Finally, several studies that have examined the degree of association between variables closely related to dyadic adjustment and automatic thoughts during sexual activity suggest that the content of these thoughts is more strongly related with the quality of the dyadic relationship in women compared to men (Birnbaum et al., 2006; DiBartolo & Barlow, 1996; Meana & Nunnink, 2006).

Objectives & Hypotheses
The overall objective of this study is to examine the mediating role of negative automatic thoughts during sexual interaction in the relationship between dyadic adjustment and sexual functioning in men and women. We hypothesized that, in women, the best mediators of the relationship between dyadic adjustment and sexual functioning would be: thoughts of sexual abuse, failure and disengagement, partner’s lack of affection, and low self-body image thoughts. In men we expect that the best mediators would be: erection concern thoughts and failure anticipation/catastrophic thoughts.

Methods
Participants & Procedures

The sample consists of a total of 400 individuals (200 men and 200 women) from the general population, with ages over 18, who are in a committed relationship for at least 6 months. In order to control the effect of third variables such as psychopathology, participants were asked to answer to the following measures: Beck Depression Inventory (BDI; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) and Brief Symptom Inventory (BSI; Derogatis & Spencer, 1982). Physical problems were also controlled by completing an introductory questionnaire that includes the assessment of medical factors. In order to conduct a rigorous analysis of sexual functioning (low/high) the sample was divided according to the cutoffs of IIEF (Rosen et al., 1997) and FSFI (Rosen et al., 2000).

Materials

**Dyadic Adjustment Scale (DAS)**
The DAS (Spanier, 1976) is a 32-item, self-report measure assessing dyadic adjustment quality according to four dimensions: dyadic consensus, dyadic satisfaction, dyadic cohesion and dyadic affect. Psychometric studies have shown good internal consistency and construct validity (Spanier, 1976).

**Sexual Modes Questionnaire (SMQ)**
The SMQ (Nobre & Pinto-Gouveia, 2003) is a measure that assesses thoughts, emotions and sexual response during sexual activity and is composed of three sub-scales: automatic thought (AT) sub-scale, emotional response sub-scale and sexual response sub-scale. The male version of AT subscale is composed of 33 items and a principal component analysis with varimax rotation identified 5 factors that accounted for 54.7% of the total variance: failure anticipation and catastrophe thinking, erection concern thoughts, age and body function related thoughts, negative thoughts toward sex and erotic thoughts. The female version of AT subscale is composed of 33 items and the principal component analysis identified 6 factors accounting for 53.1% of the total variance: sexual abuse thoughts, failure/disengagement thoughts, partner’s lack of affection, sexual passivity and control, erotic thoughts and low self-body-image thoughts. Psychometric studies have supported the reliability and validity of the sub-scales (Nobre & Pinto-Gouveia, 2003).

The International Index of Erectile Function (IIEF)
The IIEF (Rosen et al., 1997) is a 15-item, brief, self-administered measure assessing different areas of sexual functioning in men. A principal component analysis identified five factors: erectile function, orgasmic function, sexual desire, intercourse satisfaction and overall satisfaction. Psychometric studies supported the validity and reliability of the measure. Studies with clinical samples demonstrated its sensitivity and specificity for detecting treatment related changes (Rosen et al., 1997).

The Female Sexual Function Index (FSFI)
The FSFI (Rosen et al., 2000) is a 19-item instrument, easily administered and scored, providing detailed information on the major dimensions of sexual function. A principal component analysis identified six factors: sexual interest/desire, sexual arousal, lubrication, orgasm, sexual satisfaction and sexual pain. The measure presents acceptable test–retest reliability, internal consistency and validity (Rosen et al., 2000). One item was added to the measure to specifically assess the frequency of vaginismus.

References


