

LOW-SEX MARRIAGES

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF PROFESSIONAL EDUCATION

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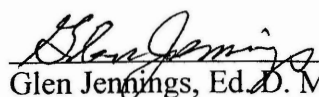
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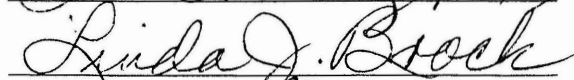
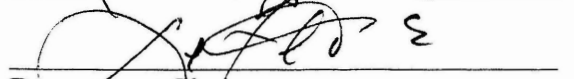
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To the Dean of the Graduate School:


I am submitting herewith a dissertation written by Brenda Little Brunner entitled "Low-Sex Marriages." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Family Therapy.

  
Glen Jennings, Ed.D. Major Professor

We have read this dissertation and recommend its acceptance:

  
  
  
Department Chair

Accepted:

  
Dean of the Graduate School



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## DEDICATION

For my family, there are none more precious.  
Matthias, Alexander, Mother, Bud L., and Paul

## ACKNOWLEDGEMENTS

I would like to express my appreciation to those who have supported and encouraged me in the process of the completion of my dissertation and the doctoral degree. It has been a pleasure to work with my dissertation committee. Dr. Glen Jennings has been a source of joy and inspiration in the course of my education and training at Texas Woman's University. His genuine interest in my success, intellectual curiosity and pursuit of learning has made me a better person and family therapist. I thank him for his investment in my learning and in this project. Dr. Linda Brock and Dr. Linda Metcalf offered interest and expertise that allowed this project to emerge. I am grateful for their attention and interest in this project.

Sandra Duncan, Coordinator of Irving Family Advocacy Center, in Irving, Texas has been my boss, my supervisor, and my friend. She cared deeply about this project and my success as a therapist. It was in supervision that the topic of this study emerged as Sandra talked about couple's therapy. I have loved working with this subject and appreciate her sharing the topic with me. I must also acknowledge Dr. Richard Scott and Dr. Roxanne Scott for their support of this project. Dr. Mary Becerril, Chair of the Master of Arts in Counseling program at Dallas Baptist University has also been my boss and my friend. I appreciate her interest in my career as a professor and family therapist.

Texas Woman's University Family Sciences faculty established a firm foundation for my learning. I want to express my joy and gratitude for the learning that I experienced

in class with Dr. Lillian Chenoweth, Dr. Frank Thomas, Dr. James Morris, and Dr. Ron Fannin. I also want to thank Dr. Ed O'Brien and Dr. Vernon Gotcher for their support and willingness to serve as counseling resources for participant couples.

I have been blessed with the love and acceptance of my family and friends. They have believed in me and my work tolerating long work hours and time away from home. My mother and step-father, Barbara and Paul Marshall, have loved and prayed for my success with this project and I am grateful. My husband, Matthias, is the love of my life along with our precious son Alexander. It is the pleasant life and beautiful intimacy that I share with Matthias that allowed me to pursue the doctoral degree and this paper.

ABSTRACT

BRENDA LITTLE BRUNNER

LOW-SEX MARRIAGES

MAY 2008

The purposes of this study were to explore low-sex marital relationships and to offer a voice to the population of couples participating in low-sex marriages. A phenomenological qualitative approach was used to examine the lived experiences of ten married couples that participated in penile-vaginal intercourse with the marriage partner ten or fewer times in the last calendar year.

Three research questions were employed in this study: (a) what meanings do couples give to sexual relationships in marriage? (b) what does infrequent intercourse mean to couples in low-sex marriages? and (c) how do couples develop patterns of infrequent intercourse? The participant couples described the manner in which their frequency of penile-vaginal intercourse fit their lifestyle. These descriptions were transcribed and analyzed by the researcher.

Data analysis in the study was achieved through the examination of verbatim transcriptions of the participant couple interviews. The transcriptions were read multiple times and categorized by content using a color coding scheme and Nvivo 7 qualitative data analysis. The analysis identified statements that best describe the experiences of the low-sex participants.

Three themes emerged from the interviews: (a) *We don't talk about sex*, (b) *We have distorted sexual signals and messages*, and (c) *We have common purposes*. The conclusions and findings of the study highlight important considerations for future research and theoretical formulations about the role of penile-vaginal intercourse and sexuality in marriage.

The results of the study indicate that couples do not talk to each other about sex. It also indicates that symbols and messages that denote an interest in penile-vaginal intercourse are not recognized by marriage partners. The study also revealed that some couples have a common purpose in the marriage that supersedes the demand for a greater frequency of penile-vaginal intercourse. These findings are significant for marriage and family therapists as they work systemically with couples, families, and individuals addressing patterns and meanings of behavior in marriage.

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## CHAPTER I

### INTRODUCTION

Low-sex marital relationships are documented across socioeconomic and cultural boundaries, yet low-sex marriages are seldom socially or scientifically acknowledged. Literature reporting the phenomenon of low-sex marriage reflects the sexually inactive marriage in light of sexual dysfunction and sexual disorder and this limits the applicability of these studies to the general population (Donnelly, 1993). Research findings regarding low-sex marriage are infrequent; however, the findings that exist indicate a significant portion of the population report being part of a low-sex or no-sex marital relationship (McCarthy, 1997). Using data from *The Social Organization of Sexuality* (Lauman, Gagnon, Michael, & Michaels, 1994), McCarthy noted the high rate of low-sex marital relationships. McCarthy proposed with the use of the arbitrary criterion of being sexual fewer than ten times a year that approximately 20% of married couples and 40% of unmarried couples that have been involved more than two years have a low-sex relationship. The focus of this study was low-sex marital relationships.

In 1994, Lauman et al. reported one in five American couples had a low-sex marriage. The low-sex classification in this study was defined as “being sexual” fewer than ten times per year. The Lauman et al. findings indicated that a population of nonsexual couples exists concurrently with the population of married couples that report greater frequency of sexual intercourse. It is important to note that the occurrence of the

sexually inactive marriage is clinically significant because sexually inactive marriages are often considered deviant and, subsequently, may be underreported in the existing research (Donnelly, 1993). A significant number of couples not interacting sexually may indicate that sexually inactive marriages are neither unusual nor abnormal (Donnelly, 1993). In a society where marriage is morally and legally approved as an outlet for penile-vaginal intercourse, low-sex marriages offer potentially significant information for the field of marital sexuality.

The relationship between sexual and marital functioning within the couple has been the focus of little research to date (Trudel, 2002). In 1993, Donnelly employed data from the National Survey of Families and Households (NSFH) (Bumpass & Sweet, 1989) to study married persons and compare happiness and stability ratings in sexually active versus sexually inactive marriages. Analysis of the NSFH data revealed that 16% of the 6,029 reporting marriage partners had been sexually inactive during the month prior to the interview. The Donnelly study examined the frequency of sex during the last month and not frequency of intercourse. In her analysis of the NSFH data, Donnelly suggested that there is a negative correlation between marital happiness and sexually inactive marriages. Due to the limited amount of research with focus on marital sexuality, there remains the possibility that some marriages may be content and even happy stable marriages while indicating a measure of penile-vaginal intercourse occurring more than ten times per year.

The academic study of sexuality has placed little focus on understanding the integration of sexuality into the normal flow of married life. The limited amount of study

of marital sexuality has defined researchers' understanding of how the frequency of penile-vaginal intercourse may affect marital happiness. In a review of published literature, Christopher and Sprecher (2000) noted that sexual behavior between married partners is both legally and morally sanctioned and is generally not viewed as a social problem, nor as a phenomenon likely to lead to negative outcomes. The focus of this research study was to increase understanding of the phenomenon of low-sex marriage and the experience of the partners involved in a low-sex marriage.

### Rationale for the Study

General Social Survey (1988) data indicated some of the population of married couple respondents had not had intercourse in the last month. Rates of marital sexual activity found in the national probability samples of the 1990s appear to be similar to, and in some cases lower than, rates of previous decades (Christopher & Sprecher, 2000). Literature exists in the form of case studies documenting marriages that are not consummated for a period of years (Chakrabarti & Sinha, 2002). Case studies also establish the existence of marriages where partners cease to have intercourse after being married for a period of years (McCarthy, 1997). *The Social Organization of Sexuality* (Lauman et al., 1994) indicates the existence of low-sex couples, yet the research literature representing this population remains in short supply.

Scientific interest in the frequency of marital sex is based on the association of fertility and the quality of marriage or on a measure of sexual dysfunction. Literature does exist to detail the complexity of sexual relationships (Schnarch, 1991), but marital

sexual relationships have been the focus of few scientific studies. In many instances, literature reporting sexual relationships is only found in the study of sexual addictions or sexual dysfunction. Literature reporting sexual dysfunction and sexual addiction may not sufficiently represent the population of low-sex marriages. The rationale for this study is to give voice to the population of couples in low-sex marriages that are not represented in research literature.

### Statement of Purpose

The purpose of this study was the examination of low-sex marriages in an attempt to increase understanding of these marriages. This qualitative study employed a phenomenological approach. The phenomenological method was engaged with the intent of gathering information about the lived experiences of the men and women who participate in low-sex marital relationships.

### Research Questions

To fulfill the purposes of this study, the following research questions were explored:

1. What meanings do couples give to sexual relationships in marriage?
2. What does infrequent penile-vaginal intercourse mean to couples in low-sex marriages?
3. How do couples develop patterns of infrequent penile-vaginal intercourse?

## Interview Questions

Questions guiding the interview are

1. Couples always have stories. Tell me the story of your sex life?
2. Most people have expectations prior to marriage about the frequency of penile-vaginal intercourse and sexuality in marriage. Tell me about your expectations.
3. Many couples have signals that indicate the partner is willing to have intercourse. Tell me about yours.
4. How did you arrive at this pattern of low-sex behavior?
5. How do you talk about your sex life?
6. How do you and your partner express your commitment to the marriage?
7. How does your current pattern of sexuality fit your lifestyle?
8. How do you achieve sexual fulfillment?
9. Most couples have a range of sexual behaviors. Tell me how you are sexual with your partner in ways that do not include penile-vaginal intercourse?
10. Is there anything else that the researcher should know about your story?



## The Person of the Researcher

Brenda Little Brunner is a Caucasian female. Married for thirteen years, Brunner and her husband are the parents of one ten-year-old son. The researcher is a Licensed Marriage and Family Therapy Associate and a Licensed Professional Counselor in the State of Texas. Brunner holds two master's-level degrees, a Master of Religious Education and a Master of Arts in Counseling. The researcher is employed by Irving Family Advocacy Center in Irving, Texas as a supervisor of intern therapists. Brunner also enjoys teaching and has been employed as an adjunct professor of Counseling in the College of Humanities and Social Sciences at Dallas Baptist University for seven years. On a personal level, Brunner treasures time with her family. She spends time driving her son to baseball and soccer events, enjoys being outside, gardening and travel. She maintains a private counseling practice in Arlington, Texas.

## Bracketing the Researcher's Beliefs

The researcher approached this project with the idea that all sexual activity in marriage is natural. Sexual activity in marriage is viewed as the expression of energy and emotion that is generated between marriage partners. Sexual activity also has the potential to support and increase the level of intimacy in the marriage. Each partner brings to the marriage his or her family-of-origin experiences that influence sexual experiences (Schnarch, 1997). Further, the researcher believes that sexual activity and sexual satisfaction may be observed in a variety of methods and patterns. The flow or

exchange of sexual energy and emotion between partners embodies the expression of sexual freedom. Each partner in the relationship responds to sexual energy and emotion with a response that is normal for that individual.

The systemic perspective of the researcher prompts a preference for interviewing the participants as a married couple. The researcher contends that systems are best understood by examining the whole—not individual parts in isolation from one another (Whitechurch & Constantine, 1993). In an attempt to obtain information that was not disclosed during the couple interview, each spouse was interviewed separately following the couple interview. The researcher maintains an interest in how children or other members of a family system may impact the sexual relationship. The researcher suspended her beliefs and therapeutic response to focus attention on interview questions and prompts,

### Delimitations

This qualitative study was delimited in the following ways:

1. The study was confined to low-sex heterosexual couples who reported that they had not participated in penile-vaginal intercourse more than ten times during the past year.
2. Participants in this study were volunteers.
3. Participants were limited to those indicating general medical well being.

4. The study was limited to low-sex partners who had been married for a minimum of two years. The age of the partners ranged from 24 to 65 years.

### Assumptions

The following underlying assumptions were made in this study. The researcher operated from a worldview where reality is subjective and multiple as seen by participants in the study (Creswell, 1998).

1. Human beings are sexual beings (Levine, 2002).
2. Marriage is partially defined by the social and moral correctness of penile-vaginal intercourse between marital partners.
3. Partners in low-sex marriages desire some level of sexual intimacy (Levine, 2002).
4. Family-of-origin patterns around intimacy (as well as other factors described as mitigating circumstances such as disease, legal and illegal drug use, pornography, culture, religion, and other partners) influence the sex life of a couple (Schnarch, 2000).

### Operational Definitions of Terms

For the purpose of this study the following operational definitions were employed:

Low-sex marriage – a heterosexual marital relationship of two years or longer in which penile-vaginal intercourse is not attempted more than ten times per year

Frequency of intercourse – the number of times a couple reports penile-vaginal penetration per year

Intercourse – penile-vaginal penetration

Low-sex partners – cohabitating marriage partners who have been married for a minimum of two years, who do not report penile-vaginal intercourse more than ten times each year

### Conceptual Framework

Theory informing this study of human sexual behavior emanates from the symbolic interactionist and phenomenological approaches to understanding. These concepts work in conjunction to gain understanding of the phenomenological experience of low-sex marriage. Through the course of the interview protocol, each participant couple in the study was offered the opportunity to recount their experience of low-sex marriage and the manner in which infrequent penile-vaginal intercourse had meaning in the marriage (Creswell, 1998). This study recognized that couples would have experiences that shaped the meanings that were attached to penile-vaginal intercourse and that these meanings would offer insight into the field of marital sexuality (LaRossa & Reitzes, 1993). Multiple meanings to the experience of penile-vaginal intercourse were anticipated (Sprenkle & Moon, 1996). This study employed a phenomenological

framework to connect the philosophy, methodology, and data analysis methods included in the study (Stubblefield & Murray, 2002).

Symbolic interactionism presents a forum for the consideration of the meanings associated with sexuality. The theoretical perspective of this study is linked to the theory of symbolic interactionism, particularly the dramaturgical theory of Erving Goffman (Turner, 1998). Sexual behavior is symbolic and reflects how people think about themselves, how they relate to others, and how others think and relate to them (Longmore, 1998). Symbolic interactionism focuses on the connection between symbols (or shared meanings) and interactions that are interpreted as verbal or nonverbal action. This offers a “frame of reference for understanding how humans in concert with one another create symbolic worlds and how these worlds in turn shape human behavior” (LaRossa & Reitzes, 1993, p. 136). Symbolic interactionism offers the conceptual framework that was applied to the interactions of low-sex married couples in an attempt to increase understanding of the low-sex marital relationship.

Sexual (social) scripting theory (Gagnon & Simon, 1973) is a perspective widely employed in sexuality literature. The use of the theater as a metaphor may be viewed as an extension of the dramaturgical school of symbolic interactionism (Goffman, 1959; Mead, 1934). Sexual scripting theory is used by Gagnon & Simon to examine sexual conduct, which includes both the behaviors involved and the large number of meanings assigned to behaviors. This understanding of sexual conduct maintains that humans use a set of guidelines or beliefs in directing behavior and organizing experiences in the same manner that an actor uses a script on the stage. Social scripts are used to delineate and

portray the reality of everyday life (Berger & Luckman, 1966). These everyday experiences offer significance to individual events by contributing the language and meaning that is attached during the experience.

Phenomenology offered this study a method of attaching or detaching meaning to interpersonal relations more than it offered a view as a theory (Gubrium & Holstein, 1993). Assumptions that guide the phenomenological approach to understanding include subjectivity, language and meaning, and indeterminacy. Subjectivity reflects the manner in which subjects confront aspects of experience as things different from themselves. This action leads to the treatment of each person as an epistemologist. The mission of language and meaning in phenomenology is to uncover the principles that allow individuals to categorize experiences into objects and categories of things. Indeterminacy further reflects the phenomenological understanding that individuals constructively engage in their world which means that objects and actions can have many meanings (Gubrium & Holstein). The phenomenological lens worked alongside the symbolic interactionist approach to facilitate the exploration of the nonsexual marriage.

### Summary

Literature reporting the phenomenon of low-sex marriage reflects the low-sex marriage in light of sexual dysfunction and sexual disorder, which limits the applicability of existing studies to the general population (Donnelly, 1993). Research findings concerning low-sex marriage are infrequent; however, the findings that exist indicate a significant portion of the population report being part of a low-sex marital relationship (McCarthy, 1997). In 1994, *The Social Organization of Sexuality* reported one in five

American couples had a nonsexual marriage (Lauman et al., 1994). The low-sex classification in this study was defined as “being sexual” fewer than ten times per year. The rationale for this study was to give voice to the population of couples in low-sex marriages that are not represented in research literature.

The purpose of this study was to gather the phenomenological experiences of the men and women that participate in low-sex marital relationships. The following research questions were explored: (a) What meanings do couples give to sexual relationships in marriage? (b) what does infrequent intercourse mean to couples in low-sex marriages? and (c) how do couples develop patterns of infrequent intercourse? Questions guiding the interviews maintained a phenomenological approach in an attempt to discover the experience of the low-sex married couple.

The researcher approached the project with the idea that all sexual activity in marriage is natural between marriage partners. The researcher contends that systems are best understood by examining the whole and not individual parts in isolation from one another (Whitechurch & Constantine, 1993). In an attempt to obtain information that was not disclosed during the couple interview each spouse was interviewed separately following the couple interview. Theory informing this study of human sexual behavior is from the symbolic interaction and phenomenological approaches to understanding. These theories will enabled the researcher to gain understanding of the lived experience of low-sex marriage.

## CHAPTER II

### REVIEW OF LITERATURE

Generally, sexual fulfillment in marriage is socially and legally sanctioned, yet sexual activity is much more likely to be studied outside the context of marriage (Call & Sprecher, 1995). About one percent or twenty studies specifically related to marital sexuality were found in 1,975 studies of human sexuality between 1988 and 2006. The study of marital sexuality and low-sex marriage are not well represented in research literature.

For centuries, marriage has served as the setting for sexual fulfillment; in most cases, marriages without sexual activity have been viewed as abnormal (Leiblum & Rosen, 2000; Masters & Johnson, 1966, 1970). The limited amount of research on sexually inactive marriage indicates a need for the exploration of the phenomenon to determine how sexual intercourse in marriage influences marital satisfaction and marital difficulty (Donnelly, 1993).

Empirical research dealing with low-sex marriage is rare, and those researchers who do refer to low-sex marriages show the topic passing interest and then move on to other subjects. Historical studies, such as the landmark study by Kinsey and his colleagues (Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953), address low-sex marriages in the context of sexual dysfunction and ignorance. The narrow limits of literature and research regarding low-sex marriage lead to the



examination of the literature on the frequency of sexual activity; it is hoped that factors impacting sexual activity in general will also impact understanding of sexual inactivity.

### Frequency Research

Numerous reports indicate to society that a sexual norm exists in terms of how often couples participate in penile-vaginal intercourse. This is documented historically by the Kinsey reports that used a diverse sample. The Kinsey research found the median frequency of sexual intercourse per week was 2 to 2.5 times for married individuals under the age of 35 (Kinsey, Pomeroy & Martin, 1948; Kinsey, Pomeroy, Martin & Gebhard, 1953).

In a more recent national nonprobability study, Blumstein & Schwartz (1983) reported that young couples had sex two or three times a week. Forty-five percent of the heterosexual couples in this study, married for two years or less, had sex three times per week or more; another 38% had sex between one and three times per week. For couples married two to ten years, comparable percentages were 27% and 46%. Data from the National Survey of Families and Households in the United States (Bumpass & Sweet, 1989) reports respondents had marital sex 6.3 times a month. These results are consistent with other studies of sexual frequency (Blumstein & Schwartz, 1983; Lauman et al., 1994).

Reports on the frequency of intercourse are significant in shaping our understanding of reproduction and the manner in which sexuality is a positive, integral component in marriage. McCarthy (1997) defines sexuality as a positive, integral

component in marriage, but not as a prime factor in assessing marital satisfaction. In the same 1997 report, McCarthy reports sexuality as contributing 15-20% to marital satisfaction. When sexuality is dysfunctional or nonexistent, it plays a more powerful role in the marital relationship—from 50%-70%—depriving the marriage of sexual intimacy and good feelings. Paradoxically, bad sex or lack of intimacy and good feeling in sex is more powerful in debilitating sexual satisfaction than good sex (McCarthy, 1997). Understanding the power of bad sex confirms the potentially powerful components in the nonsexual marriage.

### *Sexual Activity Over Time*

The frequency of sex changes over a couple's lifecourse and rates of sexual activity are correlated to physiological events in the life of the couple. Temporary declines in sexual activity may be due to pregnancy, recent childbirth, acute illness, or injury (Greenblat, 1983). Permanent changes in the frequency of intercourse may be instigated by chronic illness, handicaps or erectile dysfunction. People who are depressed, alcoholic, or otherwise mentally ill may also be less sexually active than those who are psychologically healthy (Donnelly, 1993). Studies regarding sexual frequency consistently find that respondents who are older or that have been married for a longer period of time report a lower frequency of intercourse than younger respondents or respondents married for a shorter period of time. Longitudinal studies have documented a decline in intercourse over even a few years of marriage (Greenblat, 1983).

### *Sexual Activity and Duration of Relationship*

The sexual urges of couples change with time and decline with age. Several studies report that frequency of intercourse falls over the duration of the relationship (Blumstein & Schwartz, 1983; Doddridge et al., 1987; Greenblat, 1983; Jasso, 1985), and as people age (Doddridge et al., 1987; Greenblat, 1983; Jasso, 1985). Many reasons need to be considered in accounting for the decline in frequency of intercourse (Call & Sprecher, 1995). The biological factors associated with aging comprise the major predictor for the frequency of sex. Both psychological and physiological factors may be associated with this decline. Elderly couples may adjust sexual behavior to match society's expectation of asexuality among the aging. This matching behavior may occur in combination with new physical or biological changes that impact sexual activity or the frequency of sexual behaviors.

The duration of a marriage and habituation offer a possible explanation for the change in frequency of intercourse that occurs after the high level of sexual activity during the honeymoon and early months of marriage (Call & Sprecher, 1995). This point of view states that as marital duration increases, habituation to sex with a particular partner increases and the frequency of sex declines. This is exemplified by the decrease in marital sex within months after of marriage.

Marital satisfaction is associated with sexual frequency in that couples with higher levels of marital happiness reported having more frequent sex (Call & Sprecher, 1995). Other factors have little impact on sexual frequency according to McCarthy (1999), such as opportunity to have sex, enrollment in school by one spouse, or

employment of both spouses. This may mean that couples that want to make time to have sex do so in spite of conflicting schedules, fatigue, and work-related emotional complications (McCarthy, 1999). The presence of young children in a marriage produces a modest negative impact on marital sex. As the children become older, requiring less intense care requirements, a positive impact may be present in frequency of marital sex (Donnelly, 1993).

The efforts of Call and Sprecher (1995) with data from the 1988 National Survey of Families and Households details a representative sample of the adults in the United States and the incidence and frequency of marital sex. In summarizing the findings of the data, Call and Sprecher mention no explanation of the many psychosocial reasons for the decrease in sexual intercourse frequency. This leads to contemplation of the complexity of the human sexual relationship and the notion that sexuality is influenced by forces within the individual, the interactions between the individual and others, and the social environment in which one lives (Stein, 1989).

Attitudes and beliefs about oneself, one's marriage, and life in general may have some bearing on sexual activity (Scanzoni, Donnelly, Dwyer, & Mulle, 1989). Couples with an emotional or intimate bond may have the strength to counter the frustration of a nonsexual marriage; the sexual encounter for some couples may not be about sex, but rather about a need for togetherness (McCarthy, 1997).

### Case Study Reports

Case study accounts of low-sex marriages reflect the multidimensional issues that may be present in low-sex marriages. The married partners in these case studies did not

marry with the idea that they would become low-sex marriage partners. These accounts of low-sex marriage illustrate a few of the scenarios recounted in literature representing low-sex marriages.

Few studies are written about the treatment of low-sex marriage, however, McCarthy (1997) reports working with low-sex couples. He notes, “regardless of what originally caused the inhibited sexual desire (ISD), the couple becomes trapped in a cycle of anticipatory anxiety, failed performances, and sexual avoidance. Once this cycle is established, the ISD and nonsexual marriage are a chronic problem” (1999, p. 231). McCarthy (1999) illustrates his understanding of the low-sex marital relationship with the following case examples.

The case study of Lydia and Victor examines the experience of a couple with both relationship problems and sexual dysfunction. Lydia recounts that incessant sexual pressure from her husband had shut down her sexual desire. Her husband Victor explains that Lydia had sexually rejected him and the situation was all her fault. Affectionate touch was abandoned by the couple. In an attempt to find help, the couple consulted a minister who referred the couple to a specialist (McCarthy, 1999) that dealt with relationship problems and sexual dysfunction. The couple progressed in therapy to resolution and intimacy which included allowing Lydia to become more comfortable initiating sexual contact, and to Victor learning to enjoy planning sexual scenarios (McCarthy, 1999). This couple found resolution by working as an intimate team that sought bridges for reaching out to the other partner.

Another couple, Arlene and Alex appeared in the sex therapist's office after 19 years of marriage. They had five children and have not had intercourse for four years. This time frame coincides with the birth of their last child. The couple had attempted intercourse, but Alex lost his erection. After consulting a general internist, at Arlene's insistence, the couple visited a pastoral counselor that focused on the stress of family life and a lack of spiritual commitment. This led to an exploration of family-of-origin issues. Alex blamed the sexual problems on Arlene's close relationship with her mother, and Arlene counterattacked with a range of complaints about Alex and self-centeredness. The couple finally found resource with a sex therapist (McCarthy) who was recommended by a friend as someone who would deal with more than erection and intercourse (McCarthy, 1999).

George and Lauren met in graduate school and were a highly sexual couple. Both professed love and marital commitment when they presented for sex therapy, but the couple had fallen into a pattern of sexual avoidance and the couple had not been sexual for six months. In four years of marriage the couple had been sexual fewer than ten times (McCarthy, 1999).

The marital partnership exists for many reasons including companionship and financial viability. Stella Yeadon (1999) published a review of low-sex marriages for *The Star* in Toronto, Canada. Yeadon recounts the story of Matt and his spouse Jenny. Matt and Jenny, both in their early forties, were separated but lived in the same home for the past three years. Matt and Jenny have two daughters from this marriage. The girls

understand that the fifteen-year marriage has ended. However, the children also know that very little has changed in their lives because of the separation.

The daily routine of Matt and Jenny demonstrates the manner in which this low-sex couple manages. Matt goes off to work in the morning. Jenny gets the girls off to school, and most days goes to work at a part-time job. Jenny performs many of the day-to-day domestic chores, and Matt helps. Jenny makes dinner and then gets herself ready for school. She has returned to college to upgrade her job skills. Jenny and Matt have separate bedrooms. Neither spouse is dating, nor have they had a sexual relationship for years. Matt and Jenny both described their marriage as over.

The partners realize that they have an unconventional marital arrangement. Matt and Jenny believe that the end of a marriage does not have to mean the end of a family. The girls are happy and know that their parents love them and are prepared to do whatever it takes to give them the best life possible. Matt sees the cohabitation agreement as an extension of the commitment he made to Jenny when they were married. That commitment is held, despite the fact there is no legal separation agreement. Neither partner has consulted a lawyer (Yeadon, 1999).

Rita and Ted have been married for nearly 25 years and are approaching 50 years of age. Rita and Ted have “agreed to disagree” and still live under the same roof. Both partners are there for the children. Rita says they are not staying together because of the kids. Neither Rita nor Ted is interested in pursuing another relationship at the moment; they have made a decision to continue to live in the family home, but separately (Yeadon,

1999). Case studies from academic and popular literature illustrate a portion of the possible experiences of couples participating in low-sex marriages.

### Summary

Sexual fulfillment in marriage is generally socially and legally sanctioned and yet sexual activity is much more likely to be studied outside the marital context (Call & Sprecher, 1995). The limited amount of research on low-sex marriage demonstrates the need for exploration of low-sex marriages and determining how sexual intercourse in marriage influences marital satisfaction and marital difficulty (Donnelly, 1993). The narrow limits of literature and research regarding low-sex marriage lead to the examination of the literature on the frequency of sexual activity.

The Kinsey studies revealed the median frequency of sexual intercourse per week was 2 to 2.5 times for married individuals under the age of 35 (Kinsey, Pomeroy & Martin, 1948; Kinsey, Pomeroy, Martin & Gebhard, 1953). More recent research reports a small decline in the frequency of intercourse (Christopher & Sprecher, 2000). The frequency of sex changes over the lifecourse of a couple, and rates of sexual activity are correlated to physiological events in the life of the couple. Marital satisfaction is associated with sexual frequency in that couples with higher levels of marital happiness reported having more frequent sex (Call & Sprecher, 1995). Case study accounts of low-sex marriages reflect the multidimensional issues that may be present in nonsexual marriages (McCarthy, 1997). This chapter is concluded with case study illustrations of low-sex marriage.



### CHAPTER III

#### METHODOLOGY

This chapter describes the qualitative research methodology utilized in this study of low-sex marriages. Social science research and media reports more commonly reflect the experiences of couples who describe a high frequency of sexual intercourse. This study endeavors to give voice to the population of individuals involved in low-sex marriages who are without significant representation in the available research literature.

A phenomenological approach to qualitative research was chosen to facilitate the potential of obtaining knowledge of the lived experience of the low-sex marriage (Weiderman & Whitley, 2002). Through face-to-face interviews, the researcher explored the lived experiences of participant couples who met the operational definition of the study for a low-sex marriage. Open-ended questions in a semi-structured interview allowed participants to describe their experience of a low-sex marriage.

Data were collected from in-person interviews with ten couples (Dukes, 1984). These data were then analyzed for themes revealing insight into each participant's experience of low-sex marriage. A single pilot study interview informed this process and appropriate adaptations to the study were designed as a follow up measure to the initial interview.

## Research Design

The focus of this research was on how couples described their experience of a low-sex marriage (Creswell, 1998). The phenomenological emphasis allowed the researcher to note in what manner each participant couple made meaning of the experience of the low sex marriage (Weiderman & Whitley, 2002). Through the course of the interview protocol, each participant couple was offered the opportunity to recount their experiences of low-sex marriage and the manner in which infrequent penile-vaginal intercourse had meaning in their marriage.

This study recognized that couples would have experiences that shaped the meanings that were attached to penile-vaginal intercourse, and that these meanings would offer insight into the field of marital sexuality. Multiple meanings to the experience of penile-vaginal intercourse were anticipated (Sprenkle & Moon, 1996). This study employed a phenomenological framework in order to connect the philosophy, methodology and data analysis methods of the study (Stubblefield & Murray, 2002).

## Data Collection

The interview process is a crucial method of collecting phenomenological data (Weiderman & Whitley, 2002). Data collection for this study was accomplished by in-person interviews with ten participant couples who defined themselves according to the requirements of the study as participants in a low-sex marriage (Dukes, 1984). Each participant couple was interviewed at the location and time of their choosing (Sprenkle & Moon, 1996). Most participant couples chose to be interviewed in their home or professional office. The interview process, including the collection of demographic data

and consent forms, took place in a span of time that ranged from 55 minutes to one and one half hours. The researcher approached each interview with a semi-structured interview protocol (Creswell, 1998). This protocol allowed for the same ten interview questions and pattern of prompts to be followed in all ten of the participant interviews. Research questions, interview questions, and prompts are listed in the following tables.

Table 1

*Research Question 1 and Related Interview Questions with Prompts*

Research Question	Interview Question	Prompts
1. What meanings do people give to sexual relationships in marriage?	1. Couples always have stories. Would you tell me the story of your sex life?	1. How long have you been sexual partners? 2. How many times in the last year did you engage in sexual intercourse? 3. When did sex work best in your marriage?

Table 2

*Research Question 2 and Related Interview Questions with Prompts*

Research Question	Interview Questions	Prompts
1. What does infrequent penile-vaginal intercourse mean to couples in low-sex marriages?	1. Most people have expectations prior to marriage about the frequency of penile-vaginal intercourse and sexuality in marriage. What were yours?	1. When you were younger how often did you anticipate having intercourse when you were married?
	2. Many couples have signals that indicate the partner is willing to have intercourse. What are the signals you and your partner use to have penile- vaginal intercourse?	2. What are the signals you use to indicate a desire for penile- vaginal intercourse?
		3. What are the signals your partner uses to indicate a desire for penile- vaginal intercourse? Perfume, candles, lingerie?

Table 3

*Research Question 3 and Related Interview Questions without Prompts*

Research Question	Interview Question
3. How do couples develop patterns of infrequent penile-vaginal intercourse?	1. In what ways do you and your partner express your commitment to the marriage?
	2. Tell me how your current pattern of sexuality fits your lifestyle?
	3. Most people have some means of self gratification or sexual fulfillment that might include fantasy, masturbation, or pornography. What activities contribute to your sexual fulfillment?
	4. Most couples have a range of sexual behaviors, how are you sexual with your partner in ways that do not include penile-vaginal intercourse?
	5. Is there anything else that the researcher should know about your story?

Individual interviews that occurred after each couple interview followed Creswell's (1998) interview protocol. Only one question was asked during the individual interview. After the conclusion of the couple interview, one member of the participant couple was asked to leave the room, and the researcher asked the remaining participant if there was any information that he or she would like to add to the existing interview material. Three of the couples offered significant information in the individual interview that was not mentioned in the couple interview. Six of the couples declined to exit the room for the individual interview, saying that they believed that the information shared in the couple interview was complete. One couple remained for the interview but did not add significant data to the couple interview.

Each interview was recorded with a digital audio recorder for greater precision in transcription and analysis. The time allotted for the in depth interviews allowed a situation to emerge that provided for rich narratives that enabled the researcher to recount the story of the participant couple in a transcription that was later analyzed.

### Instrumentation

Interviews were used in this study as the means of data collection. Open-ended questions were utilized to approach the topic of interest. The purpose of the interview was to get as close as possible to the phenomenon experienced by the participant couples by posing questions that encouraged reflective responses (Weiderman & Whitley, 2002). The researcher listened well, said little, and was ready with prompts if needed to encourage the participants to elaborate (Creswell, 1998). Probing through the use of prompts was used by the researcher for the purpose of gaining additional detail or in-

depth information (Weiderman & Whitley, 2002). Nonverbal cues were noted in the transcriptions in brackets to enhance the understanding of the transcriptions. Bracketed cues included silence, pause, laughter, puzzled looks, or outside noise that was disruptive or heard during the interview session.

In addition, at the beginning of each interview, a brief demographic questionnaire was filled out by each individual interviewed (Appendix A). Following the demographic questionnaire, the Dyadic Adjustment Scale (Spanier, 1989) was administered to each spouse as a measure of marital satisfaction that was later compared with the transcribed verbal responses made in the couple and individual interviews. For this purpose, the Dyadic Adjustment Scale (Spanier, 1989) was employed as a self report measure of relationship satisfaction. The Dyadic Adjustment Scale (DAS) is a thirty-two item pencil and paper instrument made up of four subscales: dyadic consensus, dyadic satisfaction, affectional expression, and dyadic cohesion.

#### Protection of Human Participants

The study was conducted in accordance with the requirements of the Institutional Review Board at Texas Woman's University. Participants' rights were protected by giving each participant information about the study and maintaining confidentiality of the data collected, and informing the participant of his or her right to voluntarily participate and voluntarily withdraw from the study at any time.

## Participants

Participants in this study were volunteers. Participants were heterosexual couples who had been married for a period of at least two years and not longer than thirty years. The age of the participants ranged from 24 to 65 years of age. The participant couples were screened during the initial telephone contact (Appendix B) and each identified themselves as having a general medical well being and engaging in penile-vaginal intercourse no more than ten times per year with the marriage partner (McCarthy, 1997). The age of participants was chosen to reflect an interest in comparing the reported frequency of intercourse for low-sex married couples to existing research on the frequency of intercourse in the general population (Christopher, Scott, & Sprecher, 2000).

## Sampling Procedures

The goal of the purposeful sampling in this study was to select ten participant couples who were likely to provide rich information about low-sex marriage (Dukes, 1984). The criterion sampling procedure was used to reflect the experience of all participants in low-sex marriages (Creswell, 1998). The study focused on a small number of couples who had experienced the low-sex marriage phenomenon. The sampling frame consisted of ten married couples in the North Texas area who were experiencing a low-sex marriage. Volunteer participants were located through the following methods.

Information about the design and purpose of the study was mailed to area marriage and family therapists, licensed professional counselors, obstetricians, gynecologists, and urologists (Appendix C). These local professionals were asked to post



the recruitment flyer (Appendix D) about the research project and to refer couples to the researcher. Additionally, area gyms, spas, hair salons (Appendix E) and churches (Appendix F) received the same information as the professionals. These businesses and churches were asked to post the recruitment flyer (Appendix D) about the research project. The information that was distributed contained a telephone contact number.

Potential participants telephoned the researcher to gather details about the study, as well as to be screened for possible participation in the research project. No remuneration was offered. All participants were informed that if any portion of the interview procedure aroused concern, a referral to counseling resources (Appendix G) was available at the request of the participant. All participants received counseling resources with the informed consent (Appendix H and Appendix I).

Scheduling of interviews was at the location and time most convenient for the volunteer participant. In an attempt to gain additional participants through a snowball sample (Appendix D), material explaining the purpose of the study and contact information was offered to each participant as he or she exited the interview to pass along to other couples meeting the study criteria.

#### Procedure for Interviews

Each interview (Creswell, 1998) began with a statement by the researcher informing participants of the purpose of the research and the process of the interview. Additionally, the researcher offered an explanation of confidentiality and the consent form (Appendix H & Appendix I). At this point, the volunteer couple was reminded that they could discontinue the interview at any point in the process. The researcher added

that referrals for counseling were available to participants who felt uncomfortable or who felt a desire for counseling after the interview.

Participants were then asked to sign the consent form and were given a copy of the signed consent form (Appendix H and Appendix J). Participants were also given a copy of counseling resources (Appendix G) and a brief demographic questionnaire (Appendix A). Each individual interviewed filled out the demographic questionnaire (Appendix A). To measure the marital satisfaction of each participant, the researcher administered the Dyadic Adjustment Scale (Spanier, 1989). The information from the Dyadic Adjustment Scale was later compared with the transcribed verbal responses in the couple interviews and the individual interviews. For this purpose, the Dyadic Adjustment Scale was employed as a self report measure of relationship satisfaction.

The Dyadic Adjustment Scale is a thirty-two-item pencil and paper instrument composed of four subscales: dyadic consensus, dyadic satisfaction, affectional expression, and dyadic cohesion. Upon completion of the Dyadic Adjustment Scale, the couple was seated and informed that the oral interview would begin. The researcher informed the participants that this was an attempt to hear the story of the couple in a respectful atmosphere that was free of judgment.

The interview protocol outlined by Creswell (1998) was used to guide the process of interviewing the couple. Interview questions and the interview protocol are listed in (Appendix J). The researcher asked only the approved interview questions, and, suspending any bias, attempted to complete the interview in one hour. At all times, the

researcher listened with respect and courtesy to the participant couple in an effort to hear the story of the couple.

At the end of the couple interview, the researcher thanked the couple for participating in the study and asked if they would like to receive a verbatim transcription of the interview. All couples who requested a copy received the transcript complete with a postage-paid, self-addressed envelope and instructions for returning the verbatim transcription to the researcher within two weeks with any corrections or additions. Transcripts not returned to the researcher within two weeks were considered to have the approval of the couple. None of the transcriptions were returned to the researcher with a request for major changes.

Following the interview as a couple, a brief individual consultation concluded the interview process. The questions for the individual interview protocol are attached (Appendix K). The individual interview protocol was included to allow information that was not readily disclosed in the couple interview to be revealed, or to allow an individual a private opportunity to request a referral for counseling.

Three days following the interview, the researcher attempted to call each participant. The participants who answered the call were asked if there was anything that he or she would like to add or change to what was recorded during the interview. The researcher planned to include these notes in the final transcriptions. Only three participant couples responded to this attempt to gain or clarify information by the researcher. The responding couples did not add or modify the interview response.

### Procedure for Data Analysis

To ensure verbatim transcription to paper copy, each interview was recorded with a digital audio recorder. Each audio recording was reviewed by the researcher within 36 hours and transcribed within 72 hours. The tapes were reviewed two times before transcription. The researcher will erase the tapes and destroy transcripts within two years of the study's completion. The researcher transcribed the tapes to ensure that nonverbal cues were included in the transcriptions. Participants were assigned a code number on the verbatim transcription to retain anonymity.

The data analysis follows Miles and Hubberman's (1994) methods. The researcher used Nvivo 7 to code the transcriptions for themes. The computerized program generated great coding detail and allowed the researcher to compare notes and themes on multiple transcriptions at the same time. The graphic ease of Nvivo 7 enhanced the coding process. Miles and Hubberman defined data analysis by clarifying its three subprocesses: data reduction, data display, and conclusion drawing/verification. The researcher analyzed transcripts from (a) the couple interview, (b) the individual interview, (c) the telephone interview, and (d) the follow-up telephone conversation. The researcher read and reviewed the transcripts more than three times. The researcher noted themes and patterns that seem to represent the lived experience of participants.

According to Miles and Hubberman (1994) this is the first of twelve steps used in generating meaning: (a) seeing plausibility; (b) conceptual clustering; (c) creating metaphors; (d) counting words, ideas and phrases; (e) making contrasts and comparisons; (f) partitioning themes; (g) including particulars in with the general theme content; (h)

factoring; (i) noting relationships between variables; (j) locating intervening variables; (k) constructing a logical evidence chain; and (l) creating conceptual understanding through reference to literature and research.

To substantiate the findings in the study, the researcher employed tactics suggested by the work of Miles and Hubberman (1994). These tactics include the following:

(a) checking for representativeness, (b) checking for researcher effects, (c) triangulating, (d) weighting the evidence, (e) checking the meaning of outliers, (f) using extreme cases, (g) following up surprises, (h) looking for negative evidence, (i) making if-then tests, (j) ruling out spurious relations, and (k) checking out rival explanations. (pp. 263-275).

The complexity of qualitative methodology obligates the researcher to note bias manifested by what is amplified and what is minimized in reporting results (Denzin, 1998). The work of Miles and Hubberman (1994) serves as a foundation for the examination of the qualitative concepts of confirmability, dependability, authenticity/credibility, transferability, and application.

The authenticity and credibility of the study was addressed by the three following methods of triangulation. First, three participant couples were randomly selected and asked to read and confirm Chapters IV and V of the research as representative of the true experience of the low-sex couples. Next, professionals in the field of sexuality and

marital relationships were asked to review the verbatim transcriptions and to confirm the results of the experiment. Finally, the results were linked to the theoretical position of the paper. The concept of trustworthiness replaced the quantitative use of objectivity, reliability, internal validity, and external validity. From the treatment of data, the researcher created a format for displaying the data that may be translated into meaning and application for practitioners, educators, and researchers.

### Summary

This study employed an interview protocol for conducting both individual interviews and couple interviews with couples who have a low-sex marriage. Participants were volunteers. Data were collected and analyzed with a phenomenological perspective following guidelines in major qualitative research literature. The researcher assured each participant volunteer of anonymity and confidentiality in the research process. Data were analyzed using the Miles and Hubberman (1994) methods of qualitative analysis with the aid of Nvivo 7 as a tool for coding data and noting themes.

## CHAPTER IV

### RESULTS

This chapter describes the findings that emerged from in-person, audio-taped interviews with ten heterosexual married couples. Each participant couple included in this study reported participating in penile-vaginal intercourse with the marital partner ten or fewer times in the last calendar year. Eleven total interviews were conducted during the data collection, but one interview was discarded because material revealed during the interview indicated that the couple did not meet the criteria defined in this study for a low-sex marriage. Three research questions were explored for the purpose of this study: (a) What meanings do people give to sexual relationships in marriage?, (b) what does infrequent penile-vaginal intercourse mean to couples in low-sex marriages?, and (c) how do couples develop patterns of infrequent penile-vaginal intercourse?

The researcher asked ten interview questions to the participant couples in an attempt to allow each partner adequate opportunity to discuss his or her low-sex story and to present his or her perspective of the low-sex marriage in a manner that was pertinent to the purpose of the research. The researcher asked each willing individual participant a single interview question immediately after the couple interview. Some participants declined the individual interview because they did not want the opportunity to add or amend material that was discussed during the couple interview.

## Data Analysis

Data analysis in this study followed Miles and Hubberman's (1994) methods. Data in this study was analyzed by clarifying its three sub processes: data reduction, data display, and conclusion drawing and verification. The researcher in this study personally reviewed each recorded interview and precisely transcribed each audio tape, including nonverbal cues and outside noise that occurred during each interview. The researcher examined transcriptions from (a) the couple interview and (b) the individual interview. The transcripts were then read and reviewed more than four times. Finally, the researcher coded themes and patterns that seemed to represent the lived experience of participants with Nvivo 7, the qualitative research tool designed for computerized analysis of research data.

This chapter begins with a summary presentation of themes that emerged from the participant interviews. Themes are developed with direct quotations from in-person interviews. Quotations in these themes will use the participant number designation noted in Table 3. In an attempt to honor the individual story of each participant couple and to report all findings, each story that was detailed during the interview process was recounted after the presentation of themes. This entails the brief telling of ten different stories of low-sex marriage and linking these stories to the themes. Analysis of the interviews and individual descriptions of each participant couple is offered with direct quotations from participant couples. Each of the participant couples offered a significant contribution to the research data and presents material pertinent to the development of the low-sex phenomenon.



### Description of the Sample

The purposive sample consisted of ten heterosexual married couples. Nine of the couples were Caucasian and one couple was African American. The reported annual net income of the participant couples ranged from \$25,000 to about \$1,000,000. The educational levels of the participants ranged from completion of the 11<sup>th</sup> grade in public school to a medical doctor's degree. The ages of the participants ranged from 24 to 65. The mean ages were 41.6 for a female participant and 44.2 for a male participant. The mean numbers of total marriages were 1.6 for the female and 1.5 for male. Participants had been married to their current partners from 3.6 years to 28 years. The mean number of years married to the current partner was 12 years and 17 days. The reported frequency of penile-vaginal intercourse ranged from zero to ten times in the last calendar year. The mean reported frequency of penile-vaginal intercourse was 5.6 times per calendar year. This data is represented in Table 4, Table 5, and Table 6.

Table 4

*Participant's Age, Race, State of Health, Net Income, and Education (a=female, b=male)*

Participant	Age	Race	State of Health	Net Income	Education
001a	44	Caucasian	Excellent	\$0	M.A.
001b	60	Caucasian	Excellent	>\$1,000,000/family	M.D.
002a	53	Caucasian	Excellent	\$50,000	Associates
002b	55	Caucasian	Good	\$100,000	Postgraduate

003a	48	African American	Good	\$24,000	High School
003b	55	African American	Good	\$18,460	11 <sup>th</sup> grade
004a	65	Caucasian	Excellent	\$100,000/family	B.F.A.
004b	63	Caucasian	Good	\$100,000/family	M.A.
005a	26	Caucasian	Excellent	\$40,000/family	M.A.
005b	24	Caucasian	Excellent	\$40,000/family	College
006a	38	Caucasian	Good	\$40,000	AA
006b	38	Caucasian	Good	\$ undisclosed	High School
007a	28	Caucasian	Fair	\$48,000	College
007b	27	Caucasian	Good	\$45,000	B.S.
008a	47	Caucasian	Fair	\$ undisclosed	College
008b	42	Caucasian	Good	\$ undisclosed	High School
009a	41	Caucasian	Good	\$>30,000/family	B.A.
009b	44	Caucasian	Good	\$>30,000/family	B.A.
010a	27	Caucasian	Excellent	\$>25,000/family	M.A.
010b	33	Caucasian	Good	\$>25,000/family	B.A.

Table 5

*Participant's Years in Current Marriage, Number of Marriages, Total Number of Children, Ages of Children, Other Dependents (a=female, b=male)*

Participant	Years in current marriage	Total number of marriages	Number of children	Ages of Children	Other Dependents
001a	9.6	3	2	8,23,28	Wife's mother
001b	9.6	2	3	8,23,28	Wife's mother
002a	28	2	2	28,30	N/A
002b	28	2	2	28,30	N/A
003a	12	1	2	13,27	Son
003b	12	2	4	10,25,28,32	Son
004a	21	4	4	34,36,38,45	N/A
004b	21	2	4	34,36,38,45	N/A
005a	4.5	1	0	N/A	N/A
005b	4.5	1	0	N/A	N/A
006a	6.9	1	2	6,12	N/A
006b	6.9	2	4	6,12,14,19	N/A
007a	6	1	1	10 months	N/A

007b	6	1	1	10 months	N/A
008a	16	1	0	N/A	N/A
008b	16	2	0	N/A	N/A
009a	14	1	0	N/A	N/A
009b	14	1	0	N/A	N/A
010a	3.5	1	0	N/A	N/A
010b	3.5	1	0	N/A	N/A

Table 6

*Participant's Religious Affiliation, Occupation, Hours Worked per Week, Weekly Leisure Hours Spent with Partner (a=female, b=male)*

Participant	Religious Affiliation	Occupation	Hours Worked per Week	Leisure Hours Spent with Partner
001a	Baptist	Grad. Student	>10	>10
001b	Baptist	Physician	70 to 80	>10
002a	Protestant	Clinical Social Worker	60 to 80	2
002b	Protestant	Engineer	48 to 64	Vacation
003a	AME	Assembly Worker	40	Weekdays
003b	AME	Retired/Disability	N/A	Weekdays

004a	Methodist	Artist	40	40
004b	Catholic	Home Builder	40	40
005a	Pentecostal	Grad. Student	N/A	10 to 15
005b	Pentecostal	Small Business Owner	40 to 60	10 to 20
006a	Presbyterian	Registered Nurse	20 to 30	3
006b	Presbyterian	Glass Worker	50 to 60	15
007a	Nazarene	Verification Specialist	20	Weekends
007b	Nazarene	Coach	60	10
008a	Christian	Data Entry Operator	37.5+	36
008b	Unreported	Truck Driver	40 to 50	36
009a	Evangelical	Actor/Sub. Teacher	40 to 50	10 to 20
009b	Evangelical	Actor /Admin. Assistant	40	5 to 10
010a	Christian	Test Proctor	30	15 to 20
010b	Christian	Social Service	40	14

The participants in this study were rich with information. Each participant couple revealed a distinct and yet familiar component of the low-sex marriage. In an attempt to address the low sex issues presented by each story, further description of the sample continues with a brief synopsis of the story revealed during each of the ten participant interviews. To further protect their identities, participant couples were assigned pseudonyms by the researcher. These pseudonyms are intentionally not linked to the assigned participant numbers.

### Findings

Each transcript was read more than three times to identify each participant couple's depiction of the low-sex marriage phenomenon. Using Nvivo 7, the researcher developed a coding system to allow words and phrases that appeared to be significant in each transcription to be highlighted and compared with other participant transcriptions and themes. Nvivo 7 made it possible to maintain and develop themes and identify similar experiences among the participant couples. In the initial examination, seven themes emerged. After additional examination, it was determined that these themes could be combined. Three themes remained constant that pertain to the low-sex marriage phenomenon: (a) *We don't talk about sex*, (b) *We have distorted sexual signals and messages*, and (c) *We have a measure of common purpose*. Further conceptual descriptions are depicted in Table 7.

Table 7

*Conceptual Descriptions of Themes*

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Theme	Conceptual Description
We don't talk about sex	Verbal communication about intercourse does not happen. The words that finally emerge between the partners are harsh or angry words that further inhibit an invitation or response to intimacy with the partner.
We have distorted sexual signals and messages	Precursors or invitations to intercourse are not recognized due to limited time together, work schedules, disease, weight gain or weight loss, children, extramarital affairs, cross dressing, and religious admonitions against premarital sexual experience.
We have common purposes	A measure of common purpose exists due to religious beliefs, children, finance, and knowledge of medical history or other undisclosed issues that provide a bond for these couples.

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### *Theme One: We Don't Talk about Sex*

The major theme in each of the participant interviews was *We don't talk about sex*. This is best understood in this sample by considering that the experience of talking about sex or penile-vaginal intercourse is disruptive for participant couples. For participants, the experience of penile-vaginal intercourse or talking about sex with the partner results in feelings of anger or anxiety. Seven of the ten participant couples responded verbatim with "We don't talk about it," when asked how the couple talks about sex. These couples do talk about sex, but the tenor is not that of an intimate conversation between sexual partners leading to penile-vaginal intercourse.

The communication in low-sex marriage situations is best understood through the words of the participants. One of the females (005a) said, "Usually, right after we tried and we did not succeed, or if we have been rejected, then we might talk about it. Other than that, there is just not a lot of just talking about sex. We don't talk about that." Another participant couple (007b) contributed, "We are conversational, but sometimes it will lead to arguments, just like when you talk about anything that is an important subject. What we argue about now is the frequency." Another couple (008a) said that nine of ten times, if they are talking about sex, then it either starts or escalates or finishes in an argument. Each of the participant couples was able to talk about the low-sex phenomenon without reporting anger or high anxiety during the course of the interview. Another participant (009b) said, "I wish we would talk about it, because talking about sex would make me feel comfortable. I wish we would. But that is it. I don't think we ever have." Then his partner, 009a, added, "We have never talked about sex."



Other couples reported talking about sex, but, for various reasons, do not engage in a conversation that might resolve or amend the intimate issue. For example, one participant couple (002a) reported the use of sex toys, games, and vibrators; however, the male partner did not reveal to his female partner that he has taken Viagra in the hope of penile-vaginal intercourse occurring later in the evening. He has taken the pill hoping that intimacy will happen with greater spontaneity. His partner arrived home tired and, not knowing that he was interested in penile-vaginal intercourse, went to bed. She did not know that he had taken Viagra. Both partners were disturbed that they missed the opportunity to connect. The male partner continues to take Viagra in hope of spontaneous penile-vaginal intercourse instead of collaborating with his partner for the intimate connection desired by both partners. This is further complicated, as noted by the male partner during the individual interview, by the fact that he regrets that the couple has never taken time to address his premature ejaculation as sexual partners. He gave the impression that he believes this issue could have been resolved or amended if the couple had addressed the issue as a team.

Participants reported experiences that influence or limit the participant couples' potential for talking about sex. Examples of these painful or awkward experiences include (a) intimate sexual encounters that occurred between partners and other experiences such as extramarital affairs, (b) children sleeping in the bed with the parents, and (c) religious admonitions about intercourse. These reported experiences shape the ability of the participant partners to respond to or invite sexual dialogue. Additionally, all

of the participant couples noted verbally or nonverbally that feeling rejected was a constant threat to communicating about sex.

One partner (010a) mentioned, while looking seriously at her partner, “It is my fault. I am never the one to initiate.” A different female participant (004a) added, “I told him, he doesn’t have to do it for me.” Unpleasant or embarrassing situations involving penile-vaginal intercourse occur because the female fears the male partner may have difficulty achieving an erection. The females in couples 001 and 008 reported hesitancy in initiating intercourse because they fear embarrassing the male partner if he is unable to achieve an erection. Male and female participants reported anxiety related to initiating intercourse and fear of rejection. All participants reported raised voices, arguments, or hurt feelings after the experience of unsuccessful penile-vaginal intercourse. This may mean that one partner was too busy (002), or perhaps that one partner rejected the attempts of the other partner (090).

A portion of the participants reported initial intimate sexual encounters that were physically uncomfortable for at least one of the partners. Three of these awkward attempts at penile-vaginal intercourse were on the honeymoon. Painful or awkward attempts at penile-vaginal intercourse may be a factor that limits the participant’s ability to talk about sex. One participant couple (009) talked openly about the painful discourse that evolves when they remember their first attempts at penile-vaginal intercourse. The couple had been married for fifteen years and had not yet consummated the marriage. The couple expected sexual activity upon marriage, including penile-vaginal intercourse. The honeymoon and years since have been marked by tears, frustration, and anger

because of frustrated attempts at penile-vaginal intercourse. The couple has addressed medical issues with a physician, and both partners have been given a clean bill of health. As the female spouse (009a) said, "I expected that Tab A would fit into Slot B and that he would know what to do. It didn't happen." The male partner (009b) felt "ashamed of my failure and cried silently at the situation."

This circumstance brings tension to the partnership. Couple 009 worked for an international church organization. They report finding it difficult to locate help or a place to admit the truth about the sexual situation of their marriage. The couple waited for marriage to have intercourse and was surprised at the difficulty they encountered when they attempted penile-vaginal intercourse. The data represented in this study indicates a population of couples that have difficulty establishing a pattern of penile-vaginal intercourse that is fulfilling to both partners.

A second couple described the honeymoon and first year of marriage as "a hard year. The first year was just hard." This young couple dated for five years and waited until marriage to have penile-vaginal intercourse. Prior to the honeymoon, the couple participated in "flirting and kissing." The couple (005) did not expect the honeymoon to provoke thoughts of "Is this what I have been waiting for? Is this what the big deal is about?"

Other participant couples reported circumstances that occurred after a successful sexual pattern of penile-vaginal intercourse. These couples reported "long work hours and stress" that lead to less time together. Five of the ten couples reported at least one partner that works more than sixty hours per week. The number of hours spent at work,

combined with owning a small business, building offices or homes, and being a dual wage-earning couple offer the partners less time for penile-vaginal intercourse or less time when they feel like having penile-vaginal intercourse. Male participant 002b reported that “for years, I arrived at home exhausted after work. Now, I am slowing down, but she is working more. She is the one that is too tired now. We just have different schedules.”

Events during the life course of couples also impact the ability of the couples to talk or communicate about sexual issues. Couple 001 reported that the male partner had an extramarital affair with a woman from his office. This participant couple separated and had an open marriage for a period of time after the affair was discovered. When the partners reconciled, they chose a new place to live. For their young child to be comfortable and unafraid, they allowed the child to sleep in their bed. The couple reports that if intercourse were more common, the child might not sleep with them. Couple 006 also reported that their young child sleeps with them, or that the mother (006a) will fall asleep in the child’s bedroom. It is not clear if the participants purposefully keep the child in bed with them to preclude intercourse.

Four of the ten participant couples reported waiting until they were married to perform penile-vaginal intercourse. Couples mention different religious admonitions that limit sexual activity prior to marriage. For participant 010b, “Thoughts about sex were sinful and sexually gratifying behaviors were sinful.” For this couple, it has been difficult to find a way to talk about sex that did not lead the husband to think he might be sinning. Talking about sex, even to the partner, has potential for sin. This male is very serious

about his convictions and about not allowing sinful thoughts to guide or influence his actions. He believes that the situation and low-sex frequency will resolve itself over time through his faithfulness. The female partner (010a) found the situation limiting and expressed a desire to touch and talk to her husband about sex even before marriage. The situation continues, and the male partner has conversations with his pastor about “whether or not it would be okay to participate in certain sexual behaviors or play.”

### *Theme Two: We Have Distorted Sexual Signals and Messages*

Distorted sexual messages confused and confounded the participants in this purposive sample. Participants could not articulate signs or signals that meant the other partner would like to have intercourse. The response to the question, “What are your signs or signals that indicate a willingness or desire for penile-vaginal intercourse?” was “none” or “we do not have signals” for all ten participant couples. The researcher probed for subtle signals by asking if either member of the couple wore perfume, lit candles, or wore lingerie. Couples mentioned that the female had previously worn lingerie, but lingerie was previously a signal for intercourse for only two couples. One female participant (001a) mentioned that a question from her partner like “what is that you are wearing?” would prevent her from wearing a teddy ever again with her partner. The male partner made the remark that has limited the couple’s positive sexual signals.

Sexual innuendo was blurred for the participant couples. Generally, the participant couples indicated a desire for intimacy with the partner, even if it was not penile-vaginal intercourse. However, the couple seemed numb to suggestions that cues exist to indicate an interest in connecting intimately. Couples were surprised at

disclosures that occurred during the interview, such as the aforementioned teddy remark. The same couple (001) mentioned that the male partner may look for signals in pheromones or by the female partner rubbing against him when she passes. The female partner does not realize that she is touching the male partner when she passes, and the male partner does not respond to her touch.

The serious issue revealed by the participants is that anger and frustration seem to be the only signs and symbols that are interpreted by the participant couples. Rejection, bad timing, sleeping with the child, cross dressing, and arguing seem to provoke a response between the partners; but the subtle cues that often indicate a predisposition to penile-vaginal intercourse are not present for the participant couples.

Three of the participant couples noted that intercourse is best accomplished by verbal invitation to the other partner to have penile-vaginal intercourse. Participant female 003a reported that when one partner “just starts messin’ with the other partner, that is how it is supposed to happen. I don’t have to have a signal and I don’t want to have to tell him. I want to do it.” Couple 004 reported that they respond to the other partner saying, “Let’s make love.” Participant couple 005 has been working through messages about space and time. The female partner of couple 005 wants intercourse to begin outside the bedroom, but is having a hard time helping her partner understand what she desires. This couple often argues because the male will ask her to wait or ignore her if she signals by kissing him while he is playing video games.

### *Theme Three: We Have Common Purposes*

The common purpose expressed by low-sex participant couples in this sample was the phenomenon that keeps these couples from seeking a separation, annulment, or divorce. Many of the couples have children and economic ties or obligations; but more than these physical ties, the individuals in these couples expressed a belief that their partners care for them and will continue to contribute to their lives. This concept is best explained in the words of the participants.

Participant couple 005 had been together since high school. This young couple talks together after a long day about the pains and problems of work and graduate school. They make plans for vacations together and wrestle and tickle fight with each other. They explained their situation by talking about the real life circumstances that have inhibited their level of intimacy, such as living with her parents for the second year of their marriage. The couple described a similar system of faith which allows them to pray for each other. This faith and belief that the situation will improve as life changes demonstrates common purpose.

Participant couple 003 divides its time between two homes. The couple takes care of property for a family member in the military and rents another piece of property so their daughter may attend school in a safe neighborhood. These choices have been expensive for participant couple 003, but they make the sacrifice to meet the needs of the immediate and extended family. This couple also reported that each partner responds to the needs of the other for assistance with car trouble or help through an illness. Participants reported noticing that the other partner contributes economically to the

relationship or cares for the children and aging parents. Participant male 006 stated, “When she accepted me and all my baggage. She can’t do nothing that would make me leave her.”

### Participant Stories

The following stories detail the generous stories that participant couples shared with the researcher.. The researcher assigned pseudonyms, and, to protect the participants’ anonymity, did not link the participant numbers to their names. Additional themes will emerge from these stories, as will distinct pieces of the low-sex marriage phenomenon.

#### *Larry and Charlotte*

Larry and Charlotte met the researcher in a professional office setting and appeared open and cooperative when telling their low-sex story. They reported a frequency of penile-vaginal intercourse of six times per calendar year. This frequency increased during the six months prior to this study. This couple referenced previous marriage counseling, but they did not report counseling as the source of the referral to this study. Larry and Charlotte have been married for nine years.

Larry and Charlotte articulated a low-sex story that, according to Charlotte, began with a great physical attraction to Larry. I think we had a great sex life. And then, there was a time when I was about eight months pregnant that it just stopped, and I wasn’t really sure why it stopped.



In attempt to explain, Charlotte reveals, “It (penile-vaginal intercourse) wasn’t something that I didn’t continue to enjoy, but it was something that wasn’t ever talked about, and then it didn’t resume for a long time.” Charlotte continues, “Maybe, when our child was a year old, we had sex, but after that, it didn’t happen again for a long time. But it still was something that we just never talked about.” A recurrent pattern among the stories told by participant couples is that the couple does not talk about frequency of intercourse.

Larry added, “We got busier and busier and busier with changes in our physical address . . . and, uh, had lots, lots of events in our personal lives and our professional lives at that time.” Talking together in front of the researcher, Larry and Charlotte revealed that “our sex life has probably paralleled, to, uh, you know, how busy and stressful our lives are.” Tension and stress in this relationship were noted as factors that contributed to sexual distance between partners.

Also contributing to infrequency of intercourse is the fact that, for most of the married life of the couple, a child had been sleeping in the bed with the couple. Charlotte reported, “Our whole relationship or married life, I have been pregnant or we’ve had a child.” This comment made both partners laugh. The couple admitted that their nine-year-old child has been sleeping with them for several years. The child sleeps with them because, at various times, the child has reported fear after the family moves to a new home. Charlotte noted that

our sex life was not different when the child was not sleeping  
with us. So yes, the child is there, and, yes, I think it is a kind

of buffer, padding, comfort; but do we use the child as a comfort so that we don't have to face what we are not looking at?

Larry responded to this comment:

I think if we had more of a sex life, it would keep the child out of our bed versus the child keeping sex at bay. If we were having sex, we wouldn't be having the child in our bedroom.

Larry thought sex worked best in their marriage when they had more of an “emotional connection and somehow we lost focus along the way.” When Larry and Charlotte married, their expectations for intercourse were unclear and based on what they had experienced in previous relationships. Charlotte wondered aloud in the interview, “How often do other couples have sex?” The couple denied a conscious expectation of frequency, but wondered if they need to “schedule this in.”

Charlotte said that she does not think about having sex with Larry and doesn't think she gives off any signals that would lead him to expect intercourse. She recalled,

I bought a cute little teddy, and I thought it looked great, and my body was in great shape at that time. I walked out of the bathroom and he said, “What is that?” And I have never done that since.

Larry did not recall the incident. He said that sometimes “Charlotte rubs against me, and that is a signal and that maybe there are pheromones.” According to Charlotte, this relationship does not feature open gestures such as being very nice, thus indicating a

desire for penile-vaginal intercourse: “Like, oh, he’s being really nice. I know what he is expecting tonight. Or, you know, it’s not that way with Larry at all.” Larry agreed that he offers “no signals like flowers, but that sometimes things happen if we are both laying in bed on a Saturday morning and she rubs against me.”

Larry and Charlotte attributed their low-sex marriage to lifestyle issues. Larry works long hours; the couple is caring for a terminally ill mother-in-law and a young child. Charlotte is exhausted from her work when Larry arrives home in the evening. Charlotte noted, “We keep saying once we get through, that then this is going to settle down. And every time, we usually take on something more.” Larry added,

I would say that we have done things as a couple and we have agreed. We built the house together and didn’t kill each other. We always discuss everything; we may not always agree, but we always discuss things and, for the most part, we pretty much agree.

The couple described how they talk about business, finance, and family, but do not talk about sex. The couple reported that marital therapy was for “feelings more than sex or not having sex.” Larry and Charlotte expressed commitment to each other and the marriage by creating “division of duties.” Each partner has an area of expertise and handles that area of family, relationship, or finance to the benefit of the family. Larry reported that Charlotte has added “playfulness” or lightheartedness to his life; yet he sometimes feels excluded from the playful reactions between Charlotte and the children.

Charlotte and Larry reported limited sexual contact. Charlotte said that her career and relationships with her mother and children fill her life. She wishes for, or fanaticizes, but “doesn’t do anything.” Larry admitted that his work and occasional masturbation are forms of self-gratification. Charlotte noted,

I rarely approach Larry for sex. Part of that is that, you know, good girls don’t do that; and part of that is because Larry is older than I am. I would not want to cause him to be embarrassed. What if something or what if he wasn’t in the mood?

Larry interpreted her words with “That’s interesting. Is it a failure to perform thing? I guess I have sensed that . . .” Charlotte admitted,

I miss not having the emotional connection that we used to have. So I would like for that to be better. I believe being sexual with each other could improve that. Do I want it to be different bad enough that I am willing to put something on hold so that I make it a priority? I don’t know.

Larry summed the conversation, saying, “We are improving our status, our sexual position in our relationship. I see that. Would I like things to be different? Yes, and I see that happening.”

During the individual interviews at the conclusion of the first interview, each partner mentioned the impact of an extramarital affair on their relationship. In the first interview, Larry detailed,

We had a difficult time in our marriage, and it involved another woman with me. She [the other woman] works with me. We [Charlotte and I] went through a period of an open marriage, but I couldn't handle that. I think coming back from that, from different households, it may influence some of my answers.

Charlotte began her interview saying,

I don't know if Larry told you, but I found out, when I was eight months pregnant, that he was having an affair with a woman from his work. We have lived separately for part of the marriage and have been back together for four years. Part of the time, we had an open marriage and I was seeing other men. That is probably the most important piece of information. There were some times in the interview one of us could have told you, but I left it up to him. He still works with the woman that he had the affair with.

### *Carl and Jill*

The researcher interviewed Carl and Jill in their North Texas residence. Carl and Jill prepared for the interview by inviting the researcher into the dining room and admitting that Carl expected one telephone call from work, and that it would be necessary for him to leave the room to take the call. Carl and Jill appeared open and cooperative telling their low-sex story. Carl has an advanced degree and Jill has an advanced degree.

They reported a frequency of penile-vaginal intercourse at less than ten times per calendar year. During the interview, the couple reported several medical conditions that were not mentioned when they were screened for participation. By their own standards, they reflect a general medical well being. Carl and Jill have been married for over 20 years.

When Carl met Jill, her epilepsy diagnosis had significant impact on her life. Carl began to document her illness in way that allowed doctors to intervene. Over the years, she has undergone surgery that, in her words, “changed my life.” She is no longer heavily medicated, nor does she suffer seizures. Carl reported experiencing impotence. He also has plans for gastric bypass surgery. Chronicling the story of their sex life led Jill to note,

When I met him, I had epilepsy; I was on a lot of medication.

So I was drugged all the time, and Carl was the husband that knew, “okay, this is where she is” and, “okay, I’ll just manage it.”

Carl interjected, “We went eighteen months without having sex.” Continuing, Jill explains, “So, that’s how our sex life becomes an evolution because I had brain surgery, which took care of everything. And then I went to college and, you know . . . .” The researcher believes the “you know” to be a reference to the potential of college study to complicate personal schedules.

Carl and Jill often spoke at the same time. They finished sentences and offered each other words to best explain a shared meaning. In reflecting a desire for penile-vaginal intercourse, Jill continued,

Maybe I don't have the libido I once had, but I do have the desire. You know, I think we are in different places developmentally. I have just started my career, and Carl has worked all his life; I just started. So we are in different places, you know, emotionally, intellectually. And so our sex life sometimes just gets put on the shelf.

Carl added,

Like she said, when we first got married, uh, we had sexual relations and everything. But because of the medications she was on and the situation that she was in, her state of mind and her libido were suppressed from all the medication she was on. I've pretty much taken the back seat to allow her to have her freedom and her liberty and let me know when the time is right.

Reflecting on the demands of their careers on their relationship, Carl said,

She is catching up to me in some aspects. I have always been in a career that's been a high pressure, high tension type of a job. And sometimes it has been difficult for me to come home and be sexually interested at that time. Now that she's got her degree and she's working and going back to school again, she's finding out that you come home and you get tired and you just don't have desire. The interest isn't there.

Carl and Jill's comments reflect the common complaints of dual career couples.

Considering how often Carl and Jill thought that they would have penile-vaginal intercourse prior to marriage, they again reflected on medical issues. Carl posed the current situation in these words:

In the beginning, I thought we would have sex whenever possible. However, lately, that has not been the case. The biggest reason being I have become more impotent over the past three or four years and it's not as easy for me to have an erection, to have intercourse.

More than any other participant couple, Carl and Jill talked about having or not having penile-vaginal intercourse. During the interview they demonstrated their ongoing conversation about finding a way for both partners to reach orgasm. Carl says, "I will always make sure that she is satisfied, no matter what happens, because her satisfaction is first on my list before my satisfaction." And Jill counters, saying,

It's hard for me because I want it to be both ways, and that's really hard for me to get that. You know it's like, 'okay, I just want you to be satisfied' and Carl will say, 'no, I want the same thing. I want you to be satisfied, and then I'm whole.'

An ongoing issue for this couple is finding a time that both are inclined to have penile-vaginal intercourse. Jill said, "When we really have the desire, it's at different times. So, it's like, 'okay, so if you're ready.' Then it's like, 'I'm not.'" Carl reported that impotence impacts the couple's spontaneity. Jill lovingly said to Carl, "Sometimes, you



would take a Viagra and you wouldn't tell me. And then I feel like, 'well, I didn't know.' And then it's like, 'okay, the time frame is gone.' And he wants to be spontaneous." Jill reported feeling guilty if she doesn't respond to Carl if he has taken Viagra. Carl wants to take the Viagra so he can be ready for intercourse if, and when, it happens. Jill wishes Carl would invite her to intercourse by telling her that he has taken his medication.

Carl and Jill said that their signals for penile-vaginal intercourse are often verbal exchanges that reflect "let's go upstairs and make love." Carl notices when Jill puts out one of his "blue" pills or when she calls from the airport and asks him "to take one of his little blue pills." Carl said,

It [signals] just doesn't happen. To make a long story short, there is very little romance. There is very little of the buildup to the point of where we are going to make love to each other.

According to Jill, "It's like zero to sixty . . . Okay, let's go."

The couple began to laugh. Carl added,

Because nightgowns, she stopped wearing negligees and nightgowns a long time ago and everything. Um, you know, it's just you know . . . would I like some of that? Yes. Yes, it would be nice to have some of that romance, some of that buildup and everything.

Carl and Jill reported that they do not have any preset signals that indicate willingness for penile-vaginal intercourse. Carl explained,

Sometimes when we are sitting around just fondling each other and that's as far as it goes. She will have other work to do. I will not have taken one of my pills, or something like that. It just doesn't build up into where we are going to make love.

Carl described their current lifestyle:

It's just evolution. The way things have progressed; right, wrong or indifferent. It's just something that we have grown into. Jill said it's a combination of things and that it happened so slowly that you don't even notice it; and, all of the sudden, 'Wow! We haven't had sex in . . .' We kind of kid about that. You know, 'Wow! When was the last time we had sex?' And we can't even remember.

Carl always remembers the last time the couple had intercourse. He said, "There's two levels of sex: the last time that we made love together and the last time I got an orgasm."

When the researcher asked the couple how they talk about sex, Jill responded,

A lot of those things that happened in our life and in our marriage, uh, have changed; but it doesn't mean that, you know, that our marriage isn't good. It's good and it's solid and we talk about it. We talk about it. We talk about the sex.

Carl added,

Even when the boys were growing up, we didn't hide it. We talked about sex. Maybe not about the intimate things and stuff, but we never avoided talking about sex because I wanted my boys to not be afraid of it. We have always been open about sexual relations and intimate sex.

Carl and Jill wanted the researcher to realize that,

We don't need to have sex to be committed to each other. Sex doesn't happen really that often anymore, but that doesn't push us away from each other. We are still committed to each other and we are committed to the marriage and everything like that.

Jill added, "The big, big thing is loyalty, for me." Through tears, Jill added that, even though the couple has disagreements and made mistakes in the relationship, they are loyal to each other and the disagreements keep them from being bored. Carl said, "I think we are very committed to each other in every aspect that a marriage can be, and it doesn't have to have sex involved."

Jill added the following, in an effort to explain how intercourse fits into the life of the couple:

We are both so busy, and, I think it's safe to say, that we are not really having sex; it fits for us. You know, as he said, it would be nice if we had sex more often, but, I mean, it would be kind of complicated. So, you know, for both of us, I guess,

we're both in places where it's working, even though it's not working, so to speak. Know what I mean? [The couple chuckles] It works for us, even though I wish it was better.

After the researcher spoke with Carl and Jill about activities that contribute to their sexual fulfillment, they were once again very willing to answer the questions. Jill said that she "satisfies herself" with a vibrator or sex toy. Carl said that it has been a long time since he masturbated. He reported that getting an erection is not an easy task. His sex drive is less powerful than it was ten years ago, and his goal in making love is to satisfy Jill:

I am, for the lack of a better term, I am a premature ejaculator. I have always been that way. I've tried talking with the doctors, and it's something that would take a lot of effort when we were younger. I think that that is more of a mental thing, and I would have to get myself conditioned and everything. We have never taken the time to try and overcome that problem. We do just about everything, mostly getting into oral sex is, uh, doesn't happen as often as what I would like, but that is something that I will never have a requirement or force her to do.

In response to issues that interfere with intercourse, Carl mentioned health issues and weight loss. He hopes that having gastric bypass surgery will help his health and sex life by decreasing his migraine headaches and increasing his libido. At the end of the

interview, Carl and Jill wanted to know if the researcher was impressed with their willingness to respond to questions about their relationship. Jill's final words were "we have just given you our whole life."

### *Bill and Sue*

Bill and Sue offered a story that confirms that certain marriage partners possess potential for creativity. It also added to the understanding that medical conditions have great impact on sexual activity between partners. Bill and Sue have been using unexpected methods to meet the demands of their extended family. This family has chosen two places of residence in an attempt to help a brother in the military to protect and repair his Texas home. Bill's brother is currently deployed out of the country, and Bill has agreed to take care of his brother's house and make repairs to the property. Sue maintains a home in a different area so her daughter can attend a particular school district. The couple described a continued commitment to each other and the relationship achieved by constructing a way to offer support to family members and maintain their marriage.

Bill and Sue met the researcher in a professional office setting and appeared anxious about the interview. This was evident because of their nervous laughter in the process of telling their low-sex story. A significant amount of time was taken by this couple to fill out the demographic data questionnaire and the Dyadic Adjustment Scale. This indicated to the researcher a possible measure of difficulty in reading the demographic form and the Dyadic Adjustment Scale. This prompted the researcher to

read questions aloud in hope of helping with the acquisition of data and the completion of the necessary forms.

Bill and Sue articulated a low-sex story that, according to Bill, “was hot, hot, hot” at the beginning and filled with great physical attraction. Over time, physical events have changed their relationship. Bill and Sue have been sexual partners for ten years and married to each other for three years. Bill had four children and had been married twice. Sue had two children and had been married once. They did not have any children together.

In the telephone screening interview, this couple reported general medical well being. During the in-person interview, Bill revealed he is recovering from lead poisoning that developed from a work-related hazard. This event has been significant in the last calendar year in the life of the couple. Sue works as an assembly worker. The couple reported no occasions of penile-vaginal intercourse in the past calendar year. Bill and Sue were referred to the study by a family member.

The couple’s low-sex story begins with a great amount of sexual interest in the other partner. Bill and Sue reported eight days of initial sex play when they first met. Sue described the relationship:

It was great. It still is great. And I understand his situation with his sickness because we don’t have sex that much at all. I am cool with it and I understand. It doesn’t make me want to run out to no one else, because I’m married and I took my vows seriously.

The story continued to unfold and Bill and Sue revealed that they don't live in one house. The couple splits time between two houses. Sue keeps her house in one part of town because she wants to keep her daughter in a particular school district. Bill reported that Sue doesn't like his neighborhood because it is "tough" and she also doesn't "like his three pit bull dogs." Bill and Sue spend time together and go back and forth between the two homes. They explained that Bill's brother is away in the military. Bill agreed to live in his brother's house and work on the house until his brother returns from overseas. Prior to this arrangement and before Bill contracted lead poisoning, the couple lived together. They did not report any specific incident that provoked the move. The couple plans eventually to buy a house in a different neighborhood. The couple reported that they are waiting 90 days for Bill to receive funds that will allow the couple to purchase a house in a different neighborhood.

When asked how the couple uses signs or signals to initiate a desire for penile-vaginal intercourse, Sue said "I just start messin' with him." Bill agreed, "Yeah, she just starts messing with me." Sue continued, "We don't ever say, we just start doing. I don't think I should have to say anything to a man to get it." Bill said that he might signal by "putting on some music, lighting an incense candle, and maybe opening a bottle of wine." Bill and Sue added that they don't think their sex life would have slowed down if not for the lead poisoning and the seriousness of Bill's illness. He is taking heavy medication, has been hospitalized, and feels he is getting better on a daily basis. Bill is not happy with the impact of the medication and illness on his sex life, and recalls an active sex life with multiple partners. These partners were prior to his current marriage. The doctors

have suggested the use of the drug Cialis for increased sexual potential, but Bill says it “costs grand theft money, and if you don’t know how to take it, it will really screw you up.”

The couple demonstrates commitment to this relationship by responding to the needs of the other partner. Bill helps Sue by fixing her car or other things that are broken in the house. Sue has been there for Bill by helping him through his illness. Sue said that she “keeps the faith that he ain’t doing nothing over there.” She admitted to wondering about Bill when they are spending the night in the different houses, but says, “When I do call him, there is no hesitation. It is, ‘Okay, I’ll be right there.’”

Bill and Sue reported thinking about the low-sex lifestyle and dealing with it by telephoning the other partner. If Sue is wondering what Bill is doing late at night, she will pick up the telephone and talk to him. Bill reported he makes similar calls to Sue. He also said that he sometimes “sees another guy and his lady come through holdin’ hands, and my mind starts to wonder: Where’s my girl? Why my girl ain’t here with me?” This admission prompted the partners to move conversation quickly back to the contemplation of finding another house in 90 days.

The couple reported a history of acts of self-gratification occurring together. Sue “only watches porn if Bill is watching porn.” She reported taking a sleeping pill if she is thinking about sex. Bill’s physical illness has limited his sexual desire and forced many questions about his sexual potential to be addressed in the physician’s office. Bill believes that medicine is slowing down his sex life and fully expects to recover. Bill and Sue did not reveal any additional information in individual interviews.



### *Max and Leah*

Max and Leah met with the researcher in their home. Initial comments from the couple indicated that they never anticipated discussing their private sex life with a researcher. In the interview, the couple appeared open and cooperative when telling their low-sex story. Max is a businessman and Leah is an artist. They reported a frequency of penile-vaginal intercourse occurring at six- to eight-week intervals. Max and Leah have been married for twenty-one years.

Recounting the story of their sex life, Max and Leah wanted the researcher to understand that there are many ways in which they demonstrate commitment and love to each other. Leah began,

We sure have a good marriage and communication with each other. The thing that I feel is good about it is that it seemed earlier in our marriage that I could not be affectionate without it turning into sex. You know, sometimes I would want to cuddle, and it would always turn into sex. Now, we are very physically affectionate with each other, but probably have sex maybe every six weeks.

Max continued, "We had this good relationship right off the bat. The first date, the sparks flew. It was a wild night." This statement caused both partners to exchange glances and giggle.

In an attempt to explain how the couple moved from the first "wild night" to having intercourse every six to eight weeks, Max said, "Sex, over a period of years, had, I

guess, diminished. You know, with our age, our sex drive has diminished. I mean, when we have sex, it is good. Very short. Short and sweet.” Leah admitted that Max asked her if she wanted him to take Viagra. In the interview, she laughed and reported that she said, “No, don’t go there.”

Max said that he thinks that Leah has sex “for him” and “that Leah is not really that into it”. She has said to Max, “You know you don’t have to do this for me.” Max reported that it has become more difficult for him to get an erection, and that he has heard that using Viagra can make you go blind. These statements may indicate the desire for continued acts of intimacy through intercourse.

Leah attempted to help the researcher understand how the couple views penile-vaginal intercourse. She reported that, at this stage in her life, she is happy that her relationship with Max has grown into a relationship that focuses on things other than sexual intercourse. “Sex was a big part of our marriage for the first few years, but now it has been replaced by other things,” she said.

Max and Leah have been married more than 20 years, and, across the years, have noticed changes in the time that they spend together. Max said that until recently, he worked in the restaurant business with an 80- to 90-hour work week. He reported that such a long work week “kind of puts a lid on the sex life. I came in tired and didn’t have a whole lot of time during those years.” The couple reported trying to make time for each other, but had difficulty with the hours that were necessary in Max’s work schedule. Now, Max and Leah do many things together. If Leah is going to the store, she always tells Max where she is going, and, most of the time, he wants to go with her. Currently,

Max has a new job opportunity and the couple is looking at the opportunity as a partnership. Max is also involved in helping Leah market herself.

Max and Leah reported that their pattern of intercourse has changed over time. There was not a specific incident that changed the rate of penile-vaginal intercourse. The couple reported “hugging all the time.” They also reported kissing each other goodbye when they leave the house. Specifically, Leah said “There are a lot of ways to show affection without having sex”.

Max and Leah admitted that they don’t talk about their sex life. Generally, they talk about “when we are going to have sex, but do not talk about why we don’t have sex.” They also reported that “it was strange to talk to the researcher about the number of times we have penile-vaginal intercourse per year, when we do not talk about this topic with each other.” Max said, “The tone of conversation about frequency of intercourse is normal conversation and not a long conversation.” Leah added, “Even when we were dating, we didn’t talk about our sex life. It is something you do and you don’t talk about it. The number of times we have sex has never been an issue.”

When speaking to the researcher about how the low-sex frequency fits their lifestyle, Max and Leah reported that “when we have time, and there is no pressure, it is easiest and most likely that one partner will initiate penile-vaginal intercourse.” Max reported that he gets the urge to have intercourse and “wonder[s] if I will have trouble getting an erection. If I am tired, I don’t even attempt it.” When asked how self-gratification fits into their lives, the couple reported they do not watch pornography. A show on *Oprah* stimulated a conversation in which the couple discussed Internet

pornography, and that conversation opened the door for Leah to ask Max if he watched pornography on the Internet. She said, "He was almost insulted and said he wouldn't waste his time." Max added that he recently started back to church and involving himself in church services and social functions. He reported, "My spirituality has increased a lot and is different than what is used to be." He seemed to indicate that pornography would not fit with the church-going lifestyle he is constructing.

Max and Leah declined the invitation to be interviewed individually. The final words from Leah to the researcher were, "We feel fortunate to have found each other."

#### *John and Debby*

John and Debby met the researcher in a professional office setting. John began the story of their sex life: "Well, uh, oh well, things have changed." Last year, John had gastric bypass surgery and had lost 200 pounds at the time of the interview. He reported changes in his physical and mental state during the last year. At the time of the interview, he reported that his life was very different from one year prior. John and Debby have been sexual partners for ten years and have been married for six years. This is the second marriage for John and the first marriage for Debby. John and Debby have one child together and share custody of John's three children from his previous marriage. Debby reported that she would like to have another child.

John interrupted the researcher to offer his explanation of the past months:

A year ago it was different than it is now. Now, I want it all the time. She doesn't [want to have intercourse] because she doesn't feel good about herself. Well, that's fine. I understand

that because a year ago, hell, I was 416 pounds and didn't feel good about myself. Now the roles have reversed in physical. You know, the way we feel about each other or the way I feel myself versus the way she feels about herself is not good. I feel very good about myself, but I understand that she doesn't.

Debby responded to his comments, saying, "We never had a real active sex life. I mean, in the beginning, it was moderate, but it's never been just charged." The couple reported that their last instance of penile-vaginal intercourse was months ago. The period of time that John was in recovery from the weight loss surgery was not a time when he was "too much interested."

When John and Debby met, they lived an active lifestyle, playing softball every night of the week and then going out for drinks. They lived together, Debby got pregnant, and then they got married. When the baby was one year old, John's child from his previous marriage moved in with the couple. Debby said "So we have never been just us, married and not dealing with something. Pregnancy. Kids." John added to her list: "Ex-wives."

The couple remembered expectations of intercourse prior to marriage. John thought they would have sex "three times a day". Debby said she thought maybe "twice a week." The couple noted signs or symbols that indicate a desire for penile-vaginal intercourse. Debby said,

John will try to be nice. If he wants to have sex, he will do something nice for me: Go to the store. Run an errand for me. Something around the house that needs to be done. A chore or whatever. I don't think I have a signal, because I really never care to have sex.

John continued, "It's me always. [Silence] That's all right, too."

There seemed to be an ongoing dialog between the partners involving one of the partners not being a sexual person or an affectionate person. The couple explained that Debby is affectionate with her child, but is not as "open or talkative or good at remembering anniversaries as John." John says that, in the beginning of the relationship, he thought Debby didn't like him because of her reserved nature. He eventually concluded, "That is just her, and I dealt with it and that is how I . . . it could be worse." He also reported wishing for a more romantic set of signals for initiating penile-vaginal intercourse. Debby was silent at this comment.

John and Debby revealed that one of their children slept in the same bed with them until the child was four-and-a-half years old. They disclosed this fact in response to a question about what the couple might have noticed that prompted the change in the rate of penile-vaginal intercourse. The couple also noted that talk about the frequency of intercourse is somewhat prohibited by barriers. According to John, the scenario is

I start the conversation because I want to have sex or something, and she will put up a barrier and that is how we start talking or arguing or something. That is how it starts and

ends. We start talking, and she will probably say “no,” and we will argue a little bit, and once in while she will give in.

At this point Debby adds, “He almost has to threaten divorce or to get it somewhere else. That is the reality.”

This couple understands that their relationship is based on commitment to the children and acceptance of each other. John said that when Debby took him on with all my baggage, pretty much whatever she does is nothing. I love Debby more than anything in the world and she knows that I will do anything for her. So she knows that, so I don’t know . . . hell, let her answer.

Debby said that John shows commitment to the marriage by remaining faithful to her while she is “pretty cold to him. He started his own business to better our lives. I trust him. I know he is faithful.”

Debby reported being satisfied with the current pattern of penile-vaginal intercourse. John said that he would like to have more intercourse. He thinks that if Debby felt better about herself, sex would be more “awesome.” When asked about self-gratification, Debby said that she has “no needs when it comes to sex.” John declines to answer the question.

In addition to the different desires that are expressed for a certain frequency of intercourse, the couple also noted that time and lifestyle impacts the frequency. Debby said, “We are always on the go. Both partners in this family have full time jobs. In addition to work, the kids activities are so often, we rarely have an evening at home.”

John nodded in agreement. This couple concluded the interview by saying that the weight loss surgery was a medical necessity and not an elective surgery.

Debby contributed another piece of the story: “At one point, before we were married, while we were living together, we had a breakup that John admits is all his fault. I still have a lot of resentment towards him.” To this admission, John said, “I know you do, and you bring it up.” The story unfolded with an interesting note. In Debby’s words:

Um, there was this mutual friend that began to spend a lot of time with John. John had lost weight, he had gotten heavy, and then lost a lot of weight. John and this friend started wanting to go out and party all the time and all that and I moved out.

John interjected that this was before they were married. The couple did not appear to notice any pattern of weight loss and trouble in the marriage, but their words suggested that perhaps they are concerned about events that occurred after a previous weight loss.

John said that he often wonders where the time went. The partners agreed that they would like to get around to what is important in life. That assertion led Debby to say that she would like to have another child. John emphatically said, “No!” Debby admitted that she is mad about John’s refusal to have another child. John said, “She is a wonderful mother, she wants one [a baby], and she deserves one, but not with me!” At the time of the interview, Debby believed John would love another child and that he would not regret having it after it was born. As the interview closed, Debby wondered aloud if not being a sexual person is genetic or inherited? The couple declined the individual interviews.



### *Craig and Lisa*

Craig and Lisa have been married for over ten years. The couple met with the researcher in the offices of a North Texas church. The couple appeared cooperative, eager, and friendly when filling out the demographic material. At the time of the interview, Craig had returned to school for teaching credentials and Lisa was an administrative assistant. Prior to those jobs, Craig and Lisa were employed by an international ministry organization.

Craig and Lisa began the interview by exchanging looks. Lisa then told the story of their honeymoon night.

Well, um, both of us were young and innocent when we got married. Neither of us had much experience. We had fondled each other maybe fifteen seconds at a time. [Chuckle] We were always afraid that someone would bust in and we would get caught doing something that good Christians just shouldn't. So we really didn't have much experience with each other or much experience with anybody else. And I kind of thought that, you know, Tab A goes into Slot B without any trouble. [Chuckle] And I assumed that he would know what Tab A was supposed to do. It didn't work that way. When we got to our hotel room, we ordered room service, looked at each other kind of shyly, fell asleep. We woke up about eight o'clock that evening. I was prepared for that. I

was actually prepared to not expect anything right off the bat.

You know, kind of let it go gradually. So just take your time and let it happen and it will happen. Only it didn't happen.

[Chuckle] And I think we must have awakened each other about five times that first night. Each time, very unsatisfying and feeling more and more awkward and more and more fumbly, and more and more embarrassed. And, um, okay we had three days before we had to go back to work. Um, and by the third night, we really didn't try anything. We would just lie next to each other and try to pretend; well, I tried to pretend that I was asleep, and I think he did the same because he wasn't snoring. And, um, it just kind of trickled out at that point. So that is how it started I would say.

Craig's memories of the courtship and honeymoon were similar. He remembered the honeymoon as a working honeymoon because Lisa had some work to complete over the weekend. He also recalled, with some detail, instances of petting before they were married. Craig also remembered how he felt when he went back to work after the honeymoon.

No one understood why I was crying so much, but it was because I had been so miserable on our honeymoon. And I couldn't, there was nobody I could talk to. All I could do was cry. 'Cause I felt so miserable.

Craig and Lisa revealed to the researcher that they had not experienced penile-vaginal intercourse in the sixteen years that they had been married. Lisa said, “Across the years, we have tried to get Tab A into Slot B, get the two parts together, and figure out what the average thirteen-year-olds can manage.” Both partners reiterated to the researcher that there has been no one to talk to about the sexual difficulty in the relationship. This is evidenced by the intensity of eye contact and the voices of the partners during the interview.

Throughout their marriage, Craig and Lisa have attempted penile-vaginal intercourse without success. Craig explained that, as part of a traveling ministry team, “Much of the time, we were guests in other people’s homes. So a lot of this [attempts at penile-vaginal intercourse] happened when we were put up in hotels on part of our tour.” The couple traveled continually from the beginning of their marriage and was generally housed with a family or group of people with whom they worked. This arrangement left very little private space or time that the couple could enjoy together. The couple also said that the constant traveling and stress of the job was a factor in the marital relationship.

Craig and Lisa reported that they eventually went to marriage counseling. After a period of counseling in which the couple emotionally prepared for intercourse, Craig developed a hernia that had to be surgically repaired. The hernia required a six-month recovery period that further frustrated the couple’s attempts at penile-vaginal intercourse.

The couple explained that several issues impacted the marital sexual relationship. Craig, frustrated with the marital relationship, had participated in two extramarital affairs. This was difficult for the partners to talk about and, as the story unfolded, Craig and Lisa

looked to each other to make sure the other partner was following and confirming the story. Each affair was short lived and did not include penile-vaginal intercourse. The last affair cost Craig his position with the ministry organization. After the second affair, Lisa chose to remain with the ministry without Craig for six months. This temporary separation provided each partner time to choose priorities and confirm a level of commitment to the marriage.

Craig said that the time of separation from Lisa added to his frustration with the marriage and the ministry. It was more “frustration” that he could not talk about after the honeymoon. He said that he “went to friends for help. But instead of helping, the friends [in leadership of the ministry organization] assisted in helping Lisa find placement with a ministry group that did not have a place for me.” Craig felt isolated and without resource during the separation.

Lisa said that the time of separation solidified her framework of celibacy. “No one touches me; I don’t touch anyone. And I can live without it, because I already have.” Lisa continued, “We were married for almost ten years before he had the [indistinguishable words]. It just got to him. I think it was eight years before I told anyone that I was still a virgin.”

Craig and Lisa’s story is that of a specifically Christian couple that had not yet found sexual fulfillment in marriage. Both partners have had extensive medical evaluations and been given a clean bill of health, as well as had been given medical permission to participate in penile-vaginal intercourse. Both partners mentioned the

difficulty of keeping their secret of marital celibacy. There was not a safe place to discuss the sexual issues that had such great significance in their relationship.

Prior to marriage, Craig and Lisa had expectations about intercourse. Lisa said she thought that a Friday or Saturday night, about once a week, would provide penile-vaginal intercourse. Maybe more often when we were newlyweds, and maybe not so often, you know. When it was cold, then maybe we would, and when it was hot, then we probably wouldn't. [Laughter] I think I was thinking that normal was about once a week.

Craig said that his "sex education came from the Playboy Magazine that was lying around the house when I was a kid." He also revealed that his parents didn't talk about sex. He remembered aloud,

"Their divorce started pretty much the day my little sister was born. I never saw them be affectionate with each other. And my Dad has moved on and my mom still, uh, goes after my dad. There is a lot of hatred there."

Craig continued, saying that he

thought I would see my wife and get turned on, and then get an erection and would be ready to go at any time. When we were dating and I saw her in her bathing suit, I was ready to go right then. One of the times we fondled each other before we were married, I had an extremely hard erection. I would

have been ready to go then and there, but it wasn't the right thing to do. But several times she has turned me on and I would get an erection, but I wouldn't be able to do anything about it.

Craig and Lisa confirmed a desire for penile-vaginal intercourse with each other, but, to the date of the interview, had been unable to fulfill that desire.

Craig and Lisa told the researcher about signs and symbols that they have used to indicate a desire for penile-vaginal intercourse. Lisa said, "We used to have, um, a little short silky nightgown that I would wear, and candles, lighted candles." She looked to Craig and said, "You use to take me out for pie." He agreed. "Yeah, pie was normally a time or something just to be romantic, just to sit and talk. And I would make the rule that we could not talk about work or talk about much of anything but us." Lisa concluded, saying, "And when we got back from pie, we would try something." The couple said that over time, they have used manual stimulation, and Lisa still lights candles and hopes for a "special time."

Craig admitted that it was easier for him to "fantasize about Lisa and masturbate than to initiate intercourse." He said that after masturbating, he hates himself for doing it. He has also accepted responsibility because he stepped outside the marriage, but added, "I have never had sex with anyone else." Craig's voice faded as he remembered feeling inadequate because he was not able to perform during the honeymoon. He added that throughout the months and years of working with Lisa, "I had a lot to prove." Craig acknowledged the difficulty and tension that existed for both partners in the workplace

and in the home. Lisa said that she understands his perception of her “drive to succeed,” but she also needs his support to maintain her level of success.

Craig and Lisa said they don’t talk about their sex life. Craig said,

We don’t bring it up. We talk about how we are feeling. I ask how her day was and I try to find out how it went; but a lot of time, she is on the phone. But we don’t talk about sex.

Lisa confirmed, “We don’t talk about it.” Craig and Lisa said they don’t really have the vocabulary to talk about their sex life. Lisa said she could be “clinically crude and express myself, but would be uncomfortable initiating this conversation.” Craig mentioned that he would like to talk about sex, but would also feel uncomfortable. He also said that the conversations and arguing he heard from his parents have limited his understanding of communication between partners.

Commitment to the marriage is manifested by the continued presence of each partner in the house. In an attempt to decide how to handle reconciliation after Craig’s second affair, the couple lived separately for a period of months, Craig said that he

tries to demonstrate commitment to the marriage by doing everything that she needs me to do, like take the trash out, help with the dishes, load and unload the dishwasher. I try to keep the cats taken care of; I try to do laundry; and I do little things to help her get out the door.

Lisa interrupted, saying, “The important thing is that when things are . . . when our relationship has been most questionable, most rocky, I have expressed commitment

by promising to work things out, that divorce is not an option.” Both partners said that a hand on the shoulder or a back rub or scratching an itchy spot, demonstrates affection and commitment to the marriage. The couple laughed and Lisa continued, “You know it’s not complicated, it might take no more than twenty seconds.”

Craig and Lisa realized that their pattern of penile-vaginal intercourse was one of avoidance. Lisa said, “Consciously or unconsciously, each partner chooses to be busy with things to do or things around the house that keep each partner near exhaustion in order to avoid any kind of [pause] a desire that will be unmet.” She said, “It is easier to run the vacuum, do the email, play Bejeweled, and read until I can change the pattern of our avoidant lifestyle.” Craig joined the sequence and said he has an activity or game to play on Saturday night and he is on the computer doing email. Craig and Lisa reported that they choose to fill their schedules with events that protect each from further hurt and embarrassment.

Self-gratification or masturbation met some of the partners’ needs for sexual fulfillment. Lisa reported that she performs acts of self-gratification after reading romance novels. Craig claimed that he performs acts of self-gratification in the shower when he thinks about Lisa. According to Craig and Lisa, these events do not occur often and the couple has been told by Christian women that it is wrong to read romance novels and masturbate. Craig said that he notices when Lisa masturbates, but he does not mention participating with her. He also said that he does not fantasize about other partners while he masturbates in the shower.



Craig and Lisa admitted that low-sex behavior has impacted their relationship. It has made a difference in their employment, affected friendships, and highlighted the fact that they do not have children. Perhaps most difficult aspect of their low-sex behavior has been living with a secret that can be shared with few persons. In the individual interview, each partner offered information about previous marital counseling experiences. Craig revealed that in later years, after his parent's divorce, his mother had questioned his father's sexuality. Lisa noted that Craig's mother and sister were aware of the sexual issues in their marriage. Both partners mentioned that it was difficult to share their story with the researcher. The couple remains married and hopeful for a sexual solution through continued counseling.

#### *Tod and Kristi*

Tod and Kristi are early in their marriage. The researcher met with the couple in their North Texas home to document their version of the low-sex marriage. Their story began with their college romance: Tod was the older, more experienced, popular guy on campus, and Kristi was the pretty, athletic girl who developed a crush on Tod. Tod was the first boy that Kristi kissed. The mention of the couple's first kiss sent both partners back to a pleasant and memorable time.

The interview began with soft laughter from the couple and a gesture indicating that either of the partners might answer the first question. Tod spoke first, purposefully, as if there were details that needed to be addressed. First, he said that he and Kristi have strong ties to a mainline church denomination. Both partners have theologians, professors, and pastors in the immediate family. Tod's family did not mention anything

to him about sex except “don’t have sex before marriage.” Tod stated that he “would have done well, with a little more direction.” Tod believed that he would have made different decisions about his sexual behavior if he had been given more information from his parents about sex.

Tod described the story of his adolescence as a “scrawny teenager with acne or whatever.” He reported, “I wasn’t tempted to have sex in high school, but college was different. During college, my faith became more passive, and I had a few friends that began drinking.” Tod found comfort in drinking and relationships with a few college girlfriends that led to sexual relationships. He reported that he regrets these experiences.

Tod divulged that he was not prepared for the complexity of his first sexual relationships. He enjoyed the company of women and found himself having sexual relationships in an attempt to find some kind of solace. These prior relationships were troubling for Tod. He admitted, “Things that I said and did in those relationships have to be ignored because there is a whole vocabulary that you, [pause] has to be, it is like learning a totally new language, you can’t . . .” He was interrupted by Kristi, who explained that Tod wants to satisfy her sexually, and that he feels that his prior relationships hinder their current relationship.

Soon after Tod and Kristi became a couple, Tod was diagnosed with a brain tumor. Kristi noted that this diagnosis brought the couple closer together. Tod lost all short- and long-term memory and reported a miraculous recovery. During his recovery time, the couple was very close and physical with each other, almost to the point of sexual intercourse. This was a time where the couple wanted to be together, but placed

boundaries about areas of the body that could not be stimulated. Tod reported that he thought Kristi was so beautiful that he was easily stimulated. Kristi reported that Tod prohibited her from touching him in certain places. Kristi said, “I would want him to lay down with me and then he couldn’t. And then he would feel guilty. And then, ugh.” Tod said that he struggled to “get my mind away from these thoughts about sexual behaviors. I was always asking myself, is this okay?”

Following Tod’s recovery from the brain tumor, Kristi faced a bout with depression, which was not clinically diagnosed. She attributed the depression to work-related stress. Her depression limited her sexual feelings, and Tod felt relieved because it made it easier “not to be tempted.” The couple married during the period of Kristi’s depression. She remembered “crying, being upset about little things, and punching on my wedding day.” She also remembered being happy to be married and the high expectations that she had about marital sex. She had heard “how great it [sex] was and, you know, everyone talked, and everything is about sex, and it is the most amazing thing in the world and I was, I guess, disappointed?” Tod interjected, “You were more than disappointed.” She added, “Devastated?” Tod agreed.

On the honeymoon night, the couple thought “we have to have sex tonight.” Both Tod and Kristi were tired after the wedding and both admit having no desire to try to have sex on the first night, but they were committed to the process. Kristi said that they “tried” with her “dry as a bone” for a few times. Both partners admitted that it was “not fun,” and Tod said that Kristi was very upset and crying. The couple described the honeymoon situation as ridiculous. They had sex, but did not enjoy the time together.

It was also difficult for the couple to talk about the low-sex situation. Both partners expected that marriage would lead to a high frequency of penile-vaginal intercourse and a high level of intimacy. Tod specifically expressed the thought that “talking about sex or thoughts about sex meant sin.” He said, “How can you talk about it, I mean safely?” He further admitted that he didn’t allow Kristi to talk about the situation. During the first year of their marriage, the young couple faced many hurdles including relocation, deaths of parents, death of grandparents, and new jobs. Tod said, “The first year was hard.”

In the two years prior to the interview, the couple had tried a “few things” to increase sexual activity. Kristi tried a vibrator, lingerie, and different techniques. She admitted that she still did not initiate sexual encounters. She admitted, “I am fairly unsatisfied with the sexual experience.” Tod added, “If she is not enjoying it, then I don’t enjoy it. It is hard sometimes, because I see intimacy as being important and significant.”

Interrupting, Kristi said, “Tod doesn’t have a very high sex drive. He doesn’t even think about it. We don’t have it, ever.” Tod interjected, “I think my body has responded to limited sexual contact and, as a result, decreased its need for sex.” The couple reported that they had penile-vaginal intercourse six to eight times in the last year. The couple had trouble remembering the last time they experienced penile-vaginal intercourse.

At the time of the interview the couple was in excellent physical condition. No symptoms of their previous medical issues or depression were mentioned or described for the researcher. Kristi described limited lubrication, difficulty achieving orgasm, and possibility of undergoing hormone testing. She said Tod gets and “A” for effort in

attempting to help her achieve orgasm. According to Kristi, the couple will “make-out, and there is some point where I become frustrated or, specifically during penile-vaginal intercourse, when I feel distant from the event. This makes me feel frustrated with myself and bad for my husband.”

Tod said that Kristi misses his hints at invitations for intercourse. He will say, “You are looking good today, babe.” In the interview, this affirmation allowed Kristi to ask if it was an invitation to sex from Tod. He answered in a funny voice, to which Kristi admitted, “He often goes to humor or a funny voice to escape, to keep from being hurt. He has been turned down so many times by me, and this is his kind of joking.”

Kristi remembered that she telephoned Tod at work a few days earlier. When he got home, she brought in candles. He didn’t notice at the time, but this was a signal that Kristi was in the mood. In the interview, Tod asked why she didn’t tell him. As a result, the couple disclosed that they really do not have any cues that lead to intercourse. They said they don’t have sex enough to have cues.

Sitting with the couple, it was easy to notice they were committed to each other. Tod said several times that, in the heat of an argument, he is never going to divorce Kristi. The couple attributed the low-sex pattern to the level of depression that Kristi was experiencing during the wedding and honeymoon. Responding to this point, Kristi commented that Tod is very conservative. There are differences in what each partner is willing to discard or willing to bring to sexual encounters. In the past, Kristi initiated sex games and brought a vibrator into the bedroom. Tod did not immediately embrace these introductions to the bedroom. He talked to his pastor about what “fits” in the marital

relationship, attempting to respond to Kristi in a manner that benefits the couple's relationship.

The couple said they try to keep talk about sex "light." Tod said that he realized that "you are not going to convince anybody against their will," meaning that if she doesn't want to have intercourse, he will not be the one to persuade her. Kristi thought that the couple was honest with each other when they did talk about sex. She said she "won't fake an orgasm to make him happy. If I did, they would have sex all the time." Tod wanted Kristi to have her hormonal levels checked, believing that this procedure might enhance her sexual experience. He wanted to quit talking about not enjoying sex and begin doing something about it. Both of the partners admitted that the conversation can bring on tension.

The couple demonstrated commitment to the marriage by sharing a plan for the future that included continued education, new jobs, and relocation. Kristi said that she is occasionally unkind to Tod, and he responded, "You are the only woman for me, even if we never have sex again." Tod thought and prayed that eventually the couple would overcome this "obstruction" by working through the hard times. Tod complimented Kristi for her discipline and her ability to work, go to school, and maintain the house. He said she shows love "through acts of service."

Tod and Kristi told the researcher that they believe that the low-sex lifestyle fits their relationships at this time because Kristi is in school. Then, Tod questioned Kristi, "Do you think this works?" Tod disliked the different schedules that keep one partner at work while the other is at home. He didn't think that schedule was an acceptable solution.

The lifestyle works because we choose to make it fit. Both partners admitted that they were not satisfied with the current level of sexuality in their relationship.

Tod said the couple enjoys physical touch and kissing as a way of meeting needs for intimacy. The couple has masturbated in each other's presence. According to Tod, if the other partner is not there, then thoughts might move away from your partner and be inappropriate. Tod bought a Christian sex book and read about owning your own sexual experience. Kristi thought both partners were unsatisfied with their sexual situation and "that there is a lot that can be done for both of us." The interview ended with Kristi saying, "We have a very fulfilling or intimate relationship without sex, and some people may be shocked to hear that healthy young people don't have sex."

#### *Joe and Melanie*

Joe and Melanie have been married for over ten years. At the time of the interview, Joe was in the transportation industry and Melanie had an office job. The interview was conducted in the home of the participant couple. This was the second marriage for Joe and the first marriage for Melanie. Joe appeared more eager than Melanie to participate in the interview process. He closed doors and windows for privacy, sat down in a big chair, and asked for the interview to begin. Melanie joined the group and sat on the sofa.

Joe began the story by saying that he is Melanie's only sexual partner; when the couple met, Melanie was a virgin. Joe described himself as having a high sex drive and described Melanie as "not having much imagination." He also reported being very experimental. After a pause, he continued,

I do lots of things to fill my imagination. I am a cross dresser.

I go out once a week as a woman. Someday, I would like to be made love to as a woman. Uh, my partner doesn't care for it and that's also some of the problem. I would like to have sex a hell of a lot more than she would. Half our problem is timing and that kind of thing.

During this disclosure Melanie sits quietly on the sofa.

Joe explained that he worked from 2:30 AM until noon. Melanie worked from 3:00 PM to 11:00PM, sometimes until 2:00 AM. "When she gets home from work and gets ready for bed, I have one and a half hours before I have to get up and go to work." Melanie contributed that she is older than Joe and beginning to go through menopause. She believed these facts have something to do with her low sex drive. This disclosure trailed off into indistinguishable words.

The couple reported that they have been sexual partners for seventeen years. During the last calendar year, they report a ten occasions of penile-vaginal intercourse, to which Melanie commented, "We're trying." Prior to the interview, the couple began attending counseling, attempting to address the low-sex issue.

Sex worked best in their marriage when the couple was first married. Joe said this was because Melanie wanted to please him and that she wasn't tired from long work hours. The relationship changed after six months of marriage. Melanie's words were inaudible as she dropped her head and disclosed a personal event that left her less



interested in intercourse. The researcher believed that the comment referenced a miscarriage, but was asked to move on before she could clarify what was said.

Melanie chuckled after saying that she did not have expectations of marital sexual frequency because she didn't know anything. She said she never talked to anybody about frequency either. Joe interrupted, saying, "Melanie was very sheltered and didn't have friends that talked about that kind of stuff." Melanie said that she expected to live "happily ever after [laughter]. I was naïve and didn't know anything." Joe said that he thought the couple would have sex at least twice a week when he got married. He admitted that he was "gonna bitch, complain, stomp my feet, and act like a little kid until I got what I wanted. Further into marriage, I was hoping at least once a week. I still wanted to be intimate."

The couple explained that they schedule intercourse. The couple had to schedule penile-vaginal intercourse, which was difficult because their schedules were, according to Joe, "all screwed up." At this point in the interview, Joe confronted Melanie, asking, "Sometimes, are you just not interested?" Melanie acknowledges with a nod. Joe added that for five years, the couple traveled together for his job and that during this time, they were together twenty-four hours a day for seven days a week. Time together did not increase the frequency of penile-vaginal intercourse.

When the researcher asked for signals that the couple uses to initiate penile-vaginal intercourse, Joe immediately joked, "I say come hither." He continued, "Nibbling, cuddling, playing grab ass, holding each other, watching a video, erotica or something, or maybe a straight forward 'let's fool around'" will lead to intercourse.

This pattern of low-sex behavior is attributed to the different work schedules of the couple. The loss experienced by Melanie also changed the pattern of intercourse for the couple. Neither of the participants mentioned that the cross dressing might impact the rate of penile-vaginal intercourse. Joe and Melanie said that talking about the frequency of intercourse or sex leads the couple to an argument. These arguments were why they began going to counseling. Once they began counseling, they chose to talk about difficult issues in the presence of their counselor, which helped improve communication and limit the anger.

Melanie described her commitment to the marriage “by my not having affairs and by sticking it out and staying married and trying to make it better.” Joe said, “I need the feeling of commitment. The feeling of bringing home a good pay check and trying to be supportive.” This comment caused the couple to erupt into laughter. The couple’s pattern of sexual activity was not satisfying for Joe. He said, “it makes me feel stressed, argumentative, and very on edge. It also makes me blow up more easily.” Melanie reads romance novels and writes as a form of self-gratification. She said she doesn’t do anything else. Melanie needed Joe’s help to verbalize the behaviors that meet some of her sexual needs. She did not readily identify forms of self-gratification.

Joe grinned and waited his turn to explain his methods of self-gratification. He first said that he gets a thrill out of driving his truck, even after driving it for ten years. He said he is thrilled by bowling when he is on a “hot streak,” remarking that it is almost better than an orgasm. He added that cross dressing allows him to express his feminine side.

Joe said that pornography does not stimulate him much, but he looks at it every once in a while. Instead, he said he masturbates and uses fantasy and phone sex for gratification. He also said that he masturbates when he is dressed as a woman because there are times “I want to be a woman to understand what it feels like as a woman.” He admitted that his revelations make Melanie very uncomfortable and “drive a wedge between us.”

Melanie countered, “Sex is not all that important,” and, “I have to constantly say, ‘Okay, I have to work it in.’ [Laughter] You know, and it is a good thing.” Sensual touching, fondling, caressing, and kissing are ways that Joe and Melanie said they stay connected and fill a need that is not met with penile-vaginal intercourse. Both partners said they want to make the relationship better and planned to continue marital counseling.

#### *Ed and Nicole*

Ed and Nicole have been married for less than ten years and are the parents of a ten-month-old child. This was the first marriage for both partners. During the last six years, the couple reported a frequency of penile-vaginal intercourse at “every five to seven weeks or so.” Ed and Nicole appeared open and willing to discuss the interview questions. At the time of the interview, Ed was a coach in public school and Nicole had an office job. His work schedule varied, but during the coaching season, he worked more than sixty hours per week. Nicole worked outside the home about twenty hours per week, in addition to childcare, cooking, and household work.

Nicole began the interview by telling the story of the couple’s relationship. This story was similar to those revealed by other female participants. Nicole disclosed,

Um, we didn't have sex until we were married, and after we did it the first time, I didn't really like it. I didn't see what the big deal was and, um, pretty much, I continued to do it anyway. We never did it a lot. We've done it and I do it because it is what we are supposed to do. I've taken medicine to make me want to do it, and I just don't have any desire whatsoever for anything. Not even with anybody else. I just don't have any feelings or anything like that, any desire sexually. [Laughter from the couple interrupts] It has been pretty consistent, the sexual part. It has not been much the whole time.

Ed interjected, "Obviously, I prefer it [penile-vaginal intercourse] more often. I enjoy it when it occurs, but the frequency [pause], it would be a lot better if it was more frequent. It's been kinda the same for six years."

Ed and Nicole explained that they waited for marriage to have intercourse. When they married, Nicole thought,

I would want to do it all the time. Cuz, before we got married I wanted to. I had all the feelings of wanting to and everything, and then after I did it and didn't feel anything, I thought well, [laughing] it really wasn't a big deal.

She continued, saying she “got myself all pumped up and thought that it [penile-vaginal intercourse] was going to be really awesome and feel really good, and it just didn’t.” Nicole did not blame Ed.

It didn’t have anything to do with him. It just didn’t feel good to me. I am not shy. I tried everything and every idea, way, you can think of and I don’t know. It just didn’t work for me.

As she made this statement, she seemed resigned to the idea that penile-vaginal intercourse would not be the pleasurable physical experience she expected in marriage.

Before marriage, Ed thought that he and Nicole would have intercourse all the time, or at least be a lot more frequent. Ed said,

Growing up, I pretty much thought it would be a free for all. [Laughter between the couple] I didn’t think it would be that way forever because life would get in the way and we wouldn’t do it all the time, but that time came a lot sooner than I thought.

Nicole admitted one of the possible implications of her feelings about penile-vaginal intercourse, saying she “thinks because I don’t feel anything that it makes Ed feel not wanted.” Ed responded, “Things are good with things that don’t have to do with sex. When we are not arguing, things are going well with us. Then, having sex is more pleasurable.” He commented that it is sad that Nicole doesn’t enjoy sex, and that there is nothing he can do about it.” He continued, saying, “I don’t think it really hurt my feelings, but it would be nice to be wanted in that way.”

The couple reported that signals and messages for intercourse are blunt. For example, Nicole might say, "Do you want to do it? Okay, let's go do it." She said there is no romance and that she wishes there was a "little more loving." Ed countered, saying, "I've told her, I try to say romantic things. I don't always expect to have sex."

The couple said that the conversation prior to intercourse leads the couple into a pattern that sometimes involves harsh words. Prior to intercourse, Ed attempts to be nice without expecting an invitation to intercourse. Nicole believes he is only being nice because he would like to have intercourse. She mentioned something negative about the sexual expectation. Ed said he feels rejected because things don't work out and that he feels Nicole doesn't want him.

The initial kind words often dissolve into harsh exchange. Ed said that he feels that if he is invited to intercourse by Nicole, that it is safe to proceed with his expectation for penile-vaginal intercourse. Nicole said that Ed rarely asks for intercourse because he doesn't want to be rejected. On rare occasions, Ed and Nicole will light candles and she will wear lingerie, but first there is always the question, "Do you want to do it?"

Ed and Nicole's pattern of sexual behavior has been the same since the honeymoon. After the first time they had penile-vaginal intercourse on the honeymoon, the couple talked about the experience. Ed said, "She told me from the beginning she didn't like it. I don't guess there was something that led us to this pattern, except the actual occasion of the event itself." The couple reported talking about intercourse like it is "normal conversation."

Nicole said that Ed knows that she

does it to make him happy and I would be willing to do it more. It just seems that it has been this way for so long. He doesn't like the idea of me doing it just for him, which I totally understand.

Ed said that he wants Nicole to "get something out of it too; but on the other hand, at least I am glad that she does that or it could be nothing."

Ed and Nicole said that talk about sex sometimes leads to arguments because each of them is intent on getting across his or her point. Conflict arises because Ed wants to talk to a point of resolution and Nicole doesn't want to talk about the problem for prolonged periods. Ed said that he keeps talking in hope of finding a way to fix the problem and "something will click and work."

Ed and Nicole both reported general medical well being. Nicole reported a diagnosis of fibromyalgia and has been to medical doctors to address any medical conditions that might prevent her from enjoying penile-vaginal intercourse. The doctors did not diagnose any conditions that would preclude her from sexual activity.

Ed expressed commitment to the marriage by "taking care of responsibilities and helping out." He acknowledged this has changed since the birth of their baby and Nicole's diagnosis of fibromyalgia. Both partners "try to help each other out." This was evidenced by the fact that both partners work together to care for the child during the interview. Nicole cooks dinner each evening and makes a lunch for Ed to take to work on the next day. He said people at work notice that he has good food to eat and wish they

had the same. Nicole said that she “tries to do things like she is supposed to do. I do the typical wife things like leave love notes.” There seemed to be an agreement between the partners and each was able to trust the other partner for daily or routine help.

The low-sex pattern of intercourse seemed to fit Ed’s long work hours. He was not “happy with the pattern and there is definitely room for more,” but with the baby, Nicole is ready to go to bed earlier than Ed. Nicole said she is happy with the pattern, but said to Ed, “we can do it more.” Ed admitted, “unless I am sick and throwing up, I am going to be on board for doing it.” Laughing, Nicole said, “I clean the house, but it is not fulfilling my sexual feelings because I don’t feel anything.” Ed said that he has looked at some Internet pornography and masturbated. He continued, “I don’t think it was right, and I obviously hope to keep that from happening. You know, it [Internet pornography] is there and how to access it. My moral obligation is more important than my physical demands. It wasn’t always, but it has been for quite a while now.” Nicole added that it was easier for Ed to give it up because the pornography websites gave their computer a virus.

Ed continued,

It is like a lot of things that are wrong. You usually do them until something happens and you get caught, or come to a conclusion that you want to do what God wants you to do. You go from being wrong and still doing it, or it being wrong and being strong enough to stop doing it.



Ed believed “pornography had a negative impact on me because I tried it and was still not getting what I want, which is that type of feeling stuff with her. Pornography temporarily filled the need, but in the long term doesn’t work.”

Ed and Nicole said they enjoy kissing and cuddling or holding each other, although “it doesn’t happen much,” according to Ed. The couple said physical touch happens for brief times each day, but they don’t kiss for extended periods of time very often. Oral sex doesn’t occur. Nicole said that kissing and cuddling are important for her, though not sexually important. Ed and Nicole admitted to wondering where cuddling and kissing will lead when it occurs. Nicole expressed that it makes her feel more like “doing something” if there is not pressure to have intercourse or if she feels she has a choice about having intercourse.

Further, the couple said that the tension in kissing can lead the couple into a discussion about readiness for intercourse that only occasionally has a satisfactory ending for either partner. Across time, both partners have worked out a system of Ed waiting for Nicole to initiate readiness for intercourse with a verbal invitation. The couple said that the system is working, and both partners discuss what is, and is not, working in the relationship. The interview ended with Ed saying, “We take care of each other the best we can. Sometimes we are better at it than others.”

### *Mark and Liz*

Mark and Liz met the researcher in a vacant minister’s office in their local church. They appeared ready to talk as they took their seats for the interview. Liz began by telling the researcher that the couple met in high school when Liz was asked to drive Mark to

driver's education. The couple met in the context of a Christian relationship and waited to have penile-vaginal intercourse until they were married. The couple had been married for four and a half years and dated each other for five years before they married. This was the first marriage for each partner. Liz reported a "sporadic" frequency of penile-vaginal intercourse. Liz added that the frequency meant that they have intercourse "in low times, skipping a month; and then in high frequency months we will have penile-vaginal intercourse once a month."

The couple spoke about their honeymoon and the first year of their marriage. This led to Liz disclosing that the first year of marriage was "just hard," a time when both partners were really busy and did not see each other. On their honeymoon, Liz remembered crying and wondering

if it was going to be like this forever? I mean, oh my gosh! You mean this is it? Teenagers have sex and we can't even! That was frustrating. You know, and it wasn't that we didn't feel we had a bond.

Liz and Mark revealed that intercourse was painful for Liz on the honeymoon. Mark recalled that before they were married, the couple was very flirtatious. "We never went all the way, but did everything but, you know?" When the couple married, it was totally different. Mark continued talking about intercourse: "We could go all the way, and a lot of the flirting stopped. And, intercourse hurt her. So it just kind of, not a brick wall, but a speed bump, I guess kept us from going on."

Before they married, the couple thought they would have intercourse at least once a week and that there would be no problems. Mark and Liz laughed during these disclosures; not with tension, but with recognition of the subjects and memories. They mentioned vacations as the best scenarios for penile-vaginal intercourse due to less stress and more time.

Mark and Liz cited blurred signals and messages for intercourse. Liz said she starts kissing and mentions that she would like signals for penile-vaginal intercourse “to start outside the bedroom.” Liz continues, saying that Mark thinks signals for intercourse begin in the bed and that feeling is a problem in the couple’s communication. She said she tries to give signals in the living room, but he is often “zoned out” by Mark who is often playing a video game when her signal is offered.

Responding to this disclosure, Mark discussed “moods” and the fact that sometimes he “doesn’t feel like it” or she “will have a headache.” The couple recognized signals such as Liz’s sitting on Mark’s lap and kissing him. Mark admitted how he loves to spend time cuddling with Liz and to admit that he has been working on initiating his desire for intercourse outside the bedroom.

During their first year of marriage, Mark brought flowers and would fix a bath for Liz. After the first year of marriage, the couple moved into her parent’s house to save money. Liz believes that this move hindered Mark’s expressions of affection for her. Mark grew up in a home with fewer demonstrations of affection and he was more intimidated to show affection in the living room of her parent’s home. During the second year of marriage, Mark opened his own business and Liz began graduate school. The

couple explained that they had little time to spend together because of the differing schedules and responsibilities of each partner. Each partner was tired when he or she got home, and when one partner would initiate penile-vaginal intercourse, there was a probability of rejection because the other partner was so tired.

Mark and Liz reported talking about sex “right after we try and do not succeed, or when we have been rejected.” Liz continued, saying that after the bad experience, the couple will lie in bed asking, “Why didn’t this work?” Other than these discussions, the couple said, there is not a lot of talk about sex. Mark and Liz do tell each other when the sexual experience was good. The couple said they demonstrate commitment to each other and the marriage by spending time together laughing, crying, and praying. Mark and Liz said they have fun together. The couple places emphasis on sharing friends and spending time together. Liz said,

Mark treats me well and has never given me a reason not to believe him. He has always been there for me. If I have a really hard day then we will talk. He will sit down and listen to me, cry, and pray with me. If I don’t feel good, he will rub my back. He is always there for me.

Mark said,

Liz is very loving. When I am not feeling well, she is there for me. She cooks and talks to me and comforts me. I know she will be there if I need her and she will do anything I ask her.

The young couple had spent a great deal of time with each partner's family. At the time of the interview, Mark shared a business office with his father. The office was located in his parent's home. Mark and Liz's home is located five minutes from Liz's parent's home. This is mentioned because the busy couple believed that some time that could be spent relaxing together was spent in conversation with family or helping their parents. Mark and Liz cite limited time together and differing schedules as significant factors in their low-sex story.

Mark and Liz did not disclose forms of self-gratification. They noted that time is so scarce that there is not time for self-gratification or thinking about ways to find intimacy. Admitting masturbation or use of pornography would probably not fit the setting or style of life portrayed by Mark and Liz. The couple did say that spending time together is important to them and that physical touch occurs through tickling, wrestling, cuddling, and sometimes showering together.

Mark and Liz reported general medical well being and no medical reasons that intercourse should be limited. Liz said, "It took a while for us to learn how to respond to the other partner and to get used to intercourse." Each partner believed there was hope for greater sexual satisfaction in the future, when the couple has more time together.

#### Dyadic Adjustment Scale

Results of the Dyadic Adjustment Scale (DAS) are represented in Table 8. The DAS was administered to participants in an attempt to collect an objective measure of the subscales presented in the DAS in relationship to the study of low-sex marriages.

Table 8

*Dyadic Adjustment Scale (a=female, b=male)*

Participant Number	Dyadic Consensus	Dyadic Satisfaction	Affectional Expression	Dyadic Cohesion	Dyadic Adjustment
001a	48	32	7	12	99
001b	60	34	3	12	109
002a	45	41	6	14	106
002b	41	37	5	17	100
003a	46	33	7	9	95
003b	46	35	6	19	106
004a	58	38	12	20	128
004b	60	47	11	23	141
005a	43	43	8	15	109
005b	48	46	10	17	121
006a	44	22	1	7	74
006b	41	38	3	12	94
007a	47	38	8	15	108
007b	41	27	6	11	85
008a	36	29	4	7	76
008b	28	27	7	9	71
009a	44	29	2	14	89

009b	39	33	6	15	93
010a	45	38	5	21	109
010b	42	40	8	15	105
Mean	45.1	35.35	6.25	14.2	100.9

Summary scores and standard deviations for the Dyadic Adjustment Scale were reported by Spanier in 1976. Participant's DAS scores and the mean scores for participants may be compared to norms that were established for a clinical and non-clinical population by Spanier across four DAS subscales (1976). The subscales in the DAS measure dyadic satisfaction, dyadic cohesion, dyadic consensus and affectional expression. The affectional expression subscale measures areas linked to the low-sex focus of this study. The non-clinical sample reported by Spanier was a married sample of 218 persons and the clinical sample was the divorced sample comprised of 94 persons. This present study offers scores for 20 participants that combine to form the ten married participant couples. Based on original normative data provide by Spanier (1976) a total DAS score below 100 may be indicative of relationship distress. Scores for some participant couples fall in the range that may be indicative of relationship distress. Scores for other participant couples indicate happy stable marriages. The participant group norm (100.9) indicates happy stable marriages. The participant group norm for affectional expression is 6.25 which is lower than the reported norm for the married sample from 1976 which was 9.0 with a standard deviation of 2.3.

The following report of norms is from the Spanier (1976) DAS report. The Dyadic Consensus subscale measured a mean of 57.9 with a standard deviation of 8.5 for married or non-clinical participants. A mean of 41.1 with a standard deviation of 11.1 was reported for the clinical or divorced population. The Dyadic Satisfaction subscale had a non-clinical mean of 40.5 and standard deviation of 7.2. The Dyadic Satisfaction subscale for the clinical sample was 22.2 with a standard deviation of 10.3. The Dyadic Cohesion subscale reported a non-clinical norm of 13.4 with a standard deviation of 4.2. The clinical or divorced sample reported a mean of 8.0 and a standard deviation of 4.9. The Affectational Expression norm for the non-clinical or married sample was 9.0 with a standard deviation of 2.3. The Affectational Expression norm for the clinical sample was 5.1 with a standard deviation of 2.8. A Dyadic Adjustment Scale score mean was reported for the non-clinical sample of 114.8 with a standard deviation of 17.8. A Dyadic Adjustment Scale score mean was reported for the clinical sample of 70.7 with a standard deviation of 23.8.

These norms establish a platform from which to view the DAS scores of the participants in this present study. Participant scores fall close to the norm in all areas measured by the DAS with the exception of the Affectational Expression subscale. This may mean low-sex marriages represented in this study have a significant level of marital or dyadic adjustment concurrent with a low-frequency of penile-vaginal intercourse.

### Summary

This chapter discussed qualitative findings pertaining to the study of low-sex marriages. First, a description of the sample, including demographic data about the



sample, was provided. This was followed by the description of data analysis procedures and the presentation of themes that emerged from the phenomenological experiences of the participants. These themes were (a) we don't talk about sex (b) we don't have sexual messages, and (c) we have common purpose. The chapter closed with a brief synopsis of each of the ten participant stories and the results of the Dyadic Adjustment Scale.

## CHAPTER V

### DISCUSSION, CONCLUSIONS, IMPLICATIONS, RECOMMENDATIONS, AND LIMITATIONS

The purpose of this qualitative study was to explore the lived experiences of married couples that participated in penile-vaginal intercourse ten or fewer times in the last calendar year. The researcher was interested in understanding how participants in low-sex marriages made meaning of penile-vaginal intercourse. Additionally, the researcher sought to determine how the present pattern of penile-vaginal intercourse evolved in the life of the married couple.

This chapter will discuss the findings of this study and the participants' stories. To fulfill the purposes of this study, the following three research questions were addressed:

1. What meanings do couples give to sexual relationships in marriage?
2. What does infrequent penile-vaginal intercourse mean to couples in low-sex marriages?
3. How do couples develop patterns of infrequent penile-vaginal intercourse?

The findings of the study are discussed in relation to previous research and to themes that emerged from the analysis of data in this study. Based on the findings, the

researcher provides conclusions and implications for marriage and family therapists and other professionals working with married couples. The researcher concludes the chapter with limitations of the study and recommendations.

## Discussion

### *The Parameters of the Study*

A qualitative phenomenological approach was used to examine the lived experiences of ten married couples. These couples participated in penile-vaginal intercourse with the marriage partner ten or fewer times in the last calendar year. Participants were recruited through physicians, pastors, churches, licensed marriage and family therapist, and licensed professional counselors in the North Texas area. Recruitment flyers advertising the study were also posted in North Texas area spas and churches. Recruitment material indicating the subject of the study was offered to the potential participants with instructions to telephone the researcher if they were interested in participating in the study. The telephone number of the researcher was provided on the recruitment flyer. No remuneration was offered for participation.

Participants were screened by the researcher at the initial telephone contact with the following inclusion criteria. Participants were limited to low-sex heterosexual couples that had not participated in penile-vaginal intercourse with the marriage partner more than ten times during the past year. Participants indicated a general medical well being, had been married for a minimum of two years, and ranged in age from 24 to 65 years.

The Institutional Review Board at Texas Woman's University approved the study and its procedures. Male and female participants signed individual informed consent

forms and demographic data forms and completed the Dyadic Adjustment Scale prior to the interview. To ensure confidentiality, a code number was assigned to each participant couple with notation of “a” for female participant and “b” for male participant. The code was used on the demographic and interview forms as well as the digital audio tape. All forms and digital audio recordings were locked in a file cabinet in the office of the researcher.

The researcher interviewed ten couples who were in low-sex marriages in the North Texas area using ten interview questions. The interviews were scheduled at the location and time most convenient for each participant couple. Interviews were most commonly conducted in the homes of the participants; however, three of the interviews took place in a church or professional office setting. The researcher developed semi-structured interview questions. Through these questions, the study participants were asked to describe their experience of low-sex marriage and how the low-sex frequency fit the lifestyle of the participant couple. The researcher asked probe questions and requested examples of experiences to gain further understanding of the lived experience of the participants.

Using Miles and Hubberman’s (1994) research methods in combination with Nvivo 7 qualitative computerized data analysis, transcriptions were analyzed to identify statements depicting the experiences of the participants. The coding scheme allowed statements to be grouped together into themes. Three themes emerged from the in-depth interviews: a) we don’t talk about sex, b) we have distorted sexual messages, and c) we have common purpose. The conclusions and findings of the present study highlight

important considerations relating to theoretical formulations about the role of penile-vaginal intercourse and sexuality in marriage.

The researcher mingled the symbolic interactionist and phenomenological theoretical approaches to this study. The researcher recognized that couples would have experiences that shaped the meanings that were attached to penile-vaginal intercourse and that these meanings would offer insight into the field of marital sexuality (LaRossa & Reitzes, 1993). Multiple meanings to the experience of penile-vaginal intercourse were anticipated from the participants (Sprenkle & Moon, 1996). These multiple meanings brought depth to data collected during the study. Sexual behavior is symbolic and reflects how people think about themselves, how they relate to others, and how others think and relate to them (Longmore, 1998). The symbolic interactionist approach places focus on the connection between symbols or shared meanings and interactions that are interpreted as verbal or nonverbal action. This offers a “frame of reference for understanding how humans in concert with one another create symbolic worlds and how these worlds in turn shape human behavior” (LaRossa & Reitzes, 1993. p. 136). Social scripting theory also aided the researcher in understanding the low-sex dialog by postulating that humans use a set of guidelines or beliefs in directing behavior and organizing experiences in the same manner that an actor uses a script on the stage. Social scripts are used to delineate and portray the reality of everyday life (Berger & Luckman, 1966). These everyday experiences offer significance to individual events by contributing the language and meaning that is attached during the experience of living in a low-sex marriage.

Phenomenology offered this study a method of attaching or detaching meaning to interpersonal relations more than it offered a view as a theory (Gubrium & Holstein, 1993). The mission of language and meaning in phenomenology is to uncover the principles that allow individuals to categorize experiences into objects and categories of things. The phenomenological lens worked in conjunction with the symbolic interactionist approach to facilitate the exploration of the low-sex marriage. The limited amount of research in marital sexuality impacts understanding in what manner the frequency of penile-vaginal intercourse may be significant to marital happiness and the stability of a marriage.

In this section, results from the study are synthesized with previously reviewed literature regarding married sexuality in an attempt to address the phenomenon of low-sex marriage. The academic study of sexuality has not placed focus on understanding the integration of sexuality into the normal flow of married life. The lived experiences of the participants in the low-sex marriages reveal patterns and themes that launch the understanding of the role of penile-vaginal intercourse in low-sex marriages.

#### *Theme One: We Don't Talk About Sex*

The researcher organized data responses through color coding measures and found 90% of the participants indicated they did not talk about sex with the marriage partner. Sex was understood in this context to include, but not be limited to penile-vaginal intercourse. Further, the immediate participant response to an inquiry about sexual communication and talking to the marital partner about sex or penile-vaginal intercourse was noted as "we don't talk about it."

The majority of participants in this study reported not talking to the marriage partner about penile-vaginal intercourse or other forms of sex while maintaining a desire to have this conversation. The only participant couple that reported talking to each other about penile-vaginal intercourse mentioned a desire to raise their children in an atmosphere where sexuality was discussed. Interestingly, the same participant couple reported the male partner taking Viagra and neglecting to tell his wife about his ingestion of the pill because he would like penile-vaginal intercourse to happen spontaneously. The same male partner regretted that he had never addressed the issue of his premature ejaculation with his partner. He did not tell the researcher if he ever asked for her help. Fear of rejection from the marital partner keeps participants from initiating intimacy. The limited parameters of sexual communication and refusal to talk about sex existed within the story of all participant couples.

Theoretical perspective allowed the researcher to anticipate that conversations about sex or penile-vaginal intercourse with the marriage partner would be difficult for the participants (LaRossa & Reitzes, 1993). In the study, participants reported that conversations about sex led to feelings of anger, rejection, anxiety, and frustration. Participants reported reluctance to engage in conversations with the partner that led to arguments and memories of previously unfulfilling or hurtful sexual experiences.

According to Participant 005a, Couple 005 illustrates this phenomenon: “He continues to play video games when I start kissing or cuddling with him and want him to pay attention to me. He has done this over and over.”

Much of the anger, rejection, anxiety, and frustration about frequency of intercourse was aimed at self and not at the marriage partner. Individual participants accepted responsibility and guilt for limiting the frequency of penile-vaginal intercourse. Participant 010a responded saying that the frequency of intercourse is “all my fault” because she does not enjoy intercourse. Guilt occurs for partners that desire a greater frequency of intercourse and partners that desire a low-frequency of intercourse. Conflict occurs when the desired pattern of frequency for penile-vaginal intercourse does not match the marriage partner’s desired pattern of frequency for penile-vaginal intercourse.

By mumbling or lowering their voices to an indiscernible volume, participants offered verbal and nonverbal confirmation that confronting the low frequency of intercourse was difficult. Nonverbal gestures included glances in the direction of the other partner to confirm his or her understanding of the most recent disclosure about the couple’s low-sex frequency. Participants attempted to choose words that reflected the sexual dialogue in the least inflammatory perspective. Difficulty in talking to the partner about sex led participants to report avoidance of conversations about sex and opportunities where rejection might occur.

There are several contributing factors to the “we don’t talk about sex” phenomenon. Couples revealed that, across the age span of participants and number of years married, conversation around sexual issues involved a) arguing about the frequency of intercourse, b) limited time or opportunity to talk about sex, and c) a belief or expectation that the difficulty associated with penile-vaginal intercourse will someday disappear. Partners who argued about frequency reported that at least one of the partners



desired a greater frequency of intercourse, and that in many instances, both partners desired a greater frequency of penile-vaginal intercourse. Not all participants argued about the frequency of penile-vaginal intercourse. Some of the partners agreed to limit the frequency of penile-vaginal intercourse. In particular, participant couples that had been married for a longer period of time and participants who were older more commonly formed an agreement about the frequency of intercourse. This data coincides with the reported decline in frequency of intercourse after the honeymoon period of marriage and as partners grow older (Greenblat, 1983).

According to participants, the potential for intimacy and penile-vaginal intercourse may also be limited because of time. Ten participant couples reported that they were a dual wage-earner family. Seven participant couples reported that one partner worked outside the home more than sixty hours per week in addition to sharing household and child rearing responsibilities.

Participants also described being “too tired” for sex. One participant couple reported little time together because the female partner worked an early morning shift and the male partner worked the night shift. Participant couples had trouble finding time to connect with each other because they were tired from long work hours, conflicting work schedules, being in graduate school, construction projects (such as building a home), and caring for sick parents.

This list did not include basic child care and household chores that negatively impact the available energy for sexual encounters. Participants faced the challenges of work, family, home, and making a sexual connection with a partner who also has little

free time. Mutual exhaustion may preclude marriage partners from facing the task of talking about sex and sexual intimacy through penile-vaginal intercourse.

It may be difficult for some participant couples to talk about sex because of a limited sexual vocabulary or because of the idea that talking about sex is unnecessary, not natural, or a sin. Participant couples that reported a prior frequency of intercourse greater than ten times in the last calendar year also reported using words to initiate intercourse. Commonly used phrases to initiate penile-vaginal intercourse are “let’s do it” and “let’s make love.”

A portion of the participants in this study mentioned struggling with the appropriateness of talking about sex and with the possibility that talking about sex or self-gratification without the presence of the partner might lead to sin. Participant 010b reported difficulty in determining topics of sexual conversation and sexual behavior that were appropriate between marriage partners. This was difficult because 010b believed sexual talk might lead to sin. In this study, Christian couples noted difficulty locating a resource for help with sexual issues. There are limited sources of sexual information for married partners and participant couples reported difficulty in understanding how sexual communication should work in their marriage. Some of the participants reported turning to Christian parents or pastors for help, but found little resource.

The participant couples reported complex feelings about revealing the details of their sexual disappointment and difficulty in consummating the marriage. The couples expected penile-vaginal intercourse to be an intimate and spiritual experience. Four Christian participant couples in this study had been admonished to wait until they were

married to have intercourse. For these couples, their honeymoon was not only a disappointment, but also the beginning of their low-sex relationship. Pain during intercourse, inability to consummate the marriage, and disappointment at not achieving orgasm left the participant couples with limited expectations and with diminished ability to discuss sex with each other. The inability to talk about sex or about the frequency of penile-vaginal intercourse with the marriage partner is significant because participants reported a desire for communicating with the marriage partner about sexual issues.

There was an expectation among participants that penile-vaginal intercourse would have a natural evolution. A number of the participants had difficulty recognizing the appropriateness of talking about intercourse with the marriage partner. One female participant (003a) indicated she did not want to ask for penile-vaginal intercourse because “it wasn’t natural” to have to ask or to plan for penile-vaginal intercourse. Participants indicated noticing the frequency of penile-vaginal intercourse, but did not recognize a pattern or norm for intimate sexual communication with the marriage partner. Limited conversations about sex or penile-vaginal intercourse between marriage partners leads the researcher to surmise that partners in low-sex marriages have difficulty talking about sex and that penile-vaginal intercourse (Longmore, 1998).

#### *Theme Two: We Have Distorted Sexual Signals and Messages*

Signals and messages for sexual intimacy were distorted or not recognized by the participants in this study. Subtle gestures such as lighting a candle, wearing lingerie, perfume, or bringing home flowers were not recognized by the majority of the participants in this study. The reason for this distortion is unclear. A few of the

participants noted that existing cues or gestures for intimacy had been abandoned. More commonly recognized were signs and symbols that prohibit or limit the potential for sexual intimacy, such as having a headache, children sleeping in the bed with parents, or a mother falling asleep in the bed with her child. Unclear expectations for the frequency of penile-vaginal intercourse distorted the participant couples' ability to interpret positive sexual signs and symbols. The researcher expects that positive signs and symbols for penile-vaginal intercourse exist within the participant marriages, but go unnoticed because they are faint signals and the marriage partners have ceased to interpret the remaining positive signs.

It was impossible for the researcher to understand if boundaries of the potential for penile-vaginal intercourse were conscious or unconscious on the part of the participants. Participant parents 001 allowed a child to sleep in their bed for a period of years to comfort the child and help him or her feel safe as the family changed places of residence. A participant mother (006a) often falls asleep in her child's room as she puts the child to bed and does not return to bed with her spouse. One male participant identified himself as a cross-dresser. Once a week, he dresses as a woman and leaves home to pursue his feminine side or persona with knowledge that his partner dislikes his cross-dressing. The researcher does not know how the pattern of cross-dressing impacts the couple's pattern of penile-vaginal intercourse or how a child sleeping in bed with the parents might protect the partners from rejection.

A female participant (007a) says to her partner, "we can do it if you want to" as an invitation to intercourse. Her partner (007b) is unsure how to respond to the invitation

because he knows she does not like sex. Should he reject her invitation in attempt to please her? Four couples reported a desire for a greater frequency of penile-vaginal intercourse with the marriage partner during the interview, but have difficulty understanding when to initiate intercourse.

Participant couples also related stories of increased negative expectancy in the sexual relationship due to extramarital affairs, weight-loss surgery, the use of pornography, and miscarriages. After an affair or other unpleasant exchange between partners is disclosed, the marriage partners are less likely to risk additional sexual rejection. Participant couples did not realize the validity and necessity of communication that occurs outside the bedroom. For one participant couple, a repetitive conversation about initiating penile-vaginal intercourse occurs before they enter the bedroom. The female participant disclosed she is more inclined to participate in penile-vaginal intercourse if her partner initiates sexual contact by kissing and hugging her before they enter the bedroom.

The first experience of penile-vaginal intercourse establishes a pattern of sexual signs and symbols from which marriage partners make meaning. For the couples that do not consummate their marriage on the honeymoon or that have a disappointing introduction to penile-vaginal intimacy, there is a deficit in positive sexual communication that must be addressed for the clarification of sexual signs and symbols. Participants reported feelings of overwhelming failure and rejection when they consider penile-vaginal intercourse. Without help, it is difficult for participants to envision moving beyond the negative signals and obstacles that curtail penile-vaginal intercourse.

### *Theme Three: We Have Common Purposes*

The majority of participants in this study reported sharing common purposes or objectives with the marriage partner. The common purpose takes many forms and seems to supersede the desire for penile-vaginal intercourse and sexual intimacy within some participant couples. Emotional stories revealed participant couples partnering to discover the appropriate medical diagnosis and treatment for a disease that impacts one of the partners. The experience of surviving a medical crisis serves to bind the couples in purpose and in their ability to understand the behavior of the other partner. Other reports indicated that a second marriage allowed a spouse to make an exceptional commitment to stepchildren which serves to bind marriage partners. The welfare of children was mentioned as a common purpose and resource for some participants. Economic motivation provided a common purpose for other participants. Couples did not report partnering to accrue wealth, but did mention building homes and businesses together and agreeing about financial decisions. Couples also reported sharing responsibility for aging parents and other family members. Two participant couples reported care-giving as something the couple is doing together.

Participant couples seemed to recognize that a partnership is beneficial in spite of the limited frequency of penile-vaginal intercourse. There was a belief among a portion of participants that life will be better when a particular goal is achieved. Participant couples reported waiting for one of the partners to establish a business, get a better job, finish building a house, lose weight, or complete a graduate degree.

The majority of participant couples reported similar understanding of the state of their marriage, but did not report sexual satisfaction on the Dyadic Adjustment Scale. Participants were able to notice the manner in which each partner in the marriage expressed commitment to the marriage. For some participants, the commitment was a financial commitment made by going to work each day; for others, the commitment was expressed by cooking dinner or saying after a long day, “okay, you can do it.”

### Conclusions

The purpose of this study was to explore the phenomenological experiences of married partners experiencing penile-vaginal intercourse ten or fewer times in the last calendar year. The participants in the study represented a diverse spectrum of ages, socioeconomic levels, and educational experiences.

Three research questions were employed in this study. The first question focused on the meanings that people give to sexual relationships in marriage. This study found that each participant couple had a personal story that shaped the meaning of the participant couples’ sexual relationship. Health, finance, time, religion, and children are some of the factors that influence the sexual relationship in participant marriages. The second research question addressed how couples made meaning of infrequent penile-vaginal intercourse in low-sex marriages. Participant couples in this study had difficulty talking about sex and conversations about intercourse with the partner brought feelings of frustration and guilt to some participants. Dyadic Adjustment Scale scores of the participants revealed that most of the participant marriages were in the Spanier (1976) range of norms for happy stable marriages. Finally, the third question addressed how

patterns of infrequent intercourse were developed. Participants revealed different reasons for infrequent intercourse including a distortion of signals and messages between partners about desire for frequency of penile-vaginal intercourse. The results of this study will provide information for future research on marital sexuality and the potential significance of the frequency of penile-vaginal intercourse in marriage.

Three themes emerged from the data analysis of this study. Each participant couple offered a distinct story of the low-sex marriage and contributed to the researcher's in-depth understanding of the low-sex marriage phenomenon. A common thread emerged from each participant couple's story, revealing that participants in low-sex marriages do not talk about sex with the marriage partner. Fear of rejection and previous hurtful sexual encounters with the marriage partner limit the sexual signs and symbols shared by the marriage partners. The limited sexual dialogue and distorted sexual signals of the participants offer tremendous implications for marriage and family therapists. Participants in this study also affirmed having a common purpose with the marriage partner that was not threatened by the frequency of penile-vaginal intercourse.

The significance of this study is found in the realization that participants report a desire for greater frequency and a more positive experience of penile-vaginal intercourse and sexual intimacy with the marriage partner. Penile-vaginal intercourse is a commonly understood indicator of marital intimacy, and many couples marry expecting that penile-vaginal intercourse will be part of the marriage. Married couples do not need a specific frequency of penile-vaginal intercourse to be satisfied with the level of marital intimacy, but they do need some measure of marital intimacy to report marital satisfaction



(McCarthy, 1999). An example of this phenomenon is found in the couple that reports a low frequency of intercourse. She does not enjoy intercourse, but would like to have a baby. He enjoys intercourse, but does not want his wife to have another child. Both partners are afraid to address the expressed intimate need of the other partner because of the fear that a personal goal or boundary will be sacrificed. Both partners lose the opportunity to express commitment and connection through penile-vaginal intercourse and other sexual intimacy. In this scenario, being frustrated and angry limits the potential for sexual intimacy.

Extensive research exists concerning issues of sexuality and sexual dysfunction, including potential interventions, but the study of marital sexuality and its potential complexity are rarely the focus of such research. Sexual communication and sexual signs and symbols may be different for marital partners and may change over time. Limited time together, long hours at work and being tired may further complicate the expression of sexuality in marriage and the significance of frequency of penile-vaginal intercourse. The future study of marital sexuality should not be limited to frequency material, but should encompass a methodology for teaching couples to talk about sex and observe sexual signs and symbols with the marriage partner. Results of this study indicate that marriage partners have limited ability to discern positive signals of sexual interest from the marriage partner or ability to talk to their marriage partner about sex.

### Implications

The results of this study reveal implications for professionals who work with married couples, families, and issues of sexuality. There are also implications for

research in the field of marital sexuality. Implications for marriage and family therapists also apply to other professionals who work with individuals and families such as pastors, educators, and pastoral counselors.

1. Family therapists must recognize the need for addressing issues of sexuality and sexual communication in the course of couple's therapy. Systemically, sexual expression is only one portion of the marital system, but if neglected, it has potential to become increasingly significant for marital partners.
2. Family therapists must help individuals, couples, and families develop skills for talking about sex and sexuality. Individuals who can talk about sex prior to marriage should increase the potential for sexual dialogue within the marital dyad. It is important that all persons feel safe from criticism and scrutiny while talking about sexuality and frequency of intercourse.
3. Family therapy training programs can increase focus on issues of marital sexuality.
4. Increased research in the field of marital sexuality and sexual intimacy is necessary and should address how sexual intimacy and frequency of penile-vaginal intercourse may be different for married persons. It should also address how intimacy other than penile-vaginal intercourse is expressed in marriage.
5. Pastors and churches must offer examples of healthy systems of communication in marriage that include appropriate sexual dialogue, sexual education, and how Christians may talk about sex without risk of sin.

## Limitations

There are limitations to the generalizability and conclusions in this study. This was a non-probability sample, and the results of this study cannot be generalized to all low-sex partnerships or to marriages in which penile-vaginal intercourse occurs fewer than ten times in the last calendar year. The private and sensitive nature of this topic allowed only the participant couples that made their stories available to the researcher to have a voice in this study. Because of their willingness to be involved in this project, participants may have low-sex stories that are different from those low-sex marriage stories that did not have a voice in this study.

The small sample size is characteristic of qualitative research studies, yet the generalizability of the findings in this study is limited. Also limiting the generalizability of the findings is the fact that nine of the ten participant couples were Caucasian and one participant couple was African American. It is not possible to know how other ethnic groups would respond without involving them in the research project. There was no attempt in this study to address gay or lesbian low-sex relationships or cohabiting couples in low-sex relationships. Those subjects should be the focus of future research.

## Recommendations

Low-sex marriages and the study of sexuality in marriage have been the focus of little academic research. For this reason, there are a variety of directions in which future research could illuminate this topic. Future studies might place focus in the following areas:

1. Increased research in the field of marital sexuality and sexual intimacy in marriage should address how sexual intimacy and frequency of penile-vaginal intercourse may be different for married persons. The influence of time, finance, and leisure activity should be included in this studies.
2. Longitudinal studies might follow married partners over a span of years and document differences and frequency of intercourse during major life events. This study should include differences that occur as marriage partners change because of health, divorce, and death.
3. Future studies should also address how intimacy is expressed in marriage outside penile-vaginal intercourse. This study should not be limited to low-sex married partners.
4. The study of sexual signals and messages that are recognized between married partners should also be the focus of future research. This study should not be limited to low-sex married couples.
5. Research should expand to include the study of sexuality and recognition of sexual signs and symbols among gay, lesbian, and cohabitating couples.
6. Future research should investigate the frequency and necessity of penile-vaginal intercourse in marital satisfaction; some couples may be happy with low-sex frequency.
7. Future studies should examine how media and religion influence sexual expectations and sexual behavior for those who identify as Christian and those who identify as non-Christian.

## Summary

The literature regarding sexuality in marriage is limited and offers little resource for professionals who desire to be helpful to sexual partners in low-sex marriages. This study attempted to address this void in the literature and focused on the experiences of ten couples with very different stories of low-sex marriages. The results of the study indicate that couples do not talk to each other about sex. It also indicates that signs and symbols that denote an interest in penile-vaginal intercourse are not recognized by marriage partners. The study also revealed that some couples have a common purpose in the marriage that supersedes the demand for a greater frequency of penile-vaginal intercourse. These findings are significant for marriage and family therapists as they work systemically with couples, families, and individuals addressing patterns and meanings of behavior in marriage. Additional research in the field of marital sexuality is needed to address the findings of this study.

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**APPENDIX A**  
**Demographic Data Form**

## Demographic Data Form

For all participants:

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Race: \_\_\_\_\_

State of physical Health:      poor              fair              good              excellent

Annual income net income: \_\_\_\_\_

Educational Level: \_\_\_\_\_

How long married to each other? \_\_\_\_\_

Number of Marriages: \_\_\_\_\_

Number of children: \_\_\_\_\_

Ages of children: \_\_\_\_\_

Are you caring for aging parents or other dependents that live in your home?

If yes, please list relationships.

\_\_\_\_\_

Religious affiliation: \_\_\_\_\_

Occupation: \_\_\_\_\_

How many hours do you work per week? \_\_\_\_\_

How many hours per week do you spend in leisure with your partner?

\_\_\_\_\_

Other data that you feel is relevant to this study. \_\_\_\_\_

\_\_\_\_\_

How did you learn about this study? \_\_\_\_\_

## **APPENDIX B**

### **Telephone Message for Participants Verbal Information/Orientation**

Telephone Message for Participants  
Verbal Information/Orientation

(This message will be provided when a person has indicated an interest in participating in the study. The information will be given at the time that an appointment is being scheduled. The purpose of these instructions will be to inform the participant of the process that will take place.)

Hello, my name is Brenda Little Brunner. I am a doctoral candidate attending Texas Woman's University. Thank you for expressing a willingness to participate in this research study.

The purpose of this qualitative study is to examine the lived experiences of couples participating in a low-sex marriage. Therefore, interviews will be conducted with couples that have been married at least two years. Each married partner will be between 25 and 50 years of age and have a general medical well being. Last, each married couple will not have experienced penile-vaginal intercourse with the partner more than 10 times in the last year. Do you and your spouse meet these criteria?

If not, I thank you for your interest and time. Do to the purpose of this study; I will not be able to proceed with this interview. (Thank you and good-bye).

If yes, you qualify to proceed to the next level of the interview process. This includes a brief demographic questionnaire, a marital satisfaction survey, a 10 question couple interview and a single question individual interview. This should take about one hour of your time. This study will explore your experience of a low-sex marriage and there are no right or wrong answers in this process. This is an attempt to add to the body of knowledge about married sexuality.

You are under no obligation to complete this study process. Feel free to stop me at any point now or during the interview process if you feel uncomfortable or need a break. Your questions are appropriate at any point in the process. Referrals for counseling are available to participants that feel uncomfortable or a desire for counseling after the experience of the interview. Should you decide to continue, you need to know that the interview will be audio taped in order to transcribe the information discussed in the interview.

All participants will be assigned a code so that any identifiable information is kept in confidence. You will be mailed a copy of the transcript and asked to make any necessary corrections and return the copy to me. The tapes will be erased and computer diskettes will be reformatted to prevent any recovery of data. Confidentiality will be protected to the full extent that is allowed by law. You may discontinue your participation in this

study at any time without penalty. At no time will the investigator attempt to force participants into the study process.

I would like to schedule a convenient date and time to meet with you and your spouse for your interview. The location of the interview will be your choice of one of three locations: my north location, my south location or a quiet meeting space agreed upon by you and me. The setting must be conducive to confidentiality.

I appreciate your time and willingness to participate in this study. Do you have any questions at this time? (Respond to any questions)

When would you like to meet? \_\_\_\_\_

Where would you like to meet? \_\_\_\_\_

Your code number will be \_\_\_\_\_ (assigned from 001 to 030)

Thank you again for participating in this study.



## **APPENDIX C**

### **Recruitment Letter to Health Care Professional**

## TEXAS WOMAN'S UNIVERISTY

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### Dissertation Research Project

Dear Doctor (Name to be personalized),

My name is Brenda Little Brunner. I am writing to you as a Ph.D. candidate in Family Therapy at Texas Woman's University. My dissertation project involves the phenomenological study of low-sex marriages. I am interested in discussing my dissertation project with you, hoping that you will participate by helping me locate couples experiencing a low-sex marriage.

Research findings concerning low-sex marriage are not common; however, the findings that do exist indicate a significant portion of the population report being part of a low-sex or no-sex marital relationship. Barry McCarthy, a renowned researcher in the field of sexuality, employed data from the 1994 *Social Organization of Sexuality*, and proposes with the use of the arbitrary criterion of being sexual less than 10 times a year, that approximately one in five married couples has a low-sex marriage.

The purpose of this dissertation study will be to give voice to the population of couples in a low-sex marriage. I am asking for your help in identifying couples that experience a low-sex marriage. I would like for you to make the attached information flyer available to men and women that enter your offices. This may be done by posting the notice on a board. Potential participants will telephone the number on the information flyer for all details concerning the research project.

Participant couples will be asked to commit one hour to the research process. This hour will include a brief demographic questionnaire, a Dyadic Adjustment Scale, and a couple interview consisting of ten interview questions. The research process will end with the researcher posing a single interview question to each spouse while he or she is not in the presence of the marital partner. The audio taped interview will take place at a location and time agreed upon by the participant and the researcher. Confidentiality will be protected to the extent that it is allowed by law. All identifiable material will be erased or shredded on the assigned date at the conclusion of the study.

Eligible couples: (1) will have general medical well being; (2) experience penile-vaginal intercourse 10 or fewer times per year; (3) have been married for two years; and

(4) be 25 to 50 years of age. Couples will be contributing to the understanding of low-sex marriage through research. Each couple will receive a copy of counseling referrals and will receive a summary of the research findings.

Thank you for your consideration. If you would like additional information, I would be happy to meet with you or talk with you on the telephone at (817) 723-8500. If you wish, you may also contact my research advisor at Texas Woman's University, Glen Jennings, and Ed.D. at (940) 898-2695.

Sincerely,

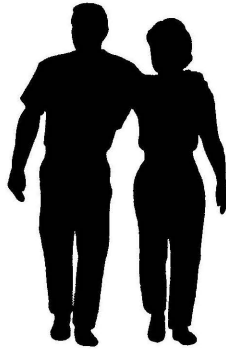
Brenda Little Brunner, M.A., M.R.E.  
Investigator  
Texas Woman's University  
(817) 723-8500 (Cellular)

Glen Jennings, Ed. D.  
Research Advisor  
Texas Woman's University  
940-898-2695

**APPENDIX D**  
**Recruitment Flyer**

# **Marriage and Family Research Study**

## **Low-Sex Marriages**



**One in five marriages in the United States is a low-sex marriage; yet we know little about these relationships.**

- 1. Do you and your spouse experience penile-vaginal intercourse 10 or less times per year?**
- 2. Are you and your spouse between 25 and 50 years of age?**
- 3. Have you and your spouse been married for two years?**
- 4. Do you and your spouse have general medical well being?**
- 5. Are you and your spouse willing to contribute to the understanding of low-sex marriage?**

If you answered yes to the five previous questions, you are invited to participate in a research study. The title of the study is Low-Sex Marriages. Your experience is needed to gain understanding of low-sex marriages.

Confidentiality and professionalism will be maintained at all times. Participation is strictly voluntary. This dissertation study is conducted by a Ph.D. Student at Texas Woman's University in the Department of Family Sciences.

**To learn more about participation in the study, please telephone:**

Brenda Little Brunner, M.A., M.R.E.  
Investigator  
Texas Woman's University  
682-552-5714

Glen Jennings, Ed. D.  
Research Advisor  
Texas Woman's University  
940-898-2695

### **Potential Benefits to Participants:**

Receive a summary of the research findings.

## APPENDIX E

### Recruitment Letter to Clergy and Churches

## TEXAS WOMAN'S UNIVERSITY

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### Dissertation Research Project

Dear Pastor (Name to be personalized),

My name is Brenda Little Brunner. I am writing to you as a Ph.D. candidate in Family Therapy at Texas Woman's University. My dissertation project involves the study of low-sex marriages. I am interested in talking to you about my dissertation project, hoping that you will participate by helping me locate couples experiencing a low-sex marriage.

Discussion about marital sexuality is common, but research findings about married sexuality are rare; the findings that do exist indicate a significant portion of the population report being part of a low-sex or no-sex marital relationship (McCarthy, 1997). A recognized authority in sexual relationships, Barry McCarthy, uses existing research to propose with that approximately one in five married couples has a low-sex marriage. The purpose of this study is to give voice to the experience of the men and women participating in a low-sex marriage.

I am asking for you to make the attached information flyer available to men and women that enter your church or business. This may be done by posting the attached flyer on a board. Confidentiality will be maintained by allowing potential participants to telephone the number on the information flyer for all details concerning the research project. You and your church or place of business will not responsible for transmitting any information regarding men or women that decide to participate in the study.

Participant couples will be asked to commit one hour to the research process. This hour will include a brief demographic questionnaire, a Dyadic Adjustment Scale, and ten interview questions. The audio taped interview will take place at a location and time agreed upon by the participant and the researcher. Confidentiality will be protected to the extent that it is allowed by law. All identifiable material will be erased or shredded on the assigned date at the conclusion of the study.

Eligible couples: (1) will have general medical well being; (2) experience penile-vaginal intercourse 10 or fewer times per year; (3) have been married for two years; and (4) be 25 to 50 years of age. Couples will be contributing to the understanding of low-

sex marriage through innovative research. Each couple will be eligible for marriage counseling referrals and receive a summary of the research findings.

Thank you for your consideration. If you would like additional information, I would be happy to meet with you or talk with you on the telephone at (817) 723-8500. If you wish, you may also contact my research advisor Glen Jennings, Ed.D. at (940) 898-2695.

Sincerely,

Brenda Little Brunner, M.A., M.R.E.  
Investigator  
Texas Woman's University  
(817) 723-8500 (Cellular)

Glen Jennings, Ed. D.  
Research Advisor  
Texas Woman's University  
940-898-2695



## **APPENDIX F**

### **Recruitment Letter to Business Owners**

## TEXAS WOMAN'S UNIVERSITY

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### Dissertation Research Project

Dear Business Owner (Name to be personalized),

My name is Brenda Little Brunner. I am writing to you as a Ph.D. candidate in Family Therapy at Texas Woman's University. My dissertation project involves the study of low-sex marriages. I am interested in talking to you about my dissertation project, hoping that you will participate by helping me locate couples experiencing a low-sex marriage.

Discussion about marital sexuality is common, but research findings about married sexuality are rare; the findings that do exist indicate a significant portion of the population report being part of a low-sex or no-sex marital relationship (McCarthy, 1997). A recognized authority in sexual relationships, Barry McCarthy, uses existing research to propose with that approximately one in five married couples has a low-sex marriage. The purpose of this study is to give voice to the experience of the men and women participating in a low-sex marriage.

I am asking for you to make the attached information flyer available to men and women that enter your church or business. This may be done by posting the attached flyer on a board. Confidentiality will be maintained by allowing potential participants to telephone the number on the information flyer for all details concerning the research project. You and your church or place of business will not responsible for transmitting any information regarding men or women that decide to participate in the study.

Participant couples will be asked to commit one hour to the research process. This hour will include a brief demographic questionnaire, a Dyadic Adjustment Scale, and ten interview questions. The audio taped interview will take place at a location and time agreed upon by the participant and the researcher. Confidentiality will be protected to the extent that it is allowed by law. All identifiable material will be erased or shredded on the assigned date at the conclusion of the study.

Eligible couples: (1) will have general medical well being; (2) experience penile-vaginal intercourse 10 or fewer times per year; (3) have been married for two years; and (4) be 25 to 50 years of age. Couples will be contributing to the understanding of low-sex marriage through innovative research. Each couple will be eligible for marriage counseling referrals and receive a summary of the research findings.

Thank you for your consideration. If you would like additional information, I would be happy to meet with you or talk with you on the telephone at (817) 723-8500. If you wish, you may also contact my research advisor Glen Jennings, Ed.D. at (940) 898-2695.

Sincerely,

Brenda Little Brunner, M.A., M.R.E.  
Investigator  
Texas Woman's University  
(817) 723-8500 (Cellular)

Glen Jennings, Ed. D.  
Research Advisor  
Texas Woman's University  
940-898-2695

**APPENDIX G**  
**Counseling Resources**

## Counseling Resources

Counseling and Family Development Center Texas Woman's University Denton, Texas Campus Human Development Building, room 114. Located on Old Main Circle, which can be entered from Bell Avenue or Texas Street.	(940) 898-2600
Ed O'Brien, Ph.D. Marriage and Family Therapist 12521 Inwood Rd Dallas, TX 75244	(972) 934-8388
Vernon Gotcher, Ph.D. Marriage and Family Therapist 700 NE Loop 820# 201 Hurst, TX 76053	(817) 595-4400

## APPENDIX H

### Male Participant Consent Form

TEXAS WOMAN'S UNIVERSITY  
CONSENT TO PARTICIPATE IN RESEARCH

Title: Low-Sex Marriages

Investigator: Brenda Little Brunner, M.A., M.R.E..... 817-723-8500  
Advisor: Glen Jennings, Ed. D. .... 940-898-7100

Explanation and Purpose of the Research

You are being asked to participate in a research study for Ms. Brunner's dissertation at Texas Woman's University. The purpose of this research is to examine the experience of couples participating in low-sex marriages in an attempt to increase understanding of these marriages. Specifically, this study will be engaged with the intent of gathering the lived experiences of the men and women that participate in low-sex marital relationships.

Research Procedures

For this study, the investigator will conduct face-to-face interviews of couples experiencing low-sex marriages. The interview will take place at a location of the participants choosing. The interview process will begin with each participant answering a brief demographic questionnaire. After the demographic questionnaire, each participant will be given the Dyadic Adjustment Scale. The DAS is a 10 to 12 minute pencil and paper assessment of marital satisfaction. The couple interview will follow the administration of the Dyadic Adjustment Scale. At the conclusion of the couple interview, each spouse will be asked to answer a single question in an individual interview. This single question will allow you or your spouse to add material to the couple interview in a confidential manner. You and your spouse will be audio taped during the face-to-face interview. The purpose of the audio taping is to provide a transcription of the information discussed in the interview and to assure the accuracy of the reporting of that information. You will also be provided with a transcribed manuscript in order for you to make necessary corrections or comments that you feel to be necessary. Participants will be asked to return the transcribed manuscript to the researcher with necessary changes within two weeks after receipt of the manuscript. A postage paid envelope will be provided for the convenience of the participant. Your maximum total time commitment in the interview and the comment process is estimated to be two hours.

\_\_\_\_\_  
Male participant's initials

### Potential Risks

Potential risks related to your participation in the study include the release of confidential information. Confidentiality will be protected to the extent that is allowed by law.

All participants will be informed of the confidential nature of the interview process. Interviews will take place in a private location and at a time chosen by the participant and the researcher. Participants will be informed that his or her name will not be used in any publications. All names and identifiable markers will be assigned a code on the Master code list. The master code list will contain participant names and the participant's assigned code. Access to codes, transcripts, and tapes will be limited to the researcher and the research advisor. The master code list and all identifiable names and markers will be stored in a locked filing cabinet in the office of the researcher. The master code list and all identifiable names and markers will be erased, reformatted or shredded two years after completion of the study.

In this study, emotional discomfort or anxiety are possible risks for you as a participant. All participants will be informed of counseling resources and provided with a referral list of counselors in case of emotional discomfort. Participants will be assured of the confidentiality of the interview. Participants will also be informed of their ability to discontinue the interview at any time or to take time for composure.

There is a risk in this study of embarrassment. The researcher will maintain an attitude of respect and professionalism toward all participants. Participants will be informed of the confidential nature of the study and that confidentiality will be maintained to the full extent that is allowed by law. The location and time of the interview will be chosen by the participant and the researcher. Counseling resources will be offered to all participants.

There is a risk in this study that you might feel coercion by the other partner. Participants will be instructed that the interview process is voluntary. Either partner may withdraw from the interview process at any point in time with no questions from the researcher. When one partner withdraws, all data from the couple will be withdrawn from the study. A partner will not be informed of the withdrawal of the other partner. The researcher will attempt to make all participants comfortable with the interview process.

Marital discord is not an expected outcome from the interview process, however, if you feel as though you need to discuss your physical or emotional discomfort with a professional, the investigator will provide you with a referral list of names and phone numbers that you may use. Your assistance with this study is valued and appreciated.

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Male participant's initials



Physical discomfort and fatigue are possible risks for you as a participant. Participants will be informed that he or she may take a break at any point in the interview process. Participants will also be informed of their ability to discontinue the interview at any time or to take time for composure.

Your time is valued by the researcher. The interview process will involve approximately two hours of time. The researcher will be prepared to begin and end the interview session at the convenience of the participant.

It is anticipated that the result of this study will be published in the investigator's dissertation as well as in other research publications. However, no names or other identifying information will be included in any publication.

The researchers will try to prevent any problem that could happen because of this research. You should let the investigator know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

#### Participation and Benefits

Your involvement in this research is completely voluntary, and you may discontinue your participation in the study at any time without penalty. The only direct benefit of this study to you is that at the completion of the study a summary of the results will be mailed to you upon request.\*

#### Questions Regarding this Study

If you have questions about the research study you may ask the researchers, their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way the study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at [IRB@twu.edu](mailto:IRB@twu.edu). You will be given a copy of this signed and dated consent form to keep.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\*If you would like to receive a summary of the results of this study, please provide an address to which this summary should be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **APPENDIX I**

### **Female Participant Consent Form**

TEXAS WOMAN'S UNIVERSITY  
CONSENT TO PARTICIPATE IN RESEARCH

Title: Low-Sex Marriages

Investigator: Brenda Little Brunner, M.A., M.R.E..... 817-723-8500  
Advisor: Glen Jennings, Ed. D. .... 940-898-7100

Explanation and Purpose of the Research

You are being asked to participate in a research study for Ms. Brunner's dissertation at Texas Woman's University. The purpose of this research is to examine the experience of couples participating in low-sex marriages in an attempt to increase understanding of these marriages. Specifically, this study will be engaged with the intent of gathering the lived experiences of the men and women that participate in low-sex marital relationships.

Research Procedures

For this study, the investigator will conduct face-to-face interviews of couples experiencing low-sex marriages. The interview will take place at a location of the participants choosing. The interview process will begin with each participant answering a brief demographic questionnaire. After the demographic questionnaire, each participant will be given the Dyadic Adjustment Scale. The DAS is a 10 to 12 minute pencil and paper assessment of marital satisfaction. The couple interview will follow the administration of the Dyadic Adjustment Scale. At the conclusion of the couple interview, each spouse will be asked to answer a single question in an individual interview. This single question will allow you or your spouse to add material to the couple interview in a confidential manner. You and your spouse will be audio taped during the face-to-face interview. The purpose of the audio taping is to provide a transcription of the information discussed in the interview and to assure the accuracy of the reporting of that information. You will also be provided with a transcribed manuscript in order for you to make necessary corrections or comments that you feel to be necessary. Participants will be asked to return the transcribed manuscript to the researcher with necessary changes within two weeks after receipt of the manuscript. A postage paid envelope will be provided for the convenience of the participant. Your maximum total time commitment in the interview and the comment process is estimated to be two hours.

\_\_\_\_\_  
Female participant's initials

## Potential Risks

Potential risks related to your participation in the study include release of confidential information. Confidentiality will be protected to the extent that is allowed by law.

All participants will be informed of the confidential nature of the interview process. Interviews will take place in a private location and at a time chosen by the participant and the researcher. Participants will be informed that his or her name will not be used in any publications. All names and identifiable markers will be assigned a code on the Master code list. The master code list will contain participant names and the participant's assigned code. Access to codes, transcripts, and tapes will be limited to the researcher and the research advisor. The master code list and all identifiable names and markers will be stored in a locked filing cabinet in the office of the researcher. The master code list and all identifiable names and markers will be erased, reformatted or shredded two years after completion of the study.

In this study, emotional discomfort or anxiety are possible risks for you as a participant. All participants will be informed of counseling resources and provided with a referral list of counselors in case of emotional discomfort. Participants will be assured of the confidentiality of the interview. Participants will also be informed of their ability to discontinue the interview at any time or to take time for composure.

There is a risk in this study of embarrassment. The researcher will maintain an attitude of respect and professionalism toward all participants. Participants will be informed of the confidential nature of the study and that confidentiality will be maintained to the full extent that is allowed by law. The location and time of the interview will be chosen by the participant and the researcher. Counseling resources will be offered to all participants.

There is a risk in this study that you might feel coercion by the other partner. Participants will be instructed that the interview process is voluntary. Either partner may withdraw from the interview process at any point in time with no questions from the researcher. When one partner withdraws, all data from the couple will be withdrawn from the study. A partner will not be informed of the withdrawal of the other partner. The researcher will attempt to make all participants comfortable with the interview process.

Marital discord is not an expected outcome from the interview process, however, if you feel as though you need to discuss your physical or emotional discomfort with a professional, the investigator will provide you with a referral list of names and phone numbers that you may use. Your assistance with this study is valued and appreciated.

---

Female participant's initials

Physical discomfort and fatigue are possible risks for you as a participant. Participants will be informed that he or she may take a break at any point in the interview process. Participants will also be informed of their ability to discontinue the interview at any time or to take time for composure.

Your time is valued by the researcher. The interview process will involve approximately two hours of time. The researcher will be prepared to begin and end the interview session at the convenience of the participant.

It is anticipated that the result of this study will be published in the investigator's dissertation as well as in other research publications. However, no names or other identifying information will be included in any publication.

The researchers will try to prevent any problem that could happen because of this research. You should let the investigator know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

#### Participation and Benefits

Your involvement in this research is completely voluntary, and you may discontinue your participation in the study at any time without penalty. The only direct benefit of this study to you is that at the completion of the study a summary of the results will be mailed to you upon request.\*

#### Questions Regarding this Study

If you have questions about the research study you may ask the researchers, their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way the study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at [IRB@twu.edu](mailto:IRB@twu.edu). You will be given a copy of this signed and dated consent form to keep.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\*If you would like to receive a summary of the results of this study, please provide an address to which this summary should be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPENDIX J**  
**Interview Protocol for Couples**

Interview Protocol for Couples  
Project: Low-sex Marriages

Time of Interview:

Date:

Place:

Interviewer:

Interview Code Number:

Location of Interview:

This project reflects an attempt to collect the lived experiences of heterosexual married couples that do not experience penile-vaginal intercourse more than 10 times per year.

Questions:

1. Couples always have stories. Would you tell me the story of your sex life?
2. Most people have expectations prior to marriage about the frequency of penile-vaginal intercourse and sexuality in marriage. What were yours?
3. Many couples have signals that indicate the partner is willing to have intercourse. What are the signals you and your partner use to have penile- vaginal intercourse?
4. If you pause and think, can you label something or some event that brought you to this pattern of sexual behavior?
5. When you and your partner talk, how do you talk about your sex life?
6. In what ways do you and your partner express your commitment to the marriage?
7. Tell me how your current pattern of sexuality fits your lifestyle?

8. Most people have some means of self gratification or sexual fulfillment that might include fantasy, masturbation, or pornography. What activities contribute to your sexual fulfillment?
9. Most couples have a range of sexual behaviors, how are you sexual with your partner in ways that do not include penile-vaginal intercourse?
10. Is there anything else that the researcher should know about your story?



## APPENDIX K

### Individual Interview Protocol

## Individual Interview Protocol

Project: Low-sex Marriages

Time of Interview:

Date:

Place:

Interviewer:

Interview Code Number:

Location of Interview:

This project reflects an attempt to collect the lived experiences of heterosexual married couples that do not experience penile-vaginal intercourse more than 10 times per year.

Questions:

1. Occasionally, it is difficult to talk about things that influence your sex life in the couple session. What, if anything, would you like to add to our couple conversation?

An expression of thanks will be offered for participation in the study.

## APPENDIX L

### Confidential Coding Registry

### Confidential Coding Registry

Document will indicate code number assigned to participant couples. Codes will be assigned from 001 to 030. The gender of each participant will be recorded.

a= female spouse

b= male spouse

Code Number	Surname	First Name
001a		
001b		
002a		
002b		
003a		
003b		
004a		
004b		
005a		
005b		
006a		
006b		
007a		
007b		
008a		
008b		
009a		
009b		
010a		
010b		

## **APPENDIX M**

### **Dyadic Adjustment Scale**

## Dyadic Adjustment Scale

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list. Answer each question with a rating on a scale of 1 to 5 in each of the following sections.

<b>Always Agree</b>	<b>Almost Always Agree</b>	<b>Occasionally Disagree</b>	<b>Frequently Disagree</b>	<b>Almost Always Disagree</b>	<b>Always Disagree</b>
<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

- \_\_\_\_\_ Handling family finances
- \_\_\_\_\_ Matters of recreation
- \_\_\_\_\_ Religious matters
- \_\_\_\_\_ Demonstrations of affection
- \_\_\_\_\_ Friends
- \_\_\_\_\_ Sex relations
- \_\_\_\_\_ Conventionality (correct or proper behavior)
- \_\_\_\_\_ Philosophy of life
- \_\_\_\_\_ Ways of dealing with parents or in-laws
- \_\_\_\_\_ Aims, goals, and things believed important
- \_\_\_\_\_ Amount of time spent together
- \_\_\_\_\_ Making major decisions
- \_\_\_\_\_ Household tasks
- \_\_\_\_\_ Leisure time interests and activities
- \_\_\_\_\_ Career decisions

<b>All the Time</b>	<b>Most of the Time</b>	<b>More often than Not</b>	<b>Occasion- ally</b>	<b>Rarely</b>	<b>Never</b>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

- \_\_\_\_\_ How often do you discuss or have you considered divorce, separation, or termination of your relationship?
- \_\_\_\_\_ How often do you or your mate leave the house after a fight?
- \_\_\_\_\_ In general, how often do you feel that things between you and your partner are going well?
- \_\_\_\_\_ Do you confide in your mate?
- \_\_\_\_\_ Do you ever regret that you married or lived together?
- \_\_\_\_\_ How often do you and your partner quarrel?
- \_\_\_\_\_ How often do you and your mate get on each others' nerves?

<b>Every Day</b>	<b>Almost Every day</b>	<b>Occasionally</b>	<b>Rarely</b>	<b>Never</b>
<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

\_\_\_\_\_ Do you kiss your mate?

<b>All of Them</b>	<b>Most of Them</b>	<b>Some of Them</b>	<b>Very few of Them</b>	<b>None of Them</b>
<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>0</b>

\_\_\_\_\_ Do you and your mate engage in outside interest together?

How often would you say the following events occur with you and your mate?

<b>Never</b>	<b>Less than Once a Month</b>	<b>Once or twice a month</b>	<b>Once or twice a week</b>	<b>Once a day</b>	<b>More often</b>
<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

\_\_\_\_\_ Have a stimulating exchange of ideas?

\_\_\_\_\_ Laugh together?

\_\_\_\_\_ Calmly discuss something?

\_\_\_\_\_ Work together on a project?

**These are some things about which couples sometimes agree and sometime disagree. Indicate if either item below caused differences or opinions or were problems in your relationship in the past few weeks. Check yes or no.**

<b>Yes</b>	<b>No</b>
<b>0</b>	<b>1</b>

\_\_\_\_\_ Being too tired for sex.

\_\_\_\_\_ Not showing love.

**The dots on the following line represent different degrees of happiness in your relationship. The middle point, "happy" represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.**

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
<b>Extreemly Unhappy</b>	<b>Fairly Unhappy</b>	<b>A little Unhappy</b>	<b>Happy</b>	<b>Very Happy</b>	<b>Extreemly Happy</b>	<b>Perfect</b>

**Which of the following statements best describes how you feel about the future of your relationship? Circle one.**

- 5 I want desperately for my relationship to succeed and would go to almost any length to see that it does.
- 4 I want very much for my relationship to succeed, and will do all I can to see that it does.
- 3 I want very much for my relationship to succeed and will do my fair share to see that it does.
- 2 It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.
- 1 It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
- 0 My relationship can never succeed, and there is no more that I can do to keep the relationship going.

Total \_\_\_\_\_

Spanier, G.B. (1976). Measuring dyadic adjustment: New scales for assessing the Quality of marriage and similar dyads. *Journal of Marriage and the Family*, 38, 15-28.