes think my partner and I are mismatched in needs and desires concerning sexual intimacy.	<p>5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree</p>
Q17: I sometimes feel that my partner and I might not be physically attracted to each other enough.	<p>5 = Strongly disagree</p>

	<p>4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree</p>
Q18: I sometimes think my partner and I are mismatched in our sexual styles and preferences.	<p>5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree</p>
Q19: I'm worried that my partner will become frustrated with my sexual difficulties.	<p>5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree</p>
Q20: I'm worried that my sexual difficulties will adversely affect my relationship.	<p>5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree</p>
Q21: I'm worried that my partner may have an affair because of my sexual difficulties.	<p>5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree</p>
Q22: I'm worried that my partner is sexually unfulfilled.	<p>5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree</p>

Q23: I'm worried that my partner views me as less of a woman because of my sexual difficulties.	5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree
Q24: I feel like I've disappointed my partner by having sexual difficulties.	5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree
Q25: My sexual difficulties are frustrating to me.	5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree
Q26: My sexual difficulties make me feel sexually unfulfilled.	5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree
Q27: I'm worried that my sexual difficulties might cause me to seek sexual fulfillment outside my relationship.	5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree
Q28: I'm so distressed about my sexual difficulties that it affects the way I feel about myself.	5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree

	2 = Agree a little 1 = Strongly agree
Q29: I'm so distressed about my sexual difficulties that it affects my own well-being.	5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree
Q30: My sexual difficulties annoy and anger me.	5 = Strongly disagree 4 = Disagree a little 3 = Neither agree or disagree 2 = Agree a little 1 = Strongly agree

Scoring System

Domain	Questions	Score range
Contentment	1,2,3,4,5,6	6–30
Communication	7,8,9,10,11,12	6–30
Compatibility	13,14,15,16,17,18	6–30
Concern—Relational	19,20,21,22,23,24	6–30
Concern—Personal	25,26,27,28,29,30	6–30

Table 3*Content of the Satisfaction with Married Life Scale*

Below are five statements with which you may agree or disagree. Using the 1–7 scale below, indicate your agreement with each item by circling the appropriate number on the line following that item. Please be open and honest in responding.

Item	Strongly disagree (1)	Disagree (2)	Slightly disagree (3)	Neither agree or disagree (4)	Slightly agree (5)	Agree (6)	Strongly agree (7)
1. In most ways my married life is close to ideal	1	2	3	4	5	6	7
2. The conditions of my married life are excellent	1	2	3	4	5	6	7
3. I am satisfied with my married life	1	2	3	4	5	6	7
4. So far I have gotten the important things I want in my married life	1	2	3	4	5	6	7
5. If I could live my married life over, I would change almost nothing	1	2	3	4	5	6	7