

**AN EXPLORATION OF
MARITAL SATISFACTION,
LOCUS OF CONTROL, AND SELF-ESTEEM
AS PREDICTORS OF SEXUAL SATISFACTION**

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ÇAĞLA BASAT

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Approval of the Graduate School of Social Sciences

Prof. Dr. Sencer Ayata
Director

I certify that this thesis satisfies all the requirements as a thesis for the Degree of Master of Science

Assoc. Prof. Dr. Nebi Sümer
Chairperson of the
Department

This is to certify that we have read this thesis and that in our opinion it is fully adequate, in scope and quality, as a thesis for the degree of Master of Science

Assoc. Prof. Dr. Hürol Fıfılođlu
Supervisor

Examining Committee Members

Assoc. Prof. Dr. Faruk Gençöz

Assoc. Prof. Dr. Hürol Fıfılođlu

Assoc. Prof. Dr. İhsan Dađ

I hereby declare that all information in this document has been obtained and presented in accordance with academic rules and ethical conduct. I also declare that, as required by these rules and conduct, I have fully cited and referenced all material and results that are not original to this work.

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Signature :

ABSTRACT

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Basat, Çağla

M.S., Department of Psychology

Supervisor: Assoc. Prof. Dr. Hürol Fıfılođlu

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The major problems that this study addressed were, the identification of which predictor variables account for a significant proportion of the variance in the criterion variable sexual satisfaction, as well as the group differences on the sexual satisfaction, marital satisfaction, locus of control, and self-esteem. In the current study, a sample which was composed of 200 married persons was investigated. Results revealed that, gender, education level, and interaction of these variables differentiated the groups on both the sexual satisfaction and marital satisfaction. However, only the main effect of education level differentiated the groups on the locus of control. Additionally, gender and education level differentiated the groups on the self-esteem. Marital satisfaction, locus of control, self-esteem, length of marriage, intercourse frequency and orgasm frequency significantly predicted the sexual satisfaction. Findings of the present study were discussed in the light of the relevant literature.

Keywords: Sexual Satisfaction, Marital Satisfaction, Locus of Control, Self-Esteem, Demographic Characteristics.

ÖZ

CİNSEL DOYUMUN , EVLİLİK DOYUMU, KONTROL ODAĞI VE KENDİLİK DEĞERİ ÜZERİNDEN YORDANMASI

Basat, Çağla

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Bu araştırmanın temel amacı, cinsel doyum üzerindeki varyansı anlamlı bir şekilde yordayan değişkenlerin tesbit edilmesi ve ayrıca, cinsel doyum, evlilik doyumunu, kontrol odağı ve kendilik değeri değişkenleri üzerinde gruplar arasında anlamlı fark olup olmadığının belirlenmesidir. Bu çalışmada 200 evli denekten oluşan bir örneklem incelenmiştir. Araştırma sonuçları, cinsiyet ve eğitim düzeyi değişkenlerinin temel etkileriyle, bu değişkenlerin ortak etkisinin gerek cinsel doyum gerekse evlilik doyumunu üzerinde anlamlı fark yarattığını göstermiştir. Öte yandan, bu değişkenlerden sadece eğitim düzeyi kontrol odağı üzerinde anlamlı fark yaratmıştır. Ayrıca, kendilik değeri üzerinde cinsiyet ve eğitim düzeyi değişkenlerinin temel etkileri anlamlı bulunmuştur. Araştırmanın sonuçları ayrıca, evlilik doyumunu, kontrol odağı, kendilik değeri, evlilik süresi, cinsel ilişki sıklığı ve orgazm sıklığı değişkenlerinin cinsel doyumunu anlamlı bir biçimde yordadığını ortaya koymuştur. Araştırmadan edinilen sonuçlar ilgili literatür ışığında tartışılmıştır.

Anahtar Kelimeler: Cinsel Doyum, Evlilik Doyumu, Kontrol Odağı, Kendilik Değeri, Demografik Özellikler.

DEDICATION

This study
is dedicated to my mother,
ASUMAN BASAT
for her endless and unconditional love
as well as
for teaching me every moment what the real love is...

My Mother's Garden

My mother kept a garden,
a garden of the heart,
She planted all the good things
that gave my life its start

She turned me to the sunshine
and encouraged me to dream,
Fostering and nurturing
the seeds of self-esteem

And when the winds and rain came,
she protected me enough,
But not too much because she knew
I'd need to be strong and tough.

Her constant good example
always taught me right from wrong;
Markers for my pathway
that will last a lifetime long.

I am my Mother's garden.
I am her legacy-
And I hope today she feels the love
reflected back from me.

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CHAPTER 1

INTRODUCTION

Human beings are special with their tendency to have a sexuality which do not resulted from a totally biological and reproduction-oriented instict (Kayır, Yüksel, & Tükel, 1987). Humans are different from most of other animals by having a non-reproductive sexuality. They usually regard sex as an instrument of communication, and a way of expressing different kinds of emotions such as intimacy, love, anger and agression (Barash & Lipton, 2002) as well as an activity which is comforting and pleasurable (Means, 2000).

Sexuality is more than the person's genital functioning (Whipple & McGreer, 1997; cited in Samelson & Hannon, 1999). Recently, some researchers (e.g., Samelson & Hannon, 1999) point the shift in the models of sexuality. Although early models of sexuality emphasize the physiological responses such as arousal and orgasm, recent models exhibit a more comprehensive view which includes relationship factors. Additionally, some other researchers hold the belief that sexuality must be regarded as a biopsychosocial phenomenon (Kring, 2000).

All humans have sexual expressions in their development and their lives (Dziegielewski & Resnick, 1998). Moreover, sex has existed in all cultures and also in all eras through history (Bhugra & de Silva, 1993; cited in Bhugra & de Silva, 1995). However, experience of sexuality is private and personal. All persons have unique thoughts and feelings on sexuality (Masters, Johnson, & Kolodny, 1995).

Since sex takes part in the lives of all human beings, some researchers claim that it is totally a natural function (Southern, 1999). On the contrary, however, there are some researchers who suggest that although sex has biological roots, it is a learned or at least culturally shaped behavior (Bird &

Melville, 1994; Kayır, Yüksel, & Tükel, 1987). Some researchers point the findings which shows that learning experiences such as being more experienced on sex (Kimes, 2001) and cultural effects (Baumeister & Twenge, 2002; Bhugra & de Silva, 1995; Bird & Melville, 1994; Johnson, 2001; Masters, Johnson, & Kolodny, 1995; Read, 1995; Rosenthal, 1998; Socher, 1999) play an important role on the experience of sexuality.

Although all humans experience some kind of sexuality, very few seems totally satisfied with their sexuality (Barash & Lipton, 2002). Many sexual problems have multiple origins which can be organic (such as spinal injuries, strokes and menopause) psychological (such as stress, depression and anxiety) or relationship related (such as distrust and lack of communication) (Crowe, 1995).

Ackerman (1995) states that, since sexuality is a very complex phenomenon, researchers recently pay attention to the cognitive, relationship related and sociocultural determinants of sexual problems. However, sexuality research has not provide an integral and complete information which can help a better understanding of sexual satisfaction and sexual dissatisfaction. On the other hand, there are many questions remain to be answered which points to the role of psychology in resolving sexual problems.

In terms of sexual problems, it is also stated that, people's concerns on sexual health and satisfaction have increased due to some developments such as frequent divorce rates and sexually transmitted diseases (Ackerman, 1995). In addition Hawton (1985) points that demand for treatment of sexual problems has increased in the last several decades because of the increased public knowledge of effective treatments.

Sexual satisfaction is defined as "An affective response arising from one's subjective evaluation of the positive and negative dimensions associated with one's sexual relationship" (Lawrence & Byers, 1995; cited in Timm, 1999, p.17). Sexual satisfaction might be classified on a continuum with two ends which are being 'totally satisfied' and 'totally unsatisfied' with sexuality. From this point of view, sexual problems and sexual dysfunctions take place near the 'totally

dissatisfied' end. According to Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) normal sexual function includes desire, arousal, orgasm and resolution phases (American Psychiatric Association, 1994). Sexual dysfunction is manifested by absence or dissatisfaction of one or more of these phases (Kohn & Kaplan, 2000; Samelson & Hannon, 1999). On the other hand, some researchers (Zibergeld & Ellison, 1989; cited in Samelson & Hannon, 1999) suggest "satisfaction" as an additional phase of normal sexual functioning and they claim that satisfaction does not depend on orgasm but also an overall evaluation of how satisfying the sexual experience is.

Wincze and Carey (1991; cited in Rosen and Leiblum, 1995) criticize the tendency of sexuality research to classify sexual health as "functional" or "dysfunctional" which may lead to ignorance of individual or interpersonal satisfaction. There are many studies (e.g., Anson, 1995; Asch-Goodkin, 2001; Bhugra & de Silva, 1995; Butcher, 1999; Chu & Edelman, 2001; Crowe, 1995; de Silva, 1994; Dziegielewski & Resnick, 1998; Ensign, 2001; Gregoire, 1999; Kohn & Kaplan, 2000; Kleinplatz, 1998; Kring, 2000; Munnariz, Berman, Goldstein & Jefferson, 2000; Read, 1995; Southern, 1999; Watson & Davies, 1997) in the literature that investigate the causes, prevalence and treatment of sexual dysfunctions which indicates researchers' interest on sexual problems instead of sexual satisfaction. Similarly, sexuality research seems to be more interested in clinical couples instead of non-clinical couples. It has been criticized that little research has investigated components of sexual satisfaction in non-clinical samples (Timm, 1999). However, as Pazak (1997) noted, couples may experience some kinds of sexual dissatisfaction which does not meet the criteria of sexual dysfunction. In the light of the relevant literature it is clear that there is a need to conduct studies on sexual satisfaction of non-clinical couples. Similarly, since research in Turkey is also commonly interested in clinical couples and sexual dysfunctions (Kabakçı & Batur, 2002; Kabakçı & Daş, 2002; Kayır, Yüksel, & Tükel, 1987; Uçman, 1982), conducting a study on non-clinical couples' sexual satisfaction seems necessary.

Current literature indicates that sexual satisfaction can be affected by several factors, one of which is gender. It is stated that, women and men

experience sexuality differently and they have different sexual needs, expectations, and feelings (Barash & Lipton, 2002). However, the difference between the sexual satisfaction of men and women are not consistently found. Some studies indicate that women have greater sexual satisfaction (Renaud & Byers, 1997) however some report the opposite (Kabakçı & Daş, 2002). Moreover, some researchers (Oliver & Hyde, 1993; Timm, 1999) found no gender difference in sexual satisfaction. Studies also indicated that, sexual satisfaction is negatively related to age (Çetin, 1995), lower education level (Çetin, 1995; Meadow, 1982), and length of marriage (Colebrook Seymour, III, 1998), and positively related to sexual intercourse frequency (Meadow, 1982) and orgasm frequency (Meadow, 1982). Examining the association between these variables and sexual satisfaction might contribute to the existing literature.

The reason why people get married may be better understood in the concept of the need to belong. Baumeister & Leary (1995) suggests that need to belong is a very powerful motive which leads people to have social attachments and to form and maintain enduring interpersonal relationships. Having a long-term intimate relationship generally produces positive emotions. However, losing attachments generally results in pain and disappointment even if there is no plausible reason to maintain them. Furthermore, even if maintaining the relationship is too costly, people resist to lose that attachment. On the other hand, the need of belongingness can just be meet in pleasant or satisfactory relationships. Baumeister & Leary (1995) also claim that, belongingness positively affects the health and well-being. Physical and psychological problems are commonly seen in the case of unsatisfied need of belongingness. Similarly, Murray, Rose, Bellavia, Holmes, & Kusche (2002) believes that, an intimate's love and acceptance satisfies the need of belongingness and affirm the worthiness of the self. On the other hand, attaching to somebody makes people vulnerable to the pain of possible rejection and indirectly threat the self.

Rho (1989) defined marital satisfaction as "...a subjective evaluation by an individual of the degree of happiness, pleasure, or fulfillment experienced within the marital relationship between spouse and self" (p.5). Marital happiness is found to be associated with physical and psychological health (Kiecolt-Glaser &

Newton, 2001; Wood, Rhodes, & Whelan, 1989). In addition, the benefits associated with marriage are greater for women than they are for men (Wood, Rhodes, & Whelan, 1989). These positive effects that are related to marital happiness may be better understood with the following statement: "A supportive romantic or marital partner acts as a kind of buffer or barrier between us and the problems of life" (Bird and Melville, 1994, p.61).

On the other hand, while some marriages are happy, some others "begin as a source of satisfaction, but often end as a source of frustration" (Karney & Bradbury, 1995, p.1). Although there are satisfactory marriages, there are also marriages which suffers from marital discord or which results in divorce. Amato & Booth (2001) reported that, parents' marital discord is transmitted to their offspring's marriage. This transmission leads to a decrease in marital harmony and an increase in marital discord. Researchers argue this finding from the view of the social learning perspective, by suggesting that children observe and learn negative interpersonal styles from their parents. Moreover, they are less likely to learn positive behaviors which facilitates satisfying relationships, such as showing support or successfully resolving the conflicts.

Literature indicates several variables related to marital satisfaction. Dökmen & Tokgöz (2002) found that there is a positive relationship between marital satisfaction and education level. That is, subjects with university degree reported higher marital satisfaction when they compared to their counterparts with high-school degree. Additionally, in terms of the relationship between marital satisfaction and gender, inconsistent results were reported. Although some studies reported that husbands have greater marital satisfaction than wives (Gökmen, 2001; Lee, 1999) some reported no gender difference on marital satisfaction (Çelik, 1997; Dökmen & Tokgöz, 2002).

In the light of these findings, it may be concluded that predicting the factors which affects the marital satisfaction is necessary. However, current research on this subject is not satisfactory to predict which married couples stay together and which separate or divorce (Gottman, 1993). Questions such as "What differentiates a happy marriage from an unhappy one?" and "What

qualities that maritally satisfied couples have but others do not?" are still remains unanswered.

The association between marriage and sexuality also takes place in the current literature. Sexuality is regarded as one of the most important elements in a marital relationship (Masters, et al., 1995). Crowe (1995) suggests that, sexual relationship of the couple can be seen as a kind of microcosm of the general relationship. If general relationship is not satisfactory, sexual relations between partners are affected negatively. Similarly, according to Klemer (1970), good sexual adjustment generally depend on a good marital relationship. In the same way, Southern (1999) claims that, current technological improvements give different opportunities, such as medicalizations, for everyone to have a satisfying sexual life. However, these opportunities do not assure a satisfying interpersonal relationship.

It is also reported that sexual problems negatively affect the intimate relationships (Dziegielewski & Resnick, 1998). Some researchers claim that, sexual problems must be treated in the relationship in which the problems are experienced (Crowe, 1995; Watson and Davies, 1997) since sexual problems usually occur in discordant relationships (Hawton, 1985).

Although the sexual satisfaction and marital satisfaction have reciprocal contributions on each other, issues such as marital sex and the relationship between marital and sexual satisfaction do not seem to be studied widely. Cristopher & Sprecher (2000) claims that although there is an increased interest in sexuality within a relational context in recent years, sexual relationship in the marriage has not been the interest of many research. Authors state that since sexual activity in marriage is socially approved and sex and marriage are linked, marital sex is not viewed as a problem or as a phenomenon that can be result in negative outcomes, which may be the reason of this restricted interest on marital sex. Likewise, Apt, Hurlbert, & Clark (1994; cited in Hayden, 1999) states that, sexual behavior in marriage is between the most neglected search subjects in the sexology research. Similarly, Masters, et al. (1995) also emphasizes the relationship between marital satisfaction and sexual satisfaction. Authors states that, it is unclear that how does the marital satisfaction of the couple affects their

sexual satisfaction, and also how a couple's sexual satisfaction contributes to their overall marital satisfaction. They also claim that, everyone has their own feelings and judgements on their marital and sexual life which needs special inquiry to be understood. Although marital and sexual satisfaction needs special inquiry, there is no complete knowledge on these subjects since little research has been done on them. In the same way, there is no large amounts of studies on marital satisfaction and sexual satisfaction, as well as their association, in Turkey. However, even limited numbers of studies (e.g. Gökmen, 2001) indicates that, it may be useful to examine these variables. In the light of these above findings and suggestions, it is clear that there is a need to conduct studies on marital and sexual satisfaction in Turkey.

In addition to the sex and marriage, people have always interested in the causality. History reflects stories and myths on events which are controlled by gods, fate, and people's own behaviors (Rotter, 1990). Similarly, psychology is also interested in the causality. There is a growing interest in people's causal explanations and expectations on future events in recent decades (Madden & Janoff-Bulman, 1981; Shapiro, Schwartz, & Astin, 1996). Large amount of books and articles on theory, research, and applications of control have been published and many constructs related to control have been developed and explored (Shapiro, et al., 1996). A simple internet search including the terms "locus of control" in a psychological articles database brings thousands of relevant results out.

Specifically, as it is defined as a "generalized expectancy of internal or external control of reinforcement" (Lefcourt, 1976, p.29) in social learning theory, locus of control construct has become a very popular and widely examined personality concept in psychology (Judge, Erez, Bono, & Thoresen, 2002; Rotter, 1990). Literature indicates that locus of control is relevant with gender (Lachman & Weaver, 1998) and education level (Nurmi, Pulliainen, & Salmela-Aro, 1992). That is, being a male and having higher levels of education were found to be positively related to internal locus of control. Additionally, internal locus of control is found to be related to more satisfactory interpersonal relationships (Crandall & Crandall, 1983; cited in Carton & Nowicki Jr., 1994). However, although its

popularity, the role of locus of control construct in interpersonal relationships, especially sexual and marital relationships have not been very popular. Whereas, holding a belief that personal efforts would be effective for one's own satisfaction might be important when considering one's marital and sexual satisfaction (Lefcourt, 1976). In fact, even few studies conducted on the association between the interpersonal relationships and locus of control clearly demonstrates the importance of considering such an association between these variables.

According to Ross (1991) although marriage has a powerful effect on the sense of control, the relationship between marriage and sense of control is widely ignored. However, marriage may increase the sense of control by providing greater social and economic resources as well as social support and decrease it by limiting autonomy, freedom and independence.

Madden & Janoff-Bulman (1981) claimed that, blaming the spouse for marital problems is associated with low perceived control which may result in poor coping and indirectly, marital dissatisfaction. On the other hand, if a spouse blame him/herself for a negative event, s/he may believe that he can control such similar situations next time. After their study on married women, Madden & Janoff-Bulman (1981) reported that the most satisfied wives were those who don't blame their husbands and who feel they have control over the negative marital events. However, wives who are blaming their husbands regard the marital problems as relatively unresolvable and the marriage as unsatisfying. Moreover, it is claimed that, not assuming responsibility for one's own problems and discomforts, and blaming the other spouse for the tensions and unhappiness in marriage generally result in marital conflict and prevents a meaningful marital relationship (Berg-Cross, 2001; Lantz & Snyder, 1969). Berg-Cross (2001) claims that instead of seeing oneself as a victim of the environment or others, one must see him/herself as the one who is capable of making the situations better.

It is also reported that, the most satisfactory and less conflictual marriages occur among spouses who feel they have control over marital events (Myers, 1999). Moreover, it is concluded that, internal locus of control is generally found to facilitate better interpersonal relationships (Crandall & Crandall, 1983; cited in Carton & Nowicki Jr., 1994). On the contrary, external locus of control

was found to be related to higher frequency of negative tactics to resolve conflict, being less committed to the relationship, lower levels of marital satisfaction and higher levels of verbal aggression, physical violence, and angry response style (Scanzoni & Amett, 1987; Winkler & Doherty, 1983) (cited in Myers, 1999). Furthermore, it is concluded that, for spouses with greater sense of control, it is less likely to expect their marriage would end in separation (Lachman & Weaver, 1998).

Based on the literature, it can be said that, the causal attributions or control senses of the individuals may affect the sexual or marital satisfaction. If one's sense of control is high, in other words, if s/he has an internal locus of control, it can be expected that s/he can get the responsibility of his/her life and try to change the conditions to make him/herself more satisfied with his/her marital and sexual relationship.

Literature also shows a positive relationship between high self-esteem and internal locus of control (Fish & Karabenick, 1971; Sathyavati & Anthony, 1984) (cited in Bednar & Peterson, 1995). Self-esteem also was found to be related with gender. Josephs, Markus, & Tafarodi (1992) claim that, self-esteem is open to cultural constructions and gender-appropriate norms. Thus, women and men may develop different types of self-concepts. They suggest that, for women, being interconnected with other people (especially valued and important others) and relations with them are crucial elements of the self. Whereas, men are more likely to value individuation, independence or autonomy. On the other hand, gender differences in self-esteem are not consistently found (Maccoby & Jacklin, 1974; cited in Voss, Markiewicz, & Doyle, 1999) and data which is indicating that one gender has greater self-esteem or there is no gender difference on self-esteem exists (Voss, et al., 1999).

Osborne (1993b; cited in Osborne, 1996) defines self-esteem as "A relatively permanent positive or negative feeling about self that may become more or less positive or negative as individuals encounter and interpret successes and failures in their daily lives" (p.76). That is, self-esteem is an evaluative interpretation of how an individual feels about the features defining him. Although they differ in quantity and quality of self-esteem (Osborne, 1996)

all individuals have a self-esteem. Individuals may also differ in domains on which their self-esteem is based primarily. Women are emphasized with their tendency to be interconnected with other people and experiencing intimate relationships with them, which is crucial for their construction of self. On the contrary, individuation, independence and autonomy are emphasized in terms of men's self-esteem (Josephs, Markus, & Tafarodi, 1992). Based on these suggestions, it can be claimed that interpersonal relationships, have greater importance for women and they are more vulnerable to specific relational problems. However, dissatisfaction in intimate relationships may affect less negatively the men who don't make a big investment for a relationship on their self-esteem.

However, research on self-esteem fails to offer a complete understanding of its relationship with interpersonal relationships. Literature offers many findings on the relationship between self-esteem and other potentially important variables but the role of self-esteem in romantic and sexual relationships has not been popular. In a similar vein, the role of interpersonal and sexual relationships on self-esteem is also ignored. Although, people choose their romantic and marital partners in terms of their selves (Rose, 1996) the qualities differentiating the high self-esteem and low self-esteem people in interpersonal relationships has not been specified. However, there are few studies indicating a relationship between self-esteem and sexual performance of males (Stimson, Stimson, and Dougherty, 1980), marital adjustment (Voss, Markiewicz, & Doyle, 1999), experiencing more satisfactory relationships (Thornton & Ryckman, 1991) and marriages (Roberts & Donahue, 1994). It is also suggested that people with low self-esteem are more likely to protect him/herself against everyone. They may have a tendency to have only superficial relationships (Osborne, 1996).

Murray, et al. (2002) believe that, all human-beings, especially people with low self-esteem, need belongingness and acceptance. However, ironically, regardless of how much acceptance and love they get, low self-esteem people always experience a perceived risk of rejection since they regard themselves as unworthy. They want to protect themselves from others which results in quickly perceiving signs of rejection. Fear of rejection leads the person distance

him/herself from his/her partner by devaluing him/her or by reducing feelings of closeness. On the contrary, people with high self-esteem may lessen the effects of relationship problems on their self with their resilient expectation of acceptance. When the relationship is discorded, they emphasize the strengths of the partner and relationship. In the light of these findings one can claim that, high self-esteem people may exhibit more positive behaviors in a case of relational problems, which can positively affect the relationship.

In another study, Voss, et al. (1999) found that, marital adjustment was significantly related to self-esteem for both sexes. Although, women were more sensitive to specific disagreements (e.g., disagreeing on financial issues, household management) or lack of cohesion in their marriages (e.g., having few calm discussions), general tension was equally related to both men's and women's self-esteem.

In the light of the relevant literature above, it can be said that studying these variables, interrelationships between these variables, as well as factors related to these variables can make valuable contributions to the literature. This study is an attempt to expand the existing knowledge on these variables .

1.1 Purpose of the Study

The primary goal of the present study is to gain an understanding of sexual satisfaction; that is, sexual satisfaction is the focus of the present study. The above literature reflects the multiple variables that affect sexual satisfaction. One significant variable is marital satisfaction and the others are locus of control, self-esteem and demographic variables. As a result, this study mainly investigates the role of marital satisfaction, locus of control, and self-esteem as predictors of sexual satisfaction. Additionally, this study examines the interrelationships among sexual satisfaction, marital satisfaction, locus of control, and self-esteem.

The current study also examines whether sexual satisfaction can be predicted by age, monthly frequency of sexual intercourse, frequency of orgasm reached by sexual intercourse, and length of marriage. It is also aimed to

examine the interrelationships among these variables. Additionally, this empirical investigation examines whether education level and gender make a difference between the subjects' on sexual satisfaction, marital satisfaction, locus of control and self-esteem.

1.2 Hypotheses of the Study

The potential outcomes that this investigation hopes to achieve are addressed in these research hypotheses:

1. Marital satisfaction, locus of control, and self-esteem predict sexual satisfaction.

2. Marital satisfaction, internal locus of control and self-esteem are related to each other.

3. Age, monthly frequency of sexual intercourse, frequency of orgasm reached by sexual intercourse, and length of marriage predict sexual satisfaction.

4. Age, monthly frequency of sexual intercourse, frequency of orgasm reached by sexual intercourse, and length of marriage are related to each other.

5. Education level and gender make a difference between the subjects' on sexual satisfaction, marital satisfaction, locus of control and self-esteem.

1.3 Importance and Implications of the Study

Since sexuality is a biopsychosocial phenomenon (Kring, 2000) with a multidimensional nature (Masters, et al., 1995) and it is beyond a basic genital functioning (Whipple & McGreer, 1997; cited in Samelson and Hannon, 1999) recent models on sexuality emphasizes the importance of relationship factors (Samelson & Hannon, 1999). However, as Clark (1994; cited in Timm, 1999) suggested, sexual behavior of married couples is a highly neglected area and further research is needed to provide a wider understanding of marital sexuality. Interestingly, it is clear that the relationship between sexual satisfaction and marital satisfaction has not widely attracted the researcher's attention in

sexological research (Christopher & Sprecher, 2000). However, although there are not many studies investigating the relationship between sexual and marital satisfaction, large body of the existing investigations indicate a relationship between these variables. It is found that relationship related problems are negatively related with sexual problems (Crowe, 1995) and there is a powerful relationship between the marital and sexual relationship (Crowe, 1995; Dziegielewski & Resnick, 1998; Hawton, 1985; Klemer, 1970; Masters, et al., 1995; Watson & Davies, 1997). Additionally, Masters, et al. (1995) states that, to understand how does sexual and marital satisfaction affect each other, special inquiry must be conducted on these variables. In the light of the literature above, it is clear that, marriage and sexuality takes place to some degree in the relevant research. However, sexual satisfaction, marital satisfaction and the possible relationship between these variables have not widely attracted the researcher's attention. There are limited number of studies (e.g. Gökmen, 2001) examining sexual satisfaction and marital satisfaction, in Turkey. By investigating sexual satisfaction in marriage, this study aims to contribute to an increased understanding of sexuality within the marital relationship. Thus, by indicating how an individual's sexual satisfaction and marital satisfaction relate each other, present study should be helpful to Turkish therapists counselling couples and individuals. Additionally, in today's sex therapies sex is generally the focus of the therapy and individual as well as relational aspects of the sexual satisfaction are rarely consider. However, aiming to indicate the relationship between these variables this study hopes to make valuable contributions to the clinicians who conduct sexual and marital therapies in Turkey. As a result, it may be clinically useful to gain a better understanding of these variables and interrelationships among them.

Because sex exists in every person's life (Dziegielewski & Resnick, 1998) in a satisfactory or unsatisfactory, active or passive way, truly understanding the variables that are related to sex is vital, which is between the expected contributions of this study. Additionally, high prevalence of sexual problems as well as sexual dysfunctions (Barash & Lipton, 2002; Dziegielewski & Resnick, 1998; Kalayjian & Morrell, 2000) indicate that understanding and modifying the factors which are related to sexual satisfaction might make an important

contribution to the literature. However, sexological research has not provide an integral and complete information on sexual satisfaction and sexual dissatisfaction (Ackerman, 1995). The increasing demand for treatment of sexual problems (Hawton, 1985) also leads the psychologists to serve a wider knowledge on this subject. Since there is a lack of research in this area that focuses on sexual satisfaction, present study will be helpful to expand the existing knowledge.

It is clear from the literature that, most sexuality research focuses on sexual dysfunctions and clinical couples, and investigations of sexuality seem to fail to adress sexual satisfaction of non-clinical couples. A similar tendency reflects to the Turkish literaure. Studying clinical populations and sexual dysfunctions is more popular, and there are many studies on these populations (Kabakçı & Batur, 2002; Kabakçı & Daş, 2002; Kayır, Yüksel, & Tükel, 1987; Uçman, 1982). Furthermore, as Wincze & Carey (1991; cited in Rosen and Leiblum, 1995) criticized, sexuality research has a tendency to classify sexual health as “functional” and “dysfunctional” which results in an ignorence of personal and interpersonal satisfaction. Similarly, although much work has been done on sexual dysfunctions (Anson, 1995; Asch-Goodkin, 2001; Bhugra & de Silva, 1995; Butcher, 1999; Chu & Edelman, 2001; Crowe, 1995; de Silva, 1994; Dziegielewski & Resnick, 1998; Ensign, 2001; Gregoire, 1999; Kleinplatz, 1998; Kohn & Kaplan, 2000; Kring, 2000; Munnariz, et al., 2000; Read, 1995; Southern, 1999; Watson & Davies, 1997) current literature fails to serve a complete knowledge on sexual satisfaction. However, as Pazak (1997) noted, couples may suffer from some kind of sexual problem which cannot be diagnosed as “sexual dysfunction”. As a result, the investigation of sexual satisfaction is very important. Similarly, as Timm (1999) criticized, although considerable research has focused on the sexual health of clinical couples, few empirical studies interested in non-clinical couples. However, it is suggested that it is very important to examine non-clinical populations (Ward Peters, 2002). Consequently, this study investigated sexual satisfaction on a non-clinical sample of married persons in order to provide valuable information on this neglected area of sexological research.

Satisfaction in marriage has been found to related to physical and psychological health (Kiecolt-Glaser & Newton, 2001; Wood, et al., 1989). Conversely, both marital discord (Amato & Booth, 2001) and dissolution of the marital relationship (Kitson, 1992) generally associated with negative consequences for the spouses and as well as for their offspring. However, the literature on marital satisfaction is limited. In the light of these findings, it may be concluded that predicting the factors which affects the marital satisfaction is vital. However, as Gottman (1993) claimed, literature is not satisfactory to clarify the points such as the reasons of staying together, as well as differences between happy and unhappy marriages. Results of this study are hoped to provide new insight and knowledge regarding predictors of marital satisfaction and dissatisfaction. By identifying the couples under the risk of marital dissatisfaction, prevention strategies can be implemented an increased later functioning may be proved. Thus, gaining a more complete understanding of the factors that are related to marital satisfaction has great importance in preventing marital dissatisfaction, which is considered as another contribution of this study to the literature.

Although self-esteem and locus of control has been between the most widely studied personality concepts (Judge, et al., 2002) role of these variables in understanding the romantic and sexual relationships has been ignored. Given the limited literature on the relationship among these variables, it can be said that, the contribution of self-esteem and locus of control in interpersonal and sexual relationships has not been a popular research subject. Holding a belief that personal efforts would be effective for one's own satisfaction in his marriage or sexuality might be important in terms of his experience of marriage or sexuality. Likewise, the level of self-esteem might affect sexual and marital satisfaction. From the other perspective, the role of romantic or sexual relationship satisfaction on the level of self-esteem and locus of control is worth to examine. Researchers are investigating locus of control and self-esteem, but very few are adressing their relevance with interpersonal relationships. Questions such as "Does low self-esteem people or high self-esteem people experience more satisfactory sexual relationships?", "Does people with internal locus of control or external locus of control experience higher marital satisfaction?" and "How

marital or sexual dissatisfaction affects people's level of self-esteem or locus of control?" still needs to be answered. Due to the relative lack of existing data and literature on this topic, this study will contribute to the body of literature of both clinical and social psychology. It is also clear that the role of age, length of marriage, sexual intercourse frequency and orgasm frequency in predicting the sexual satisfaction is also important to widen the understanding on sexual satisfaction. Since there is no studies in Turkey which widely examine the role of these variables in sexual satisfaction, studying these variables to reach a wider knowledge on sexual satisfaction in Turkey is necessary. As a result, findings of this study are hoped to contribute to the existing sexuality and marriage literature in Turkey.

It is also clear that experience of sexuality and marriage, as well as conceptions, beliefs and behaviors that are related to sexuality and marriage are affected by social and cultural constructions. As a result, effects of social and cultural differences on sexual and marital satisfaction needs to be carefully considered (Hünler & Gençöz, 2003; Kabakçı, Tuğrul, & Öztan, 1993; Kayır, Yüksel, & Tükel, 1987). However, as Kayır, Yüksel, & Tükel (1987) criticized, knowledge on sexuality generally depends on the studies which were conducted in other societies, in Turkey. As a result, widening the understanding on the sexual and marital relationships in Turkey will be helpful for Turkish clinicians who conduct sexual and marital therapies.

CHAPTER 2

LITERATURE REVIEW

2.1 Sexual Satisfaction

Human beings are special with their tendency to have sex without aiming reproduction. Humans regard sex as a tool to communicate and express both positive and negative emotions such as love, intimacy, anger and aggression (Barash & Lipton, 2002). Additionally, "Sexuality is a basic need for closeness in human relationships that comes through a process that involves physical, psychological, social and environmental aspects...It involves the choices that one makes regarding relationships with self and with others" (Johnson, 2001, p.20). From this point of view, it is clear that sexuality have different meanings and aims except that reproduction, in humans.

Individuals differ from each other in their experience of sexuality. Every person experience sexuality in a personal and private way in which they have unique beliefs, feelings, thoughts and attitudes (Masters, et al., 1995). On the other hand, besides sexuality is an individual matter in essence, it also concerns both of the sexual partners who engage in the sexual activity together. Since marriage is regarded as also a sexual union (Lantz & Snyder, 1969) sexuality is regarded as one of the most important elements in a marital relationship (Masters, et al., 1995).

Although personal and relational importance of sexuality, very few people are totally satisfied with their sexuality (Barash & Lipton, 2002) which indicates that there is a strong need to understand sexual satisfaction.

Sexual satisfaction is defined as "An affective response arising from one's subjective evaluation of the positive and negative dimensions associated with one's sexual relationship" (Lawrence & Byers, 1995; cited in Timm, 1999, p.17). It is stated that, sexual relationships are affected by both individual and relationship

factors (Berg-Cross, 2001). Since sexuality has a multidimensional nature (Masters, et al., 1995) and sexual problems are generally multifactoral (Crowe, 1995) it is useful to examine all the individual, relationship oriented and biosociocultural factors that affect sexual satisfaction.

2.1.1 Individual Factors Related to Sexual Satisfaction

One can say that, women and men experience sexuality differently. They have different needs, desires, expectations and feelings (Barash & Lipton, 2002). After a meta-analysis of 177 sources (126,363 respondents; 58,553 males and 69,810 females), Oliver & Hyde (1993) reported several gender differences on sexual attitudes and behaviors. In terms of attitudes, males reported greater acceptance of pre-marital sexual intercourse, causal sex, sexual permissiveness, extra-marital sexual intercourse and masturbation. Females reported more sexual anxiety. In terms of behaviors, males reported a higher incidence of sexual intercourse, a younger age of first sexual intercourse, more frequent sexual intercourse, and larger number of sexual partners.

In terms of the relationship between gender and sexual satisfaction, there are inconsistent findings in the literature. Some researchers report that women have greater sexual satisfaction than men (Renaud & Byers, 1997), however, some report that women exhibit lower sexual satisfaction (Kabakçı & Daş, 2002). In addition, some researchers reported that there is no gender difference and women and men experience similar levels of sexual satisfaction (Oliver & Hyde, 1993; Timm, 1999).

In a recent study examining thoughts and feelings about sexuality (Rosenthal, 1998), many woman subjects reported that they need to be at peace with themselves, feel less shame and hold greater self-acceptance in order to be more satisfied with their sexuality. These findings may be an indicator of the role of self-esteem and body image in sexual satisfaction. Research indicates that high self-esteem and positive body-image significantly correlated with sexual satisfaction (Munnariz, et al., 2000) and dissatisfaction with physical or interpersonal self-image negatively affects the sexual satisfaction (Hawton, 1985; Warren, 2000).

The effects of age and different life periods on sexual satisfaction are also investigated in the sexuality research. Masters, et al. (1995) states that, psychological need for intimacy, excitement and pleasure do not have to diminish by the person gets older. In contrast, most people, especially women, discover their sexuality in mid-adulthood. Means (2000) states the women between the ages of 35 and 45 as the most sexually responsive group. Researcher points out the decrease in the intensity and duration of the sexual response as a result of aging, especially by the effects of menopause. She also states that, menopause is regarded by many women as a loss of femininity; however, some women regard it as an opportunity to make sex without the fear of being pregnant. On the other hand, Çetin (1995) points a negative association between age and sexual satisfaction in men. Timm (1999) emphasizes that, the focus on sexual performance of younger couples diminishes by leaving its place to more sensual activities when the couple become older.

It is stated that, "The sexiest organ in the human body is...of course, the brain" (Barash & Lipton, 2002, p.173). As a result of the importance of cognitions in sexuality, cognitive factors are studied and found to be related to sexual responsiveness in many studies. In the study of Palace (1995) woman who were reporting sexual dissatisfaction determined by psychological factors were participated. Results revealed that, positive changes in the expectations potentiate genital response and subjective appraisals of sexual arousal.

"Sexual self-schemas" (sexual self-concepts) are also investigated in terms of the contributions of cognitive variables on sexuality. Andersen & Cyranowski (1994) reported that, women with positive sexual schema reported a more positive view on sex, higher levels of sexual arousal, and more sexual experiences. Conversely, women with negative schema described themselves as cold, conservative, unromantic, self-conscious, embarrassed, not confident and inhibited in their sexual and romantic relationships. These women also held negative attitudes about sex. Thus, there may be some potential vulnerability for sexual dissatisfaction for negative schema women. In addition, similar results were reported when a similar study conducted on male subjects (Andersen, Cyranowski, & Espindle, 1999).

Literature also indicates a relationship between physical and psychological health and sexuality. Psychological factors such as depression, stress and anxiety (Crowe, 1995; Hawton, 1985) and physical factors such as, hormonal abnormalities, Parkinson's disease, spinal cord injury, multiple sclerosis, and thyroid disease (Crowe, 1995; Kohn & Kaplan, 2000) are reported as having negative effects on sexuality.

In addition to the effects of health on sexuality, higher level of education is found to be correlated with orgasm frequency and sexual satisfaction (Çetin, 1995; Meadow, 1982). Additionally, in another study (Kimes, 2001), participants reported that, being sexually experienced, sexually driven and sexually active are positively related to emotional and physical sexual satisfaction.

2.1.2 Relationship Factors Related to Sexual Satisfaction

The level of sexual satisfaction or the sexual problems of the individuals don't affect negatively the individual only. Moreover, sexual dissatisfaction or sexual problems may be originated from both individual and relational resources. The sexual relationship of the couple can be seen as a kind of microcosm of the general relationship (Crowe, 1995).

According to Dziegielewski & Resnick (1998), relationship nature and relational problems may affect the sexual satisfaction of the couples. Similarly, emphasizing the effects of relationship factors on sexual satisfaction, Hawton (1985) claimed that, general relationship discord, dislike, loss of affection, or resentment between partners may negatively affect the sexual relationship. Additionally, hostility, anger, distrust, distress, difficulty in talking about sex and few months after childbirth are regarded as the negative contributors of sexual life (Crowe, 1995). In addition, Colebrook Seymour, III (1998) found that, length of marriage and the number of children negatively related with sexual satisfaction.

In the study of Kimes (2001), many participants emphasized the closeness in the relationship as the most rewarding and exciting element of their sex lives. However, women tended to mention closeness and men tended to mention physical pleasure more, when compared to each other. Women needed an

orgasm to get emotional satisfaction, however, men needed it to experience physical satisfaction in addition to emotional satisfaction. Most of the respondents in the study emphasized the relationship with the partner as the reason for sexual satisfaction.

Agreement between partner's sexual preferences and understanding the other's sexuality were also found to be significantly related to sexual adjustment; since it makes sexual interactions mutually acceptable and desirable. It is concluded that understanding allows one to know how to satisfy the partner (Purnine & Carey, 1997). Additionally, frequency of sex and frequency of self/spouse orgasm are found to be related with sexual satisfaction, especially for women (Meadow, 1982).

Sexual communication is also reported as an important element in a couples' sexual relationship (Berg-Cross, 2001; Klemer, 1970) more importantly in long-term relationships (Means, 2000) and especially for women (Means, 2000). Masters, et al. (1995) states that communication between partners on sex enhance sexual pleasure and protect them from being physically or psychologically uncomfortable. Communication also provides the opportunity of understanding other partner without "mind-reading". Trying to guess the partner's needs, thoughts and feelings may cause misconceptions. Additionally, sexual communication problems are the reason of unexpressed sexual problems (Hawton, 1985).

Beside the role of communication, the role of intimacy and commitment are investigated in terms of sexual satisfaction. In the study of Means (2000) married women without children has the highest level of intimacy, commitment and passion in their relationships and they reported the highest level of sexual satisfaction when compared to their counterparts. Married women with children reported the lowest frequency and the lowest preferred frequency of sexual intercourse in their relationship. Researchers interpreted this result by indicating the focus on the mother role than the spouse role, their unmet expectations of their partners as fathers, or their increased housework. Single women without children and single women with children groups in the study also reported dissatisfaction with their sexual life. They reported significantly lower levels of

intimacy and commitment in their relationships when compared to the married groups. As a general result of the study, commitment and especially emotional intimacy were strongest predictors of sexual satisfaction. Similarly, Southern (1999) emphasized the role of intimacy in the sexual relationship and defined it as an indicator of the closeness in the relationship. Author also suggested that, sexual intercourse is a powerful symbol of love. In a similar way, Means (2000) stated that, love, sincerity, and kindness are indicators of devoting oneself to the other's sexual desire, and this increases the probability to reaching orgasm for women.

2.1.3 Biosociocultural Factors Related to Sexual Satisfaction

Society and social values have profound effects on individual's sexuality (Baumeister & Twenge, 2002; Johnson, 2001; Masters, et al., 1995; Rosenthal, 1998; Socher, 1999). Although sex is a natural human function, it is also a learned behavior which is shaped by cultural expectations (Bird & Melville, 1994).

Feminist theorists claim that, although the population of women and men are near, women are regarded as if they are a minority group and their sexuality has been used as a tool of oppression against them. They claim that, social values have not permitted the women to express their sexuality freely (Socher, 1999). They also claim that, women have always been confused since they have not decided whether they are "good girls" or "bad girls" (Rosenthal, 1998).

It is suggested that, both women and men suffered from the social constructions of sexuality. Women have felt that their expression of their sexual feelings and even their enjoyment in sex is forbidden. On the other hand, men have always suffered from having sex with partners who don't seem to be enjoying sex (Baumeister & Twenge, 2002). In addition, Masters, et al. (1995) concluded that, socio-cultural opinions such as "Men are more interested in sex", and "Men can more easily get aroused" leads men to have greater performance anxiety and it also leads women to sacrifice their satisfaction to make pleased their partners. Stimson, et al. (1980) found that, inadequate sexual performance had the most impact on self-esteem structure of males which means that sexual adequacy has great importance on male's self-organization.

As a general view, social values seem to be suppressing female sexuality while they are inflating the males'. Johnson (2001) claims that, society gives the opportunity to men to engage in pre-marital and extra-marital sex, while it simultaneously discourage women such activity. The inconsistent messages given to the females by the society are also criticized. It is claimed that, the society demands of women to provide sex, while it disapprove their sexual activity, in other words, "Women are supposed to be a lady in the living room, and a slut in bed" (Socher, 1999, p.9).

Baumeister & Twenge (2002) reviewed the literature to answer the question that either men or women suppress women's sexual desire and behavior. They claim that from the view of evolutionary theory, men want to pass on their genes and prevent their mates from other men. Second, from the view of feminist theory, men want to keep women down to use them for their pleasure. Third, men suppress their partner's sexuality to prevent a basis for comparing their sexual performance. All these could be achieved by way of suppressing women's sexual desire and pleasure. Authors claimed as an other possibility that, women suppress their own sexuality. In terms of social exchange theory, men offers rewards such as money, gifts, commitment, and sexual fidelity to the women to have sex with them. Women who freely engage in sex are punished by other women since they decrease the possibility of receiving these valuable rewards. Additionally, women may prevent the risk of losing their partner by suppressing female sexuality. As a result of their review, Baumeister & Twenge (2002) reported that, females suppress their own sexuality and support the double standard more when compared to men. However, men were seemed to be desiring their partners to enjoy sex more.

2.2 Marital Satisfaction

Marriage is defined as "A formal and durable sexual union of one or more men and one or more women, which is conducted within a set of designated rights and duties" (Lantz & Snyder, 1969, p.16). Bird & Melville (1994) suggest that, marriage is both an individual and social structure. On the one hand, it is a social institution and system of obligations, duties, rights and privileges. On the other hand, it means connecting and committing a loved and trusted one for

emotional and sexual intimacy. That is, in short, "Marriage is not only a personal commitment between partners, it is a social and legal commitment to the larger community" (Bird & Melville, 1994, p.196).

Marriage may be best understood in terms of need to belong. Baumeister & Leary (1995) suggests that need to belong is a very powerful motive which leads people to have social attachments and to form and maintain enduring interpersonal relationships. Having a long-term intimate relationship generally produces positive emotions. However, losing attachments generally results in pain and disappointment even if there is no plausible reason to maintain them; or even if maintaining them is too costly. On the other hand, the need of belongingness can be met only in pleasant or satisfactory relationships. Additionally, belongingness have large positive effects on the health and well-being. Physical and psychological problems commonly seen in the case of unsatisfied need of belongingness.

Happy marriages make valuable contributions to person's life. Marital happiness is found to be associated with physical and psychological health (Kiecolt-Glaser & Newton, 2001; Wood, et al., 1989). In addition, the benefits associated with marriage are greater for women than it was for men (Wood, et al., 1989). These positive effects of marital happiness may be better understood with the following statement "A supportive romantic or marital partner acts as a kind of buffer or barrier between us and the problems of life" (Bird and Melville, 1994, p.61).

Although the positive associations related to happy marriages have been indicated, there is still a conceptual confusion in the term "marital satisfaction". Several related terms, such as marital happiness, marital adjustment, marital stability and marital quality are commonly used in the literature instead of the term marital satisfaction (Bird & Melville, 1994; Timm, 1999). Timm (1991) criticizes that, because these terms refers to different meanings, summarizing the research under the same term might lead faulty inferences. In this study, the definition of Rho (1989) is preferred to use: "Marital satisfaction is a subjective evaluation by an individual of the degree of happiness, pleasure, or fulfillment experienced within the marital relationship between spouse and self" (p.5).

Besides the conceptual confusion on the term marital satisfaction, theories on marital satisfaction do not also point the same construct. Warren (2000) states that, there is no unique and consistent theory of marital satisfaction. Author explain this inconsistency by pointing out the broad, subjective and complicated nature of the marital satisfaction.

Some marriages are really “marital” however, some others are “martial” (Warren, 2000). It is criticized that, research has not been very successful in the prediction of which married couples separate or divorce and which stay together (Gottman, 1993). Although it is found that marital satisfaction is relatively stable over time and initial levels of marital satisfaction predicted the partners’ later satisfaction (Huston, Caughlin, Houts, Smith, & George, 2001), questions such as “What differentiates a happy marriage from an unhappy one?” and “What qualities that maritaly satisfied couples have but others do not ?” are still remains unanswered.

Although research still looks for the solutions for unhappy marriages, there are still unsatisfactory marriages which lasts in dissatisfaction or ends in divorce. As a result, “Marriage typically begins as a source of satisfaction, but often end as a source of frustration” (Karney & Bradbury, 1995, p.1). Converse to the positive effects associated with marriage that are stated above, marital dissatisfaction have many negative effects on both the individual’s and their offspring’s life. Lantz & Snyder (1969) suggests that, marriage gathers different person’s different lifetime habits, values, and attitudes. Interaction and integration of these different qualities inevitably produce difficulty or conflicts. It is likely that parental conflicts negatively affect children since they threaten their feeling of security and identiy. In addition, it is also likely that when parents are aggressive to each other, they also exhibit aggressive behaviors to their children (Berg-Cross, 2001). Considering these negativities related to marital dissatisfaction, it is clear that assuming satisfactory marriages and preventing the unsatisfactory ones is very important.

How marriages stay satisfactory or become dissatisfactory may be better understood by a recent model of Karney & Bradbury (1995). After reviewing 115 longitudinal studies representing over 45.000 marriages and also the major

theoretical perspectives in marital research literature, Karney & Bradbury (1995) proposed a model on marriage. In this Vulnerability-Stress-Adaptation Model of marriage (VSA Model), it is suggested that, the backgrounds and traits and as well as external circumstances that spouses bring to the marriage can affect the adaptation processes. Spouses may also have enduring vulnerabilities which may contribute to the stressful life events and circumstances that couples encounter. In addition to these features, the model also suggested that, the adaptive processes are very important to deal with stressful events. Repeated failures in adaptation may lead a decrease in marital quality. The model suggests that, if a couple use effective adaptive processes in case of stressful events, encounter relatively few stressful events and have few enduring vulnerabilities, they are more likely to experience a satisfying and happy marriage.

In conclusion, as Bird & Melville (1994) suggested, if the elements of successful, satisfied and happy marriages are realized, it can be possible to alter the unhappy and unsatisfactory ones. As a result, individual and relationship factors which affects the marital satisfaction must be understood truly.

2.2.1 Individual Factors Related to Marital Satisfaction

The association between attachment style and relationship satisfaction is examined by some researchers. Kirkpatrick & Davis (1994) investigated the relationship between relationship characteristics and attachment styles. Results revealed that attachment security is associated with greater relationship satisfaction, commitment, intimacy and trust. Similarly, Ertan (2002) found that, couples with two securely attached spouse exhibit highest dyadic adjustment.

Beyond the attachment style, some demographic variables such as gender and education are investigated in terms of marital satisfaction. Dökmen & Tokgöz (2002) found that there is a positive relationship between marital satisfaction and level of education. That is, subjects with university degree reported higher marital satisfaction when they compared to their counterparts with high-school degree. In relevance to the gender, some studies indicated that husbands reported greater marital satisfaction than did wives (Gökmen, 2001; Lee, 1999), however some others indicated that level of the marital satisfaction of

husbands and wives were similar (Çelik, 1997; Dökmen & Tokgöz, 2002), and correlated with each other's (Brezsnyak, 2001). In addition to gender, gender related factors such as coping style and menopause may affect the marital satisfaction.

The effect of coping strategies on marital satisfaction is investigated by some researchers. Bouchard, Sabourin, Lussier, Wright, & Richer (1998) conducted both cross-sectional and longitudinal analyses. Results suggested that women use more distancing-avoidance (active ways to forget difficulties), whereas men use more denial (passive ways to forget difficulties). However, it is found that, both active and passive ways to forget difficulties negatively affects marital satisfaction, whereas, problem-focused coping positively affects marital satisfaction. It is also concluded that, if a coping strategy is harmful (or beneficial) for a spouse, it is also harmful (or beneficial) for the other spouse.

As an additional individual factor affecting marital satisfaction, Robinson Kurpius, Foley Nicpon, & Maresh (2001) examined the menopausal symptomatology on marital satisfaction of women. Authors reported that, marital satisfaction and menopausal symptomatology are significantly negatively correlated. Researchers also reported the spousal support as a main source of support for the midlife women.

Moreover, parents' marital behaviors and their perceived marital satisfaction by their offsprings might affect the marital quality of the offsprings when they become married adults. Results of the longitudinal study of Amato & Booth (2001) on parents and their married offspring indicated that, marital quality is transmitted from parents to the offspring. Spouses which experience marital discord between their parents exhibit more problems. From the view of observational learning perspective, authors claim that, children observe and learn their parents' negative behaviors, however, they don't have a repertoire of positive interpersonal behaviors which facilitate marital satisfaction.

"Marital relationships are commonly disrupted by ways of thinking" (Berg-Cross, 2001, p.12). In this way the relationship between cognitive variables and marital satisfaction also take a large place in marital research especially in recent

decades. There are many studies investigating the marital attributions, expectancies and assumptions. It is reported that, negative affectivity and maladaptive attributions are positively related to marital problems (Karney, Bradbury, Fincham, & Sullivan, 1994). Moreover, maritally distressed spouses make more maladaptive attributions (Bradbury & Fincham, 1992; Byrne & Arias, 1997; Stander, Hsiung, & MacDermid, 2001), regard the negative events as global and positive events as specific to an incident (Bradbury & Fincham, 1990; Fincham & Grych, 1991), regard their spouse as the cause of marital problems (Fincham & Grych, 1991), expect more negative and fewer positive behaviors from their partners and reduce the effect of positive behaviors (Vanzetti, Notarius, & NeeSmith, 1992). Although both spouses report a relationship between marital attributions and marital satisfaction, and maladaptive attributions are related to higher proportions of negative and lower proportions of integrative behavior (Miller & Bradbury, 1995) and also to higher levels of interpersonally hostile and rejecting behaviors (Bradbury & Fincham, 1992) relationships among these variables are stronger for women (Miller & Bradbury, 1995) and wives with more maladaptive marital attributions showed less positive and more negative behaviors (Bradbury, Beach, Fincham, & Nelson, 1996). These relationships are also proved longitudinally (Fincham & Bradbury, 1993) and cross-culturally (Stander, et al., 2001).

All these findings indicated that, there is a powerful association between cognitive variables and relationship satisfaction. In addition to the cognitive variables, the role of self-esteem and perceived control as personality variables are also investigated in terms of their effects on marital satisfaction. Marital satisfaction is reported as related to self-esteem (Bird & Melville, 1994; Lee, 1999) and perceived control over conflicts (Madden & Janoff-Bulman, 1981).

Beyond all these individual factors related to marital satisfaction, some researchers claim that, all marriages are affected by the culture in which they are experienced. As a result, cultural expressions which are reflected in a specific marriage need special attention. Additionally, it is more useful to examine that marriages by the instruments which are designed for that specific culture (Kabakçı, Tuğrul, & Öztan, 1993). In a similar way, Hünler & Gençöz (2003) state

that, cultural differences must be considered when studying the factors related to marital satisfaction. Additionally, it should be considered that social and economic changes may reflect to the experience of family relationships (Kuyaş, 1982; cited in Hünler & Gençöz, 2003). It is more important for the societies which seem to experience a faster process of change, such as Turkish society. Turkish society goes from collectivism to individualism which may be reflected in Turkish persons family and marriage life (Kağıtçıbaşı, 1983; cited in Hünler & Gençöz, 2003).

2.2.2 Relationship Factors Related to Marital Satisfaction

Bird & Melville (1994) states that, when compared to their unhappy counterparts, happy couples are more sensitive to each other's feelings, are more supportive during arguments, and they are more flexible and cooperative. Intimacy and marital satisfaction were found to be correlated in another study. Specifically, sexual and emotional intimacy predicted marital satisfaction for men; however, recreational and emotional intimacy predicted marital satisfaction for women (Volsky, 1998).

The role of commitment on marital satisfaction is also emphasized by many authors. Bird & Melville (1994) describes commitment as "partners' avowed willingness to stay together long term, because they view what they have as viable and worthwhile" (p.77) and states that "Committed partners resist attempts by others to devalue or otherwise break up their relationship. They act as each other's supporters and consistently remind themselves...of their good fortune in being together" (p.77). Lantz & Snyder (1969) suggests that, it is unlikely that all unhappy marriages result in separation or divorce. There are many couples experiencing some kind of accommodation which might be a result of their commitment to their marriage.

Adams & Jones (1997) focused on commitment as it is experienced by married individuals. Authors explored three basic dimensions of marital commitment: An attraction component, which is based on satisfaction, devotion and love; a moral component, which is based on one's sense of obligation, personal responsibility and social responsibility; and a constraining component, which is based on fear of the social, emotional, financial or legal consequences of

relationship termination. Authors suggested that, personal dedication, devotion, satisfaction, and love is more closely related to marital satisfaction than the other components.

Similarly, Frank & Brandstätter (2002) also studied commitment and defined two types of commitment which are approach commitment (commitment due to positive incentives associated with continuing the relationship) and avoidance commitment (commitment due to avoidance of negative incentives associated with relationship dissolution). Longitudinal results indicated that, approach commitment was positively associated, whereas avoidance commitment negatively associated with relationship satisfaction 6 and 13 months later. Additionally, similarity between partners on defining a “good relationship” was positively related to approach commitment. Investments were positively related to avoidance commitment.

The role of communication and problem solving in marriages is emphasized by many researchers. In the study of Markman, Floyd, Stanley, & Storaasli (1988), an intervention program that is designed to prevent marital stress and divorce tested on couples planning marriage. Intervention program included communication skills training, problem-solving training, clarification of marital expectations about themselves, their partners and their marriage, and sensual /sexual education in which couples are acknowledged on sexual functioning and strategies preventing sexual problems. Post assessment results showed that, the intervention program was effective in maintaining relationship satisfaction at the ½ year and 3 year follow-ups. However, control couples showed predictable declines. In another similar study, Hahlweg, Markman, Thurmaier, Engl, & Eckert (1998) investigated the effects of a program including effective communication and problem solving skills. 3-year follow-up indicated the effectiveness of this program on couples’ dissolution rates, relationship satisfaction and communication behavior. Findings of a recent study (Hünler, 2002) also indicates that, problem solving abilities of the couples predict their level of marital satisfaction. Furthermore, it is reported that communication patterns and marital adjustment of a couple are related, and couples with lower marital adjustment exhibit more destructive communication patterns (Malkoç,

2001). Results from these studies may be indicators of the importance of relationship variables such as problem solving and communication on marital satisfaction.

The importance of problem solving and communication may be better understood in terms of marital conflicts. Lantz & Snyder (1969) suggests that, marriage gathers different person's different lifetime habits, values, and attitudes; and interaction and integration of these different qualities inevitably produce difficulty or conflicts. However, researchers also claim that, marital conflict is not always harmful or destructive. If the conflict does not involve attacks to the other partner's self-worth, it serve some useful purposes such as helping the partners to understand the other more realistically and help them to appreciate their commitment to the marriage (Lantz & Snyder, 1969). From these perspective, it can be said that, persons might need to have effective communication skills and problem-solving skills to solve the discrepancy between their qualities and their spouse's qualities and to make the marital conflicts useful.

Similar to the life, the marital life of the couples has different stages. Some researchers claim that different life periods and different stages of family life cycle affects the marital satisfaction (Bird & Melville, 1994). There are lots of study indicating the curvi-linear or U-shaped tendency in marital satisfaction over the life cycle, which means that marital satisfaction is higher during the initial and later years and lower in the middle years (e.g., Finkel & Hansen, 1992; cited in Timm, 1999). As a specific life period, transition to parenthood is examined by some researchers. Results of a longitudinal study of Hackel & Ruble (1992) indicated that, transition to first parenthood resulted in a decline in positive feelings about the marital relationship. Couples reported less satisfaction, less sexual intimacy and greater conflict in this period. Wives also reported a decline in feelings of emotional intimacy. It is also seen that, how much strong non-traditional gender role and high-expectations a woman hold, she is likely to be more dissatisfied.

In another study investigating relationship factors affecting marital satisfaction, researchers (Bahr, Chappell, & Leigh, 1983) found that, the extent to which a spouse believes that he or his spouse is able to carry out various marital roles had a positive association with marital satisfaction. Additionally, perceived

amount of agreement between spouses on expectations and values in marital roles had a strong, positive association with marital satisfaction.

The role of social support in marital satisfaction is also investigated in marital researches. A study on older married couples indicated that, perceptions of social support in marriage associated with both partners marital satisfaction, especially the wives' marital satisfaction and well-being than they are for husbands (Acitelli & Antonucci, 1994). Similarly, Fielder (2001) reported the relationship between marital satisfaction and social support. Married women reported that, when they are more distressed in relation to their husband, they experience increased conflict and less perceived social support in their marriage. On the other hand, perceived social support of these women was related to their marital satisfaction. Furthermore, it is reported that level of social support that spouses serve each other predicts marital adjustment of the couples when their offspring has a severe illness (Kocaođlan, 2003).

In another study, Lee (1999) studied the marital satisfaction of Korean – Americans. Couples reported the most contributing factors to marital satisfaction as having children, affection, sexual satisfaction, sexual fidelity and shared activities. However, in another similar studies, community couples reported that, length of marriage and presence of children were unrelated to marital satisfaction (Bahr, et al., 1983; Brezsnayak, 2001).

2.3. The Association Between Sexual and Marital Satisfaction

Many studies investigating the relationship between sexual and marital satisfaction indicated that these two variables significantly predict each other (Brezsnayak, 2001; Fielder, 2001). Klemer (1970) states that "A good sexual adjustment usually, but not always, requires a fairly good total marriage relationship" (p.215). It is also stated that, in the process of treating sexual problems, important marital problems may affect negatively the outcomes (Kayır, Yüksel, & Tükel, 1987) and treating couple's marital problems sometimes should be the first choice (Uçman, 1982). It is also reported that, in sex therapy process, some spouses seem reluctant to solve sexual problems that couple encountered. They want to continue the positive marital outcomes (such as manipulating the

partner who seems responsible for the sexual problems) which were given by the sexual problems (Uçman, 1982). Additionally, sexual dysfunctions are more commonly seen in unconsummated marriages (Uçman, 1982) and treating sexual problems might result in an increase in marital satisfaction (Kabakçı & Batur, 2002). These findings might be the indicators of the relationship between sexual and marital issues.

Masters, et al. (1995) emphasize the relationship between marital satisfaction and sexual satisfaction. Authors state that, it is unclear that how does the marital satisfaction of the couple affect their sexual satisfaction, and also how a couple's sexual satisfaction contributes to their overall marital satisfaction. Besides marital and sexual satisfaction needs special inquiry, authors state that there is no complete knowledge on these subjects since little research has been done on them. Authors also state that, sexual problems are commonly faced in marital therapy programs. However, whether marital problems or sexual problems more commonly contribute to the other is unclear.

Possible correlates of sexual satisfaction in marriage were tested in a study. Overall marital satisfaction and satisfaction with non-sexual aspects of the relationship strongly correlated with sexual satisfaction. To sum up, results indicate that sexual satisfaction was strongly associated with non-sexual aspects of the overall marital relationship. Similarly, Timm (1999) sampled married individuals and found a relationship between marital satisfaction and sexual satisfaction. Sexual communication was also found to be related to both sexual and marital satisfaction.

Renaud & Byers (1997) investigated the sexual relationship and factors related to sexual satisfaction of married Chinese men and women in another study. Results indicated that, the greater the relationship satisfaction, the greater the level of sexual satisfaction. Greater sexual satisfaction was also associated with a greater frequency of affectionate and sexual behavior and fewer sexual concerns and problems. It also appears that sexual difficulties of women play a greater role in the relationship satisfaction of both men and women than do the sexual difficulties of men.

Current literature also reports gender differences on the relationship between sexual and marital satisfaction. In the study of Meadow (1982) on sexual satisfaction of married women, subjects reported that, marital satisfaction have the greater effect on sexual satisfaction. Similarly, in a study on sexuality in satisfied and unsatisfied marriages, Hurlbert & Apt (1994) found that, marital and sexual dissatisfaction for males were associated with lower sexual desire, whereas only marital dissatisfaction was associated with low interest, low sexual arousal, and low satisfaction for women. Sexual desire seems more likely to be a function of their perceptions of the marriage for the women in this study. The maritally satisfied women reported a greater percentage of interest, arousal, and satisfaction than did maritally dissatisfied women, regardless of the level of sexual satisfaction in the marriage.

In the light of these results, it can be said that sexual and nonsexual elements of a marital relationship strongly relates to each other. However, there are some researchers indicating that there is not a relationship between marital satisfaction and sexual satisfaction. Pazak (1997) and Berg-Cross (2001) suggest that, sexual dissatisfaction may occur even in happy marriages. Additionally, sexually satisfied spouses may experience unhappy marriages. Similarly, Colebrook Seymour, III (1998) found that, there is no relationship between marital satisfaction and sexual satisfaction. However, sexual intercourse frequency related with both high marital satisfaction and sexual satisfaction. Additionally, Samelson & Hannon (1999) claim that, being sexually dissatisfied might not result in being maritally dissatisfied and vice versa. They suggest that, relationship satisfaction for women may not be entirely determined by sexual function. Moreover, many women may tolerate a certain level of sexual dysfunction before considering it a source of relationship dissatisfaction.

2.4 Locus of Control

Shapiro, et al. (1996) claims that, gaining and maintaining a sense of control has become one of the most popular subjects in psychology during past decades. Many constructs related to control have been developed and explored and large amount of books and articles on theory, research, and applications of control have been published. As a result of these large body of research, it is

believed by many researchers that, sense of powerlessness is demoralizing and it is a barrier for altering difficult life situations (Ross, 1991). However, "On the response to aversive stimulation, perceived control seems to make a great difference. Reaction to aversive stimuli are evidently shaped and molded by our perceptions of these stimuli and by perception of our ability to cope with these stimuli" (Lefcourt, 1976; p.14).

Locus of control construct is one of the most popular concepts in related studies. Rotter (1990) claims that, as a personality variable, the locus of control construct can be best understood in social learning theory of personality from which the concept is originated. According to Rotter (1964) studying personality is the study of learned behavior which can be modified and can change with experience.

Although accepting that personality becomes more stable by age, social learning theory emphasizes the changable nature of the personality. It is suggested that, personality has a unit, in other words, an individual's experiences influence each other. Similarly, person's behaviors, needs and goals have a relationship with each other which is determined by previous experiences. Acquired learnings can be changed by new experiences and learnings, however, on the other hand, new learnings are affected by acquired learnings. In order to truly understand, explain and predict the behavior, the preceeding conditions such as past experiences and events must be investigated. As a result, from the view of the social learning theory of personality, it can be said that personality continuously changes because the person always have new experiences, on the other hand, however, it is relatively stable since the individual's previous learnings and experiences affect his new learnings (Rotter, 1964; Rotter & Hochreich, 1975).

In the social learning theory, occurence of a behavior is controlled by previous learning experiences which are followed by previous reinforcements and may be more importantly the person's expectancy of the forthcoming reinforcements (Rotter, 1964; Rotter & Hochreich, 1975). As a result, in the social learning theory of personality, the construct "expectancy" is specifically emphasized (Rotter & Hochreich, 1975). An expectancy is defined as "the probability held by the individual that a particular reinforcement will occur as a

function of a specific behavior on his part in a specific situation or situations” (Rotter & Hochreich, 1975, p.96). Occurrence of a behavior is not determined by the nature and importance of reinforcement, but also the expectancy that if the person behaves in a particular way he can reach the desired goals. In addition, persons have generalized expectancies which is believed to be the result of generalizations of accumulated experiences on similar situations. Internal and external control expectancies are between these generalized expectancies (Rotter & Hochreich, 1975). In social learning theory, perceived control is defined as a “generalized expectancy of internal or external control of reinforcement” (Lefcourt, 1976, p.29). People who have internal control expectancies believe that events that they encounter are results of their own actions; however, people with external control expectancies attribute the causes of events to external forces such as luck, fate, chance, or powerful others. Clearly, persons with internal or external control orientations differ from each other (Rotter & Hochreich, 1975).

Although locus of control is such a popular variable, there have been ambiguities in the conception and measurement of locus of control construct. It is noted that, there are several variables similar to locus of control such as hopelessness, helplessness, personal causation and causal attribution (Lefcourt, 1976). Some researchers regard the locus of control construct as a generalized expectancy, however, some regard it as a domain – specific construct (Lefcourt, 1982, 1991; cited in Marks, 1998). There have also been debates on the unidimensionality of locus of control. For example, some researchers have supported the multidimensionality of locus of control by factor analyses and showed different constructs in external locus of control dimension such as control by powerful others, fate and chance control (e.g., Levenson, 1974, 1981; cited in Marks, 1998).

After reviewing several investigations on locus of control construct, Lefcourt (1976) stated that, deprived or punishing environments such as lower socioeconomic status and being a member of a minority group might result in external locus of control by leading fatalism and minimizing the contingency between effort and reward. Author also states that, external control oriented

persons don't perceive any contingency between their actions and outcomes, in contrast, internal control oriented persons easily perceive the contingencies.

Research offers many results that are related to locus of control, specifically internal and external locus of control constructs. External locus of control was reported to be related with high psychological symptom levels (Lefcourt, 1976; Ormel & Schaufeli, 1991), poor coping with difficult events and situations (Ross, 1991), lower states of well-being (Lefcourt, 1976) experiencing higher anxiety symptoms in the process of adjustment to severe illness (Astan, 2001) and poorer adjustment to cancer (Thompson, et al., 1993). On the other hand, internal locus of control is reported as relevant to persist under difficulty; greater academic and occupational performance, trying to prevent health problems; more satisfactory interpersonal relationships, better psychological adjustment (such as higher self-esteem, less anxiety, and less depression) and greater life satisfaction (Crandall & Crandall, 1983; cited in Carton & Nowicki Jr., 1994). Research also indicates that, locus of control is a significant predictor of both job performance and job satisfaction (Judge & Bono, 2001). Gender differences on locus of control are also took place in the literature. Reviewing gender differences in personality in the relevant literature between the years of 1958 and 1992, Feingold (1994) reported that there were no consistent sex difference in locus of control.

On the other hand, although internal locus of control generally seems to be related to positive outcomes, researchers' emphasize on the benefits associated with internal locus of control is criticized by some researchers. Some researchers caution the practitioners not to regard the internality as totally good and wanted but externality is totally bad and unwanted. Lefcourt (1976) states that, although an individual's locus of control is relatively consistent, it is not a trait or characteristic to be discovered within individuals. It is also not connected to every aspect of a person's life. It is only a working tool in social learning theory which is used in order to study the people's perceptions on causality. Author also stated that, an inference that "being an internalizer is always good" is not realistic. Similar to Lefcourt (1976), Marks (1998) cautioned the practitioners that, applying the idea that having an internal locus of control is always the most beneficial may

be inappropriate. Practitioners should pay attention to the personal meaning of a given control belief for an individual. In addition, Rotter & Hochreich (1975) claimed that to assume all the characteristics of internals as positive and all the characteristics of externals as negative is wrong.

Similarly, Burger (1989) states that, the belief in increased perceived control results in positive reactions and decreased perceived control results in negative reactions is not always realistic. Following a review of relevant literature, Burger (1989) concluded that, personal control is less desirable and might lead to negative responses when the increase in perceived control leads to an uncomfortable level of concern for self – presentation, when the person perceives a decrease in the likelihood of achieving desired outcomes and when the person perceives that this increased control leads to an increase in person's attention to the aversive aspects of the situation. In the light of these findings, author cautioned the clinicians that, in cases like depression or education difficulties, increasing the individual's perceived control may be useful, however, it does not mean that it is always beneficial in any cases and for any individual.

Related to the debate on internality and externality, Lefcourt (1976) suggests that, people do not have totally internal or totally external control expectancies. The terms "internal" and "external" are only marks not traits or topologies. Similarly, as an alternative classification, Wong & Sproule (1984; cited in Marks, 1998) labeled the individuals who have both internal and external beliefs as "bilocals". They suggest that, the bilocals strike a healthy balance between the internal and external beliefs. They criticize the ignorance of this group of persons. To summarize, it is believed by some researchers that it is an effective approach to balance internal and external beliefs as the "Alcoholics Anonymous" state: "O God, give us serenity to accept what cannot be changed, courage to change what should be changed, and wisdom to distinguish the one from the other" (Lefcourt, 1976, p.94).

As a personality variable, it is likely that locus of control orientation reflect to the behaviors. Marks (1998) defines the locus of control construct as a type of learning process and claim that people with internal locus of control are more likely to change their behavior following a reinforcement, because they believe

that they can control the reinforcements. On the contrary, individuals with an external locus of control are less likely to change their behaviors since they believe that changing their behavior can not affect the reinforcements. Similarly, Lefcourt (1976) claims that, externalizers generally don't need to make self-evaluations after outcomes since they don't believe that they have a responsibility on them. However, following a failure, internalizers might be affected negatively which might lead defending themselves against the failure. In a similar way, Osborne (1996) claims that if an individual make internal interpretations for the failures, his self-esteem level is affected negatively.

The fluctuations or changes in the locus of control beliefs across the life span and across different life domains are also examined in different studies. One finding is that internality increases with age (Knoop, 1981). However, Nurmi, Pulliainen, & Salmela-Aro (1992) posit that, the findings concerning the relationship between age and locus of control are inconsistent. They also suggest that, when considering the control beliefs, it is crucial to state the personal importance of a specific life domain. The extent to which internality related to a specific life domain influences overall internality may be related to its value to the person. In the light of these suggestions, Nurmi, et al. (1992) examined the role of personal interests in this study. Results revealed that, subjects' control beliefs become more external with age possibly as a result of changed interests of the subjects on different life domains. In other words, as people become older, they become more interested in the areas which are generally considered uncontrollable such as health, childrens' lives and property-related goals. As a result, part of the increase in externality may be resulted from this shift of interest to another life domains. Analyses also showed that, correlations between control beliefs and age did not differentiated between men and women, however, level of education relates control beliefs by indicating there is a positive association between higher levels of education and internality.

Similarly, Lachman & Weaver (1998), examined the variability of locus of control across different life domains on a large range of age groups. Results indicated that, control over work, finances and marriage increases, however, control over relationship with children and over sex life decreases with age.

Beliefs hold for health did not varied across the age groups. As a gender difference, men reported higher general control and mastery as well as lower perceived constraints.

It is also suggested that, locus of control construct might be an element of a higher-order construct. After series of reviews and analyses looking for an association between locus of control and other variables, some researchers claimed that, self-esteem, locus of control, neuroticism and generalized self-efficacy were strongly related and these constructs may be the markers of a same higher order concept (Judge, et al., 2002). Similarly, on the relationship between locus of control and self-esteem, Lefcourt (1976) suggests that, locus of control and self-esteem are not same constructs but they might be relevant. That is, holding internal control beliefs might affect self-esteem positively.

2.4.1 Locus of Control and Romantic and Sexual Relationships

Ross (1991) criticizes the little attention paid by researchers on the relationship between marriage and sense of control. Author suggests that, marriage has a powerful effect on the sense of control. Marriage may increase the sense of control by providing greater social and economic resources and as well as social support. On the other hand, it may decrease the sense of control by limiting autonomy, freedom and independence. That is, marriage is likely to affect the sense of control.

From the other perspective, control beliefs may also affect the relationship. Lantz & Snyder (1969) claims that, many persons don't assume responsibility for their problems and discomforts, and shows the tendency to blame the other spouse for his tensions which is known as "externalization". Externalization in marriage generally result in marital conflict and prevents a meaningful marital relationship. Similarly, Madden & Janoff-Bulman (1981) claimed that, spouses' attributions might have a role in conflict resolution and marital satisfaction. In their point of view, blaming the spouse for marital problems is associated with low perceived control which may result in poor coping. From this point of view, if a spouse exhibits poor coping, it is possible that his satisfaction in his own marriage will be negatively influenced. On the other hand, if a spouse blame him/herself for

a negative event, s/he may believe that s/he can control such similar situations next time. Results of the study of Madden & Janoff-Bulman (1981) indicated that, the most satisfied wives were those who don't blame their husbands and who feel they have control over the negative marital events. Wives blaming their husbands were believing that, their husbands have the power to control the occurrence and recurrence of the conflicts. As a result of blaming their husbands, women in this group regard the problem as relatively unresolvable and the marriage as unsatisfying. Likewise, Berg-Cross (2001) states that, blaming other spouse for one's own unhappiness and not taking responsibility for sorrows is harmful for marriage. Since marital problems are interactional, the statement "I am responsible for my own unhappiness" is more rational than the statement "Others (i.e. other spouse) are causing all my unhappiness" (Berg-Cross, 2001, p.28). She claims that instead of seeing oneself as a victim of the environment or others, one must see him/herself as the one who is capable of making the situations better. In addition, she suggests that, if a spouse believes that the problems that they encountered are not controllable, s/he may underestimate the other spouse's contribution on the solution of the problem.

In another study, Doherty (1981) examined the relationship between locus of control and marital satisfaction on newly-wed couples. Results indicated that, the more internal husband and the more external wife, the more marital dissatisfaction. It is interpreted by the researcher that, externalizer women may feel themselves vulnerable and may need more support from their husbands. However, because the internality they hold, husbands may not offer personal support to their wives. Author also argues that, because they experience more personal control on marital events, internals may try more to achieve success in their marriages. They are more likely to behave in an assertive and active way to make their marriage happier. In contrast, externals exhibits a passive stance toward their marriage which may be the result of their belief in personal ineffectiveness. After the Doherty (1981) study, Bugaighis, Schumm, Bollman, & Jurich (1983) examined the relationship between locus of control and marital satisfaction by replicating the study of Doherty (1981) on older couples. Results revealed that, the greater the internal locus of control, the higher the marital satisfaction.

Studying the effects of marital locus of control on marital quality, Myers (1999) found that, the most satisfactory and less conflictual marriages occur among spouses who feel they have control over marital events. Spouses with low levels of marital locus of control reported more marital strains and poorer marital quality. Similarly, Crandall and Crandall (1983; cited in Carton & Nowicki Jr., 1994) concluded that , internal locus of control is generally found to facilitate better interpersonal relationships and higher self-esteem. On the contrary, in terms of marital quality, external locus of control was found to be related to higher frequency of negative tactics to resolve conflict, being less committed to the relationship, lower levels of marital satisfaction and higher levels of verbal aggression, physical violence, and angry response style (Scanzoni & Amett, 1987; Winkler & Doherty, 1983) (cited in Myers, 1999).

Lefcourt (1976) states that, "Whether people...believe that they are actors and can determine their own fates within limits will be seen to be of critical importance to the way in which they cope with stress and engage in challenges" (p.2). In this way, Lachman & Weaver (1998) concluded that, for spouses with greater sense of control, it is less likely to expect their marriage would end in separation. They experience less stress and strain. They are also more likely to engage in more sexual relations.

The relationship between locus of control and sexual satisfaction seems more important for Turkish couples. It is generally the case that, in Turkey, people have a tendency to search for spiritual or medical solutions for their sexual problems, instead of actively contributing to the treatment process (Uçman, 1982). They ignore their contribution to the resolution of the problem, which might reflect their external control orientation.

2.5 Self-Esteem

Self-esteem has been between the most widely studied personality concepts (Judge, et al., 2002). In many studies self-esteem showed a negative relationship with depression (Blatt & Zuroff, 1992; Nolen- Hoeksema, 1994; Roberts, et al., 1995; Seff, et al., 1992) high psychological symptom levels (Ormel & Schaufeli, 1991) and intensity and frequency of psychological distress (Bednar

& Peterson, 1995). Additionally, self-esteem showed a positive relationship with well-being (Chung, Farmer, Grant, Newton, Payne, Perry, Saunders, Smith, & Stone, 2003; Diener, 1984), happiness and mental health (Cheng & Furnham, 2003).

Bednar & Peterson (1995) claims that people with higher levels of self-esteem are likely to be able to face more successfully with threatening events and learn from these experiences. As a result, they become more ready in a case of a threatening experience which in turn create an opportunity for higher levels of self-esteem. Self-esteem and coping style are found to be positively related which means that there is a negative association between avoidance and lower self-esteem. Conversely, actively coping with the stressful events and taking greater responsibility are associated with more positive feelings of self (Bednar & Peterson, 1995). Additionally, according to Osborne (1996), besides feeling negative about oneself, low self-esteem leads the person to expect failure, maximize the effects of negative information and minimize the effect of positive information on self, and limit him/herself in terms of his capabilities.

It is stated by some researchers that there are both conceptual and methodological confusions and disagreements in the definition of self-esteem. They suggest that, this confusions may lead to summarize different findings under the concept of self-esteem. Researchers also criticize that, there are many scales with many different kinds of items measuring self-esteem (Osborne, 1996; Wells & Marwell, 1976). Wells & Marwell (1976) explain this confusion by pointing out that, "Any self-referent concept has problems because the notion of self is itself so deceptive" (p.38) and they also suggest that most of the findings on self-esteem are actually not comparable. One can see that there are many books and articles on "what the self-esteem is" and "what the self-esteem is not" (e.g., Wells & Marwell, 1976) which may be a good indicator of the confusion on the concept in the research area.

Similarly, Osborne (1996) points the confusion between the terms "self-concept" and "self-esteem". Osborne (1993b; cited in Osborne, 1996) defines self-esteem as "A relatively permanent positive or negative feeling about self that may become more or less positive or negative as individuals encounter and

interpret successes and failures in their daily lives” (p.76). That is, self-esteem is an evaluative interpretation of how an individual feels about the features defining him. In other words, it can be said that, self-esteem is an emotional evaluation of the features which constitutes the self-concept (Wells & Marwell, 1976). Self-concept has a rational and cognitive nature, however, self-esteem is more emotionally oriented. Self-esteem holds positive and negative emotional attachments of one to oneself. Osborne (1996) also claims that, self-esteem and self-concept are related and mutually influence each other, yet they are not same constructs or they don't create each other.

Osborne (1996) suggests that, self-esteem starts to develop when the child experience that he is separate from other things within the environment. By seeing that s/he can affect his/her environment successfully and s/he get some rewards after his/her behaviors, s/he feel him/herself competent, which process is initial for further development of self-esteem. Social environment and especially the family have critical importance in the development of self-esteem. If the child has a stable, predictable and positive environment, he can reach a stable self-concept and a positive self-esteem. However, unstable, unpredictable and negative environments such as a negative familial structure might affect his self-esteem negatively. For example, overly perfectionist parents may lead the child to regard everything less than perfect as a failure. Neglectful parents may give the covert messages to the child that he and his efforts are not so important. Additionally, abusive parents may lead to feel the child that he and his efforts are not worthy. However, even under the worst circumstances, there is nobody who does not have a self-esteem. Osborne (1996) states that “Self-esteem is not something that you either have or you do not. Individuals differ both in quantity and quality of self-esteem” (p.21). Thus, it is also expected to see the gender differences in self-esteem.

Josephs, et al. (1992) claim that, self-esteem is open to cultural constructions and gender-appropriate norms. Thus, women and men may develop different types of self-concepts. They suggest that, for women, being interconnected with other people (especially valued and important others) and relations with them are crucial elements of the self. Whereas, men are more likely

to value individuation, independence or autonomy. Considering such suggestions of the researchers, one can claim that interpersonal relationships, have greater importance for women. In such a case, relationship problems may be more harmful for women who experience them as a source of personal esteem; or, additionally, may be regarded as less problematic by the men who don't make a big investment for a relationship to improve their self-esteem. On the other hand, gender differences in self-esteem are not consistently found (Maccoby & Jacklin, 1974; cited in Voss, et al., 1999) and data which is indicating that one gender has greater self-esteem or there is no gender difference on self-esteem exists (Voss, et al., 1999).

Besides, self-esteem may be differently conceptualized for different genders, and women and men may be differently affected by their relationships in terms of self-esteem, self-esteem may vary across different ages. In Robins, Trzesniewski, Tracy, Gosling, & Potter (2002) study, age differences in self-esteem were examined and it is found that, self-esteem levels were high in childhood and adulthood, but low in adolescence and old age.

In addition to the level of self-esteem, some researchers claim that, stability also has importance while considering the effects of self-esteem. Kernis, Cornell, Ru Sun, Berry, & Harlow (1993) suggests that, although the typical level of self-esteem characterize and differentiate people, they also differ in the extent to which they experience short-term fluctuations in their self-esteem. After a meta-analysis of 50 articles (N=29,839) and an analysis of 4 large studies (N=74,381), Trzesniewski, Donnellan, & Robins (2003) reported that, self-esteem showed substantial stability across the life span from age 6 to 83. Stability is relatively low during early childhood, increases in adolescence and early adulthood and declines during midlife and old age. Researchers suggested the increased psychological resources, autonomy and individual control as the reason of increased self-esteem in adolescence and young adulthood. In addition, they explain the decrease in self-esteem from adulthood to old age by pointing out the life events such as children moving out of the home, retirement, death of a loved one, and reviewing lifelong experiences which can lead critical self-appraisals.

Similarly, Crocker & Wolfe (2001) criticize the strong emphasis on the level of self-esteem and ignorance of other potentially important aspects of self-esteem, such as contingencies on which self-esteem is based. They claim that, a person's level of self-esteem is only one aspect of self-esteem, and, contingencies of self-worth or instability of self-esteem may be more powerful indicators of the link between self-esteem and behavior. In order to resolve the debates on self-esteem and point out the importance of the contingencies of self-esteem, authors offered a model. Contingency of self-esteem is defined as a specific domain which holds importance for a person in terms of his self-esteem. To illustrate, for a specific person, self-esteem may be based on being a kind person, the degree that he is loved by the God, being loved by other people or other contingencies of self-worth.

As stated above, this model is also an attempt to resolve some ongoing debates on self-esteem such as "Is self-esteem a trait or state?" and "Is self-esteem stable or unstable?". In this model, it is believed that, self-esteem is both a state and trait. Trait self-esteem which is a typical, average or generally stable level of self-esteem, is a function of whether the person typically satisfies the contingencies of self-worth. State self-esteem fluctuates around trait self-esteem in response to events in domains on which self-esteem is contingent. In terms of stability of self-esteem, it is believed in this model that, life circumstances affect the self-esteem only in the case of they hold self-perceived importance for the person. That is, events in domains unrelated to person's contingencies have a weak effect on self-esteem. Person's self-esteem decreases when negative events occur in domains of contingency and increases when positive events occur in those domains. Thus, self-esteem may be unstable in the case of experience of positive or negative events related to a person's contingencies of self-worth. As an illustration, for a specific married person, marriage may hold great self-perceived importance and problems in his marriage may affect his self-esteem negatively. However, for another married person whose conceptualization of marriage does not take place in his contingency of self-esteem, marital problems may not affect his self esteem negatively.

2.5.1 Self-Esteem and Romantic and Sexual Relationships

Self-esteem can affect how people behave towards themselves and the others. There are few studies indicating a relationship between self-esteem and experiencing more satisfactory relationships (Thornton & Ryckman, 1991) and marriages (Roberts & Donahue, 1994). However, Voss, et al. (1999) states that, findings on the relationship between marital quality and self-esteem offers inconsistent results.

It is believed that self is a social structure and relating to and connecting with others is essential and fundamental for the self-concept (Smith, et al., 2001). Rose (1996) states that “It is in terms of our autonomous selves that we understand our passions and desires, shape our life-styles, choose our partners, marriage, even parenthood” (p.1). Similarly, Osborne (1996) emphasizes the role of self-esteem in interpersonal relationships. Author claims that, low levels of self-esteem may lead the person to protect his self against everyone. People with low self-esteem may have a tendency to have only superficial relationships, have fewer “real friends” and not to trust others.

Murray, et al. (2002) believe that, all human-beings need belongingness. On the one hand, an intimate's love and acceptance can meet this need, however, on the other hand, becoming attached to another person may create the risk of pain and rejection. Researchers claimed that, people with low self-esteem need belongingness and acceptance more than those of having high self-esteem. However, ironically, regardless of how much acceptance and love they get, they always experience a perceived risk of rejection since they regard themselves as unworthy. Because they want to protect themselves, people with low self-esteem quickly perceive signs of rejection and distance themselves from their partner by devaluing him or reducing feelings of closeness when a relationship conflict arise. They easily becomes hopeless for the future of the relationship. On the contrary, people with high self-esteem may lessen the effects of relationship problems on their self with their resilient expectation of acceptance. In a case of relationship discord, they emphasize the strengths of the partner and relationship. In the light of these findings one can claim that, high self-esteem people may hold more

positive and creative style of behaviors in a case of relational problems, which can positively affect the relationship quality and can extend the relationship.

In another study, Voss, et al. (1999) reported that, marital adjustment was significantly related to self-esteem for both sexes. The detrimental effect of conflict on self-esteem was similar for men and women. Results also indicate that women are sensitive to specific disagreements (e.g., disagreeing on financial issues, and household management) or lack of cohesion in their marriages (e.g., having few calm discussions), and these dimensions strongly affect their self-esteem. However, for men, none of the individual dimensions of marital adjustment independently predicted self-esteem. Nonetheless, general tension was equally related to both men's and women's self-esteem.

It is also reported by some researchers that, in the sex therapy process, men shows the tendency to be affected negatively by the sexual problems for which they are responsible such as erectil dysfunction. As a result, their self-esteem is more vulnerable to decrease in a case of experiencing sexual problems. Thus, it can be said that men's self-esteem is more closely related to thier sexual performance, when compared to women's (Kayır, Yüksel, & Tükel, 1987).

2.6 Connection Between the Literature Review and Purpose of the Study

A review of the literature reflects the multiple variables that affect sexual satisfaction. It is also clear that, marriage and sexuality takes place to some degree in the relevant research. However, sexual satisfaction, marital satisfaction and the possible relationship between these variables have not widely attracted the researcher's attention. In addition, non-clinical couples have not been a popular research group in sexuality studies. Similarly, the role of self-esteem and locus of control in understanding the romantic and sexual relationships has been ignored. Additionally, research also indicates the role of age, length of marriage, orgasm frequency and sexual intercourse frequency in sexual satisfaction. Moreover, the effects of both education level and gender on sexual and marital satisfaction, as well as on self-esteem and locus of control takes place in the

literature. As a result, it was aimed in this study to gain a better understanding of these variables and interrelationships among them.

CHAPTER 3

METHOD

3.1 Subjects

Although originally nearly 450 questionnaires were distributed by the investigator, 230 of them returned, 200 of which were appropriate for the analysis. Consequently, the sample utilized in this study were 200 married persons consisting of 107 females (53.5%) and 93 males (46.5%). In order to qualify as a participant, individuals were required to be married. Those participants who identified themselves as having a psychological disorder or physical disorder affecting their sexuality were excluded, since this investigation was interested in a nonclinical population and these disorders may affect the sexual satisfaction. Participation to this study was voluntary, and participants were assured of their anonymity and the confidentiality of their responses. Participants in this study were between the ages of 20 and 56, and average age was 35.8 ($SD = 7.77$). Most of the subjects were highly educated and had high school and university (2 or 4 years) degree (23% and 60.5% respectively). Participants had been married an average of 10.48 years ($SD = 8.2$). Additionally, the average number of children was 1.23 ($SD = 1.07$). Most of the respondents (93%) were first-married ($n = 186$). Many participants stated that sex is "fairly" (57%) or "extremely" (19.5%) important for them which represents a total of 76.5%. Similarly, most of the participants answered the question that "To what extent marital cohesion is important in experiencing a satisfactory sexuality, according to you?" as "fairly" (41%) or "extremely" (53%), and, "To what extent sexual cohesion holds importance for a happy marriage, according to you?" as "fairly" (46.5%) or "extremely" (40.5%). 64% of the respondents reported that their spouse is their first sexual partner, however, 36% reported past sexual partners before marriage. Average monthly sexual intercourse frequency was 9.09 ($SD = 5.09$) and average orgasm frequency in every 10 sexual intercourse was 7.43 ($SD = 2.73$) for the entire sample. Demographic characteristics of the sample were presented in Table 1.

3.2 Instruments

Five instruments were used in the present study. The level of perceived sexual satisfaction was measured by Golombok-Rust Sexual Satisfaction Inventory (GRISS; see Appendix A). Participant's perceived marital satisfaction was assessed through the Dyadic Adjustment Scale (DAS; see Appendix B). Rotter's Internal-External Locus of Control Scale (I-E Scale; see Appendix C) is utilized in order to evaluate the participant's generalized control expectancies and lastly, level of self-esteem is measured by Rosenberg's Scale of Self-Esteem (see Appendix D). Verbal permission was received for using all the scales. Additionally a Demographic Information Form (see Appendix E) is utilized to collect information related to various demographic characteristics such as age, length of marriage and number of children.

Table 1. Demographic Representation of the Participants (N=200)

Variable	M	SD	Range	f	%
Gender					
Female				107	53,5
Male				93	46,5
Education Level					
Primary School				5	2,5
Secondary School				13	6,5
High School				46	23
University (2 or 4 Years)				121	60,5
Graduate				15	7,5
Perceived Importance of sex					
None				0	0
A Little				18	9
Undecided				29	14,5
Fairly				114	57
Extremely				39	19,5

Table 1. Continued

Perceived Importance of Marital Satisfaction for Sexual Satisfaction			
Satisfaction		1	0,5
None			
A Little		8	4
Undecided		3	1,5
Fairly		82	41
Extremely		106	53
Perceived Importance of Sexual Satisfaction for Marital Satisfaction			
Satisfaction			
None		1	0,5
A Little		9	4,5
Undecided		16	8
Fairly		93	46,5
Extremely		81	40,5
Spouse is/not the First Sexual Partner			
Partner			
First		128	64
Not first		72	36
Number of Marriages			
Number of Marriages			
First Marriage is Experiencing		186	93
Past Marriages Exist/s		14	7
Number of Children	1,23	1,07	0-5
Age	35,83	7,77	20-56
Length of Marriage(Years)	10,48	8,21	0,20-31
Intercourse Frequency	9,09	5,09	0-22
Orgasm Frequency in Every Ten Intercourse	7,43	2,73	0-10

3.2.1 Golombok-Rust Sexual Satisfaction Inventory (GRISS)

GRISS is a 28 item Likert-type self-report scale which is developed by Rust & Golombok (1983; cited in Tuğrul, Öztan, & Kabakçı, 1993; Wolsky, 1998) in order to assess the quality of sexual relationship and sexual functioning of both individuals and couples.

The scale offers 2 different forms for women and men. Besides the GRISS provides an overall measure of the quality of sexual functioning, it also provides scores on 7 different subscales 5 of which are same in both women and men forms (avoidance, satisfaction, communication, sensuality and frequency of sexual activity). Additionally, women form also includes vaginismus and anorgasmia, and men form also includes premature ejaculation and erectile dysfunction subscales. Both frequency of sexual activity and communication subscales include 2 items and all of other subscales include 4 items. Additionally, 4 items about the quality of the sexual relationship are included. Response options of the scale range from never to always (Tuğrul, et al., 1993; Wolsky, 1998).

While total score offers a general perspective on sexual functioning, subscale scores offer a detailed information on different sexual functions. Subscale scores can also be used as diagnostic tools. Higher scores received from the scale indicate higher levels of sexual dysfunction and lower levels of sexual quality (Tuğrul, et al., 1993). In relevance to the aim of the current study, only the total score of the GRISS was used.

Original scale is reported as having a split-half reliability of .87 for women and .94 for men. Internal consistency reliability of the subscales were reported as ranging from .61 and .83. It is also reported that GRISS discriminates clinical and non-clinical individuals (Rust & Golombok, 1985; cited in Wolsky, 1998). However, sensuality and avoidance subscales in men form and communication subscale in both men and women forms did not discriminate these groups (Rust and Golombok, 1986; cited in Tuğrul, et al., 1993).

Reliability and validity studies of the scale were made by Tuğrul, et al. (1993) on 243 subjects. The sample consisted of both clinical subjects (73

women and 66 men) who were diagnosed with a sexual dysfunction as well as randomly selected non-clinical subjects (53 women and 51 men).

In terms of internal consistency, Cronbach's alpha was reported as .91 for women and .92 for men. Split-half reliability was reported as .90 for men and .91 for women. These findings point the high reliability of the scale. Additionally, high validity of the GRISS in Turkish population is also reported. Both total scores and subscale scores differentiated the clinical and non-clinical women ($t = -14.52$, $SD = 123.33$, $p < .001$) and men ($t = -13.93$, $SD = 108.80$, $p < .001$). However, only communication subscale did not differentiate the clinical and non-clinical women. Moreover, discriminant analyses indicated that, items truly discriminate 98% of women and 98% of men; and subscales truly discriminates 94% of men and 95% of women (Tuğrul, et al., 1993).

Factor analysis in the standardization study offered 7 factors for men which are named as premature ejaculation, communication, avoidance, erectile dysfunction, frequency of sexual activity, sexual intercourse, and quality; and 7 factors for women namely vaginismus, communication, avoidance, quality, anorgasmia, sensuality and satisfaction. Although factor analysis offered different results when compared to Rust & Golombok's findings (1983; cited in Tuğrul, et al., 1993), items related to sexual dysfunctions cumulated under different factors, which is a similar finding (Tuğrul, et al., 1993). Based on these findings, GRISS is reported as a reliable and valid scale for assessing sexual satisfaction of Turkish populations.

3.2.2 Dyadic Adjustment Scale (DAS)

DAS is a 32-item scale developed by Spanier (1976) to assess the quality of the relationship of both unmarried cohabiting and married couples. Although the present study is interested in marital satisfaction instead of marital quality, the DAS which measures marital quality was preferred to use since marital satisfaction also refers to the quality of the relationship (Hayn, Floyd, Rogers, Winemiller, Heilmann, Werle, Murphy, & Cardone, 1992; cited in Wolsky, 1998).

DAS is a Likert-type scale with 5,6 and 7 point items ranging from *always agree* to *always disagree* or all the time to never. It also consists two items which are answered as yes or no. (Fıfılođlu & Demir, 2000).

The scale measures four dimensions of a relationship which are dyadic consensus, dyadic satisfaction, dyadic cohesion and affectional expression. Possible total score range from 0 to 151 with higher scores demonstrating greater marital satisfaction (Fielder, 2001; Warren, 2000). In addition to the total score, subscale scores can be used for specific questions (Spanier, 1976). In relevance to the aim of the current study, only the total score of the DAS was preferred to use.

In terms of internal consistency reliability, Cronbach's alpha of .96 for the total scale and that alpha for subscales ranging from .73 to .94. were reported (Fielder, 2001; Fıfılođlu & Demir, 2000; Pazak, 1997). Test-retest reliability of the DAS was reported as .87 (Carey, Spector, Lantinga, & Krauss, 1993). Good content validity is reported by three judges. Additionally, in terms of criterion validity, DAS significantly and positively correlated with Locke-Wallace Marital Adjustment Test which is a similar instrument (.86 for married respondents, .88 for divorced respondents, and .93 for the combined sample) (Fıfılođlu & Demir, 2000; Fielder, 2001; Pazak, 1997). Additionally, DAS is suggested as a reliable and valid instrument in many researchs (Kurdek, 1992; Sabourin, Lussier, Laplante, Wright, 1990).

Reliability and validity of the DAS for the Turkish culture was made by Fıfılođlu & Demir (2000) on 264 married individuals (132 males and 132 females). Indicating high internal consistency and reliability, Cronbach's alpha of .92 for the entire scale, and that alpha ranging from .75 to .83 for subscales were reported. Additionally, in terms of split-half reliability Cronbach's alpha of .86 was found to be impressive. Construct validity which is assessed through Principal Component Analysis confirmed the original subdimensions (factors) in the Turkish version. The Turkish DAS also positively correlated with Locke-Wallace Marital Adjustment Test ($r = .82$) which proves the criterion validity of the scale. In brief, statistical findings supported that the DAS can be used as a reliable and valid instrument to assess the marital satisfaction of the individuals in Turkey.

3.2.3 Rotter's Internal-External Locus of Control Scale (I-E Scale)

I-E Scale is a self-report instrument which was developed by Rotter (1966; cited in Dağ, 1991, 2002) to evaluate the generalized control expectancies of the persons on an internality-externality continuum.

The scale is consisted of 29 forced-choice items 6 of which are filler items that are used to cover the purpose of the scale. Other 23 items are scored as 0 or 1 point. Items indicating an external control orientation are scored as 1 point and higher scores indicates higher levels of external locus of control. Possible scores on the scale range from 0 to 23 (Dağ, 1991).

In terms of reliability, internal consistency of the original scale was reported as .77; split-half reliability was reported as ranging from .65 to .79, and test-retest reliability was reported as ranging from .49 to .83 (Dağ, 1991). Correlation of the scale with other scales measuring locus of control ranged between .25 and .55 (Dağ, 1991; Rotter, 1966; cited in Dağ, 1991, 2002). In addition, construct validity of the scale was proved by factor analyses (Rotter, 1966; Franklin, 1963) (cited in Dağ, 1991) and by the difference between the scores of internals and externals on different variables and tasks (Dağ, 1991).

Standardization of the scale into Turkish culture was made by Dağ (1991) on 2 samples of university students consisting of 99 and 532 subjects. Data for reliability was received from 99 subjects, data for validity was received from 53 of these 99 subjects and data for factor analysis was received from a total of 532 subjects. Indicating high reliability of the scale, test-retest reliability was reported as .83; KR-20 reliability was reported as .68; and Cronbach's alpha internal consistency reliability was reported as .71 in the adaptation study. Additionally, to evaluate the concurrent validity of the scale, Rosenbaum's Learned Resourcefulness Scale (RLRS) (Rosenbaum, 1980; cited in Dağ, 1991) and SCL-90-R (Derogatis, 1997; cited in Dağ, 1991) were used. The scale negatively correlated with RLRS ($r = -.29$) and positively correlated with SCL-90-R ($r = .21$). Additionally, the correlations between the semi-structured interview on control and the judge's evaluations demonstrated the convergent validity of the scale (ranging from .75 to .91). As a result, I-E Scale seems as a valid and

reliable instrument for assessing generalized control expectancies of Turkish samples (Dağ, 1991).

3.2.4 Rosenberg's Scale of Self-Esteem

Rosenberg's Scale of Self Esteem (Rosenberg, 1965; cited in Çuhadaroğlu, 1985), is a 10-item Likert type measure that assess the level of self-esteem. Response options of the scale range from 1= *completely agree* and 4= *completely disagree*. Possible scores range between 0 and 6 with lower scores signify higher self-esteem. Specifically, scores between 0 and 1 indicates high self-esteem, 2 and 4 indicates intermediate self-esteem, and 5 and 6 indicates low self-esteem.

The original scale was reported as a reliable measure with high test-retest reliability (.82) (Fleming & Courtney, 1984) and Cronbach's alpha of .82 for the scale was reported (Waux, 1988). Additionally, validity of the scale was reported as .75 (Kahle, 1976). Reliability and validity of the scale were also proved in different studies (Fincham & Bradbury, 1993; Murray, Bellavia, Rose, & Griffin, 2003; Silber & Tippet, 1965; cited in Fincham & Bradbury, 1993).

Standardization of the scale into Turkish culture was made by Çuhadaroğlu (1985). Validity of the scale which is the result of psychiatric interviews and the scale was reported as .71 and test-retest reliability was reported as .75. Criterion validity of the scale was investigated by using the three subscales of SCL-90 (Symptom Check List) and it was found satisfactory. Accordingly, the scale can be used as a reliable and valid instrument to measure the level of self-esteem of the Turkish samples.

3.2.5 Demographic Information Form

Demographic information form aims to receive information on gender, age, education level, occupation, length of marriage, being first-married or remarried, number of children, ages of the children, perceived importance of the sexuality, frequency of sexual intercourse, and frequency of orgasm reached by sexual intercourse. While many questions in the information form are open-

ended, there are also some Likert-type, forced-choice, or multiple choice questions.

Information form also included the questions evaluating the subject's opinions on the relationship between sexual satisfaction and marital satisfaction (*"To what extent marital cohesion is important in experiencing a satisfactory sexuality, according to you?"* and *"To what extent sexual cohesion holds importance for a happy marriage, according to you?"*). Additionally, a question of "Is your spouse your first sexual partner?" is included to evaluate the subject's past sexual experiences before marriage.

Demographic information form also included 2 questions which are used to exclude subjects with physical and psychological disorders affecting sexual life from the analysis (*"Do you have any psychological or physical health problem?"* and *"If yes, do you think that this problem negatively affect your sexual life?"*).

3.3 Procedure

Sample of this study was recruited through snowball sampling procedure (Kumar, 1996; cited in Yılmaz, 2002). In this study, individuals, instead of couples, were studied. That is, that was not a necessary condition to include both spouses. Participants were recruited through announcing to personal acquaintances that volunteer subjects are needed for a study on marital and sexual life.

Although some instruments were given by the researcher herself to the subjects, some of them were sent to the subjects with the help of acquaintances of the researcher. Written instructions and information about the aim of the study, and important points in filling the scales were attached at the beginning of all the instruments. Additionally, each scale had its own instructions. Administration of the instruments took approximately 40 minutes. Because of the confidentiality principle, all instruments were given with an envelope and subjects were cautioned to submit the instruments in closed envelopes. Since GRISS has two different forms for men and women, all instruments categorized as "women form" and "men form" and subjects also cautioned for filling the true form which is appropriate for their gender (which is stated at the beginning of all instruments).

3.4 Data Analysis

Prior to the analyses, descriptive characteristics of the sample were defined. Four different factorial between-subjects ANOVA's were conducted in order to examine the group differences on sexual satisfaction, marital satisfaction, locus of control and self-esteem. Education level and gender were the independent variables in these ANOVA's. Interaction effects were analyzed through Fisher's LSD Test (Hovardaoğlu, 1994). Additionally, correlation among the variables were examined and whether multicollinearity among them exists was also checked. Two independent hierarchical multiple regression analyses were the procedure of choice so as to determine relationships among predictor variables and criterion variable. In the first regression analysis, respectively self-esteem, locus of control and marital satisfaction were entered into the regression equation. In the second regression, respectively age, sexual intercourse frequency, orgasm frequency and length of marriage were entered into the equation. Except the manual calculation of the Fisher's LSD Test Critical values, all statistical analyses in this study were conducted through different functions of SPSS program.

CHAPTER 4

RESULTS

This study investigated which factors (a) marital satisfaction, (b) locus of control, and (c) self-esteem can predict the sexual satisfaction of married persons. Second, the current study examined whether (a) age, (b) monthly frequency of sexual intercourse, (c) frequency of orgasm reached by sexual intercourse, (d) length of marriage can predict the sexual satisfaction. Third, this investigation examined group differences on sexual satisfaction, marital satisfaction, locus of control and self-esteem, when subjects were grouped by their education level and gender. Thus, the major problems that this study addressed were, the identification of which predictor variables account for a significant proportion of the variance in the criterion variable sexual satisfaction, as well as the group differences on the main variables. In order to determine the contribution of each predictor variable to the prediction of sexual satisfaction the variables were analyzed through two different hierarchical multiple regression analyses. Additionally, group differences were examined through four different factorial between-subjects ANOVA's.

In the current study, a sample which was composed of 230 married persons was investigated. Prior to conducting the analyses, all variables were examined for accuracy of data entry, missing values, and fit between their distributions and the assumptions of multivariate statistics. Out of the 230 questionnaires returned, 18 were not included due to large amounts of missing data, leaving 212 cases. All variables in the analyses were normally distributed. Analyses revealed 8 univariate outliers which were excluded from the analyses, leaving 204 cases. Additionally, 4 multivariate outliers identified through Mahalanobis distance ($p < .05$) were excluded. Consequently, the final data analysis sample included 200 cases (107 females and 93 males).

4.1 Descriptive Analysis of the Sample

Before the main analyses, descriptive characteristics of the sample were investigated. Descriptive statistics for the 200 participants in the final data analysis sample can be found in Table 2 and Table 3.

Table 2. Means, Standard Deviations, and Ranges of the Continuous Variables

Variables (N=200)	<u>M</u>	<u>SD</u>	Range
Age	35,83	7,77	20-56
Length of Marriage (years)	10,48	8,21	0,20-31
Number of Children	1,23	1,07	0-5
Monthly Sexual Intercourse			
Frequency	9,09	5,09	0-22
Orgasm Frequency in Every 10 Sexual Intercourse	7,43	2,73	0-10
GRISS Score	24,59	14,24	4-77
DAS Score	94,05	11,28	54-124
Rotter's I-E Scale Score	9,42	4,1	0-19
Rosenberg Scale of Self-Esteem Score	0,97	1,39	0-6

Table 2 presents means, standard deviations, and ranges of the continuous variables, and Table 3 presents frequencies and percentiles of categorical variables.

As can be seen in Table 2 and Table 3, average age of the participants was 35.83 (SD = 7.77). most of the subjects were highly educated and had high school and university (2 or 4 years) degree (23% and 60.5% respectively).

Table 3. Frequencies and Percentages of the Categorical Variables

Variables (N = 200)	f	%
Gender		
Female	107	53,5
Male	93	46,5
Education Level		
Primary School	5	2,5
Secondary School	13	6,5
High School	46	23
University (2 or 4 years)	121	60,5
Graduate	15	7,5
Perceived Importance of Sex		
None	0	0
A Little	18	9
Undecided	29	14,5
Fairly	114	57
Extremely	39	19,5
Perceived Importance of Sexual Satisfaction for Marital Satisfaction		
None	1	0,5
A Little	9	4,5
Undecided	16	8
Fairly	93	46,5
Extremely	81	40,5
Perceived Importance of Marital Satisfaction for Sexual Satisfaction		
None	1	0,5
A Little	8	4
Undecided	3	1,5
Fairly	82	41
Extremely	106	53

Table 3. Continued

Variables (N = 200)	f	%
Spouse Is/Not The First Sexual Partner		
Spouse Is The First Sexual Partner	128	64
Spouse Is Not The First Sexual Partner	72	36
Number of Marriages		
First marriage is experiencing	186	93
Past marriage/s exists	14	7

Average marriage length was 10.48 years ($SD = 8.21$). A total of 76.5% of the subjects stated that sex is “fairly” or “extremely” important for them. Similarly, most of the participants reported that sexual satisfaction (87%) and marital satisfaction (94%) are “fairly” or “extremely” important for the other. 64% of the respondents reported that their spouse is their first sexual partner, however, 36% reported past sexual partners before marriage. Average monthly sexual intercourse frequency was 9.09 ($SD = 5.09$) and average orgasm frequency in every 10 sexual intercourse was 7.43 ($SD = 2.73$) for the entire sample. The mean score for the GRISS was 24.59, and the mean score for the DAS was 94.05. Additionally, mean scores for I-E Scale and Rosenberg’s Scale of Self-Esteem were 9.42 and 0.97, respectively.

4.2 Testing Group Differences

The present empirical investigation examined whether a difference exists between the groups on four dependent variables which are sexual satisfaction, marital satisfaction, locus of control, and self-esteem. For this reason, four different factorial between-subjects ANOVA’s were conducted. Before the ANOVA’s subjects were grouped by their education level and gender. Education level was categorized into two groups which were higher education group (subjects with university and graduate degree) and

lower education group (subjects with primary school, secondary school, and high school degree). Similarly, gender was categorized into two groups which were male and female groups. Finally, four groups, namely higher education-female group, lower education-female group, higher education-male group, and lower education-male group were defined. All groups in the analyses were defined by considering their sizes (subject number in each cell). Following the grouping process, these groups were analyzed for sexual satisfaction, marital satisfaction, locus of control, and self-esteem, which were dependent variables of these analyses.

4.2.1 Testing Group Differences: Sexual Satisfaction as Dependent Variable

Means and standard deviations of the sexual satisfaction scores of the subjects which were grouped by education level and gender were presented in Table 4.

Table 4. Means and Standard Deviations of the Sexual Satisfaction Scores of the Subjects Grouped by Education Level and Gender

Gender	Education Level	<u>M</u>	<u>SD</u>
Female	Lower Education	37,85	15,54
	Higher Education	21,18	9,23
	Total	27,57	14,48
Male	Lower Education	27,87	13,47
	Higher Education	18,94	12,46
	Total	21,15	13,23
Total	Lower Education	34,27	15,49
	Higher Education	20,03	11,03
	Total	24,59	14,24

Whether education level and gender make a difference between groups on the scores of sexual satisfaction was tested through a 2 (male, female) x 2 (lower education, higher education) factorial between-subjects ANOVA. Results revealed that gender ($F(1, 196) = 10.06, p < .05$) and education level ($F(1, 196) = 44.13, p < .001$) differentiated the groups on the sexual satisfaction. Additionally, effect of the interaction of the education level and gender on the sexual satisfaction scores was significant ($F(1, 196) = 4.04, p < .05$). Results of the analysis were also presented in Table 5.

Table 5. Results of the Factorial Between-Subjects ANOVA when Dependent Variable is Sexual Satisfaction

Source	Sum of Squares	df	F	sig.
Gender	1535,398	1	10,06	,002**
Education Level	6734,297	1	44,125	,000***
Gender*Education Level	616,480	1	4,039	,046*
Error	29913,32	196		

* $p < .05$ ** $p < .01$ *** $p < .001$

As can be seen in Table 5, the main effects of both education level and gender on sexual satisfaction are significant. As Table 4 presents, male subjects' level of sexual satisfaction ($X = 21.15$) was significantly higher than their female counterparts' ($X = 27.57$) (note that higher scores on the GRISS indicates lower sexual satisfaction). Additionally, subjects with lower education levels reported lower sexual satisfaction scores ($X = 34.27$) when compared to subjects with higher education levels ($X = 20.03$). Furthermore, as can be seen in Table 5, interaction of education level and gender on sexual satisfaction was also significant. In order to find out the source of the interaction, Fisher's LSD Test (Hovardaoğlu, 1994) was conducted and a critical value of 4.84 was defined. Results of the Fisher's LSD Test were presented in Table 6.

As can be seen from the results of the Fisher's LSD Test, the difference on sexual satisfaction scores of the groups was not significant in only one condition. Higher education-female and higher education-male groups were

Table 6. Results of the Fisher's LSD Test When Dependent Variable is Sexual Satisfaction

Groups	X	Lower Education- Female	Lower Education- Male	Higher Education- Female	Higher Education- Male
Lower Education- Female	37,85	-	9,98*	16,67*	18,91*
Lower Education- Male	27,87	-	-	6,69*	8,93*
Higher Education- Female	21,18	-	-	-	2,24
Higher Education- Male	18,94	-	-	-	-

p < .05

not significantly different from the other on sexual satisfaction scores. However, other all group differences were found to be statistically significant. That is, lower education-male group reported higher sexual satisfaction scores when compared to lower education-female group. Higher education-female group reported higher sexual satisfaction when compared to lower education-female group. Higher education-male group reported higher sexual satisfaction when

compared to lower education-female group. Higher education-male group reported higher sexual satisfaction when compared to lower education-male group. Additionally, higher education-female group reported higher sexual satisfaction when compared to lower education-male group.

4.2.2 Testing Group Differences: Marital Satisfaction as Dependent Variable

Means and standard deviations of the marital satisfaction scores of the subjects which were grouped by education level and gender were presented in Table 7.

Table 7. Means and Standard Deviations of the Marital Satisfaction Scores of the Subjects Grouped by Education Level and Gender

Gender	Education Level	M	SD
Female	Lower Education	90,37	28,72
	Higher Education	113,32	18,99
	Total	104,52	25,65
Male	Lower Education	103,69	20,67
	Higher Education	113,29	18,11
	Total	110,91	19,11
Total	Lower Education	95,15	26,73
	Higher Education	113,30	18,47
	Total	107,49	23,01

Whether education level and gender make a difference between groups on the marital satisfaction scores was tested through a 2 (male, female) x 2 (lower education, higher education) factorial between-subjects ANOVA. Results revealed that gender ($F(1, 196) = 4.03, p < .05$) and education level ($F(1, 196) =$

24.11, $p < .001$) differentiated the groups on the marital satisfaction. Additionally, effect of the interaction of the education level and gender on the marital satisfaction scores was significant ($F(1,196) = 4.07$, $p < .05$). Results of the analysis were also presented in Table 8.

Table 8. Results of the Factorial Between-Subjects ANOVA when Dependent Variable is Marital Satisfaction

Source	Sum of Squares	df	F	sig.
Gender	1817,149	1	4,026	,046*
Education Level	10883,297	1	24,114	,000***
Gender*Education Level	1834,94	1	4,066	,045*
Error	88460,99	196		

$p < .05$

As can be seen in Table 8, main effects of both education level and gender on marital satisfaction are significant. As Table 7 presents, male subjects' level of marital satisfaction ($X = 110.91$) was significantly higher than their female counterparts' ($X = 104.52$). Additionally, subjects with higher education levels reported higher marital satisfaction scores ($X = 113.30$) when compared to subjects with lower education levels ($X = 95.16$). Furthermore, as can be seen in Table 8, interaction of education level and gender on marital satisfaction was also significant. In order to find out the source of the interaction, Fisher's LSD Test (Hovardaoğlu, 1994) was conducted and a critical value of 8.3 was defined. Results of the Fisher's LSD Test were presented in Table 9.

Table 9. Results of the Fisher's LSD Test When Dependent Variable is Marital Satisfaction

Groups	X	Lower Education-Female	Lower Education-Male	Higher Education-Female	Higher Education-Male
Lower Education-Female	90,36	-	13,34*	22,96*	22,93*
Lower Education-Male	103,7	-	-	9,62*	9,59*
Higher Education-Female	113,32	-	-	-	0,03
Higher Education-Male	113,29	-	-	-	-

p< .05

As can be seen from the results of the Fisher's LSD Test, the difference on marital satisfaction scores of the groups was not significant in only one condition. Higher education-female and higher education-male groups were not significantly different from the other on marital satisfaction scores. However, other all group differences were found to be statistically significant. That is, lower education-male group reported higher marital satisfaction scores when compared to lower education-female group. Higher education-female group reported higher marital satisfaction when compared to lower education-female group. Higher education-male group reported higher marital satisfaction when compared to lower education-female group. Higher education-male group reported higher marital satisfaction when compared to lower education-male

group. Additionally, higher education-female group reported higher marital satisfaction when compared to lower education-male group.

4.2.3 Testing Group Differences: Locus of Control as Dependent Variable

Means and standard deviations of the locus of control scores of the subjects which were grouped by education level and gender were presented in Table 10.

Table 10. Means and Standard Deviations of the Locus of Control Scores of the Subjects Grouped by Education Level and Gender

Gender	Education Level	<u>M</u>	<u>SD</u>
Female	Lower Education	10,66	2,58
	Higher Education	9,39	4,22
	Total	9,87	3,72
Male	Lower Education	10,83	3,88
	Higher Education	8,26	4,49
	Total	8,89	4,47
Total	Lower Education	10,72	3,08
	Higher Education	8,81	4,38
	Total	9,42	4,1

Whether education level and gender make a difference between groups on the locus of control scores was tested through a 2 (male, female) x 2 (lower education, higher education) factorial between-subjects ANOVA. Results revealed that only the main effect of education level ($F(1,196) = 9.4, p < .01$) differentiated the groups on the locus of control. However, main effect of

gender as well as interaction of gender and education level was not statistically significant. Results of the analysis were also presented in Table 11.

Table 11. Results of the Factorial Between-Subjects ANOVA When Dependent Variable is Locus of Control

Source	Sum of Squares	df	F	sig.
Gender	9,65	1	0,6	,44
Education Level	151,03	1	9,4	,002*
Gender*Education Level	17,48	1	1,09	,30
Error	3149,65	196		

p< .05

As can be seen in Table 10, scores of the subjects with higher education levels ($X = 8.81$) were significantly lower than their counterparts' whose education level is lower ($X = 10.72$). This result indicate that, highly educated subjects report more internal locus of control orientation.

4.2.4 Testing Group Differences: Self-Esteem as Dependent Variable

Means and standard deviations of the self-esteem scores of the subjects which were grouped by education level and gender were presented in Table 12.

Whether education level and gender make a difference between groups on the self-esteem scores was tested through a 2 (male, female) x 2 (lower education, higher education) factorial between-subjects ANOVA. Results revealed that gender ($F(1,196) = 6.47, p < .05$) and education level

($F(1,196) = 19.8, p < .001$) differentiated the groups on the self-esteem. However, interaction of gender and education level was not statistically significant. Results of the analysis were also presented in Table 13.

Table 12. Means and Standard Deviations of the Self-Esteem Scores of the Subjects Grouped by Education Level and Gender

Gender	Education level	<u>M</u>	<u>SD</u>
Female	Lower Education	1,29	1,21
	Higher Education	0,51	0,95
	Total	0,81	1,12
Male	Lower Education	1,96	1,89
	Higher Education	0,9	1,46
	Total	1,16	1,63
Total	Lower Education	1,53	1,51
	Higher Education	0,71	1,25
	Total	0,97	1,39

Table 13. Results of the Factorial Between-Subjects ANOVA When Dependent Variable is Self-Esteem

Source	Sum of Squares	df	<u>F</u>	sig.
Gender	11,3	1	6,47	,012*
Education Level	34,57	1	19,8	,000***
Gender*Education Level	0,8	1	0,46	,49
Error	342,23	196		

* $p < .05$ *** $p < .001$

As can be seen in Table 12, female subjects' level of self-esteem ($X=0.81$) was significantly higher than their male counterparts' ($X=1.16$) (note that higher scores on the Rosenberg's Self-Esteem Scale indicate lower self-esteem). Additionally, subjects with higher education levels reported higher self-esteem scores ($X=0.71$) when compared to subjects with lower education levels ($X=1.53$).

4.3. Correlations Between Variables

Prior to regression analyses, the Pearson correlation coefficients of the variables which were included in regression analyses were computed (see Table 14 and Table 15). First correlation matrix which included sexual satisfaction, marital satisfaction, locus of control, and self-esteem revealed that, all of these variables were related to each other. Sexual satisfaction significantly and strongly correlated with marital satisfaction ($r = -.65, p < .01$). In other words, subjects reported higher levels of sexual satisfaction when they feel that their level of marital satisfaction is high. Sexual satisfaction also significantly correlated with both locus of control ($r = .23, p < .01$) and self-esteem ($r = .17, p < .01$). That is, when a person is more internally control oriented s/he is more sexually satisfied. Additionally, when a person reports higher levels of self-esteem s/he also reports greater sexual satisfaction (note that higher scores on the GRISS indicate lower sexual satisfaction). Significant correlations were obtained between marital satisfaction and self-esteem ($r = -.19, p < .01$) which means that marital satisfaction increased when self-esteem increased (note that higher scores on the Rosenberg's Scale of Self-Esteem indicate lower self-esteem). In addition, subjects reported more marital satisfaction when they reported internal locus of control ($r = -.21, p < .01$). Moreover, locus of control and self-esteem significantly correlated to each other ($r = .29, p < .01$) meaning that subjects with an external control orientation reported lower levels of self-esteem.

Second correlation matrix included age, length of marriage, sexual intercourse frequency, orgasm frequency, and sexual satisfaction. Results revealed that, age did not correlated with sexual satisfaction as well as orgasm frequency. Additionally, there was no significant relationship between length of

Table 14. Correlation Matrix for the Variables in the First Regression Analysis

Variables	Sexual Satisfaction	Marital Satisfaction	Locus of Control	Self-esteem
Sexual Satisfaction	1.00			
Marital Satisfaction	-.65**	1.00		
Locus of Control	.23**	-.21**	1.00	
Self-esteem	.17**	-.19**	.29**	1.00

**P < .01

marriage and orgasm frequency. On the other hand, correlation matrix indicated that other all relationships between variables were statistically significant. Sexual satisfaction significantly correlated to length of marriage ($r = .24$, $p < .01$), orgasm frequency ($r = -.39$, $p < .01$), and sexual intercourse frequency ($r = -.25$, $p < .01$). In other words, subjects reported lower sexual satisfaction when they reported longer length of marriage. On the other hand, subjects reported higher levels of sexual satisfaction when they report more frequent sexual intercourses and orgasms (note that higher scores on the GRISS indicates lower sexual satisfaction). In addition, age significantly correlated with both length of marriage ($r = .81$, $p < .01$) and sexual intercourse frequency ($r = -.33$, $p < .01$). That is, subjects reported that, their length of marriage increases however intercourse frequency decreases when they become older. Moreover, length of marriage and sexual intercourse frequency significantly related to each other ($r = -.26$, $p < .01$) meaning that, subjects who experience longer length of marriage report lower frequency of sex. Lastly, a significant relationship between sexual intercourse frequency and orgasm

frequency was found ($r = .27$, $p < .01$) which indicates that subject's orgasm experiences increase when they have more frequent sexual intercourses.

Table 15. Correlation Matrix for the Variables in the Second Regression Analysis

Variable	Age	Length of Marriage	Intercourse Frequency	Orgasm Frequency	Sexual Satisfaction
Age	1,00				
Length of Marriage	,81**	1,00			
Intercourse Frequency	-,33**	-,26**	1,00		
Orgasm Frequency	-,031	-,10	,27**	1,00	
Sexual Satisfaction	,10	,24**	-,25**	-,39**	1,00

** $p < .01$

4.4 Predictors of Sexual Satisfaction

Two hierarchical multiple regression analyses were conducted to examine the predictors of sexual satisfaction. In the first analysis, it was examined that whether marital satisfaction, locus of control, and self-esteem, predict sexual satisfaction of the married subjects. In the second regression analysis, contribution of age, monthly frequency of sexual intercourse, frequency of orgasm reached by sexual intercourse, length of marriage and their interaction to the prediction of sexual satisfaction was investigated.

4.4.1 Prediction of Sexual Satisfaction: Marital Satisfaction, Locus of Control, and Self-Esteem as Predictor Variables

At the first step of the hierarchical multiple regression analysis, self-esteem was entered into the equation. At this step, self-esteem significantly

predicted the criterion variable (sexual satisfaction) with $R^2 = .03$, F change (1,198)= 5.69, $p < .05$. Additionally, self-esteem accounted for 3% of the variance in sexual satisfaction, suggesting that scores on sexual satisfaction were accounted for, in part, subject's level of self-esteem.

At step two, locus of control was entered to examine whether locus of control predict sexual satisfaction. It is found that, beyond the contribution of self-esteem, locus of control significantly predicted the sexual satisfaction with R^2 change= .04, F change (1,197)= 7.44, $p < .01$. Furthermore, locus of control accounted for 4% of the variance in sexual satisfaction, meaning that variance in sexual satisfaction was accounted for, partly, subject's locus of control orientation.

Table 16. Hierarchical Multiple Regression Results: Predicting Sexual Satisfaction from Marital Satisfaction, Locus of Control and Self-Esteem

Step	Variable	R^2	R^2 change	F change
Step 1	Self-Esteem	,028	,028	5,69*
Step 2	Locus of Control	,063	,035	7,44**
Step 3	Marital Satisfaction	,43	,37	124,9***

* $p < .05$ ** $p < .01$ *** $p < .001$

At the last step, marital satisfaction was entered into the equation in order to see whether marital satisfaction predicts sexual satisfaction. This resulted in a significant change in R^2 with R^2 change= .37, F Change(1,196)= 124.9, $p < .001$. Marital satisfaction added 37% of the unique variance, suggesting that level of sexual satisfaction were accounted for, mostly, by the

subject's level of marital satisfaction. Although marital satisfaction was entered into the equation after self-esteem and locus of control, its contribution was still very important, which indicates that it is a very powerful predictor of sexual satisfaction. Moreover, with all the predictor variables in the equation, 44% of the variance in the sexual satisfaction of the married persons was accounted for (Also see Table 16 which displays R^2 , R^2 change and F change after each step of the analysis).

4.4.2 Prediction of Sexual Satisfaction: Age, Sexual Intercourse Frequency, Orgasm Frequency, and Length of Marriage as Predictor Variables

At the first step of the second hierarchical multiple regression analysis, age was entered into the equation. At this step, age did not significantly contribute to the prediction of sexual satisfaction, meaning that, age is not a good predictor of sexual satisfaction.

At the second step, monthly frequency of sexual intercourse was entered into the equation. It was found that, this variable significantly predicted the sexual satisfaction with R^2 change = .05, F change (1,197) = 11.23, $p < .05$. In addition, monthly frequency of sexual intercourse accounted for 5% of the variance in sexual satisfaction, suggesting that scores on sexual satisfaction were accounted for, partly, by the subject's frequency of sexual intercourse.

At step three, frequency of orgasm reached by sexual intercourse was entered into the equation. Results revealed that, this variable significantly predicted the sexual satisfaction above and beyond age and sexual intercourse frequency with R^2 change = .11, F change (1,196) = 26.29, $p < .001$. Additionally, orgasm frequency accounted for 11% of the variance in sexual satisfaction, meaning that variance in sexual satisfaction was accounted for, mostly, by the subject's frequency of orgasm.

At the last step of the second regression analysis, length of marriage was entered into the equation. This resulted in a significant change in R^2 with

R² change= .05, F change (1,195)= 13.22, p< .001. Furthermore, length of marriage accounted for 5% of the variance in the criterion variable sexual satisfaction, suggesting that variance in sexual satisfaction was partly accounted for by the subject's length of marriage.

As can be seen from these results, frequency of orgasm reached by sexual intercourse was the most significant predictor of sexual satisfaction when compared to age, sexual intercourse frequency, and length of marriage. Moreover, with all the variables in the equation, nearly 23% of the variance in sexual satisfaction could be accounted for by the predictor variables entered (Also see Table 17 which displays R², R² change and F change after each step of the analysis).

Table 17. Hierarchical Multiple Regression Results: Predicting Sexual Satisfaction from Age, Intercourse Frequency, Orgasm Frequency, and Length of Marriage

Step	Variable	<u>R²</u>	<u>R² change</u>	<u>F change</u>
Step 1	Age	,011	,011	2,11
Step 2	Intercourse Frequency	,064	,053	11,23*
Step 3	Orgasm Frequency	,175	,11	26,29***
Step 4	Length of Marriage	,23	,052	13,215***

* p< .05

*** p< .001

CHAPTER 5

DISCUSSION

Current literature reflects the multiple variables that affects sexual satisfaction, marital satisfaction, locus of control and self-esteem. However, sexual satisfaction and marital satisfaction relationship as well as the association of locus of control and self-esteem with romantic and sexual relationships needs to be more widely examined. Additionally, predictors of sexual satisfaction can be studied more widely. Moreover, studying the effects of education level and gender on sexual satisfaction, marital satisfaction, locus of control and self-esteem is likely to contribute to the existing literature. As a result, this study was an attempt to predict sexual satisfaction from several variables as well as testing group differences on sexual satisfaction, marital satisfaction, locus of control and self-esteem.

5.1 Evaluation of the results

Results of this study indicated that, males experience higher levels of sexual satisfaction, when compared to females. This finding is consistent with previous research. Kabakçı & Daş (2002) stated that, women exhibit lower sexual satisfaction. Relative dissatisfaction of the females can be resulted from various reasons. One possible reason is that, females experience more sexual anxiety (Oliver & Hyde, 1993). Being anxious may lead the women not to concentrate on the pleasant feelings which are related to sexual intercourse. Additionally, since social values have profound effects on individual's sexuality (Baumeister & Twenge, 2002 ; Johnson, 2001; Masters et al., 1995; Rosenthal, 1998; Socher, 1999), and they generally do not permit the women to express their sexuality freely (Socher, 1999), women are likely to be negatively affected by the social and cultural suppressions on their sexuality. This study also revealed that subjects with higher education levels experience greater sexual satisfaction which is consistent with the previous findings. It is reported by

several researchers that, higher levels of education is correlated with both sexual satisfaction and orgasm frequency (Çetin, 1995; Meadow, 1982). Highly educated persons are more likely to express themselves freely, and they are also more likely to behave in a more assertive way. Additionally, people with higher levels of education are also more likely to be more knowledgeable on sexuality, which makes easier to be satisfied sexually. Results of the current study also indicates that, interaction of education level and gender also differentiate the person's level of sexual satisfaction. Although higher education-female and higher education-male groups were not significantly different from the other on sexual satisfaction scores, other all group differences were found to be statistically significant. That is, lower education-male group reported higher sexual satisfaction scores when compared to lower education-female group. Higher education-female group reported higher sexual satisfaction when compared to lower education-female group. Higher education-male group reported higher sexual satisfaction when compared to lower education-female group. Higher education-male group reported higher sexual satisfaction when compared to lower education-male group. Additionally, higher education-female group reported higher sexual satisfaction when compared to lower education-male group. However, when the interaction of education level and gender is considered, it is clear that interaction mainly originates from the education level. That is, subjects with higher education levels consistently report greater sexual satisfaction, independent of their gender. This finding again emphasizes the importance of education level in the sexual satisfaction, which is consistent with the previous findings (Çetin, 1995; Meadow, 1982).

Some studies (Gökmen, 2001; Lee, 1999) in the current literature indicates that, husbands experience greater marital satisfaction when compared to wives. This finding is similar to the findings of the present study which indicates that male subjects experience higher levels of marital satisfaction. As Kabakçı, Tuğrul, & Öztan (1993) stated, marital relationships are affected by cultural characteristics. Marriages in Turkey are also open to the cultural constructions. Turkish women are generally the persons who are responsible for the housework, as well as child bearing. However, men are not supposed to share the responsibility of these activities. As a result, women are more likely to

be dissatisfied with their marriages. The current study also indicated that, highly educated subjects experience greater marital satisfaction than their counterparts whose education level is lower. In a recent study (Dökmen & Tokgöz, 2002) it is found that there is a positive relationship between marital satisfaction and education level, which does not contradict the current findings of the present study. Additionally, findings of the present study indicates that, interaction of education level and gender also make an effect on the level of marital satisfaction, which is a similar finding of this study on sexual satisfaction. Although higher education-female and higher education-male groups were not significantly different from the other on marital satisfaction scores, other all group differences were found to be statistically significant. That is, lower education-male group reported higher marital satisfaction scores when compared to lower education-female group. Higher education-female group reported higher marital satisfaction when compared to lower education-female group. Higher education-male group reported higher marital satisfaction when compared to lower education-female group. Higher education-male group reported higher marital satisfaction when compared to lower education-male group. Additionally, higher education-female group reported higher marital satisfaction when compared to lower education-male group. However, when the interaction of education level and gender is considered, interaction of this variables seems to be originated from the education level. In other words, highly educated subjects consistently report greater marital satisfaction. This finding indicates that the importance of education level in the marital satisfaction, which is consistent with the previous findings (Dökmen & Tokgöz, 2001).

Another finding of the current study is that, highly educated subjects exhibit more internal locus of control orientation, and vice versa. Similarly, Nurmi, Pulliainen & Salmela-Aro (1992) posit that, there is a positive association between higher levels of education and internality. Lefcourt (1976) stated that, deprived or punishing environments such as lower socioeconomic status might result in external locus of control by leading fatalism and minimizing the contingency between effort and reward. From this perspective, it can be said that, highly educated persons generally have the positive qualities such as higher income and social status. These qualities might give those persons more

opportunities and power to control their life, which may lead them to have internal control orientation. Additionally this study indicated that there is no gender difference in terms of locus control orientation, which is a similar finding to the previous research (Feingold, 1994).

In terms of self-esteem, the current study indicates that females exhibit higher levels of self-esteem when compared to their male counterparts. However, the current literature is not consistent to indicate the gender differences in self-esteem (Maccoby & Jacklin, 1974; cited in Voss, et al., 1999). It is suggested by some researchers (Josephs, et al., 1992) that, self-esteem is open to gender-appropriate norms. For women, interpersonal relationships with other people, especially with the valued and important ones, are crucial elements of the self. Whereas, men are more likely to value individuation, independence or autonomy. As a result, it can be said here that marriage can make more valuable contributions to the women's self-esteem. Additionally, highly educated subjects in this study reported higher levels of self-esteem when compared to subjects with lower education levels. As stated above, highly educated persons are more likely to have higher income and social status. These qualities might lead those persons to have higher levels of self-esteem.

According to Bird & Melville (1994) marriage means connecting and committing a loved and trusted one for several reasons one of which is sexual intimacy. Similar to these statement, results of this study highlight the importance of marital satisfaction in sexual satisfaction. Marital satisfaction strongly correlated to sexual satisfaction, meaning the greater the marital satisfaction, the greater the sexual satisfaction. In addition, contributing to a large portion of variance in sexual satisfaction, marital satisfaction occurs as a very powerful predictor of sexual satisfaction. This finding is consistent with a large body of previous research. Although there are few studies indicating no relationship between sexual satisfaction and marital satisfaction (e.g., Colebrook Seymour, III, 1998) there are many studies which indicates that these two variables significantly predict each other (Brezsnyak, 2001; Fielder, 2001) and there is a consistent positive association between these variables (Meadow, 1982; Renaud & Byers, 1977; Timm, 1999). It is reported that relationship

problems negatively effect the couple's sexual satisfaction (Crowe, 1995; Hawton, 1985; Dziegielewski & Resnick, 1998). Crowe (1995) suggests that, sexual relationship of a couple is the microcosm of their general relationship. As a result, sexual relationship and general relationship may be affected by each other. In a recent study, Timm (1999) sampled married individuals and found a relationship between marital satisfaction and sexual satisfaction. In another study, Renaud & Byers (1997) reported that, the greater the relationship satisfaction, the greater the level of sexual satisfaction. Indicating the strong relationship between sexual and marital satisfaction, some researchers (Uçman, 1982) suggest that, if a couple experience serious marital problems, these problems must be solved before starting the sex therapy process. Uçman (1982) also reported that, individuals who give up the sex therapy before they resolve sexual problems are generally the persons who want to continue their power to manipulate the other spouse who is responsible for the sexual problems. Moreover, when Turkish marriages are considered, the strong relationship between marital and sexual satisfaction that was found in this study is not surprising indeed. As it was indicated by this study, in Turkey, individuals generally gain a continuous sexual life with the marriage. For many Turkish people, marriage and sexuality are overlapped. As a result, the finding in this study which indicates the strong association between sexual and marital satisfaction is expected.

The current research also found that locus of control orientation significantly related to sexual satisfaction and contributed to the prediction of this variable. Subjects reported higher sexual satisfaction when they report internal locus of control orientation. Lachman & Weaver (1998) concluded that, spouses with greater sense of control are more likely to engage in more sexual relations. It was also found in this study that, locus of control and marital satisfaction significantly related to each other, meaning that the internal the locus of control, the greater the marital satisfaction. In addition, locus of control significantly contributed to the variance in the marital satisfaction. Based on the relevant literature, it is not surprising. It is reported by several researchers that, the greater the internal locus of control, the higher the relationship and marital satisfaction (Bugaghis, Schumm, Bollman, & Jurich, 1983; Doherty, 1981; Lachman &

Weaver, 1998; Myers, 1999; Ross, 1991) which is similar to the current findings of the study. According to Ross (1991), marriage has a powerful effect on the sense of control. It may increase the sense of control by increasing social support, as well as social and economic resources. On the other hand, marriage may decrease the sense of control by decreasing autonomy, freedom and independence. Madden & Janoff-Bulman (1981) reported that, wives who feel they have control over the negative marital events experience greater marital satisfaction. Similarly, Doherty (1981) argues that, because they experience more personal control on marital events, internals may try more to achieve success in their marriages. They are more likely to behave in a positive and active way to make their marriage happier. In contrast, externals exhibits a passive stance toward their marriage which may be the result of their belief in personal ineffectiveness. Studying the effects of marital locus of control on marital quality, Myers (1999) found that, the most satisfactory and less conflictual marriages occur among spouses who feel they have control over marital events. Spouses with lower levels of marital locus of control reported more marital strains and poorer marital quality. Similarly, Crandall and Crandall (1983; cited in Carton & Nowicki Jr., 1994) concluded that , internal locus of control is generally found to facilitate better interpersonal relationships and higher self-esteem. On the contrary, in terms of marital quality, external locus of control was found to be related to higher frequency of negative tactics to resolve conflict, being less committed to the relationship, lower levels of marital satisfaction and higher levels of verbal aggression, physical violence, and angry response style (Scanzoni & Amett, 1987; Winkler & Doherty, 1983) (cited in Myers, 1999). It is also reported by some studies (Hünler & Gençöz, 2003) that, when a spouse regard the marital problems as “unsolveable” his/her level of marital satisfaction is likely to decrease. Similarly, it is also stated that blaming other spouse and not taking the responsibility for marital problems is harmful for the marriage, since marital problems are interactional (Berg-Cross, 2001).

The association of locus of control with both sexual and marital satisfaction may be best understood from the Marks' (1998) point of view. Marks (1998) defines the locus of control construct as a learning process and claim that people with internal locus of control can change their behaviors easily since they

believe that they can control the reinforcements. From this perspective, it is reasonable that internals experience more satisfactory relationships. They are likely to change their behaviors to reach the desired outcomes since they believe that personal efforts can be effective for their sexual and marital satisfaction.

The current study also indicates a relationship between marital satisfaction and self-esteem. In other words, subjects who exhibit higher levels of self-esteem also exhibit greater marital satisfaction. This finding is similar to the previous findings that has consistently demonstrated that people with higher levels of self-esteem experience more satisfactory relationships (Thornton & Ryckman, 1991) and report greater marital satisfaction (Bird & Melville, 1994; Lee, 1999; Roberts & Donahue, 1994). As Murray, Rose, Bellavia, Holmes & Kusche (2002) stated, persons might lessen the effects of relationship dissatisfaction on their self with the help of their resilient self-esteem. They are also more likely to behave in a positive and creative manner in a case of relationship discord.

Subjects in this study reported greater sexual satisfaction when they report higher self-esteem. Self-esteem also significantly predicted the sexual satisfaction. This finding was consistent to previous research which has suggested that self-esteem positively correlated with sexual satisfaction (Munnariz, Berman, Goldstein & Jefferson, 2000; Rosenthal, 1998). Similarly, in the past studies it is reported that dissatisfaction with self-image negatively affects the sexual satisfaction (Hawton, 1985; Warren, 2000). Furthermore it is reported that self-esteem of men is more vulnerable to be affected negatively because of their inadequate sexual performance (Stimson, et al., 1980). According to Kayır, Yüksel, & Tükel (1987) in the sex therapy process, men shows the tendency to be affected negatively by the sexual problems for which they are responsible such as erectile dysfunction. As a result, their self-esteem is more vulnerable to decrease in a case of experiencing sexual problems. Thus, it can be said that men's self-esteem is more closely related to their sexual performance, when compared to women's.

The present research also found that, subjects report higher self-esteem when they report internal locus of control. The reason for this finding may be

that, when a person believe that s/he can control the outcomes, s/he is more likely to feel her/himself more valuable. Similar findings exist in the current literature. For instance, it is reported that locus of control and self-esteem are relevant to each other and holding internal control beliefs might affect self-esteem positively (Lefcourt, 1976). It is also suggested that, self-esteem and locus of control are strongly related and these constructs may be the markers of the same higher order concept (Judge, et al., 2002). Similarly, Crandall and Crandall (1983; cited in Carton & Nowicki Jr., 1994) concluded that , internal locus of control is generally found to facilitate higher self-esteem.

Besides it contributed to the prediction of sexual satisfaction, length of marriage negatively correlated with sexual satisfaction in this study. In other words, it was found that sexual satisfaction decreases when length of marriage increases. In a recent study, (Colebrook Seymour, III; 1998) it was found that, length of marriage negatively related to sexual satisfaction, which is a similar finding. Additionally, in this study, length of marriage negatively correlated with frequency of sex, meaning that, frequency of sex decreases when length of marriage increases. These findings might be resulted from the monotony of the couples' sexual life. Another explanation might be that, as length of marriage increases, spouses may lose their desire on being well-cared, beautiful, and sexy for the other spouse. This may be resulted in a decrease in sexual attractiveness between partners as well as in their sexual satisfaction and sex frequency.

Sexual satisfaction was significantly related to intercourse frequency and orgasm frequency. Moreover, these variables significantly predicted the sexual satisfaction. These results were consistent with the previous findings which indicates that frequency of sex and frequency of orgasm are related to sexual satisfaction, especially for the women (Colebrook Seymor, III, 1998; Meadow, 1982). Sexual life of the couple becomes more rewarding when they experience frequent orgasms, which explains the relationship between sexual satisfaction and orgasm frequency. As result, couples become more willingful to realize such a rewarding activity, which explains the association between sexual satisfaction and intercourse frequency.

Current study also indicates a relationship between intercourse frequency and orgasm frequency. It is likely that persons increase their chance to reach an orgasm by increasing their intercourse frequency. Another possible explanation for this finding is that, since being sexually experienced increases the chance to be more sexually satisfied (Kimes, 2001) individuals may learn how to reach orgasm by way of increasing their sexual experiences.

Although some studies indicate a negative association between age and sexual satisfaction for men (Çetin, 1995), the present study did not find a relationship between these variables. This finding may be resulted from the shift in the expectations and needs of the subjects. As Masters et al. (1995) suggested, psychological need for intimacy, excitement and pleasure do not have to diminish by age. Subjects in this study are likely to fulfilling their need of sexual satisfaction with different qualities of their relationship, such as intimacy. Similarly, age did not associated with orgasm frequency, which is an another finding of this study. A possible explanation for this finding is that, although some sexual responses, such as physiological arousal, decrease by age (Masters, et al., 1995) being orgasmic is a relatively stable quality. However, it is found in this study that, frequency of sex decreases when age increases, which is an expected finding in the light of the literature (Masters, et al., 1995). Timm (1999) emphasizes that, the focus on sexual performance of younger couples diminishes by leaving its place to more sensual activities when the couple become older.

Lastly, this empirical investigation did not indicated to a relationship between length of marriage and orgasm frequency. A possible reason for this finding may be that, when a person learn how to reach orgasm, this generally does not change under different circumstances. Thus, individuals may continue this learned experience during all the marriage process without being affected by the length of marriage.

5.2 Implications for Clinical Psychology

The most important impression that can be derived from this study that, sex is very important for most of the individuals in this study and they also believe that sexual satisfaction and marital satisfaction are highly related to and effect each other. In other words, it is clear that sexuality and marriage, as well as sexual satisfaction and marital satisfaction are highly overlapped for Turkish persons. In this way, it is clear that, a Turkish couple's sexual satisfaction is not independent from their marital satisfaction. As a result, Turkish clinicians need to keep in mind this association between sexual satisfaction and marital satisfaction in Turkey. In today's sex therapies which are generally cognitive-behavioral oriented, sex is generally the focus of the therapy and relational aspects of the sexual satisfaction are rarely considered. However, findings of this study indicates that, there is a strong need to take into account the relationship factors as well as marital satisfaction while treating sexual problems. As Uçman (1982) suggested, it might be the starting point to solve the marital problems before conducting sex therapy. Similarly, Kabakçı & Batur (2002) reports that treating vaginismus result in increased marital satisfaction, besides an increase in sexual satisfaction. These findings also support the relationship between sexual satisfaction and marital satisfaction for Turkish couples. Therefore, Turkish clinicians should keep in mind that, otherwise they solve the marital problems of the couple, they are not likely to reach significant positive results in sex therapy. Very similarly, while conducting marital therapy, sexual aspects such as sexual satisfaction of the marriage should be carefully considered. Since Turkish people report that their marital satisfaction is significantly connected to their sexual satisfaction, expecting a big success from a marital therapy which ignores sexual satisfaction of the couple does not seem to be very realistic. Moreover, since sexual dissatisfaction might not always exhibited in a specific sexual dysfunction, clinicians who conduct marital therapies must be aware of possible sexual dissatisfaction of their clientseven is there is no diagnosis of sexual dysfunction.

In relevance to sexual satisfaction and marital satisfaction, it should also be noted that, clinicians should be well-prepared for the patients who do not seem to be benefitted from the sex therapy. It is reported that, in sex therapy process, some spouses seem reluctant to solve sexual problems that couple encountered. They want to continue the positive marital outcomes (such as increased power, and manipulating the partner who seems responsible for the sexual problems) which can be reached with the use of these sexual problems (Uçman, 1982).

This study also indicates that, for many individuals, their spouse is their first sexual partner. In the lighth of this result, it can be said that, a complete sexuality generally starts with marriage in Turkey. Turkis people are likely to learn sexuality when they get marry. As a result, especially in the first years of the marriage, they are likely to lack in theoretical and practical sexuality knowledge and experience which may resulted in sexual dissatisfaction. As a result, Turkish clinicians should undertake an educator role in sex therapy, if needed.

Female subjects in this study reported both lower sexual satisfaction and marital satisfaction, when compared to their male counterparts. It can be said that, Turkish women seems more vulnerable to experience sexual and marital dissatisfaction. Since interpersonal relationships can more deeply affect the women's self-esteem (Josephs, et al., 1992), it should be considered that they can be more negatively affected by sexual and marital problems. In such a case, clinicians must be aware of the decreases in married women's self-esteem, which results from their sexual and marital dissatisfaction. Additionally, it should be considered that people with lower self-esteem experience lower sexual satisfaction and marital satisfaction (Bird & Melville, 1994). As a result, clinicians should also try to prevent a vicious cycle on the decreased self-esteem and sexual and marital dissatisfaction of these women.

This study also indicates that highly educated persons are likely to have a more internal locus of control orientation. Since internal locus of control is related to both higher sexual satisfaction and marital satisfaction, highly educated persons are more likely to reach positive outcomes in sex therapy and

marital therapy. Additionally, is persons with an internal locus of control orientation are given responsibilities and tasks in therapy, they are more likely to benefit from sex therapy and marital therapy.

The relationship of locus of control with both sexual satisfaction and marital satisfaction also indicates that, increasing the sense of control of the persons who receive sex therapy or marital therapy might be resulted in greater desired outcomes in the therapy process. Some authors (Uçman, 1982) reported that many Turkish people who receive sex therapy generally do not actively contribute to the therapy process. They show a tendency to look for external solutions for their problems such as medications and surgical operations. As a result, in both the sex therapy and marital therapy, the clinician should try to increase the person's sense of control. Additionally, since higher self-esteem is related to both greater sexual satisfaction and marital satisfaction, increasing person's level of self-esteem in the therapy might resulted in increased sexual satisfaction and marital satisfaction. To sum up, interventions that aim to increase the perceived control and self-esteem level may be helpful for increasing sexual satisfaction and marital satisfaction.

The present investigation also indicates that, both sexual intercourse frequency and level of sexual satisfaction decreases when length of marriage increases. It is clear that sex becomes less rewarding for Turkish couples in time. This might be resulted from the nature of sexual and marital relationship of the couple. If the possible factors which are responsible for the couple's increased sexual dissatisfaction when length of marriage increase can be defined, prevention strategies can be implemented in the therapy process.

5.3 Limitations of the Study

There are some limitations to this study that should be taken into account when considering the results. First, since subjects who were volunteer for participating in a study on marriage and sexuality included, the sample was probably constituted from the persons who have more liberal and positive attitudes about sexuality, which may resulted in higher sexual and marital satisfaction scores.

Second, the sample was drawn from the persons who currently live in a big city; so the research is not appropriate to apply its results to people who live rural areas. Additionally, this study was conducted on a highly educated population. As a result, findings of the present study are also limited in terms of education.

5.4 Recommendations for Future Research

The present study contributes to existing knowledge and expands the understanding of the sexual satisfaction. However, based on the findings of the study, following recommendations for future research could be taken into account. Firstly, further research should be done on more heterogeneous samples (higher and lower levels of education, subjects from urban and rural areas etc.). Second, longitudinal designs of sexual satisfaction and marital satisfaction in Turkey would be helpful in contributing to the literature as well as expanding the understanding of mental health providers on sexuality and marriage. Third, examining the relationship between relationship satisfaction and sexual satisfaction of single subjects may contribute to the literature. Lastly, this study examined individuals, instead of couples. However, including both of the spouses in a couple can give an extra knowledge on sexual and marital satisfaction. Comparing the scores of the spouses might be helpful for creating a new perspective.

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APPENDIX A

GOLOMBOK-RUST SEXUAL SATISFACTION INVENTORY

Sample items:

- Sevişme sırasında cinsel organınızda ıslaklık olur mu? (woman form)

Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman

- Eşinizin cinsel organı sizin cinsel organınıza rahatsızlık vermeden girebilir mi? (woman form)

Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman

- İlişki sırasında cinsel organınızın sertleşmediği olur mu? (man form)

Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman

- Cinsel birleşme sırasında erken boşalmayı engelleyebilir misiniz? (man form)

Hiçbir zaman	Nadiren	Bazen	Çoğu zaman	Her zaman

Yazışma adresi:

Doç. Dr. Elif Kabakçı, Hacettepe Üniversitesi Tıp Fakültesi, Ankara

APPENDIX B

DYADIC ADJUSTMENT SCALE

Sample items:

- Eşinizi öper misiniz?

Her gün	Hemen hemen her gün	Ara sıra	Nadiren	Hiçbir zaman

- Siz ve eşiniz ev dışı etkinliklerin ne kadarına birlikte katılırsınız?

Hepsine	Çoğuna	Bazılarına	Çok azına	Hiçbirine

Yazışma adresi:

Doç. Dr. Hürol Fışiloğlu, ODTÜ Psikoloji Bölümü, Ankara

APPENDIX C

ROTTER'S INTERNAL-EXTERNAL LOCUS OF CONTROL SCALE

Sample items:

1. a. Koşullar uygun değilse insan başarılı bir lider olamaz
b. Lider olamayan yetenekli insanlar fırsatları değerlendirememiş kişilerdir.
2. a. İnsanların yaşamındaki mutsuzlukların çoğu, biraz da şanssızlıklarına bağlıdır.
b. İnsanların talihsizlikleri kendi hatalarının sonucudur.

Yazışma adresi: Doç. Dr. İhsan Dağ, Hacettepe Üniversitesi, Psikoloji Bölümü, Ankara.

APPENDIX D

ROSENBERG'S SCALE OF SELF-ESTEEM

Sample items:

Tamamen katılıyorum	Katılıyorum	Katılmıyorum	Hiç katılmıyorum
1	2	3	4

- kendimi en az diğer insanlar kadar değerli buluyorum.....(1) (2) (3) (4)
- genel olarak kendimden memnunum.....(1) (2) (3) (4)

APPENDIX E
DEMOGRAPHIC INFORMATION FORM

Bu araştırma Orta Doğu Teknik Üniversitesi Psikoloji Bölümü, Klinik Psikoloji alanında yürütülmekte olan Yüksek Lisans Tezinin gereği olarak yapılmaktadır.

Araştırmanın amacı, çiftlerin evlilik ilişkileri ve cinsel yaşamları hakkında bilgi toplamaktır.

Burada vereceğiniz cevapların doğru ya da yanlış olarak değerlendirilmesi söz konusu değildir. Soruları boş bırakmadan, size en uygun gelen seçeneği işaretlemeniz gerekmektedir. Şu anki evliliğiniz ilk evliliğiniz değilse, soruları şu anki evliliğinizi düşünerek cevaplamanız gerekmektedir. Kimliğinizi belirtecek herhangi bir bilgi vermenize gereksinim yoktur. Sonuçlar kesinlikle gizli tutulacak ve yalnız araştırma amacıyla kullanılacaktır.

Sorulara vereceğiniz yanıtların doğruluğu ve içtenliği, bu araştırmanın geçerliliği ve güvenilirliğinin en önemli koşuludur.

Değerli katılımınız için teşekkür ederiz.

Psikolog Çağla Basat

CİNSİYETİNİZ= Kadın X Erkek X (Elinizdeki form erkek katılımcılar için hazırlanmıştır. Lütfen cinsiyetinize uygun formu doldurduğunuzdan emin olunuz).

YAŞINIZ=

EĞİTİM DÜZEYİNİZ=

İlkokul X	Ortaokul X	Lise X
Üniversite-Yüksekokul X	Yüksek Lisans-Doktora X	

MESLEĞİNİZ=

NE KADAR ZAMANDIR EVLİSİNİZ?=-

ŞU ANKI EVLİLİĞİNİZ KAÇINCI EVLİLİĞİNİZ?=-

KAÇ ÇOCUĞUNUZ VAR?=

ÇOCUĞUNUZUN (ÇOCUKLARINIZIN) YAŞLARI=

PSİKOLOJİK YA DA FİZİKSEL BİR SAĞLIK SORUNUNUZ VAR MI?=

Evet X

Hayır X

CEVABINIZ EVETSE, BU SORUNUN CİNSEL YAŞAMINIZI OLUMSUZ YÖNDE
ETKİLEDİĞİNİ DÜŞÜNÜYOR MUSUNUZ?=

Evet X

Hayır X

CİNSELLİK SİZİN İÇİN NE KADAR ÖNEMLİDİR?

Hiç X

Biraz X Kararsızım X

Oldukça X

Çok X

SİZCE DOYUM VERİCİ BİR CİNSELİK YAŞAMAK İÇİN EVLİLİKTEKİ UYUM NE KADAR
ÖNEMLİDİR?

Hiç X

Biraz X Kararsızım X

Oldukça X

Çok X

SİZCE CİNSEL UYUM MUTLU BİR EVLİLİK İÇİN NE KADAR ÖNEM TAŞIR?

Hiç X

Biraz X Kararsızım X

Oldukça X

Çok X

EŞİNİZ İLK CİNSEL PARTNERİNİZ Mİ?

Evet X

Hayır X

EŞİNİZLE AYDA ORTALAMA KAÇ KEZ CİNSEL İLİŞKİYE GİRİYORSUNUZ?

HER 10 İLİŞKİNİZİN KAÇINDA ORGAZM OLUYORSUNUZ?