



Development of an Iranian Sexual Satisfaction Model: A Qualitative Research

Samira Sadat Rasouli^{1*}, Mohsan Golparwar², Mohammad Arash Ramezani³, Jafar Hasani⁴

¹ PhD Student of Psychology, Department of Psychology, Islamic Azad University, Isfahan Branch, Isfahan, Iran

² Associate Professor, Department of Psychology, Islamic Azad University, Isfahan Branch, Isfahan, Iran

³ Assistant Professor, Family Research Institute, Shahid Beheshti University, Tehran, Iran

⁴ Associate Professor, Department of Clinical Psychology, Kharazmi University, Tehran, Iran

*Corresponding author:

Samira Sadat Rasouli, Department of Psychology, Islamic Azad University, Isfahan Branch, Isfahan, Iran
Tel: 09125331198
Email: rasolisamira@yahoo.com

Received: 11 Jan. 2020
Accepted: 11 Jan. 2020
ePublished: 01 Feb. 2020



Abstract

Background and Objective: Sexual satisfaction is one of the factors affecting the continuity of marital relationship and satisfaction with this relationship. Regarding this, the present research was conducted to develop a model of Iranian sexual satisfaction in terms of marital adjustment, marital quality, and marital conflict.

Materials and Methods: This applied exploratory study was conducted during 2018-2019 using a qualitative method and data-based approach. The data were collected using in-depth interviews. After the interview, the obtained data were subjected to inductive analysis. In other words, there was no previous conceptual framework for coding and categorization, and the analysis was performed freely and according to the coding technique of data theory. To assess the validity of the contents of the subject matter, the table of contents was submitted to six faculty members of psychology who were familiar with qualitative research and sexuality issues, who confirmed the content validity of the identified themes.

Results: Based on the results, the final model of the research consisted of eleven different themes, including seven stimulants, namely preparation, sexual preferences, sexual representation, cognition, attitude, sexual behaviors, and sexual consequences, and four preventive factors, namely cognitive impediments, emotional barriers, barriers to behavior, and environmental barriers.

Conclusions: Recommendations for couples to obtain sexual satisfaction must be based on both stimuli and barriers as identified in this research.

Keywords: Cognition, Emotion, Marriage, Sex

Background

Sexuality is one of the greatest factors that affect the individual and social life of humans. Accordingly, the satisfaction of this desire is crucial in the development of human personality. Like other basic human motives, motivation and sexual desire are inseparable parts of the biological, psychological, and social natures of individuals. The quality of the satisfaction of this motive plays a highly important role in one's personal and social health and attainment of tranquility and comfort. In the long run, neglect of sexual instinct in humans will be irreversible, and, in most cases, will disrupt sexual relations by inducing sexual dissatisfaction in couples and collapsing the family life. If the sexual relationship between the spouses is not satisfactory, it leads to a feeling of deprivation, failure, sense of insecurity, and unhappiness [1].

In the marital context, if the needs of couples are not met, stress, failure, frustration, and ultimately boredom occur. Marital affairs play a key role in the

establishment of a healthy family. Satisfaction with a marital relationship is one of the fundamental structures for the preservation of family and its development. This construct is considered to be a fundamental constituent of family relationship and family therapy studies. In a general context, marital satisfaction is a general assessment of the status of marital relationship or romance and reflects the level of couples' happiness with their relationship, which includes various components. On the other hand, marital satisfaction is a mental state that reflects the perceived benefits and values of marriage with another person [2].

Another critical issue is the lack of respect for the concept of sex and its limitation to the proximity between men and women, as well as the lack of attention to the difference in the meaning of "sex" among some women and men. Various studies and evidence have shown that considerations and sexual needs can be significantly different between women

and men. Intimacy, emotions, proper communication and dialogue, commitment, and pregnancy are some examples of these considerations that have not been indicated in the physiological models for females. However, all of these factors are somehow involved in the sense of "sexual satisfaction". Research suggests that sexual satisfaction, like any other psychological phenomenon, is an individual, social, psychological, and cultural issue. Accordingly, the explanation of this phenomenon is different in the cultural context of each society.

On the other hand, there is a mix of gender and cultural issues from the uniquely contemporary look of what has been posited by Basson [3]. A multidimensional sexual tendency includes sexual desire, sexual response, self-image, and gender identity. Issues, such as the attitude of the person toward aging and passing time, role of the individual in life, type of personal responsibility, and attitude toward the environment affect sex, sexual life, and sexual satisfaction of the couple [4].

Considering the structure of the culture of Iranian society and its values, it seems that the components of Iranian sexual satisfaction have not yet been properly identified. Couples' psychosocial and sexual fitness is effective in improving their sexual relationships and enhance the various aspects of marriage, couple mental health, and family sustainability [5]. Given the fact that sexual satisfaction plays a highly important role in consolidating families, the establishment of a cultural foundation, consideration of the components of sexual satisfaction, and presentation of education regarding this issue can strengthen marital relations. The importance of sexual satisfaction among couples is a topic that has been widely considered in the world. This issue should be addressed in Iran due to the destructive effects of sexual dissatisfaction on the family institute and many other areas [6].

Love and lust are the basic instincts of living beings, including humans, the lack of which would result in the emergence of symptoms and other complications, such as physical illness, depression, and dissatisfaction with marital life, or even severe family disruption and divorce. Satisfaction with marital life depends on several factors, one of the most important of which can be having healthy sexual relationships. However, the basic information in this regard is very limited in Iranian society.

Objectives

The present study was conducted to develop a new model of sexual satisfaction in terms of marital compatibility, marital quality, and marital conflict, based on the cultural and social characteristics of

Iranians. Considering the background of sexual satisfaction, in this study, it was attempted to localize the Iranian sexual satisfaction model and teach it to Iranian couples with sexual dissatisfaction. The results of this research can provide some implications to increase the quality of marital life, reduce marital conflicts, and increase marital adaptability.

Materials and Methods

The choice of a research method is based on its defined objectives. In this regard, in the present study, based on the aim of the research, a culture-dependent, exploratory, qualitative research, and data-based approach was employed. The study was carried out from May 2018 to June 2019. The grounded theory method was developed in 1967 by Glaser and Strauss. A qualitative approach provides a reliable way to identify deep and delusional factors and emphasize on the recognition of the comprehensiveness of human phenomena and reflection of the role of cultural conditions. This explains why this method is appropriate for vague and textual issues, such as the subject of the present research.

In this study, the qualitative method (grounded theory, according to the specific curriculum of Iranian couples) was used based on a thematic analysis in order to formulate the educational package of Iranian sexual satisfaction in couples. In general, the purpose of sequential exploratory research in the study of a particular subject or issue is the discovery of the content and structure of a subject by collecting and analyzing data. The second stage involves extracting the main elements of the structure and process of the subject under study, followed by developing new interventions for a test. In the third stage, the new intervention and its activities are followed up in an experiment. In the current study, the purpose of the two-stage exploration was to test the results of the qualitative section that resulted in the development of the educational package of marital sexual satisfaction through quantitative validation. Therefore, the exploratory design was based on this assumption. For some reason, such as the unavailability of measurements or tools, undetermined nature of the variables, or lack of guiding or theoretical framework, it is necessary to use an exploratory approach and test result under experimental conditions. According to the materials, this research was carried out based on the following steps.

In the first step, an exclusive interview was conducted with Iranian couples and psychologists in the field of sexual relations to identify the process and components of Iranian sexual satisfaction. The

second stage involved the categorization (content encoding) of the collected materials in the first stage and formation of conceptual-content subcategories focused on the education of Iranian sexual satisfaction in Iranian couples. In the third stage, the conceptual-subjective contextualization constituted in the second phase was divided into 10-12 disciplines focusing on sexual satisfaction training. Stage four involved the submission of an Iranian sexual satisfaction training package to five sexuality education specialists to study the package and give comments on the structure, process, and content of each session in the form of a questionnaire compiled, along with the training package developed by each specialist. In addition, at this stage, an open-ended opinion form was presented to obtain refresher advice and comments from each specialist to enhance the content, structure, and process of the Iranian sexual satisfaction package. In step five, after reviewing the opinions of five experts and applying their corrective comments on the Iranian sexual satisfaction training package, the final package of treatment was prepared. Finally, the sixth step involved the re-submission of the Iranian sexual satisfaction training package and the final survey form to five experts and determination of the degree of agreement among the opinions of experts about the process, structure, and content of the educational package. At this stage, the experts gave corrective comments, which were applied in the final educational package.

Data collection procedure

In this research, the data were collected using a deep interview. A deep interview provides conditions for participants to express their views and experiences using language and words. The flexibility of this interviewing method increases the researcher's ability to explore and understand new and complex issues and allows the researcher to understand the interviewee's perspective. In addition, the unstructured depth of the interview provides the context for identifying all the angles of the phenomenon. In an in-depth interview, an interview begins with a general question about the subject under study, and the questions are not already clear. The purpose of this type of interview is to provide key and critical information and key points that can be used in the analysis. In this kind of interview, questionnaires are used and at the end of the interview, all interviewed individuals are asked to express any items they think they have not raised so that they do not go unnoticed.

Data analysis

In qualitative research, data obtained from the real

environment is used to provide a rational answer to the initial research questions. After determining the unit of analysis and linking it to the context, the data are analyzed. In this study, after interviews, the obtained data were prepared for analysis, which was inductive. In other words, there were no previous conceptual frameworks for coding and categorization, and a free-flowing coding technique was applied. The adopted stages were as follows:

Stage I: Exclusive interviews with Iranian couples and sex therapy psychologists to identify Iranian sexual satisfaction processes and components

Stage II: Content classification (coding) of the content collected in the first stage and formation of conceptual content subgroups focused on Iranian sexual satisfaction training among Iranian couples

Stage III: Conversion of conceptual content subgroups formed in the second stage into 10-12 skill areas focused on explicit sexual satisfaction training

Step IV: Submission of the Iranian sexual satisfaction training package to five sexuality education experts to study and give comments on the structure, process, and content of each session in the form of a survey questionnaire developed with each training package. In addition, at this stage, an open-ended feedback form was presented to the experts to obtain suggestions and corrective comments from each of the professionals to enhance the content, structure, and process of the Iranian sexual consent training package.

Step V: Review of the expert opinions of the five specialists, administration of the corrective comments on the Iranian sexual satisfaction training package, and preparation of the final treatment package

Step VI: Resubmission of the Iranian sexual satisfaction package and the final survey form to five experts and calculation of the degree of agreement among the experts on the process, structure, and content of the training package, followed by the administration of the corrective opinions in the final package.

In practice, the coding process was such that at first, each interview transcription was read carefully, and the key concepts were identified descriptively. For coding, the text of each interview was segmented, and a code was considered for each segment (based on the segment of meaning and content that covered the purpose of the study). The name of each code was chosen in such a way that it accurately and objectively described the piece of interest. This step resulted in the identification of a large number of codes, among which there were many common concepts and meanings. These

codes were merged several times after considering similarities and differences, thereby resulting in the emergence of subcategories and categories. After designing the Iranian sexual satisfaction training package, experts' consensus regarding the process and structure of sexual satisfaction training was used to confirm the validity of the model. In addition, the reliability of the training package was confirmed by the inter-rater agreement method. Validation methods, such as the use of special procedures for coding and symbol analysis, as well as researcher self-verification, were also used.

In order to follow ethical considerations, written consent was obtained from participants prior to the commencement of work. Furthermore, before the study, the participants were informed about the research objectives and methods. The participants were also ensured about the confidentiality of their private information. This research does not conflict with the religious and cultural norms of the subject and society.

Results

The qualitative analysis of the interviews resulted in the identification of 11 themes with 25 main categories. There were also 44 identified subcategories. These identified themes along with their main categories are presented in the following sections.

1. Mental and Practical Preparation

The mental and practical preparation consisted of two main categories: (a) knowledge and information readiness with two subcategories, namely the importance of sexual knowledge and physical knowledge and b) practical readiness (practical training and training aids).

With regard to the subject of mental and practical fitness, the following statements were considered: I want to know how to prepare myself mentally and psychologically. My husband also knows how to prepare me. My husband knows how to stimulate me. Men and women need to get to know each other's psychological traits. It is essential to learn a variety of models and positions. Caress and sex massage training is important. Kissing training is important.

2. Sexual preferences of the parties

This theme consisted of three main categories: a) physical and body preferences (role of physical and body status in sexual intercourse), b) auditory and visual sensory factors (an audiovisual interaction), and C) diversity creation in the type of relationship (position and sex type diversity).

Concerning the subject of sexual preferences, the

following statements were related: I love oral sex. I'd love to have anal sex. Sometimes, it bothers and annoys me. I want my partner to be free, open, and reckless. Hair, especially smooth hair, is very important. My ideal is to make her look attractive, not too lean and not too fat. I love my wife's white skin. I want my wife to smell nice and sexy and wear sexy clothes.

3. Mental imagery

Mental imagery consisted of a major category of 'using the mental imagery of love and sex', which included two subcategories, namely the need for paying attention to the romantic relationship and mental imagery about sex. With regard to mental imagery, the related statements included: Imagining romantic images makes me feel good, and imagining the book characters in romantic relationships is a pleasure. The recall of the scene where the man grabbed my waist is favorable. Imagining her sex organs is pleasant. I think of him as a stranger coming in and going in and asking for sex and raising a mantle and having sex. Imagining the naked body of a man is pleasant. It is a pleasure to imagine the positions of a superior man.

4. Consequences of a positive and healthy sex

This theme consisted of three main categories: A) emotional consequences of sex with the subcategories of moods and positive emotions, B) psychological needs entailing the subcategories of fulfillment of nonsexual needs and promotion of oneself, C) positive social and family relationships with the subcategories of positive social relationships and positive family relationships. With regard to the consequences of positive and healthy sex, the related statements included: Sexual relation brings tranquility. Sexual satisfaction means relaxation. Sex is a kind of meditation. I feel light. I feel happy about sex. Sex is a positive energy. It is a satisfying relationship that makes me psychologically happy. I feel a sense of hope. It raises confidence. I do my next work with higher quality. It is as if I am getting away from my problems and going to the alley. It has a positive effect on my work. Good sex affects social behavior better. When sex is better, intimacy grows. Sex prevents marital disputes. Family relationships get better.

5. Importance of cognitions and attitudes

Importance of cognitions and attitudes was composed of eight main categories: A) self and other items with such subcategories as the importance of mental maturity, importance of individual cognitive values, and positive evaluation of oneself, B) health and physical issues (importance

of sexual health), C) sex time issues (importance of sex time), D) cases of orgasm (importance of couple orgasm), E) importance of perceptions and cognitions in sex with two subcategories, namely interpersonal social perceptions and perceptions of sex, F) peripheral attitudes (transgender attitudes), G) cognitive-emotional expectations entailing three subcategories of emotional preferences, attitude expectations, and mindfulness expectations, and H) desire-focused expectations and harmony that had such subcategories as the expectations of one's own and spousal preferences and sexual expectations.

The statements related to cognitive significance and attitudes included: The components of emotional, social, and sexual maturity are important. It is important for me to observe all the health issues of the body. Genital health is highly important. Having sex at different times can be good. A longer sex is more satisfying for me. Good body image of myself is important for me. Both spouses reach orgasm at the same time. It is always my pleasure to reach orgasm after my wife. Trust in good sex is important. Good sex helps a lot in being one and becoming one. I feel good when he hugs me from behind. Sex is a pleasure that is needed. The main reason is the continuation of sex life. Marriage should be accompanied by consent. Forced marriage is not logical. An emotional relationship takes precedence over a sexual relationship. The partner should be completely ok with sex and allow fantasies to flow freely. My partner shouldn't judge me badly for my emotions. Everything in that particular time must be abandoned and abandoned. We need to focus on ourselves. I have to love my body. Husband and wife should achieve their desires, one is pleasant, one is touched. My wife has to accompany me well. The sexual desire model of the spouses must be in harmony with each other.

Importance of Behaviors in Sexual Process

There were two main categories: A) importance of pre-sexual behaviors consisting of two subcategories of behavioral expectations and the importance of pre-sexual behaviors and B) significance of behaviors during and after the action. Concerning the importance of behaviors in the sex process, including related statements, the initial arousal phase is important. The statements made in this regard included: We danced together at a party before. The beautiful song we are listening to is going well. If she shows me love, I'd love to get in a relationship. He has to address the need for sex. There should be verbal flirting. The process of friendly massage is important to me. I like my spouse to get involved with love games and physical jokes and let us act on our fantasies. The process of

sexual massage is very important to me. I like him to caress and hug me after a sexual relationship. I want to relax after sex. It is very good to have a comfortable sleep afterward.

6. Importance of peripheral factors in facilitating sex

This theme was composed of two main categories: A) importance of environmental elements in sex and B) importance of the type of nutrition (food). The related statements in this domain were: I like a suitable place with mild light and music, a good-looking bed, and roses and fennels.

7. Emotional barriers

Emotional barriers consisted of one main category of "emotional and emotional arousal or avoidance", which included two subcategories of arousal and pressure and avoidance states. The statements made about this theme included: Having stress and being embarrassed to say your need is considered an obstacle. When the family is in mourning time, the meaning of life is disturbed. I don't like my spouse to annoy me.

8. Cognitive barriers

Cognitive barriers had just one category of "sex-mixed beliefs", which included two subcategories of cognitive rejection and cognitive inhibitors of sex. The following statements were made about this theme: When my spouse criticizes me I do not like it. She says she loves me that way, not with cosmetic surgery. A number of religious beliefs prevent from reaching full satisfaction during sex. When I am confronted with negative thoughts, I do not feel well. Fatigue is very important. Reminding of previous bad sex is an obstacle. Sex is a dirty thing. Sex is a taboo. The girl has no right to enjoy sex. Sex should end immediately.

9. Peripheral and environmental barriers

This theme consisted of one major category of "situational problem mixing" which included two subcategories of family problems and location/environment problems. The statements given about this domain were: If there are no economic problems, then sex is good. It is okay if there are no family problems or stresses. I don't like to have sex when the child or adolescent is awake and present. I didn't want others to understand. The presence of others is an obstacle. Our presence at the parents' home is a hindrance.

10. Behavioral barriers

Behavioral barriers had only one major category of "incompatible behaviors with desires and reality"

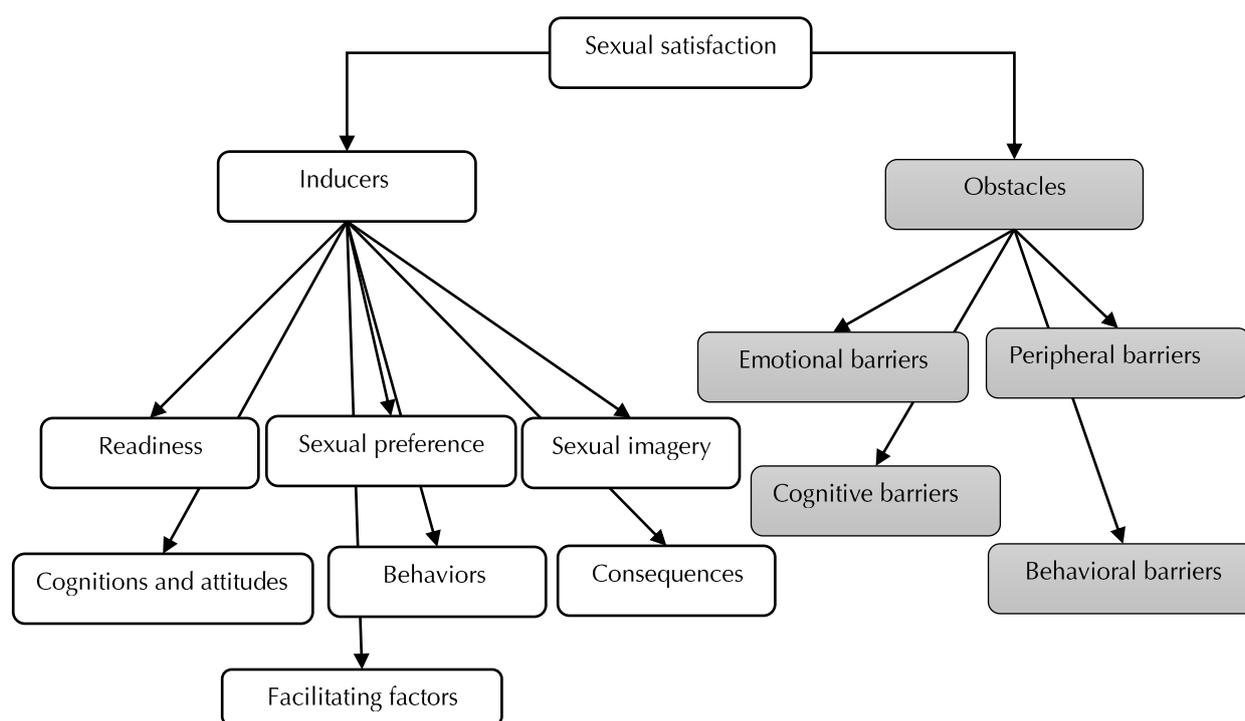


Figure 1. Iranian sexual satisfaction model

which included two subcategories of obsessive-compulsive behaviors and position-related behaviors. The related statements included: I do not like to try various positions. I dislike inappropriate and uniform position, frequent sex, and watching porn movies. It's sad that my wife is not interested in a relationship. I don't want to try to convince her to have sex. I don't like it when I'm not ready and he's biting. If he wants to be selfish he is prevented. I do not like to express my desire directly. It is annoying that my wife wants money for sex. I don't like to be obsessed with sex. I lose my self-esteem when she analyzes my body.

To examine the validity of the content of the themes, a table of contents consisting of semantic, coding, and axial units, as well as the subcategories and core categories, was provided by six psychology faculty members who were familiar with qualitative research and sexual issues. These experts confirmed the content validity of the identified themes. Overall, based on the results of this study, the Iranian sexual satisfaction model was developed as presented in Figure 1.

Discussion

Based on the thematic analysis of the interviews, a total of 11 themes with 25 main categories and 44 subcategories were obtained from the couples' statements about sexual satisfaction. The first theme was subjective and practical readiness, which

included the main categories of knowledge and information readiness (with two subcategories, including the importance of sexual knowledge and the importance of physical knowledge) and practical readiness (with the subcategory of practical training with teaching aids). The content generally included information on sexual issues, such as proper stimulation, preparation for sex, massage, contraception, body care, and the need for education about these issues through films, photos, and training programs. This finding is in line with those obtained by Litzinger et al (2012) revealing awareness and information (educational needs) as the important components of sexual health [7]. In addition, Condran (2014) introduced knowledge and information about sexual issues as important factors that affect the quality of sexual intercourse [8], which is in line with the results of the present study.

Other researchers have also found it important to be aware of pregnancy and sexual issues [9, 10], which is consistent with the research findings on the importance of mental and practical fitness for satisfactory sex. These results suggest that in order to obtain sexual satisfaction in couples, each of them should have the necessary knowledge about sex and sexual relations and be able to use this knowledge effectively during sexual intercourse. These results also indicated the necessity of changing cultural beliefs, as well as training in anxiety control and learning about sexual states and

psychological readiness. Knowledge of how to satisfy ourselves and others based on the information and knowledge we have acquired is important for starting a satisfying relationship and sexual experience. It is also helpful to know the sensitive areas of the body and have enough knowledge and information to stimulate and improve the orgasmic experience.

Other themes included the sexual preferences of the parties, which included three main categories of appearance and physical preferences (with one subcategory, namely the role of appearance and physical status in sexual intercourse), auditory and visual sensory factors (with the subcategories of olfactory role and role of voice and eye interaction), and diversity in the type of relationship (with the subcategories of the role of diversity in sex position and type). These personal preferences indicate that the other partner has his or her preferences, revealing the necessity of attraction for the partner.

This finding is in line with those reported by McNulty et al. (2016), indicating that a sexual partner that is attractive plays an important role in sexual desire and satisfaction [11]. In addition, Bois et al. (2013) reported that if couples find out that their preferences are aligned with those of their partners, their sexual desire and attraction will increase, and this tendency will lead to greater satisfaction [12]. This result is also in line with the findings of the present study highlighting the importance of sex preference as an antecedent of sexual satisfaction. Therefore, it can be argued that every person who enters a marriage has his/her own preferences that if found enjoyable by the partner, it creates more attraction and increases satisfaction.

Mental imagery was another theme that included a core theme of "enjoying the mental imagery of love and sex". These semantic units were identified as mental imagery themes as they show one's fantasies and imaginations about sex. This finding is consistent with those obtained by Plettier and Herold [13] and Davidson [14] revealing that most people have fantasies. Based on the evidence, 95% of men and women experience fantasy and sexual imagery at least once in their lives. In a study, Joyal et al. (2015) reported that sexual fantasies can occur during any sexual activities, such as petting, masturbation, and sexual intercourse, which is consistent with the theme of mental imagery [15]. It is also in line with the findings reported by Zurbriggen and Yost (2004) indicating that mental images can include the specific parts of one's body and those of the sexual partner, as well as emotional and romantic features [16]. People usually use fantasy and erotic imagery. However, some of these

fantasies and images include a partner different from the spouse, forcing or having sex, having a group or triple sexual intercourse, or observing someone else having sex. Mental imagery about sex and its associated modes and issues is commonplace. This experience can lead to increased libido, stimulation, and beneficial orgasmic experience. However, these fantasies sometimes entail some unusual events that do not happen most of the time.

Another theme identified in the present study was "positive and healthy consequences of sex", covering three main categories, including emotional outcomes of sexual intercourse, psychological need, and positive social and family relationships. Consistent with our findings, Birami et al. (2012) stated that healthy sex is an important part of personal well-being [17]. Moreover, Bolourian and Ganjloo (2007) confirmed the aesthetic and enhancing aspects of sex [18]. Therefore, based on the findings of the present study and those of previous research, it can be argued that the achievement of positive and healthy outcomes from sexual intercourse is an important component of sexual satisfaction as the last stage of the sexual cycle, which can lead to the improvement of sexual and marital relations. Therefore, it can be said that every person in his/her marital relationship has some expectations, such as relaxation, emotional drain, and joyfulness. If sex leads to pleasant and desired outcomes, it can bring a satisfying sexual experience.

The importance of cognition and attitudes was one of the important themes identified in this study. Consistent with this finding, Patterson et al. (2011) introduced some strategies, such as the selection of the right time for a relationship, lack of stress during a relationship, and relationship investment. as important factors in maintaining satisfying sex [19]. Basson (2001) found that when cognitive energy is used to focus on the enjoyment of physical intimacy, sexual satisfaction is more likely to occur [20]. In addition, McCarthy and Wald (2015), in accordance with our findings, argued that positive presumption and focus on sexual relations are critical factors for the long-term retention of sexual satisfaction [21]. In a sexual relationship, it is important to maintain long-term sexual ability and satisfaction. These indicate that each person has relevant expectations and beliefs about how to act on sex to guide the initiation of sex. In other words, these insights and attitudes tell people what kind of sex and condition can lead to a sense of satisfaction. Overall, it can be concluded that making positive assumptions and focusing on sex are important for maintaining long-term sexual ability and satisfaction.

These positive assumptions and insights can be helpful, especially when people make a mistake in a relationship. Under this condition, people can rebuild their mental structure. Among the assumptions and attitudes, loyalty, support, and unity in sex, consideration of sex as an important and essential practice in a marital relationship, and a positive attitude to marriage are the important points.

Another theme identified in the present study for the sexual satisfaction of Iranian couples was the importance of behaviors during sex. This theme was composed of two main categories, namely the importance of pre-sexual behaviors (with the subcategories of behavioral expectations and the importance of pre-sexual behaviors) and importance of pre- and post-sexual behaviors (with the subcategory of the importance of pre-sexual behaviors and the focus was on post-operative sexual behaviors). In this regard, Mirmoezi (2015), investigating the concept of sexual satisfaction in Iranian couples, introduced sexual caress as an important factor in achieving sexual satisfaction [22].

Other research has also emphasized the importance of verbal communication and expression of emotions, especially when having sex, which is consistent with the research finding highlighting the importance of sexual intercourse [23, 24]. Therefore, it can be said that an important dimension in sexual satisfaction is sexual behavior. This behavior manifests itself before, during, and after sex. This theme suggests that sexual satisfaction is not a particular point or action, rather a process that requires appropriate behaviors at specific times.

Another theme was the importance of peripheral factors facilitating sex, which included two main categories, namely the environmental elements of sex and nutrition. In a qualitative study conducted by Mirmoezi (2015), the couples had similar ideas regarding the importance of peripheral facilitating factors, such as appropriate food, soft bedding, space, and light for sexual intercourse [22]. Similarly, Ito et al. (2001) found that proper nutrition was associated with increased body mass and improved physical fitness for sexual intercourse [25]. In another study, Mark et al. (2013) pointed to the importance of economic conditions in the sexual health of couples [26]. Overall, the role of peripheral facilitators in sexual intercourse indicates the importance of considering the appropriate environment by couples for having sex. When couples are in an environment where they feel more comfortable with regard to space, light, sound, and physical comfort, they can enjoy their sexual relationship better. Therefore, sexual satisfaction is

not only limited to couples' interactions but also influenced by external and peripheral factors. This case largely indicates that sex in interaction with facilitating factors can lead to satisfaction.

Another identified theme was related to the barriers to sex. In this regard, the results of the research indicated that positive feelings and satisfaction in couples are essential for having a satisfying sexual relationship. Accordingly, the findings showed that when couples are in trouble or feel stressed, angry, uncomfortable, embarrassed, shameful, and guilty, their sexual relationship is not satisfactory [27-29]. The factors leading the sustenance of sexual dysfunction also include disorders, such as relationship anxiety, grief, communication differences, fear of intimacy, poor communication, and lack of privacy, which can impede having satisfactory sex [11, 12]. Based on the results, it can be stated that feelings, such as anger, fear, guilt, tension, and dissatisfaction, can hinder one's sexual satisfaction. As a result, experiencing satisfying sex requires a certain amount of emotional preparedness in individuals. Furthermore, such obstacles as stress, spousal discomfort, guilt, embarrassment, and mourning can impede sexual satisfaction.

Cognitive barrier was another theme identified to affect sexual satisfaction. This theme consisted of only one category, namely "sex beliefs." Ineffective thoughts and beliefs play a crucial role in interpreting information in sexual situations and experiencing desire, arousal, and orgasm. If the input stimulus is interpreted in a way that does not produce positive sexual thoughts, it is likely to produce negative outcomes. For example, if a person, on the basis of his/her religious beliefs, has previous sexual intercourse and negative intercourse conditions, the result may be sexual dissatisfaction. In addition, traumatic factors, such as separation, rape or abuse, and disabling accident, can lead to a decrease in sexual desire and satisfaction by resulting in the development of negative perceptions about sex [1]. In the area of sexuality, people have certain beliefs about normal sexual activity, sexual roles, or sexual activity. Dysfunctional thoughts and beliefs play an important role in interpreting information in sexual situations and experiencing desire, arousal, and orgasm.

Another theme was related to peripheral and environmental barriers to sexual satisfaction, which included a core category of "situational problem fusion". Similarly, McCabe et al. (2002) suggested that contextual factors, such as environmental constraints can impair a proper sexual function [1]. In addition, in a qualitative study, examining the

factors controlling and increasing sexual desire, the results showed that stress was often an annoying factor in sexual desire and was mainly induced by work (economic stress) or lack of time in both men and women [30]. Practically, stress and fatigue caused by economic pressures can prevent a satisfactory sexual experience because it deprives the person of time and energy [31]. In addition, external factors affect the quality of sexual intercourse and impede the experience of sexual satisfaction. The presence of children or others practically limits the proper environmental conditions for sex. In Iranian culture, sex is a very private affair. Even, a public discussion about this practice may be accompanied by shame and embarrassment; accordingly, the couples may be embarrassed about it.

Finally, the last theme identified was related to behavioral barriers to sexual satisfaction. This theme expresses behaviors that one perceives to be opposed to, leading to an unpleasant feeling in individuals and preventing them from experiencing enjoyable sex. In other words, if the behavior of a spouse is perceived unacceptable, it can lead to discomfort. Consistent with this finding, Roshan et al. (2014) stated that having mental and physical fitness for a sexual relationship leads to satisfaction [32]. In this regard, sex drive and desire in only one partner is not enough to have a satisfactory sexual relationship and can be unpleasant and harmful to the other partner. In other words, sex should be ultimately satisfying for both couples. In addition, uniformity in sexual behaviors is consistently associated with difficulty in maintaining sexual desire [33, 34]. The ability to have a degree of independence in relationships and maintain a personal identity can have a positive impact on sexual satisfaction.

Based on the evidence, independence allows for the development of innovation and is an obstacle to uniformity and nonstimulation of sexual desire [35]. The lack of diversity in the relationship can also reduce the desire for intimacy in couples [36]. Overall, it could be said that some of the factors preventing from sexual satisfaction include spousal repulsion, sexual coercion, selfish behavior, a direct request from the other partner, money demanding for sex, obsession and sexual analysis of the spouse, frequent and inappropriate change of sex position, uniformity, and lack of verbal and behavioral stimulation.

Conclusions

The results of the present study confirmed that sexual satisfaction is not a one-dimensional, finite, and constant structure, rather it is a

multidimensional, process-driven, and variable construct. Owing to its multidimensionality, it is affected by cognition, emotion, behavior, and environment. These dimensions can both facilitate and hinder sexual satisfaction. These facilitators and barriers can be intrinsic or extrinsic. It is, therefore, a process that is based on various behaviors, cognitions, emotions, and related beliefs and is formed through an intimate (marital) relationship that goes beyond a mere sexual relationship. In other words, this construct is not a fixed point, rather a dynamic structure. Accordingly, the couples indicated the importance of the procedural steps required for the achievement of sexual satisfaction, including preparation, pre-conditioning, performing specific behaviors and fantasies during intercourse, and caress and companionship after the sexual relation.

The variability of this construct is due to the fact that it is not a fixed, unified, and shared structure among individuals, and that it varies from person to person. In addition, as the structure is affected by situational, cultural, and environmental factors, it is relative. This is partly understandable given the variety of outcomes mentioned by married people in the present study. In this regard, while for one person, satisfying sex means sheer relaxation, for another, it means reaching a higher level of love in the relationship. The other dimension of variability is that it does not consist of fixed behaviors, cognitions, and emotions in individuals, and each individual may have a different set of cognitions, emotions, and behaviors.

To summarize sexual satisfaction in Iranian couples in a paradigmatic model, it can be said that mental and practical fitness is an effective factor in this regard since it involves a range of related skills, abilities, and knowledge that can lead to the experience of sexual satisfaction. These skills can include knowledge about and ability to do some practices, such as positions, massages, causing, orgasm, and sexual creativity. Knowledge about sexual cognition and body physiology, familiarity with the psychological characteristics of the spouse, ability to manage anxiety, and understanding of sexual issues and states can be important in achieving sexual satisfaction. Therefore, mental and practical fitness is a set of individual abilities that can lead to the experience of sexual satisfaction.

Sexual preferences were also found to act as mediators in the paradigmatic model. Accordingly, they were included as a mediating factor in the model. They consisted of opposing or interpersonal characteristics ranging from physical features and types of coverage to a variety of mutual interactions, such as oral sex, positions, and eye contact. In other

words, if the partner has sexual preferences, it can make sex more enjoyable. Barriers, mental imagery, cognitions, and attitudes, as well as behaviors, such as strategies and reactions, were included in the paradigmatic model. These generally include cognitive, emotional, behavioral, and environmental reactions and interactions with sex that can affect the quality of sex. The simplification and realization of these strategies can lead to an experience of sexual satisfaction. In other words, every person in a sexual relationship has a variety of behavioral, cognitive, emotional, and environmental perspectives. This diversity can enhance the sex experience by acting either as a facilitator or inhibitor of sex quality. Finally, the theme of positive and healthy sexual consequences was included in the paradigmatic model. Positive and healthy outcomes are an integral part of sexual satisfaction. If sex brings about positive and healthy consequences, such as emotional discharge, mental relaxation, confidence, and empowerment, sexual satisfaction will also increase as it has a pleasant outcome.

Ethical Considerations

The authors declare that the submitted manuscript was derived from a Ph.D. dissertation with the ethical code of 930548177 assigned by the Ethics Committee of Biomedical Research, Islamic Azad University of Isfahan, Khorasgan Branch, Isfahan, Iran.

Acknowledgments

The authors wish to thank the officials of the Islamic Azad University of Isfahan for their friendly cooperation through the administrative processes of this research.

Funding/Support

This research did not receive any specific grant from funding agencies in the public, commercial, or nonprofit sectors.

Authors' contributions

Conceptualization: Samira Sadat Rasouli and Mohsen Golparvar
 Methodology: Samira Sadat Rasouli
 Investigation: Samira Sadat Rasouli
 Writing the original draft: Samira Sadat Rasouli and Mohammad Arash Ramzani
 Writing review and editing: Samira Sadat Rasouli
 Funding acquisition: Mohsen Golparvar and Jafar Hasani
 Supervision: Mohsen Golparvar

Conflicts of Interest

The authors declare no conflict of interest.

References

- McCabe MP. Relationship functioning and sexuality among people with multiple sclerosis. *Journal of Sex Research*. 2002; 39(4):302-9. [DOI:10.1080/00224490209552154]
- Higgins JA, Trussell J, Moore NB, Davidson JK. Virginity lost, satisfaction gained? Physiological and psychological sexual satisfaction at heterosexual debut. *Journal of Sex Research*. 2010; 47(4):384-94. [DOI:10.1080/00224491003774792] [PMID] [PMCID]
- Basson R. The female sexual response: a different model. *Journal of Sex & Marital Therapy*. 2000; 26(1):51-65. [DOI:10.1080/009262300278641] [PMID]
- Berg JA. Dimensions of sexuality in the perimenopausal transition: a model for practice. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*. 2001; 30(4):421-8. [DOI:10.1111/j.1552-6909.2001.tb01561.x] [PMID]
- Rahmani A, Khoei EM, Ghohi LA. Sexual satisfaction and its relation to marital happiness in Iranians. *Iranian Journal of Public Health*. 2009; 8(4):77-82.
- Qaisari S, Karimian N. Evaluation of the causal model of sexual satisfaction based on marital quality variables, satisfaction with relationship, sexual anxiety, sexual intercourse and frequency in female married female students of Bandar Abbas. *Journal of Counseling and Psychotherapy*. 2014; 16(2):85-106.
- Litzinger S, Gordon KC. Exploring relationships among communication, sexual satisfaction, and marital satisfaction. *Journal of Sex & Marital Therapy*. 2005; 31(5):409-24. [DOI:10.1080/00926230591006719] [PMID]
- Condran B. Addressing the dimensions of sexual health: a review of evaluated sexual health promotion interventions. National Collaborating Centre for Infectious Diseases, Canada; 2014.
- Edwards WM, Coleman E. Defining sexual health: a descriptive overview. *Archives of Sexual Behavior*. 2004; 33(3):189-95. [DOI:10.1023/B:ASEB.0000026619.95734.d5] [PMID]
- Sandfort TG, Ehrhardt AA. Sexual health: a useful public health paradigm or a moral imperative? *Archives of Sexual Behavior*. 2004; 33(3):181-7. [DOI:10.1023/B:ASEB.000026618.16408.e0] [PMID]
- McNulty JK, Wenner CA, Fisher TD. Longitudinal associations among relationship satisfaction, sexual satisfaction, and frequency of sex in early marriage. *Archives of Sexual Behavior*. 2016; 45(1):85-97. [DOI:10.1007/s10508-014-0444-6] [PMID] [PMCID]
- Bois K, Bergeron S, Rosen NO, McDuff P, Grégoire C. Sexual and relationship intimacy among women with provoked vestibulodynia and their partners: associations with sexual satisfaction, sexual function, and pain self-efficacy. *The Journal of Sexual Medicine*. 2013; 10(8):2024-35. [DOI: 10.1111/jsm.12210] [PMID]
- Pelletier LA, Herold ES. The relationship of age, sex guilt, and sexual experience with female sexual fantasies. *Journal of Sex Research*. 1988; 24(1):250-6. [DOI:10.1080/00224498809551420] [PMID]
- Davidson JK, Darling CA, Norton L. Religiosity and the sexuality of women: sexual behavior and sexual satisfaction revisited. *Journal of Sex Research*. 1995; 32(3):235-43. [DOI:10.1080/00224499509551794]
- Joyal CC, Cossette A, Lapiere V. What exactly is an unusual sexual fantasy? *The Journal of Sexual Medicine*. 2015; 12(2):328-40. [DOI:10.1111/jsm.12734] [PMID]
- Zurbriggen EL, Yost MR. Power, desire, and pleasure in sexual fantasies. *Journal of Sex Research*. 2004; 41(3):288-300. [DOI:10.1080/00224490409552236] [PMID]
- Beyrami M, Fahimi S, Akbari A, Amiri Pichakolae A. Prediction marital satisfaction based on attachment styles and differentiation. *Journal of Mental Health Principle*. 2014; 14(1):64-77.
- Bolourian Z, Ganjloo J. Evaluating sexual dysfunction and some related factors in women attending Sabzevar Health Care Centers. *Journal of Reproduction & Infertility*. 2007; 8(2):163-70.
- Petersen JL, Hyde JS. Gender differences in sexual attitudes and behaviors: a review of meta-analytic results and large datasets. *Journal of Sex Research*. 2011; 48(2-3):149-65. [DOI:10.1080/00224499.2011.551851] [PMID]
- Basson R. Using a different model for female sexual response to address women's problematic low sexual desire. *Journal of Sex & Marital Therapy*. 2001; 27(5):395-403. [DOI:10.1080/713846827] [PMID]
- McCarthy B, Wald LM. Mindfulness and good enough sex. *Sexual and Relationship Therapy*. 2013; 28(1-2):39-47. [DOI:10.1080/14681994.2013.770829]

22. Mirmoezi N. Understanding sexual satisfaction experience from the perspective of Iranian married men and women. [Master Thesis]. Tehran: Shahid Beheshti University; 2015.
23. Twenge JM, Sherman RA, Wells BE. Changes in American adults' sexual behavior and attitudes, 1972–2012. *Archives of Sexual Behavior*. 2015; 44(8):2273–85. [DOI:10.1007/s10508-015-0540-2] [PMID]
24. Gallegos EC, Villarruel AM, Gómez MV, Onofre DJ, Zhou Y. Research brief: sexual communication and knowledge among Mexican parents and their adolescent children. *Journal of the Association of Nurses in AIDS Care*. 2007; 18(2):28–34. [DOI:10.1016/j.jana.2007.01.007] [PMID] [PMCID]
25. Ito TY, Trant AS, Polan ML. A double-blind placebo-controlled study of ArginMax, a nutritional supplement for enhancement of female sexual function. *Journal of Sex & Marital Therapy*. 2001; 27(5):541–9. [DOI:10.1080/713846828] [PMID]
26. Mark KP, Jozkowski KN. The mediating role of sexual and nonsexual communication between relationship and sexual satisfaction in a sample of college-age heterosexual couples. *Journal of Sex & Marital Therapy*. 2013; 39(5):410–27. [DOI:10.1080/0092623X.2011.644652] [PMID]
27. Gadassi R, Bar-Nahum LE, Newhouse S, Anderson R, Heiman JR, Rafaeli E, Janssen E. Perceived partner responsiveness mediates the association between sexual and marital satisfaction: a daily diary study in newlywed couples. *Archives of Sexual Behavior*. 2016; 45(1):109–20. [DOI:10.1007/s10508-014-0448-2] [PMID]
28. McCarthy BW, McCarthy E. *Discovering your couple sexual style: the key to sexual satisfaction*. London: Routledge; 2009.
29. Frederick DA, Lever J, Gillespie BJ, Garcia JR. What keeps passion alive? Sexual satisfaction is associated with sexual communication, mood setting, sexual variety, oral sex, orgasm, and sex frequency in a national US study. *The Journal of Sex Research*. 2017; 54(2):186–201. [DOI:10.1080/00224499.2015.1137854] [PMID]
30. Scott VC, Sandberg JG, Harper JM, Miller RB. The impact of depressive symptoms and health on sexual satisfaction for older couples: Implications for clinicians. *Contemporary Family Therapy*. 2012; 34(3):376–90. [DOI:10.1007/s10591-012-9198-2]
31. Trudel G. Sexuality and marital life: results of a survey. *Journal of Sex & Marital Therapy*. 2002; 28(3):229–49. [DOI:10.1080/009262302760328271] [PMID]
32. Roshan Chesli R, Mirzaei S, Nickazin A. Validity and reliability of the multidimensional scale of women's sexual satisfaction (SSSW) in a model of Iranian women. *Clinical Journal of Clinical Psychology and Personality*. 2014; 2(10):129–40.
33. Carvalho J, Nobre P. Biopsychosocial determinants of men's sexual desire: testing an integrative model. *The Journal of Sexual Medicine*. 2011; 8(3):754–63. [DOI:10.1111/j.1743-6109.2010.02156.x] [PMID]
34. Byers ES. Relationship satisfaction and sexual satisfaction: a longitudinal study of individuals in long-term relationships. *Journal of Sex Research*. 2005; 42(2):113–8. [DOI:10.1080/00224490509552264] [PMID]
35. Acele EÖ, Karaçam Z. Sexual problems in women during the first postpartum year and related conditions. *Journal of Clinical Nursing*. 2012; 21(7–8):929–37. [DOI:10.1111/j.1365-2702.2011.03882.x] [PMID]
36. Dundon CM, Rellini AH. More than sexual function: predictors of sexual satisfaction in a sample of women age 40–70. *The Journal of Sexual Medicine*. 2010; 7(2):896–904. [DOI:10.1111/j.1743-6109.2009.01557.x] [PMID]