A PERSON-CENTERED APPROACH TO UNDERSTANDING WOMEN'S

DECISION TO FAKE ORGASM

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ABSTRACT

Studies suggest that nearly two-thirds of women fake or have faked orgasm, yet few researchers have explicitly examined this phenomenon. Previous studies have identified some group differences between women who fake orgasm and those do not on dimensions of sexual experience, emotion regulation, intimacy, relationship status, and sexual functioning. To date, research into this phenomenon has relied solely on variable-centered analyses (e.g., exploratory factor analysis, correlation, and regression). This study used a person-centered approach (i.e., latent class analysis; LCA) to explore differences in women's motives across individuals, using scores from the Faking Orgasm Scale for Women. A 5-class model was determined to be most interpretable and the best fitting to the data. Classes included low, moderate, and high frequency faking orgasm, partner-focused faking orgasm, and pleasure-focused faking orgasm. These classes were then compared on dimensions of sexual functioning, intimacy, and emotion regulation, as well as demographic variables (e.g., age, length of relationship, number of sexual partners). Significant differences were found in sexual desire, sexual activity, and orgasmic consistency, but not in sexual satisfaction. Significant differences were also evidenced in intimacy, general level of emotion dysregulation, and across various dimensions of emotion regulation. No differences across classes were revealed on age, length of relationship, or number of sexual partners. These findings can serve as the foundation for further exploration into understanding women's various styles of interacting sexually with a partner and may have implications for couples therapy, sex therapy, and individual interventions for women struggling with physical and/or emotional intimacy with a partner.

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This study is dedicated to my mother.

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CHAPTER 1

INTRODUCTION

For decades, researchers and clinicians have been trying to develop a complete and unbiased understanding of normative sexual functioning and response in women (Basson, 2000; Chivers & Bailey, 2005; Graham, 2010; Hite, 1976; Mah & Binik, 2001; Masters & Johnson, 1966). Despite a growing understanding of female sexual behavior, little is understood about the relationship between sexual experience, sexual functioning, intimacy, emotional distress, and many normative sexual behaviors -- particularly faking orgasm.

Of recent interest to clinical, social, evolutionary, and medical researchers is an examination of the motives behind and correlates of faking orgasm among women. Studies suggest that nearly two-thirds of women fake or have faked orgasm (Hite, 1976; Muehlenhard & Shippee, 2010), yet few researchers have explicitly examined this phenomenon, making it one of the least well understood human sexual behaviors (Cooper, Fenigstein, & Fauber, in press). Furthermore, despite the thorough nature of recent reviews on female sexual functioning and behavior (e.g., Clayton & Hamilton, 2010; Graham, 2010; Mah & Binik, 2001; Meston, Levin, Sipski, Hull, & Heiman, 2004), none have included faking orgasm in their analysis or considered its impact on sexual functioning and relationships. Researchers investigating this behavior have called for future research to explore the potential influence of emotion regulation, sexual functioning, partner variables, and sexual history on women's decision to fake orgasm (Cooper, Conner, & Fauber, 2010; Kaighobadi, Shackelford, & Weekes-Shackelford, 2011; Muehlenhard & Shippee, 2010).

Conceptualizing Female Orgasm

"Normal" sexual response has historically been described in terms of a uniform human sexual response cycle: excitement/arousal, plateau, orgasm, and resolution (Masters & Johnson, 1966). Although Masters and Johnson (1966) emphasized the naturally occurring variation among female sexual response compared to male sexual response, until recently this was an often-overlooked component of female sexual functioning. Masters and Johnson (1966) included three separate models in their findings, noting that these diagrams were "only representative of the infinite variety in female sexual response" (p.4). Kaplan (1974) and Basson (2000) also proposed variations on Masters and Johnson's (1966) accepted model, highlighting sexual desire as a critical component in of sexual response.

Much of the confusion surrounding female orgasm may stem from outdated and controversial beliefs. For instance, Freud's controversial theories on female orgasm have permeated the clinical and research landscape for decades; as a result, female orgasm is often dichotomized into "clitoral" and "vaginal" orgasm. Freud (1905) postulated that vaginal orgasm was reflective of mature and psychologically healthy woman, whereas the need for clitoral stimulation to reach orgasm supposedly indicated psychological and sexual immaturity.

Despite the fact that there is now good evidence to suggest that most women rely on clitoral (direct or indirect) stimulation to reach orgasm (Graham, 2010), Freud's claims undoubtedly continue to influence the conceptualization of women's orgasmic responsiveness, likely resulting in feelings of sexual and relational inadequacy for many women. Even today, medical, mental health, and research professionals often distinguish between vaginal and clitorally-induced orgasms, and there remain a few researchers who still consider "clitoral" orgasm to be inferior (Brody & Costa, 2008; Costa & Brody, 2007; Taublieb & Lick, 1986). These researchers assert that "vaginal" orgasm is associated with the use of less immature

psychological defense mechanisms, increased levels of relationship satisfaction, and improved mental health. As most women do not consistently orgasm from sexual intercourse alone (see Lloyd, 2005), Wallen and Lloyd (2011) argue it is "incomprehensible that ... a majority of women are psychologically immature" (p. 781).

Although orgasm in men is fairly predictable and reliably marked by ejaculation by approximately age 15 (Wallen & Lloyd, 2011), orgasm in women appears to develop more slowly and less predictably across a period of 25 years (Kinsey, Pomeroy, Martin, & Gebhard, 1953). This difference likely reflects different developmental influences and anatomical structures in men and women (Wallen & Lloyd, 2011). There also appears to be a fair amount of individual variability with regard to orgasmic consistency. The majority of women either indicate that they experience orgasm "rarely" or "almost always" during intercourse and oral sex, resulting in a bimodal distribution (Zietsch, Miller, Bailey, & Martin, 2011). Approximately 25% of women routinely orgasm from intercourse, and a small majority of women orgasm with intercourse more than half the time (Lloyd, 2005). However, approximately one third of women rarely or never orgasm during intercourse. Although there are some women who experience orgasm as predictably as men, and some who experience orgasm multiple times during a single session of intercourse, this is not a woman's typical experience (Wallen & Lloyd, 2011).

Confusion over what constitutes a "normal" or "healthy" female orgasm continues to influence societal opinion, as well as research on the issue. Expectations for how women "should" respond during sexual acts may lead many women to decide to fake orgasm to conform to that which is characterized as "normal" sexual behavior (i.e., Muehlenhard & Shippee, 2010). Although few women consistently experience orgasm each time they engage in sexual activity, the "social construction of sexuality" (Tiefer, 2001, p. 627) may lead many women to experience

shame or guilt when unable to have an orgasm, especially during sexual intercourse (i.e., the more "mature" method of experiencing orgasm). As such, faking orgasm may be viewed by women as a reasonable alternative to experiencing such pressure or negative emotional impact (i.e., Cooper et al., in press).

Female Orgasmic Experience

In their review of the literature, Mah and Binik (2001) conclude that there is little consensus in the literature regarding an accepted definition of orgasm, with definitions varying between biological, psychological, and biopsychosocial perspectives. Although researchers and practitioners have relied heavily on self-report descriptions of the orgasmic experience, studies have found that women's physical signs of sexual arousal often do not match their self-reports of arousal (Chivers, Seto, Lalumier, Laan, & Grimbos, 2010). Women may not experience subjective arousal if they are unaware of its physical correlates (i.e., vaginal lubrication, swelling of the genitals, etc.; Petersen & Hyde, 2011). Research has also demonstrated considerable variability in objective indicators of orgasm in women (Meston et al., 2004). Subjective descriptors of orgasm also vary greatly, emphasizing that orgasm is likely experienced differently both across women and across individual occurrences within the same woman (Graham, 2010). Some descriptions of the orgasmic experience identify altered consciousness, some are focused on genital sensation alone, and others suggest multiple physical changes. Women's self-report of their orgasmic experience has distinguished differences in sensations experienced by direct clitoral stimulation (i.e., warm, ticklish, electrical, sharp) from those felt during vaginal stimulation (i.e., throbbing, deep, soothing, comfortable); others have included descriptions of vulval versus uterine orgasm (see Meston et al., 2004). Utilizing a person-centered latent class approach, King and colleagues (2011) found evidence for four types of

female orgasm -- experienced with a partner and without -- that fall on a continuum of reported subjective pleasure and physical sensation. More recent physiological studies have added support to the differentiation of female orgasm types, finding three forms of orgasm that differ in length, intensity, and muscle (or lack thereof) contraction (Levin, 2001). To date, no single model of sexual response has adequately captured women's varied experiences.

Clearly, female orgasm is experienced in many ways and need not involve a partner. However, research has suggested that women prefer to orgasm with a partner (Darling, Davidson, & Cox, 1991), despite more reliably reaching orgasm alone (Brewer & Hendrie, 2011). Although not reflected in their proposed sexual response cycle, Masters and Johnson (1966) noted that "for the human female, orgasm is a psychophysiologic experience occurring within, and made meaningful by, a context of psychosocial influence" (p. 127). They specified that, in addition to physiological ability to experience sexual arousal and orgasm, female sexual functioning is also influenced by psychological (i.e. receptivity to reaching orgasm) and sociological (i.e. environmental and cultural) factors, and the importance of these factors varies greatly across and within women's individual orgasmic experiences.

The Importance of Orgasm in Sexual Satisfaction

Research examining the relative importance of orgasm to women is surprisingly scarce. Among the few studies exploring the issue, considerable variability has been demonstrated; orgasm is reported as very important for some women but less important for others (e.g., Bancroft, 2009). Some women unable to experience orgasm are left feeling unfulfilled, frustrated, and perhaps in pain due to lack of dissipation of their pelvic congestion (Meston et al., 2004). Others report great enjoyment of sexual intercourse and the pleasure gained from it, but

pay little mind to orgasm itself; some have reported appreciating the "afterglow" of sexual arousal and the intimacy of being cuddled post-coitally (see Meston et al., 2004). Women who fake orgasm likely still reap the benefits of pleasure during sexual intercourse and the intimacy associated with it before and after, despite not experiencing orgasm. It may be that women choose to fake orgasm to protect their partner's feelings from being hurt (Cooper et al., in press; Hite, 1976; Muehlenhard & Shippee, 2010) so that they might receive post-coital interaction and embrace.

Women's sexual problems are not always associated with low sexual satisfaction (see Stephenson & Meston, 2011). Nearly 40 years ago, Hite (1976) reported that women identified affection, intimacy, and love as major reasons for enjoying sexual intercourse, regardless of whether they reached orgasm. Recent explorations suggest that sexual functioning, although important, may have little impact on sexual satisfaction, especially among women (Ferenidou et al., 2008; see Stephenson, Ahrold, & Meston, 2011). In fact, approximately 68% of heterosexual women reported that they would stay with a partner, even if they never experienced orgasm with that partner (Brewer & Hendrie, 2011).

Faking Orgasm

Given the emphasis on female orgasm as the "goal and natural endpoint of sexual activity ... enshrined in the DSM" (Graham, 2010, p. 259; Tiefer, 2001), and the "female's age-old foible of orgasmic pretense," established upon the widely accepted idea that visible female sexual response increases the male's experienced pleasure (Masters & Johnson, 1966), it is not surprising that women may feel pressure to "perform" during sexual activity by demonstrably reaching orgasm. Unfortunately, previous research suggests that 60-80% of women do not

consistently orgasm during sexual activity with a partner, and approximately 10% of women do not orgasm at all (Burr, Cherkas, & Spector, 2009; Graham, 2010; Lloyd, 2005). Presumably in response to the "current emphasis on women's right to orgasm" (Graham, 2010, p. 259) and societal expectations of women's orgasm as a source of enjoyment for their male partners, many women engage in "faking" or "pretending" to have an orgasm.

Several studies have explored individual differences between women who endorse faking orgasm and those who do not. For example, single women (Darling & Davidson, 1986) and older women (Weiderman, 1997) are more likely to fake orgasm than are married or younger women. Furthermore, women who fake orgasm endorse more liberal sexual attitudes (Weiderman, 1997) than those who do not.

One study found that women who faked orgasm are more likely to report having masturbated to orgasm than women who have not faked (Muehlenhard & Shippee, 2010); others have also found this group of women to be more likely to have examined their clitoris, manually masturbated, or used a vibrator, sexual fantasies, and/or erotic literature to experience orgasm (Darling & Davidson, 1986). Women who have faked orgasm also report having more current and lifetime sexual partners (Darling & Davidson, 1986; Wiederman, 1997), and are more likely to have experienced sexual intercourse, sexual intercourse in conjunction with manual stimulation of the clitoris, received cunnilingus (Darling & Davidson, 1986; Muehlenhard & Shippee, 2010), given fellatio (Muehlenhard & Shippee, 2010) or experienced anal penetration (Darling & Davidson, 1986). In short, women who have reported having faked orgasm are, as a group, more likely to report a broader range of sexual experiences with more sexual partners than those who have not faked orgasm.

Group differences between those who have and have not faked orgasm have also been demonstrated on a variety of partner and relationship variables. According to Darling and Davidson (1986), women who fake orgasm were more likely to report having been orgasmically inhibited by their partner's premature ejaculation, conflicts with their partner, lack of tenderness by their partner, difficulty becoming sexually aroused with their partner, or their partner's lack of interest in foreplay. Women who had faked orgasm in this study were also more likely to be unable to experience orgasm due to a preoccupation with nonsexual thoughts, focus on a desire to perform well, or fear of not satisfying their sex partner. However, Muehlenhard and Shippee (2010) found no significant difference between women who had faked orgasm and those who hadn't regarding reaching orgasm with a partner.

Furthermore, women who have faked orgasm are more likely to report having been pressured into their sexual debut, more often asked by their sex partner if they had experienced orgasm, and more likely to report feeling guilty if they did not reach orgasm when compared to those who have not faked orgasm (Darling & Davidson, 1986). Women in long-term relationships who perceive a higher risk of partner infidelity are also more likely to fake orgasm than women who do not perceive such risk (Kaighobadi et al., 2011).

Studies exploring differences among women who fake orgasm have also found differences in women's ability to be emotionally intimate with a partner (Cooper, 2011b); some women who fake orgasm to avoid experiencing negative emotions were more likely to fear getting close to a partner. Further, these women were also found to experience more difficulty regulating their emotions (Cooper, 2011a). Differences in sexual functioning and satisfaction have also been found. Cooper, Conner, and Fauber (2010) found that women who fake orgasm varied on these domains depending on their motivation for faking orgasm; while most motives

were associated with less sexual satisfaction and more sexual dysfunction, women who faked orgasm to increase their own arousal had higher sexual satisfaction and better sexual functioning. No other studies to date have explored differences in faking orgasm behavior across these dimensions.

Motives for Faking Orgasm

Most recently, Cooper and colleagues (in press) explored the motivation behind women's decision to fake orgasm through the development of the Faking Orgasm Scale for Women (FOS). Through factor analysis, these researchers found that women fake orgasm for a variety of individual- and partner-related reasons during oral sex and sexual intercourse. During sexual intercourse, women fake orgasm to protect their partner's feelings if they do not experience a real orgasm ("Altruistic Deceit"), to increase their own arousal during sexual activity ("Elevated Arousal"), to avoid experiencing negative emotions resulting from engaging in sexual intercourse ("Fear & Insecurity"), and to end intercourse quickly and without discussion ("Sexual Adjournment").

While receiving oral sex, the researchers found that, as is the case with sexual intercourse, women fake orgasm for reasons that define the Altruistic Deceit and Elevated Arousal factors on the FOS. However, it appears that females' anxieties may be heightened when their partner's attention is focused on their genitals during oral sex, as women also fake orgasm to avoid feeling insecure ("Insecure Avoidance") and because they may fear their sexual response is abnormal in some way ("Fear of Dysfunction"). The authors note that during oral sex, women do not fake orgasm specifically to end the sexual encounter and that this may be

accounted for by sexual scripts between partners (i.e. a woman's orgasm should occur during sexual intercourse and following her partner's orgasm).

Although the Cooper et al. (under review) study is the first study to explicitly examine the motives behind this phenomenon, related research in the field lends support to their findings. "Altruistic Deceit" may be further understood in the context of findings that women who experience difficulty reaching orgasm with a partner report greater endorsement of sex myths and guilt related to sexual behavior (Kelly, Strassberg, & Kircher, 1990). Furthermore, despite Masters and Johnson's (1966) assertion nearly half a century ago that "the need for [orgasmic] pretense [has been] removed" (p. 138), women continue to endorse faking orgasm for the sole benefit of their male partner and ultimately, their relationship. Interestingly, "Elevated Arousal" is described as a method for increasing a woman's own arousal through faking orgasm, and previous research supports this notion from a physiological perspective. Masters and Johnson (1966) reported that women frequently contract the striated muscles of the abdomen and buttocks to "elevate sexual tensions, particularly in an effort to break through from high plateau to orgasmic attainment" (p. 128).

Faking orgasm to avoid feeling insecure or to avoid the experience of negative emotions may be supported by findings that difficulty re-focusing on sexual activity following a non-erotic thought has been associated with poorer sexual functioning (Nelson & Purdon, 2011). The distraction of negative feelings, combined with societal pressures to experience orgasm, may result in increased motivation to fake orgasm. Finally, it is not surprising that women may engage in sexual intercourse when experiencing little desire to do so, given the vast literature on gender differences in desire and motivation for engaging in sexual behavior (see Meana, 2010). Research has suggested that women possess an innate genital response (i.e., vaginal lubrication,

swelling of the genitals, etc.) to sexual cues even when not subjectively aroused (see Everaerd, Both, & Laan, 2006). As such, women low in desire may fake orgasm to end sexual intercourse quickly because they were not truly interested in having sex to begin with.

Emotions Potentially Associated with Faking Orgasm

Research on the influence of emotions on sexual functioning is surprisingly sparse (Nobre & Pinto-Gouveia, 2006), and evidence for clear and unambiguous associations between female sexual response and psychological adjustment is limited (Mah & Binik, 2001). According to the DSM-IV-TR (American Psychiatric Association, 2000), "no association has been found between specific patterns of personality traits or psychopathology and orgasmic dysfunction in females" (p. 505). However, research suggests that women experience more frequent and varied emotions than men in connection with their sexual experience (see Everaerd, Both, & Laan, 2006) and may make more meaning of sexual encounters. Meta-analytic studies have found that women are more likely than men to report feeling guilt, fear, and/or anxiety when engaging in sexual behavior (Oliver & Hyde, 1993; Peterson & Hyde, 2010).

Research suggests that higher levels of anxiety during sexual activity are associated with poorer sexual functioning and satisfaction among women (Offman & Matheson, 2005; Purdon & Holdaway, 2006). Purdon and Watson (2011) suggested that thoughts viewed as threatening may lead to additional processing (e.g., hypervigilance for threat cues) and anxiety or mood disturbance, which may make it difficult to utilize effective strategies to overcome sexual difficulties. Indeed, this may instead result in faking orgasm and/or unsatisfactory sexual encounters.

Masters and Johnson (1966) first proposed the idea of "spectatoring" as a key factor in sexual dysfunction. Spectatoring refers to mentally observing and monitoring one's own sexual performance during sexual activity (Masters & Johnson, 1966; Purdon & Watson, 2011); it has been described as "intense self-focus during sexual interactions" (Dove & Wiederman, 2000). Spectatoring is believed to distract attention from the pleasure of sexual activity, creating difficulty in becoming and staying aroused; this, in turn, results in increased performance monitoring and anxiety. Anorgasmic women report significantly lower levels of pleasure from sexual activity (Kelly, Strassberg, & Turner, 2004), perhaps in part due to self-monitoring during sexual activity.

Studies have found that greater frequency of intrusive thoughts during sexual activity is associated with poorer sexual functioning and satisfaction in women (Dove & Wiederman, 2000; Purdon & Holdaway, 2006; Purdon & Watson, 2011). Attempts at suppressing or ignoring non-erotic thoughts has been found to be less successful than re-focusing on pleasurable aspects of the sexual encounter (Purdon & Watson, 2011). In addition, more positive interpretations of intrusive thoughts during sexual activity have been associated with better sexual functioning. Thus, frequency and type of non-erotic thought may be less important to sexual functioning than the valence and importance (i.e., attention) attached to the thought. The presence of intrusive thoughts during sexual activity has also been associated with a greater likelihood of faking orgasm with a partner (Dove & Wiederman, 2000). However, other studies have found no differences in self-monitoring between women who faked orgasm and those who did not (Wiederman, 1997). More research is needed to fully understand the potential role of cognitive distraction and anxiety on women's decision to fake orgasm.

Mood has also been shown to have a major impact on sexual functioning (Offman & Matheson, 2005). Studies have found that emotions typically associated with mood disorders and social anxiety (i.e., lack of positive affect) are strongly associated with sexual dysfunction, more so than the presence of negative affect (Nobre & Pinto-Gouveia, 2006). Women with social anxiety have reported significantly less sexual activity and experiencing less pleasure during sexual activity (even when feeling connected to their partner) when compared to non-anxious women (Kashdan et al., 2011). Further, other studies have shown that negative mood stemming from anticipation of sexual activity with a partner has been found to predict increased frequency of non-erotic thoughts, and increased difficulty refocusing attention on erotic and pleasurable aspects of a sexual encounter predicted more sexual problems in women (Nelson & Purdon, 2011). Depressed women also experience more sexual problems, such as vaginal lubrication and difficulty experiencing orgasm when compared to a control group (Frolich & Meston, 2002). Not surprisingly, these women also endorsed comparatively lower levels of pleasure during sexual activity and sexual satisfaction. Further exploration of the difficulties in arousal secondary to mood disorders or social anxiety may clarify why some women fake orgasm to end sex quickly. Without sufficient lubrication, sexual activities are likely to become uncomfortable or painful, leading women to search for means of ending the encounter.

Given the variety of emotions experienced while thinking about or engaging in sexual activities, it is striking that emotion regulation is rarely studied in relation to sexual behavior (see Everaerd, Both, & Laan, 2006). Notably, the relationship of emotion regulation to sexual behavior has been explored primarily in relation to engagement in risky sexual behavior (e.g., Messman-Moore, Walsh, & DiLillo, 2010; Noll, Haralson, Butler, & Shenk, 2011; Rellini, Vujanovic, & Zvolenksy, 2010; Tull, Weiss, Adams, & Gratz, 2012). To date, no studies have

explored the relationship between emotion regulation and *normative* sexual functioning and behavior.

Theories of emotion regulation, as outlined by Gratz and Roemer (2004), argue that emotion regulation involves awareness and understanding of emotions, acceptance of a given emotion, an ability to control behavior in accordance with desired goals when experiencing negative emotions, and an ability to use appropriate strategies to modulate emotions depending on situational demands and personal goals. A deficit in any of these abilities represents emotion dysregulation. Related studies investigating alexithymia (i.e., difficulty identifying and describing feelings) and sexual behavior (e.g., Ciocca et al., 2013; Humphreys, Wood, & Parker, 2009; Wise, Osborne, Strand, Fagan, & Schmidt, 2002) provide support for exploring potential associations between emotion regulation and sexuality. Reviews of the literature have found that anorgasmic women and women who have difficulty consistently reaching orgasm are more likely to report self-blame attributions, repressed emotions, need for control, apprehension, negativity, and greater dependency on others (see Mah & Binik, 2001).

In addition to the studies outlined above, a population-based study found low occurrence of orgasm to be associated with increased introversion, decreased openness to new experience, and reduced emotional stability (Harris, Cherkas, Kato, Heiman, & Spector, 2008). Further, childhood sexual abuse, often associated with anxiety, depression, and emotion dysregulation, has also been associated with reduced orgasmic frequency in women (see Harris et al., 2008). Erotic stimuli are interpreted based on an individual's personal experience and memories. Thus, while most people expect to experience pleasure in the presence of erotic cues, some people endure feelings of disgust, aversion, and other negative reactions (see Everaerd et al., 2006). Such emotions may be the result of unknown variables from an individual's personal history or

within a sexual relationship with a particular partner. Given the variability in individual and partnered sexual experience, the array of emotions potentially experienced during sexual acts, and the impact of affect on sexual functioning, it is clear that more research is needed to fully understand the role of emotion regulation in women's experience of and engagement in common sexual behaviors, including faking orgasm.

Potential Influence of Relationship on Faking Orgasm

Research has demonstrated the importance of examining sexual functioning within the context of dyadic relationships (Purdon & Watson, 2011). In their extensive review of human orgasmic response, Mah and Binik (2001) concluded that, given the correlational design of many studies, it remains unclear if a close relationship "1) directly enhances the subjective and emotional qualities of orgasm; 2) indirectly enhances orgasm by facilitating communication and thereby promoting optimum sexual behavior; or 3) indirectly enhances orgasm by reducing inhibitions/anxiety" (p. 833). Despite this uncertainty, studies have found that single and childless women are more likely to experience difficulty reaching orgasm (Harris et al., 2008) and that married individuals experience greater intimacy, increased relationship satisfaction, stronger commitment, and fewer arguments than non-married people (see Gatzeva & Paik, 2011; Waite & Joyner, 2001). Other studies have found that single women are more likely to report faking orgasm (Darling & Davidson, 1986).

Much support has been found for the notion that sexual satisfaction and functioning are positively related to the level of emotional closeness in the relationship (see Offman & Matheson, 2005). Women's frequency of orgasm demonstrated a significant positive association with emotional and sexual satisfaction (Waite & Joyner, 2001). Interestingly, Stephenson and

Meston (2011) found that women's sexual satisfaction may be negatively impacted by sexual dysfunction, but only in the context of anxiety about the closeness of one's relationship. Others have suggested that women's sexual functioning may be linked to perceptions of partner compatibility, viewed as an index of intimacy within the relationship, thus increasing feelings of depression and anxiety in women when unable to sexually respond "normally" (Offman & Matheson, 2005). As such, faking orgasm may become a coping strategy for dealing with such negative and damaging feelings when unable to experience an orgasm with a partner, and/or as a relationship maintenance strategy to ensure positive perceptions of partner compatibility.

Increased engagement in sexual behavior has been associated with more emotional satisfaction among women; one additional sexual contact per month increases odds of feeling emotionally satisfied by 5%, compared to 3% for men (Waite & Joyner, 2001). Both partners report increased emotional and sexual satisfaction when the female partner usually or always experiences orgasm during sex. Further, female orgasm before, or simultaneously with, a partner has been associated with increased orgasmic frequency (see Mah & Binik, 2001), though other studies have found that women who orgasm prior to their male partner report increased levels of sexual satisfaction compared to those who orgasm after or at the same time as their partner (Darling et al., 1991). Researchers have concluded that a balance of sexual rewards and costs across partners is associated with increased sexual satisfaction (Byars, Demmons, & Lawrance 1998), and sexual activity and sexual exclusivity have been found to increase sexual satisfaction in women (Waite & Joyner, 2001).

Byars and colleagues (1998) argued that relationship satisfaction is a component of sexual satisfaction; relationship satisfaction is viewed as a critical factor in overall happiness (Young, Denny, Young, & Luquis, 2000). Indeed, sexual satisfaction has been found to be

positively associated with non-sexual aspects of the relationship (e.g., relationship quality, love, commitment) and overall relationship satisfaction (Specher, 2002; Young et al., 2000). Meta-analyses have revealed sexual satisfaction to be one of the strongest predictors of marital satisfaction and stability (Karney & Bradbury, 1995), and lack of sexual satisfaction has been associated with greater intent to end a relationship (Waite & Joyner, 2001). However, research on this association is mixed. Longitudinal studies have found a decrease in sexual satisfaction among partners over a 4-year period and no evidence that relationship quality leads to changes in sexual satisfaction or vice versa (e.g., Sprecher, 2002). Although sexual satisfaction had no effect on stability of a relationship for women, men reporting higher sexual satisfaction in a relationship were more likely to stay in that relationship. Preliminary studies have suggested that some women who fake orgasm are less sexually satisfied (Cooper, Conner, & Fauber, 2010), although additional exploration is needed. What remains to be explored is the potential impact of a woman's decision to fake orgasm on both her and her partner's sexual satisfaction.

Present Study

Despite growing research into this phenomenon and its impact on sexual functioning and relationships, it is unknown whether differences in sexual experience, relationship health, or individual characteristics precede women's engagement in faking orgasm behavior, are the result of its habitual practice, or are simply covariates of a larger, unmeasured construct. Furthermore, research on this phenomenon has utilized frequency data and variable-centered approaches in an attempt to describe women who decide to fake orgasm during sexual acts. These studies have focused primarily on group differences between women who have endorsed faking orgasm and women who have not, and such findings treat women who have faked an orgasm as a homogenous group. Such approaches fail to account for the potential individual and partner-

related differences that may be present among women who fake orgasm for various reasons. Furthermore, these studies do not address distinct patterns in motives for faking orgasm and potential variability in frequency of faking orgasm.

Although the FOS is the only assessment measure designed specifically to quantify women's reasons for faking orgasm, studies utilizing the FOS and all other related measures similarly have failed to account for individual differences among women endorsing a particular motive over another. Use of person-centered analyses (i.e., latent class analysis) allows for exploration of differences in motivational patterns for faking orgasm, as opposed to differences based on whether or not a woman has engaged in this behavior at some point in her life. Such information would permit a more comprehensive understanding of this phenomenon by allowing for characterization of women who fake orgasm on an individual level.

The primary purpose of the present study was to examine the proposition that variation in sexual functioning, relational intimacy, and emotional distress among women who fake orgasm will be associated with differential patterns of motivation for faking. This study aimed to better understand and classify women's decisions to fake orgasm through use of person-centered statistical analyses.

Specific aims and hypotheses. Toward this end, the present study goals were three-fold: 1) to utilize Latent Class Analysis (LCA) to describe the types of women who predominantly fake orgasm for differing motivating factors; 2) to compare women who endorse faking orgasm on dimensions of sexual functioning, emotional intimacy, and emotional distress; and 3) to examine the potential influence of such demographic variables as sexual orientation, relationship status, number of sexual partners, and reported frequency of faking orgasm on class differences.

Aim 1. LCA was used to empirically define classes of women who fake orgasm for differing reasons. Responses to the Faking Orgasm Scale for Women (Cooper, Fenigstein, & Fauber, in press) were used to define classes. The FOS is comprised of two parts: a Sexual Intercourse section and an Oral Sex section, with each identifying four motivating factors behind women's decision to fake orgasm. It was expected that LCA would reveal classes differing in their responses to the eight motivating factors of the FOS, and provide opportunity for deeper understanding and clarity of differences among women's motives for faking orgasm (see Aims 2 and 3).

Aim 2. Group differences on a range of demographic variables also were explored across latent classes. Variables for use in these analyses were relationship status, number of sexual partners, and age. It was presumed likely that significant differences across classes would be found on each of these variables, though without knowing the classes from Aim 1, it was not possible to hypothesize about specific relationships.

Aim 3. Classes identified by LCA were compared on measures of sexual functioning, intimacy, and emotion regulation to explore potential differences across each class. Factors of each subscale on the FOS are significantly correlated, meaning that women completing this measure may endorse more than one reason for faking orgasm during sexual intercourse and oral sex. As such, it was expected that most, but not all, classes would differ significantly on the various measures of sexual functioning, intimacy, and emotion regulation. The absence of significant differences may be a reflection of overlapping motivational processes. Given the dearth of research in this area, no specific predictions about these expected differences were made for this study.

CHAPTER 2

METHOD

Participants

The data were collected from undergraduate females enrolled in introductory psychology and marketing courses at a large urban university in southeastern Pennsylvania. A total of 1434 women completed the study; participants ranged in age from 18 to 46 years old ($M = 20.60$ years, $SD = 2.87$). The sample was reasonably racially and ethnically diverse (White: 63.1%; African-American/Black: 24.3%; Asian: 6.3%; Other: 6.2%; Hispanic: 6.9%). Of the total sample, 4.0% identified as bisexual and 3.2% identified as lesbian; the remainder identified as heterosexual. Almost 94% percent of the sample reported having both received oral sex and engaged in sexual intercourse; all participants have engaged in at least one of those behaviors.

Sampling procedures. Participants were recruited through a Psychology Department-approved web-based research management system, as well as through Institutional Review Board-approved flyers posted outside classrooms and inside women's restrooms. Participants were required to meet two inclusion criteria: (1) having engaged in sexual intercourse and/or received oral sex and (2) having faked an orgasm during one or both of these sex acts. Inclusion criteria were listed on the website, were included in the informed consent, and were specifically queried following the collection of demographic data. Following agreement to terms outlined in the informed consent document, participants completed several self-report questionnaires administered via the internet. Participants received two research credits for their participation.

Measures

Demographic Information. Participants completed a self-report demographics sheet on which they were asked to report their age, ethnicity, predominant sexual orientation, sexual

experience (e.g., number of sexual partners, age of sexual debut, etc.), and romantic status (e.g., married, casually dating, engaging in sexual activity with no expectation of commitment, etc.) (See Appendix A).

Sexual History, Behavior, & Faking Orgasm. The Faking Orgasm Scale for Women for Women (FOS; Cooper et al., in press) is a 56-item self-report scale that measures women's motivation behind the decision to fake orgasm. The FOS is comprised of two subscales, Sexual Intercourse and Oral Sex, each with four factors. The Sexual Intercourse subscale includes *Altruistic Deceit*, characterized as faking orgasm out of concern for a partner's feelings; *Fear & Insecurity*, defined as faking orgasm to avoid negative emotions associated with fear of the sexual experience and/or one's sexual functioning; *Elevated Arousal,* defined as faking orgasm to increase one's own arousal; and *Sexual Adjournment*, described as faking orgasm to quickly end sexual intercourse. The Oral Sex subscale also contains *Altruistic Deceit* and *Elevated Arousal.* However, the remaining two factors are distinct from the composition of the Sexual Intercourse subscale. *Insecure Avoidance* describes faking orgasm to avoid negative, anxiety-related emotions while receiving oral sex, and *Fear of Dysfunction* is faking orgasm to prevent negative emotions associated with sexual health or inadequate sexual response. All items are rated on a 5-point Likert-type scale ranging from 1 (*Never)* to 5 (*Always)*. Examples of items include faking orgasm "to avoid disappointing your partner if you don't have a real orgasm," "because you are ashamed you can't reach orgasm," and "to increase your own interest in the sexual experience."

Although not yet widely used, the FOS was developed through a series of steps. Following a thorough review of available literature and focus group interviews with women in the sample population, 73 self-report items were constructed to assess women's motives for

faking orgasm (Cooper & Fenigstein, 2004). A pilot study was conducted with 117 female undergraduates aged 18 to 22 years. Data collected during this study were analyzed for normality and redundancy, and open-ended responses were content-analyzed and used to create or modify items.

Next, 90 new items were created based on results from the pilot study and additional focus group interviews with women in the sample population (Cooper et al., in press). The resulting pool of 163 self-report items (80 sexual intercourse items and 83 oral sex items) was administered to 481 heterosexual women aged 18 to 32, who endorsed faking orgasm during sexual intercourse and/or oral sex. Each section of the FOS (i.e. Sexual Intercourse and Oral Sex) was analyzed separately. Parallel analysis was used to assess factor structure and guide exploratory factor analysis (EFA) of the data for each section. Results of the EFA evidenced a 4-factor structure, high factor loadings, no cross-loading items, and over 62% of variance explained for each section. The revised FOS retained 61 self-report items - 35 for the Sexual Intercourse section and 26 for the Oral Sex section. The developers of the scale report the FOS has excellent internal consistency, with alpha coefficients for each factor ranging from .81 to .94 (Cooper et al., in press).

Confirmatory factor analysis was conducted on data from a sample of 398 heterosexual women ranging in age from 18 to 32 who endorsed faking orgasm during sexual intercourse and/or oral sex (Cooper et al., in press). The hypothesized factor structure from the EFA was confirmed and analyses revealed excellent model fit following the removal of one item from the Sexual Intercourse section and four items from the Oral Sex section, resulting in 56 total items (Sexual Intercourse section: 34; Oral Sex section: 22). Items from the 56-item version of the FOS

were used during LCA to identify classes of women who fake orgasm. See Appendix B for a complete listing of items.

Intimacy. The Miller Social Intimacy Scale (MSIS; Miller & Lefcourt, 1982) is a 17-item self-report scale measuring the maximum level of intimacy experienced in a given dyadic relationship. Items are measured on a 5-point Likert-type scale ranging from 1 (*Very Rarely)* to 5 (*Almost Always)* or 1 (*Not Much)* to 5 (*A Great Deal)*. Examples of items on the MSIS are "How often do you confide very personal information to him/her?" and "How close do you feel to him/her most of the time?" The MSIS has excellent internal consistency, with alpha coefficients in two samples of .86 and .91, respectively. The MSIS has also significantly distinguished between couples seeking therapy and those not seeking therapy, as well as between married and unmarried students. Additional support for use of the MSIS has been demonstrated in relationships ranging from romantic relationships to friendships, and in both mixed- and same-sex dyads (Downs & Hillje, 1991). Total scores on the MSIS were used as a measure of relational intimacy to compare classes determined by LCA. See Appendix C for all items on the scale.

The Fear of Intimacy Scale (FIS; Descutner & Thelen, 1991) is a 35-item self-report measure of an individuals' anxiety about close, dating relationships. Items are measured on a 5-point Likert-type scale ranging from 1 (*Not at all Characteristic of Me)* to 5 (*Extremely Characteristic of Me)*. Total scores are computed by summing items after reverse scoring 15 items. The FIS has excellent internal consistency, with an alpha coefficient of .93. Test-retest correlation coefficients were .89, demonstrating excellent temporal stability of the FIS over the course of one month. The FIS was also found to correlate negatively with self-disclosure, social intimacy, and social desirability measures and has demonstrated strong psychometric properties

in both college-age and middle-age samples (Doi & Thelen, 1993). Classes found by LCA will be compared on total scores of the FIS to assess women's anxiety about close relationships (see Appendix D).

Emotion Regulation. The Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) is a 36-item self-report scale that measures emotion dysregulation as it loads on six factors, as well as a total score. *Nonacceptance of Emotional Responses* reflects the tendency to experience negative secondary emotional responses to one's negative emotions. *Difficulties Engaging in Goal-Directed Behavior* is characterized by difficulties concentrating and accomplishing tasks while experiencing negative emotions. *Impulse Control Difficulty* is defined as difficulty maintaining control of one's behavior while experiencing negative emotion. *Lack of Emotional Awareness* reflects inattention to emotional responses, and belief that one cannot regulate emotions effectively once upset is defined as *Limited Access to Emotion Regulation Strategies.* Finally, *Lack of Emotional Clarity* is the extent to which individuals can be clear about the emotions they are experiencing. Items are rated on a 5-point Likert-type scale ranging from 1 (*Almost Never)* to 5 (*Almost Always)*; 11 items are reverse scored. The DERS includes items such as "I experience my emotions as overwhelming and out of control" and "When I'm upset, I have difficulty focusing on other things." See Appendix E for all items of the DERS.

The DERS also has demonstrated excellent internal consistency, with an alpha coefficient of .93 (Gratz & Roemer, 2004). Test-retest correlation coefficient was .88, demonstrating excellent temporal stability of the DERS. Subscale test-retest correlation coefficients were adequate, ranging from .57 to .89 over a period of 4 to 8 weeks. Construct validity was established through positive correlations between each subscale and measures of experiential avoidance and negative correlations with emotional expression. Predictive validity has been

evidenced through significant correlations between overall DERS scores and self-harm for both men and women. Total scores and individual subscale scores were compared across classes of women found during LCA to assess levels of emotion regulation.

Sexual Functioning. The Brief Index of Sexual Functioning for Women (BISF-W; Taylor, Rosen, & Leiblum, 1994) is a 22-item self-report measure designed to assess women's current levels of sexual functioning and satisfaction (see Appendix F). The BISF-W is comprised of three subscales: *Sexual Interest/Desire*, *Sexual Activity,* and *Sexual Satisfaction*. Internal consistency has been reported to be acceptable for *Sexual Activity* and *Sexual Satisfaction* (alpha coefficients of .83 and .74, respectively; Taylor et al., 1994). Items vary in format and include dichotomous and Likert-type responses. For example, "Have you been sexually active during the past month?" and "Overall, how satisfied have you been with your sexual relationship with your partner?" are included in the scale.

Internal consistency for *Sexual Interest/Desire* was reported by its developers to be low (.39; Taylor et al., 1994); they noted this may be due to the split loading of several items with other factors. In the present sample, however, reliability was excellent (.92). Test-retest correlation coefficients over a 1-month interval were acceptable, ranging from .68 to .78 (Taylor et al., 1994). Concurrent validity was established by comparing scores on BISF-W to the relevant scales on the Derogatis Sexual Functioning Index (DSFI; Derogatis, 1976). Significant positive correlations were found between subscales of the BISF-W and corresponding subscales of DSFI. The magnitude of these correlations was similar to those found when comparing the DSFI and Brief Sexual Function Questionnaire, which assesses male sexual functioning and satisfaction (Reynolds et al., 1988). The BISF-W has also been reliably used to distinguish between women with and without sexual complaints (Mazer, Leiblum, & Rosen, 2000). Subscales on the BSFI-W

were used to compare sexual satisfaction, sexual desire, and sexual functioning of women in each class identified by the LCA.

Data analytic plan

The present study builds on research into the phenomenon of faking orgasm, which historically has relied on frequency or prevalence data alone (e.g., Darling & Davidson, 1986; Kaighobadi et al., 2011; Weiderman, 1997). To explore the potential heterogeneity of individual motivating factors among women who fake orgasm, a person-centered approach was used (Bates, 2000; Muthén & Muthén, 2000). Person-centered approaches, such as latent class analysis (LCA), group individuals into latent classes based on similarity of their responses to observed continuous and/or categorical variables (Heinen, 1996; McCutcheon, 1987). The goal of LCA, a method of data reduction that allow for non-additive associations among variables, is to identify the smallest number of classes that sufficiently describe associations among the data (McCutcheon, 1987; Muthén & Muthén, 2000). The most notable advantage over variable-centered approaches (e.g., regression analyses, factor analysis, structural equation modeling, etc.) is that person-centered techniques allow for exploration of whether women's motivational patterns for faking orgasm differ in terms of quality and/or quantity among individuals (Iampietro, Giovannetti, Drabick, & Kessler, 2012; Muthén & Muthén, 2000) and may reveal differences not captured through factor analysis or regression models previously used in this research (e.g., Cooper et al., in press). LCA allowed for an alternative, and more specific, investigation of the variables that determine when and why women choose to fake orgasm during sexual relations with a partner.

In the present study, LCA was used to classify groups of women based on their responses to the items of the Faking Orgasm Scale for Women (both Sexual Intercourse and Oral Sex

subscales). LCA models attempt to identify meaningful patterns of associations in the data;

model parameters relevant to LCA include item and class probability parameters. The item

probability parameter is the likelihood that an individual in a given class will endorse an item;

item parameters, which correspond to conditional item probabilities, are dependent upon class

membership (Nylund, Asparouhov, & Muthén, 2007a; Nylund, Bellmore, Nishina, & Graham,

2007b). Class probability parameters provided information regarding the relative frequency of a

particular class membership in the population (Nylund et al., 2007a; Nylund et al., 2007b).

Factor mean scores were plotted, illustrating each class's profiles of item (i.e., faking orgasm

motive) endorsement and facilitating interpretation of the classes (Nylund et al., 2007b).

The number of classes identified by LCA depends on model fit, and interpretability and

conceptual relevance of classes (Nylund et al., 2007a). There is no "gold standard" for

determining best model fit. First, a 1-class model was fit, and the number of classes

incrementally increased until convergence of the models was no longer achieved or the classes

were no longer interpretable (Nylund et al., 2007b). Model fit parameters guide analyses, with an

emphasis on model parsimony. Toward this end, a step-wise Bootstrap Likelihood Ratio Test

(BLRT) was used to compare each model with k classes to the model with k-1 classes to

determine if the additional class significantly improved the fit to the data (Beauchaine, 2003;

Nylund et al, 2007b). Model selection was also guided by the smallest values of the Akaike

Information Criterion (AIC; Akaike, 1987), Bayesian Information Criterion (BIC; Schwartz,

1978), and Adjusted BIC (ABIC; Sclove, 1987). These indices are most frequently employed to

determine the best fitting model, and based on Monte Carlo simulations, the BIC and BLRT are

the most robust statistical indicators for determining number of classes (Nylund et al., 2007a). In

addition, the utility of classes can be evaluated by entropy values. Entropy ranges from 0 to 1

and measures the degree of separation among classes, with high values indicating greater delineation (Celeux & Soromenho, 1996; Masyn, Henderson, & Greenbaum, 2010). Finally, classes containing less than 5%-10% of the total sample suggest over-fitting of the data to the sample, resulting in classes difficult to replicate with other samples (Iampietro et al., 2012; Nylund et al., 2007a).

Following the identification of latent classes, tests of equality of means were conducted to explore Aims 2 and 3. The test of equality of means provided measures of both omnibus between-group differences and pairwise statistical significance across classes; follow-up pairwise comparisons were examined only if omnibus tests were found to be significant. Class membership was held constant so that differences in sexual functioning, emotional intimacy, emotional distress, and demographic variables (i.e., age, romantic status, number of sexual partners, and frequency of faking orgasm) could be determined.

Sample size/power analyses. To date, no standardized approach to establishing adequate sample size in LCA has been taken. Monte Carlo simulation studies suggest that BLRT and BIC indicators' accuracy increases with sample size (Nylund et al., 2007a). In sample sizes of 500 or more, these indices correctly identified k classes for models including simple or complex classes, and equal or unequal classes detected from up to 15 continuous variables. Given these considerations, the present sample (N=1434) demonstrated sufficient power to accurately define classes of women who fake orgasm.

CHAPTER 3

RESULTS

Results of this study are given in two parts. First, the results of the LCA are presented to reflect the model building procedure inherent in this analysis. LCA analyses began with a simple model to investigate the number and structure of classes of women who fake orgasm. To further build research in this area, differences between latent classes on various meaningful demographic, individual, and sexual functioning variables are then explored.

Latent Class Analysis

Model fit. To begin the LCA, a one-class model (i.e., the independence model) was tested. Subsequent models were explored and compared to the previous model. Table 1 includes model fit information (i.e., AIC, BIC, ABIC, BLRT p, and log likelihood ratio) for one through six classes of the LCA. Each model is represented in a single column (e.g., column 1 contains fit indices for the one-class model), and values with an asterisk highlight the best-fitting model according to that index. Each model's fit indices were lower than those of the previous model. Evaluation of these indices suggested that a 6-class model was the best fit to the data.

Table 1 (Continued on the next page)
Fit indices for LCA models with 1 - 6 classes

No. of classes	1	2	3	4	5	6
Smallest class size	1427	900	311	97	100	59
No. of free parameters	16	25	34	43	52	61
Log likelihood	-32637.652	-31121.643	-30606.213	-30290.337	-30066.9	-29909.7

AIC	65307.303	62293.287	61280.426	60666.673	60237.752	59941.442
BIC	65391.517	62424.87	61459.379	60892.996	60511.445	60262.506
ABIC	65340.69	62345.454	61351.373	60756.4	60346.259	60068.73
BLRT p	N/A	0.00	0.00	0.00	0.00	0.00
Entropy	N/A	0.860	0.840	0.882	0.862	0.864

Note. AIC = Akaike Information Criterion; BIC = Bayesian Information Criterion; ABIC = Adjusted BIC; BLRT = Bootstrap Likelihood Ratio Test
*Best-Fitting model according to that index

Interpreting latent classes. In LCA, it is important to evaluate the substantive meaning of each class, as well as statistical indicators when interpreting results. Considering the relatively small differences in fit indices for the last two models, class size was evaluated and factor mean values for each of the 8 faking orgasm motives were plotted to aid in the interpretation and description of the classes.

Although the 6-class model indices (i.e., AIC, BIC, ABIC) were slightly lower and the entropy slightly higher than those of the 5-class model, the sixth class of the model contained only 4% of the total sample (n=59), and the first class contained less than 8% of the total sample (n=114). Additionally, interpretation of the classes became difficult when factor mean scores were plotted; classes 2, 4, 5, and 6 ran nearly parallel, suggesting differences in overall faking orgasm frequency among participants, not necessarily distinct classes of women. (see Figure 1). The remaining two classes (i.e., class 1 and 3) also ran mostly parallel, differing on two of the eight motives for faking orgasm.
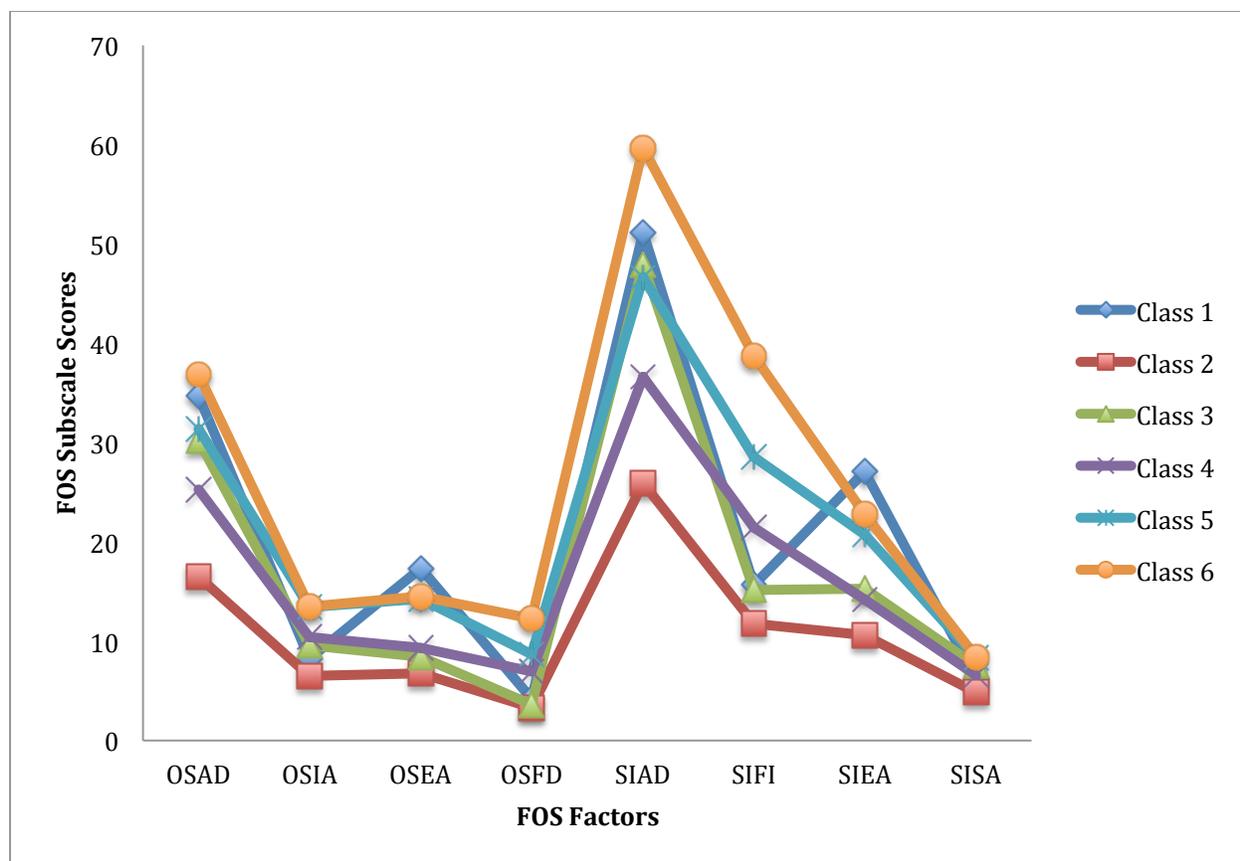
Figure 1. Plot of factor mean scores for 6-class model.
Note. Y-axis values correspond to the sum of items endorsed on FOS subscales; OSAD=Oral Sex Altruistic Deceit; OSIA=Oral Sex Insecure Avoidance; OSEA=Oral Sex Elevated Arousal; OSFD=Oral Sex Fear of Dysfunction; SIAD=Sexual Intercourse Altruistic Deceit; SIFI=Sexual Intercourse Fear & Insecurity; SIEA=Sexual Intercourse Elevated Arousal; SISA=Sexual Intercourse Sexual Adjournment.

After determining the 6-class model to be difficult to interpret and potentially not replicable, the 5-class model was evaluated. Fit indices of the 5-class model were good: see Table 1. Adding further support to this model, posterior class probabilities were near or above .9 (class 1 = .98; class 2 = .96; class 3 = .90; class 4 = .86; class 5 = .96), and the entropy was high (0.86), suggesting that individuals were well placed in their respective classes. Although classes 4 and 5 contained slightly less than 10% of the total sample (n=121, n=100, respectively), these classes were theoretically and conceptually interpretable. A plot of factor mean score values showed three classes evenly spaced on the y-axis and running parallel (i.e., classes 1, 2, and 5), which represented "low," "moderate," and "high" levels of overall faking orgasm frequency, respectively (see Figure 2).
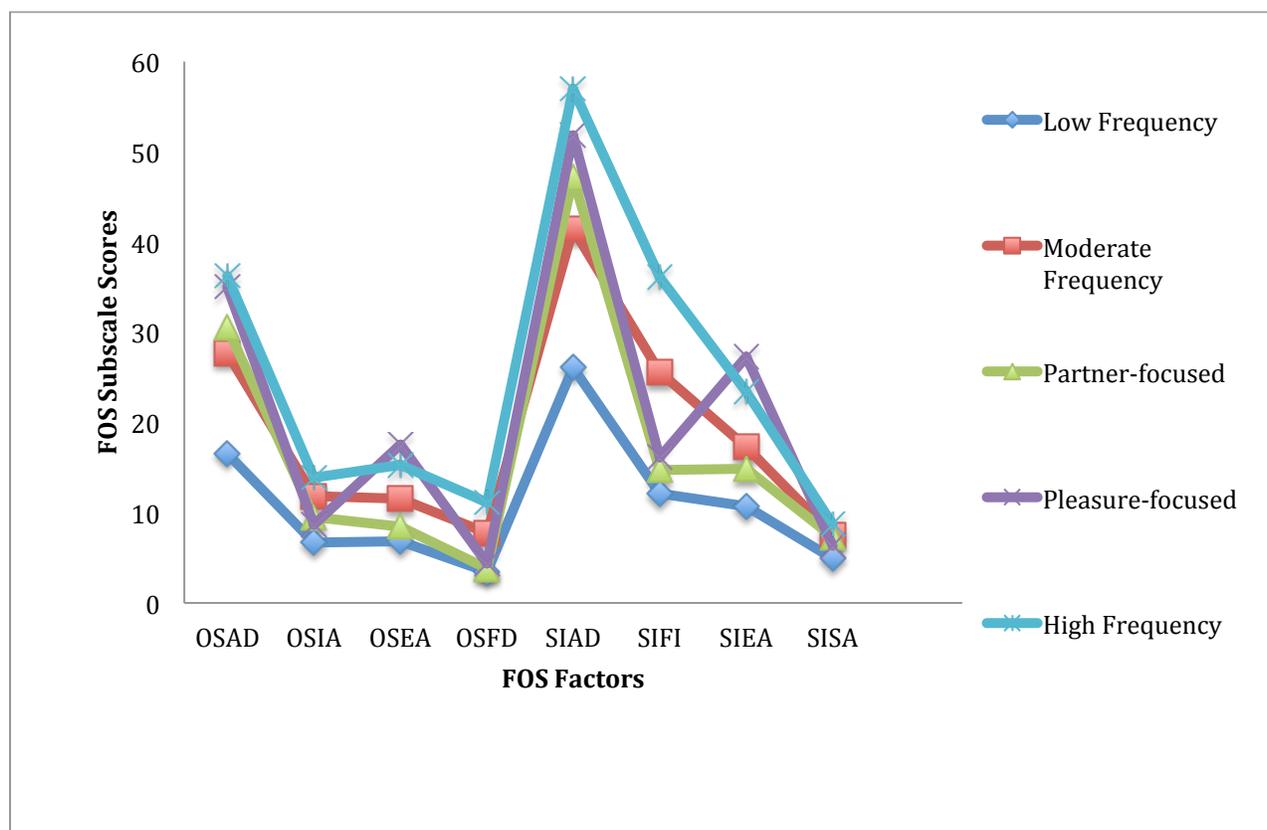
Figure 2. Plot of factor mean scores for 5-class model.

The "low frequency" class was the largest class, consisting of 44.5% of the sample. This class evidenced the lowest probability of endorsing any motives across all 5 classes. The "high frequency" class was the smallest class, comprised of only 7.1% of the sample, and demonstrated a relatively high likelihood of endorsing all motives for faking orgasm. The "moderate frequency" class included 21.6% of the sample and was characterized by probability scores consistently falling between and parallel to the "high" and "low frequency" class probabilities. Responses in this class revealed a relatively moderate probability of endorsing any motives for faking orgasm. Factors on the FOS are correlated (Cooper et al., in press) and as such, classes representing overall frequency of faking orgasm as opposed to differential patterns of faking orgasm motives suggests that most women likely fake orgasm for various reasons depending on the occasion, but all motives are part of their sexual expression with a partner.

Classes 3 and 4 demonstrated the most obvious variability on 2 of the 8 motives for faking orgasm: Elevated Arousal, for both oral sex and sexual intercourse. Class 3 comprised 18.6% of the sample and was characterized by relatively low probability of faking orgasm for any reason except to protect their partner's feelings (i.e., Altruistic Deceit -- both oral sex and sexual intercourse). This class was subsequently labeled the "partner-focused" class. Class 4 consisted of relatively high probability of endorsing faking orgasm motives to Altruistic Deceit (oral sex and sexual intercourse) and Elevated Arousal (oral sex and sexual intercourse; i.e., faking orgasm to increase your own arousal). This pattern of responding suggests not only an interest in the experience of one's partner, but also in ensuring that oneself has an enjoyable sexual encounter. This class consisted of 8.2% of the sample and was labeled "pleasure-focused."

Model selection. Utilizing the criteria outlined in the data analytic plan (i.e., fit indices, class size, and interpretability), the 5-class model was selected as the best representation of the data. All tests of equality of means used to explore class group differences were conducted using this model.

Group differences

Demographic variables. Inconsistent with hypotheses, no significant differences in length of relationship ($\chi^2(4) = 2.90$, $p=0.56$), age ($\chi^2(4) = 3.92$, $p=0.42$), or number of sexual partners (receiving oral: $\chi^2(4) = 6.06$, $p=0.20$; sexual intercourse: $\chi^2(4) = 7.18$, $p=0.13$) were found across classes. See Table 2.

Table 2
Means and standard errors for class differences across demographic variables

	Relationship length (months)		Age		Oral sex partners (received from)*		Sexual intercourse partners*	
	M	*SE*	*M*	*SE*	*M*	*SE*	*M*	*SE*
Low frequency	21.07	0.88	20.80	0.13	2.74	0.10	4.26	0.15
Moderate frequency	19.41	1.25	20.44	0.15	2.73	0.07	4.10	0.09
Partner-focused	19.13	1.18	20.61	0.175	2.54	0.09	3.89	0.12
Pleasure-focused					2.83	0.18	3.98	0.22
High frequency	17.72	1.87	20.14	0.27	2.93	0.18	4.30	0.21

Note. Values for partners measured in ranges: 1 = 1 partner; 2 = 2-3 partners; 3 = 4-5 partners; 5 = 8-9 partners; 6 = 10-15 partners; 7 = 16-20 partners; 8 = 21-30 partners; 9 = >30 partners.

Sexual functioning. Omnibus between group analyses comparing responses on the BISF-W across classes yielded significant differences for sexual activity and sexual desire (see Table 3). There were no differences in sexual satisfaction across classes, $\chi^2(4) = 3.01$, $p=0.56$

Follow-up pairwise comparisons revealed differences between most classes in sexual activity. Class 4 (pleasure-focused) was found to engage in the most sexual activity; significantly more than class 3 (partner-focused; $\chi^2(1) = 15.74$, $p < .001$), class 2 (moderate frequency; $\chi^2(1) = 8.44$, $p < .01$), and class 5 (high frequency; $\chi^2(1) = 4.50$, $p < .05$). Classes 1 (low frequency) and 2 (moderate frequency) endorsed significantly more sexual activity than class 3 (partner-focused; $\chi^2(1) = 9.14$, $p < .01$ and $\chi^2(1) = 5.28$, $p < .05$, respectively). Class 3 (partner-focused) endorsed the least amount of sexual activity of all the classes.

Pairwise comparisons also evidenced differences in sexual desire across classes. Class 5 (high frequency) reported the highest levels of sexual desire; significantly more than class 1 (low frequency; $\chi^2(1) = 4.16$, $p < .05$) and class 2 (moderate frequency; $\chi^2(1) = 8.44$, $p < .01$). Class 3 (partner-focused) endorsed the next highest level of sexual desire and was only significantly more than class 2 (moderate frequency; $\chi^2(1) = 12.02$, $p < .001$). No other class comparisons were significant on sexual desire.

Table 3 (Continued on the next page)
Chi-square values (df = 1), means, and standard errors for class differences in sexual functioning

Sexual Desire					
Class	1	2	3	4	*M(SE)*
1: Low Frequency					22.67(0.56)
2: Moderate Frequency	1.52				21.87(0.31)
3: Partner-focused	3.30	12.02***			24.14(0.57)

	1	2	3	4	M(SE)
4: Pleasure-focused	0.11	1.78	1.38		22.99(0.78)
5: High Frequency	4.16**	8.44*	0.72	2.73	25.20(1.10)

Sexual Activity

Class	1	2	3	4	M(SE)
1: Low Frequency					109.59(3.60)
2: Moderate Frequency	1.84				103.70(2.15)
3: Partner-focused	9.11**	5.28*			95.10(3.03)
4: Pleasure-focused	3.26	8.44**	15.74***		123.04(6.29)
5: High Frequency	0.63	0.00	1.27	4.50*	103.57(6.71)

Sexual Satisfaction

Class	1	2	3	4	M(SE)
1: Low Frequency					18.74(0.80)
2: Moderate Frequency	0.00				18.75(0.41)
3: Partner-focused	1.55	2.82			17.43(0.65)
4: Pleasure-focused	0.04	0.06	0.46		18.41(1.26)
5: High Frequency	0.00	0.00	0.84	0.04	18.76(1.25)

Note. * indicates significance at $p<.05$; ** indicates significance at $p<.01$; *** indicates

significance at $p<.001$.

Data regarding specific orgasmic frequency were also collected and compared across classes. Differences in both oral sex and sexual intercourse orgasmic consistency were evidenced. During oral sex, classes 1 (low frequency), 2 (moderate frequency), and 4 (pleasure-focused) endorsed significantly higher orgasmic frequency than classes 3 (partner-focused) and 5 (high frequency) (see Table 4). Comparisons of orgasmic frequency during sexual intercourse revealed similar group differences. Classes 1 (low frequency), 2 (moderate frequency), and 4 (pleasure-focused) endorsed the highest levels of orgasmic consistency during sexual intercourse; significantly higher than class 3 (partner-focused) and class 5 (high frequency). See Table 4 for results.

Table 4 (Continued on the next page)
Chi-square values (df = 1), means, and standard errors for class differences in orgasmic consistency

Oral Sex					
Class	1	2	3	4	*M(SE)*
1: Low Frequency					2.84(0.09)
2: Moderate Frequency	0.19				2.89(0.06)
3: Partner-focused	7.30**	15.27***			2.52(0.06)
4: Pleasure-focused	0.26	0.83	2.35		2.76(0.13)
5: High Frequency	9.43**	14.03***	1.10	4.70*	2.36(0.13)
Sexual Intercourse					
Class	1	2	3	4	*M(SE)*
1: Low Frequency					2.97(0.08)
2: Moderate Frequency	0.02				2.95(0.05)
3: Partner-focused	26.01***	40.91***			2.42(0.07)
4: Pleasure-focused	0.28	0.50	19.90***		3.04(0.12)
5: High Frequency	26.24***	32.11***	2.09	24.52***	2.22(0.12)

Note. * indicates significance at $p<.05$; ** indicates significance at $p<.01$; *** indicates

significance at $p<.001$.

Intimacy. Omnibus between-group analyses comparing classes on measures of intimacy evidenced significant differences (see Table 5). Pairwise comparisons of intimacy found that class 3 (partner-focused) endorsed the lowest level of intimacy on the MSIS, and was significantly lower than all other classes: class 1 (low frequency, $\chi^2(1) = 19.94$, $p < .001$); class 2 (moderate frequency, $\chi^2(1) = 23.63$, $p < .001$), class 4 (pleasure-focused, $\chi^2(1) = 22.95$, $p < .001$), and class 5 (high frequency, $\chi^2(1) = 9.40$, $p < .01$). No other class differences were revealed.

Pairwise comparisons of scores on the FIS supported these results. Similar to results on the MSIS comparisons, class 3 (partner-focused) and class 5 (high frequency) endorsed the highest level of anxiety about close relationships; significantly higher than class 1 (low frequency; $\chi^2(1) = 45.73$, $p < .001$), class 2 (moderate frequency; $\chi^2(1) = 89.99$, $p < .001$), and class 4 (pleasure-focused; $\chi^2(1) = 20.53$, $p < .001$).

Table 5 (Continued on the next page)
Chi-square values (df = 1), means, and standard errors for class differences in intimacy

Social Intimacy

Class	1	2	3	4	*M(SE)*
1: Low Frequency					68.60(0.91)
2: Moderate Frequency	0.46				67.84(0.58)
3: Partner-focused	19.94***	23.63***			63.28(0.74)
4: Pleasure-focused	1.23	3.31	22.95***		70.36(1.25)
5: High Frequency	0.52	0.05	9.40**	2.80	67.55(1.14)

Fear of Intimacy

Class	1	2	3	4	*M(SE)*
1: Low Frequency					80.05(1.53)
2: Moderate Frequency	0.29				79.06(0.91)

3: Partner-focused	45.73***	89.99***			93.28(1.17)
4: Pleasure-focused	0.01	0.20	20.53***		80.29(2.58)
5: High Frequency	12.94***	20.53***	1.07	7.97**	90.43(2.45)

Note. * indicates significance at $p<.05$; ** indicates significance at $p<.01$; *** indicates significance at $p<.001$.

Emotion regulation. As hypothesized, differences in emotion regulation, as measured by the DERS, were evidenced across classes. Class 5 (high frequency) endorsed the highest level of general emotion dysregulation; significantly higher than class 1 (low frequency; $\chi^2(1) = 12.26$, $p < .001$), class 2 (moderate frequency; $\chi^2(1) = 31.91$, $p < .001$), and class 4 (pleasure-focused; $\chi^2(1) = 12.38$, $p < .001$). Class 3 (partner-focused) also reported higher levels of overall emotion dysregulation compared to Class 1 (low frequency; $\chi^2(1) = 19.52$, $p < .001$), 2 (moderate frequency; $\chi^2(1) = 88.36$, $p < .001$), and 4 (pleasure-focused; $\chi^2(1) = 14.18$, $p < .001$). See Table 6 for complete results.

Group differences were also evidenced across classes on all dimensions of emotion regulation. Perhaps unsurprisingly, results on dimensional (i.e., Nonacceptance of Emotional Responses, Difficulties Engaging in Goal-Directed Behavior, Impulse Control Difficulty, Lack of Emotional Awareness, Lack of Emotional Clarity, and Limited Access to Emotion Regulation Strategies) comparisons closely resembled the findings of general emotion dysregulation; class 3 (partner-focused) and class 5 (high frequency) endorsed the highest level of emotion regulation difficulty in these areas. See Table 6 for complete results.

Table 6 (Continued on the next two pages)
Chi-square values (df = 1), means, and standard errors for class differences in emotion regulation

Total Emotion Dysregulation

Class	1	2	3	4	*M(SE)*
1: Low Frequency					89.25(2.08)
2: Moderate Frequency	6.57**				82.94(1.20)
3: Partner-focused	19.52***	88.36***			100.32(1.37)
4: Pleasure-focused	0.49	0.99	14.18***		86.45(3.32)

Class	1	2	3	4	M(SE)
5: High Frequency	12.22***	31.91***	0.56	12.38***	103.10(3.38)

Nonacceptance of Emotional Responses

Class	1	2	3	4	M(SE)
1: Low Frequency					13.83(0.47)
2: Moderate Frequency	4.62*				12.64(0.27)
3: Partner-focused	16.57***	63.97***			16.29(0.36)
4: Pleasure-focused	0.06	2.71	5.79*		14.06(0.83)
5: High Frequency	20.36***	40.36***	3.58	11.45***	17.89(0.80)

Difficulties Engaging in Goal-Directed Behavior

Class	1	2	3	4	M(SE)
1: Low Frequency					15.78(0.40)
2: Moderate Frequency	14.17***				14.01(0.22)
3: Partner-focused	1.35	12.31***			15.22(0.26)
4: Pleasure-focused	0.02	6.00*	0.43		15.68(0.64)
5: High Frequency	0.05	10.84***	1.37	0.90	15.94(0.54)

Impulse Control Difficulty

Class	1	2	3	4	M(SE)
1: Low Frequency					13.39(0.44)
2: Moderate Frequency	0.81				12.93(0.25)
3: Partner-focused	20.62***	53.02***			15.89(0.32)
4: Pleasure-focused	0.80	2.57	4.66*		14.15(0.72)
5: High Frequency	11.06***	18.95***	0.05	3.78	16.07(0.68)

Lack of Emotional Awareness

Class	1	2	3	4	M(SE)
1: Low Frequency					15.01(0.46)

2: Moderate Frequency	0.08				14.86(0.27)
3: Partner-focused	18.49***	39.07***			17.45(0.31)
4: Pleasure-focused	0.36	0.25	12.59***		14.45(0.79)
5: High Frequency	5.46*	8.37**	0.68	5.55*	16.86(0.64)

Limited Access to Emotion Regulation Strategies

Class	1	2	3	4	M(SE)
1: Low Frequency					18.56(0.60)
2: Moderate Frequency	2.08				17.53(0.34)
3: Partner-focused	18.48***	56.51***			21.81(0.44)
4: Pleasure-focused	0.12	0.32	10.39***		18.14(1.01)
5: High Frequency	17.48***	34.35***	1.35	13.12***	22.94(0.86)

Lack of Emotional Clarity

Class	1	2	3	4	M(SE)
1: Low Frequency					11.98(0.33)
2: Moderate Frequency	3.17				11.28(0.20)
3: Partner-focused	20.57***	74.15***			13.77(0.21)
4: Pleasure-focused	0.30	0.37	13.12***		11.62(0.54)
5: High Frequency	12.12***	30.20***	0.08	10.57***	13.90(0.44)

Note. * indicates significance at $p<.05$; ** indicates significance at $p<.01$; *** indicates significance at $p<.001$.

CHAPTER 4
DISCUSSION

Previous research exploring the phenomenon of faking orgasm has focused on differences between women who endorse faking orgasm and those who do not (e.g., Darling & Davidson, 1986, Muehlenhard & Shippee, 2010; Wiederman, 1997). Recent investigations have begun to explore various motives operating when women decide to fake orgasm during sexual intercourse and oral sex (Cooper et al., in press). However, the extent to which women who fake orgasm for different reasons also differ in their sexual functioning, intimacy, and emotional distress is unknown. Continuing a line of research exploring the correlates, outcomes, and motivational underpinnings of women's conscious decision to fake orgasm, the present study allowed for comparisons across classes of women on several dimensions relevant to sexual behavior.

The primary aim of this study was to establish empirically defined classes of women who fake orgasm based on their individual motives for faking orgasm during sexual intercourse and oral sex. It was hypothesized that these classes would represent differing levels of endorsement on the eight motives for faking orgasm as defined by the FOS. Results from the LCA revealed five classes of women who fake orgasm. The item probabilities of three classes were evenly spaced on the y-axis and ran nearly parallel. This was interpreted to represent women who generally chose to fake orgasm at low, moderate, and high frequencies, potentially employing any of the eight motives for faking orgasm when doing so. As the factors of the FOS are correlated (Cooper et al., in press), this finding suggests that most women likely fake orgasm for different reasons on different occasions, but that all identified motives play a role in their sexual expression.

The remaining two classes demonstrated considerably more variability, indicating that some women fake orgasm primarily for certain reasons over others. One such class was identified as being "partner-focused": item probability patterns in this class highlighted utilization of the altruistic deceit motive above all others, specifically at a rate higher than the moderate and low frequency classes. This study lends support to previous research suggesting that women typically fake orgasm to avoid hurting their partner's feelings (Muehlenhard & Shippee, 2010).

Results of the LCA also evidenced a "pleasure-focused" class. The pattern of item probabilities in this class indicated that a small group of women endorsed faking orgasm primarily for two reasons: altruistic deceit (i.e., protecting their partners feelings) and elevated arousal (i.e., to increase their own arousal). This class suggests that these women may be striving to not only improve their own sexual experience, but also to ensure their partner's positive experience by convincing their partner they have also experienced orgasm. Although the motives endorsed (i.e., altruistic deceit and elevated arousal) are separate motivational frameworks often in incompatible with one another (i.e., relationship-focused versus self-focused), the existence of the pleasure-focused class demonstrates they are not inherently so. This class interpreted as women focusing on the overall positivity of a sexual act for *both* partners. Previous research has suggested that women may fake orgasm as a relationship maintenance strategy (e.g., Cooper et al., in press; Kaighobadi et al., 2011); indeed, the link between relationship satisfaction and sexual enjoyment is well established (e.g., Bradbury & Karney, 1995; Young et al., 2000) and these women may reap relational as well as sexual benefits from opting to fake orgasm.

Once classes were established, comparisons on measures previously unexplored in this line of research were made. The primary goal of these additional analyses was to begin clarifying

potential underlying mechanisms associated with class differences in motives for faking orgasm. Specifically, differences in length of relationship, number of sexual partners, and age were explored and hypothesized to differ across classes. Results revealed no class differences in these variables. Previous research has found women who fake orgasm to be older, more sexually experienced, and more likely to fake orgasm in the context of a committed relationship as a group (Darling & Davidson, 1986; Muehlenhard & Shippee, 2010; Wiederman, 1997). While this may be true when making the broad comparison of women who endorse faking orgasm to those who do not, this study found no group differences on these variables among classes of women who do report faking orgasm. It may be that women who fake orgasm do not differ from one another in terms of age, sexual experience, and length of relationship as a function of their motives for faking. The lack of significant findings in this study suggests faking orgasm may be a habitual behavior for many women, one that is not influenced by length of romantic commitment, sexual experience, or age. More research is necessary to determine what, if any, demographic variables impact a woman's decision to fake orgasm.

Differences in sexual functioning, intimacy, and emotion regulation were also explored to help clarify why we found differences across women in motives for faking orgasm. Perhaps unsurprisingly, the low frequency class enjoyed a relatively high level of orgasmic consistency during both sexual intercourse and oral sex. This class also reported little fear of trusting or being vulnerable with a partner and the second highest level of intimacy. It appears that although this class endorsed a moderate amount of emotion dysregulation, those women who fake orgasm relatively infrequently for the reasons identified in the FOS (Cooper et al., in press) do not struggle with sexual functioning or being intimate with a partner. Future research should explore potential connections between these variables and emotion regulation.

The moderate frequency class also endorsed high rates of orgasm, but only during oral sex. This class also reported few struggles with intimacy and the lowest amount of emotion dysregulation. Although these women do not have much difficulty handling their emotions and connecting with others, their increased difficulty experiencing orgasm during sexual intercourse may play a pivotal role in their decision to fake orgasm. Previous studies (e.g., Graham, 2010) have emphasized the negative impact that expectations of a vaginal orgasm may have on female sexual functioning and relationships, and these women's decision to do so may be a means to cope with that perceived pressure.

The high frequency class reported the highest levels of sexual desire and endorsed the lowest rate of orgasmic consistency of all the classes. It is interesting and encouraging that this class of women, who have difficulty experiencing orgasm, continue to have high sexual desire. However, given the significant fear intimacy experienced by this class, it is not surprising that this class also endorsed the highest level of emotion dysregulation, which may play a role in their orgasmic inconsistency and subsequent high frequency of faking. As with the other findings in this study, more research is needed to clarify these relationships.

Interestingly, the partner-focused class was found to have high sexual *desire*, but engaged in the least amount of sexual activity and experienced low orgasmic consistency during both sexual intercourse and oral sex. It is unclear what factors may account for this discrepancy, but this class's difficulty building intimacy with others, trusting a partner, and being vulnerable with others may contribute to this difference. Although these women desire sexual activity and touch, they struggle to open up and trust their partners, likely resulting in fewer opportunities to engage in sexual activity in general. When they do engage in sexual activity, these women are typically faking orgasm to protect their partners' feelings. Additionally, this class of women endorsed a

high level of emotion dysregulation. Offman and Matheson (2005) found that low orgasmic consistency, when viewed as an index of intimacy within the relationship, is related to feelings of depression and anxiety in women. Taken together, this class of women may fake orgasm to help regulate their emotions during sexual activity; however, many of these variables may be associated in any number of ways and a more thorough investigation of these relationships is necessary.

Perhaps unsurprisingly, the pleasure-focused group endorsed the highest level of sexual activity and the highest rate of orgasm during sexual intercourse. These findings lend support to the interpretation of this class as one driven by pleasure; focusing on sexual enjoyment may also contribute to these women's orgasmic consistency, though more research is needed to fully support this conclusion.

Strengths and Limitations

This study is the first to utilize latent class analyses to explore female sexual behavior, particularly motives for faking orgasm. It is also the first study to investigate the relationships between emotion regulation and a common sexual behavior (i.e., faking orgasm), and the first study to compare groups of women who fake orgasm for differing reasons to one another. This study also benefitted from a large sample size (N=1434) and was racially and ethnically diverse.

Despite these strengths, this study is not without limitations. First, although large in size, the sample was a convenience sample of undergraduate women, most of whom identified as heterosexual. As such, these findings may not generalize to other groups of women. Future studies should seek to replicate these findings using a large sample of women from various age groups, educational backgrounds, marital statuses, and sexual orientations. Another possible limitation of the current study was the self-report method used. Specifically, some concern has

been raised regarding the reliability of self-reported sexual behavior because of intentional distortion, as well as inaccuracies in recall and estimation of sexual behavior, though studies utilizing multiple methods have strengthened confidence in self-report as an acceptable method for collecting data regarding sexual behaviors that occur naturally outside of a laboratory setting (McFarlane & St. Lawrence, 1999). Further, individuals may not be able to accurately identify the reasons they fake orgasm in a given context. Although steps were taken to reduce this error (e.g., asking participants to specify and answer items regarding a particular sexual partner), the potential for inaccurate reporting remains. It is conceivable that women who fake orgasm frequently will have greater insight into why they fake orgasm, as it is a choice they are thinking about and making often. Alternatively, it is also possible that women who engage in this behavior may habitually fake orgasm and thus lack insight into their motives for doing so. In general, objective verification of retrospective self-reported behavior is problematic for sex research due to logistical and ethical limitations of observing sexual behavior.

Finally, this study relied heavily on the yet unpublished Faking Orgasm Scale for Women (Cooper et al., in press). Although the psychometric properties and methods for the development of this measure are strong, it has yet to be validated or used by other researchers, which may call into question the validity of this study's findings.

Conclusion and Implications

The present findings highlight the need to conceptualize women's decision to fake orgasm as a multi-faceted and complex behavior that may have a significant impact on romantic relationships, sexual relations, and emotional stability. This broadened framework may serve as the foundation for increased understanding of the cause and function of women's various styles of sexual interaction (i.e., faking orgasm) with a partner. Previous research has focused on

identifying differences between women who fake orgasm and those who do not, and in motives leading to women's decision to fake orgasm. By utilizing a person-centered approach, comparisons that evidenced differences in how women engage in this behavior and in what individual context these differences occur were allowed.

Differences across classes of women suggest that, at least in some cases, faking orgasm may be used as a tool to regulate emotions. In other instances, faking orgasm may serve relationship maintenance function. Finally, faking orgasm may be a means of compensating for individual difficulties making intimate connections with a partner. Though interesting and potentially informative, these findings are preliminary, and additional exploration is warranted. At the very least, these findings highlight important areas for future study, such as the relationship between emotion regulation and sexual expression, communication styles of women who fake orgasm, and the potential impact this behavior has on relationships and women's partners. With continued research into this phenomenon and its related constructs, the medical and psychological community may soon come to understand faking orgasm as common sexual behavior that must be considered when evaluating and treating sexual difficulties and relationship struggles. Inclusion of this behavior in the conceptualization of what is "normal" may allow for the development and/or improvement of couples therapy, sex therapy, and individual interventions for women struggling with physical and/or emotional intimacy with a partner. Furthermore, with increased awareness of the frequency of and motivation for faking orgasm, women and men may be more open to discuss this behavior, either as a couple or with their medical and mental health care providers.

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APPENDICES

SELF-REPORT MEASURES

APPENDIX A

__Demographics Information__

INSTRUCTIONS: Please answer the following questions honestly and to the best of your ability. You are reminded that all information will be kept protected, confidential, and anonymous. Please read carefully and mark the appropriate responses for each item.

1. Your Age: _____

2. Your Race: (check all that apply)
    ___ American Indian or Alaska Native
    ___ Asian
    ___ Black or African American
    ___ Native Hawaiian or Other Pacific Islander
    ___ White

3. Your Ethnicity:
    ___ Hispanic or Latino
    ___ Not Hispanic or Latino

4. Please select your *predominant* sexual orientation:
    ___ Heterosexual
    ___ Bisexual   → what is the sex of your most recent/current partner?   **Male**   or   **Female**
    ___ Homosexual

5a. Have you ever received oral sex? (*Note: "oral sex" is defined as genital stimulation from a partner's mouth.*)   **Yes**   or   **No**

    5b. If YES, from how many partners?

___ 1 partner	___ 10-15 partners
___ 2-3 partners	___ 16-20 partners
___ 4-5 partners	___ 21-30 partners
___ 6-7 partners	___ 31-45 partners
___ 8-9 partners	___ more than 45 partners

6a.   Have you ever given oral sex? (*Note: "oral sex" is defined as stimulation from your mouth to a partner's genitals.*)   **Yes**   or   **No**

    6b.   If YES, to how many partners?

___ 1 partner   ___ 10-15 partners
___ 2-3 partners   ___ 16-20 partners
___ 4-5 partners   ___ 21-30 partners
___ 6-7 partners   ___ 31-45 partners
___ 8-9 partners   ___ more than 45 partners

7. At what age did you first experience sexual intercourse (vaginal-penile)?

___ I have not engaged in sexual intercourse   ___ age 17
___ age 8 or before   ___ age 18
___ age 9 to age 11   ___ age 19 to age 20
___ age 12 to age 13   ___ age 21 to age 22
___ age 14 to age 15   ___ age 23 to age 24
___ age 16   ___ age 25 to age 27

8. If you have had sexual intercourse (vaginal-penile), how positive was your first experience?

1	2	3	4	5
Not at all	A little	Somewhat	Fairly	Very

9. With how many people have you engaged in sexual intercourse (vaginal-penile)?

___ 1 partner   ___ 10-15 partners
___ 2-3 partners   ___ 16-20 partners
___ 4-5 partners   ___ 21-30 partners
___ 6-7 partners   ___ 31-45 partners
___ 8-9 partners   ___ more than 45 partners

10a. Have you ever had an orgasm?   **Yes**   or   **No**

10b. If YES, at what age was your first orgasm from oral sex?

___ I have not engaged in oral sex
___ I have not faked orgasm during oral sex   ___ age 17
___ age 8 or before   ___ age 18
___ age 9 to age 11   ___ age 19 to age 20
___ age 12 to age 13   ___ age 21 to age 22
___ age 14 to age 15   ___ age 23 to age 24
___ age 16   ___ age 25 to age 27

10c. If YES, at what age was your first orgasm from sexual intercourse (vaginal-penile)?

___ I have not engaged in sexual intercourse
___ I have not faked orgasm during sexual intercourse   ___ age 17
___ age 8 or before   ___ age 18
___ age 9 to age 11   ___ age 19 to age 20
___ age 12 to age 13   ___ age 21 to age 22

___ age 14 to age 15   ___ age 23 to age 24
___ age 16   ___ age 25 to age 27

11a. Have you ever faked an orgasm?   **Yes**   or   **No**

*** IF NO, PLEASE STOP COMPLETING THE QUESTIONNAIRE ***

12a. If YES to 11a., at what age did you first fake an orgasm during oral sex?
            ___ I have not engaged in oral sex
            ___ I have not faked orgasm during oral sex   ___ age 17
            ___ age 8 or before   ___ age 18
            ___ age 9 to age 11   ___ age 19 to age 20
            ___ age 12 to age 13   ___ age 21 to age 22
            ___ age 14 to age 15   ___ age 23 to age 24
            ___ age 16   ___ age 25 to age 27

      →12b. With how many people have you faked an orgasm during oral sex?
            ___ I have not faked orgasm during oral sex
            ___ 1 partner   ___ 10-15 partners
            ___ 2-3 partners   ___ 16-20 partners
            ___ 4-5 partners   ___ 21-30 partners
            ___ 6-7 partners   ___ 31-45 partners
            ___ 8-9 partners   ___ more than 45 partners

13a. If YES to 11a., at what age did you first fake an orgasm during sexual intercourse (vaginal-penile)?
            ___ I have not faked an orgasm during sexual intercourse   ___ age 17
            ___ age 8 or before   ___ age 18
            ___ age 9 to age 11   ___ age 19 to age 20
            ___ age 12 to age 13   ___ age 21 to age 22
            ___ age 14 to age 15   ___ age 23 to age 24
            ___ age 16   ___ age 25 to age 27

      →13b. With how many people have you faked an orgasm during sexual intercourse?
            ___ I have not faked an orgasm during sexual intercourse
            ___ 1 partner   ___ 10-15 partners
            ___ 2-3 partners   ___ 16-20 partners
            ___ 4-5 partners   ___ 21-30 partners
            ___ 6-7 partners   ___ 31-45 partners
            ___ 8-9 partners   ___ more than 45 partners

14. Do you fake orgasm with your current partner?   **Yes**   or   **No**

15. Please check the category that best describes your current romantic status:
    ___ I am currently in a romantic/dating relationship

    ___ I am not currently in a dating relationship, but I have a relationship(s) that is purely
        sexual in nature (i.e. "hooking up" with no current intent or expectation of future
        commitment or romance)

    ___ I am not currently in a dating relationship, but I have a relationship(s) that I would like
        to become a romantic/dating relationship (i.e. "hooking up" with someone but hoping to
        begin officially dating them soon)

    ___ I am currently neither dating nor hooking up, but I have in the past

    ___ I have never dated or hooked up.

16. If you are currently in a relationship, how long have you been in that relationship?
    ___ 1 day to 2 weeks   ___ 9 months to 1 year
    ___ 2 weeks to 1 month   ___ 1 year to 2 years
    ___ 1 month to 2 months   ___ 2 years to 3 years
    ___ 2 months to 3 months   ___ 3 years to 4 years
    ___ 3 months to 5 months   ___ 4 years to 5 years
    ___ 6 months to 8 months   ___ 5 or more years

APPENDIX B

Faking Orgasm Scale for Women -- Extended Version

INSTRUCTIONS: Please take a moment to think about relationships in which you've faked orgasm. Now, as you complete this questionnaire, please **choose ONE previous or current relationship** that meets the following criteria:

1.	**you received oral sex from the partner**	**YES**	**or**	**NO**
2.	**you engaged in sexual intercourse with the partner**	**YES**	**or**	**NO**
	and			
3.	**you faked orgasm during these sexual acts, preferably on a relatively frequent basis.**			
		YES	**or**	**NO**

**Note: if you do not have a partner with whom you have had both forms of sexual activity (you answered "NO" to either #1 or #2), but you do have a partner with whom you have faked orgasms but have only either received oral sex OR engaged in sexual intercourse with (you answered "YES" to #1 or #2), then please think of that partner when completing this questionnaire.

This questionnaire is designed to measure your behavior with the partner you have chosen. Remember this is not a test; there are no right or wrong answers. Please answer each item as accurately as you can. Read each item carefully and circle the appropriate response for that item.

Definitions of many concepts differ from person to person. While we respect your personal definition, for research purposes a standard definition is needed. Even if you disagree, please use the following definitions when considering your responses to the items:

> **orgasm:** *an intense excitement; especially an explosive release of tension at the height of sexual arousal that is usually accompanied by the ejaculation of semen in the male and by vaginal contractions in the female; climax; "coming"*

> **"faking" orgasm:** *acting or pretending as if you have had orgasm when you have not, through vocal confirmation and/or muscular contraction, regardless of the reason.*

Your cooperation and honesty is appreciated.

1. How important is having an orgasm for sexual experiences to be pleasurable?

1	2	3	4	5
Not at all	A little	Somewhat	Fairly	Very

2. In general, how many women do you think orgasm as often as they *would like*?

1	2	3	4	5
None	A few	Some	Many	Almost all

3. In general, how many women do you think have **difficulty** having an orgasm as often as they would like?

1	2	3	4	5

None	A few	Some	Many	Almost all

4. In general, how prevalent or common do you think women faking orgasm is?

1	2	3	4	5
Not at all	A little	Somewhat	Fairly	Very

5. How negatively do you think men view women who fake orgasm?

1	2	3	4	5
Not at all	A little	Somewhat	Fairly	Very

6. How negatively do you think women view other women who fake orgasm?

1	2	3	4	5
Not at all	A little	Somewhat	Fairly	Very

7. How often does your partner request you to fake an orgasm when you cannot achieve one?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

8. To what extent do you hold yourself responsible for whether or not you achieve orgasm?

1	2	3	4	5
Not at all	A little	Somewhat	Fairly	Very

9. To what extent do you hold your partner responsible for whether or not you achieve orgasm?

1	2	3	4	5
Not at all	A little	Somewhat	Fairly	Very

10. Do you think your partner understands that women don't always orgasm when receiving oral sex?

1	2	3
Yes	No	Unsure

11. Do you think your partner understands that women don't always orgasm during sexual intercourse?

1	2	3
Yes	No	Unsure

12. How honest do you feel you can be with your partner about your sexual thoughts, fantasies, wants, and needs?

1	2	3	4	5
Not at all	A little	Somewhat	Fairly	Very

13. How honest do you feel you can be with your partner about your relationship wants and needs?

1	2	3	4	5
Not at all	A little	Somewhat	Fairly	Very

14. How often do you discuss whether or not you fake orgasm with your partner?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

15. How afraid are you of your partner finding out you are faking orgasm?

1	2	3	4	5	6
Not at all	A little	Somewhat	Fairly	Very	N/A

16. How often have you discussed with your partner ways he can help you better reach orgasm?

	1	2	3	4	5
	Never	Occasionally	Sometimes	Frequently	Always

17. How much of a problem do you think faking orgasm is for a relationship?

	1	2	3	4	5
	Not at all	A little	Somewhat	Fairly	Very

18. How likely are you to fake an orgasm on a special occasion (i.e. anniversary, birthday, holiday)?

	1	2	3	4	5
	Not at all	A little	Somewhat	Fairly	Very

19. If you did not orgasm (fake or real) during a sexual experience, how likely would you be to lie about having an orgasm if asked by your partner?

	1	2	3	4	5
	Not at all	A little	Somewhat	Fairly	Very

20a. Do you know the most effective methods for you to reach orgasm?

	1	2	3
	Yes	No	Unsure

→20b. If yes, do you feel that you can explain those methods to your partner?

	1	2	3
	Yes	No	Unsure

21. How often do you exaggerate your level of enjoyment but not fake orgasm?

	1	2	3	4	5
	Never	Occasionally	Sometimes	Frequently	Always

22. How embarrassed are you to admit that you fake or have faked orgasm?

	1	2	3	4	5
	Not at all	A little	Somewhat	Fairly	Very

23. How shameful do you think it is to fake an orgasm?

	1	2	3	4	5
	Not at all	A little	Somewhat	Fairly	Very

24. How often do you masturbate? (*Note: masturbation is defined as self-stimulation of the genitals; this item refers to self-masturbation only, i.e. when you are alone*)

1   I have never masturbated
2   I do not currently masturbate, but I have in the past
3   less than once per month
4   1-3 times per month
5   once a week
6   2 or 3 times per week
7   4-6 times per week
8   daily
9   multiple times per day

25. How often does self-masturbation (i.e. masturbating alone) result in orgasm for you?

	1	2	3	4	5	6
	Never	Occasionally	Sometimes	Frequently	Always	N/A

26. How often do you fake orgasm during self- masturbation (i.e. masturbating alone)?

1	2	3	4	5	6
Never	Occasionally	Sometimes	Frequently	Always	N/A

27. How often does mutual-masturbation (i.e. masturbating with a partner) result in orgasm for you?

1	2	3	4	5	6
Never	Occasionally	Sometimes	Frequently	Always	N/A

28. How often do you fake orgasm during mutual- masturbation (i.e. masturbating with a partner)?

1	2	3	4	5	6
Never	Occasionally	Sometimes	Frequently	Always	N/A

ORAL SEX: Please answer the following questions with regard to receiving oral sex (defined as *receiving genital stimulation from partner's mouth*).

**NOTE: if you answered "NO" to "Have you received oral sex?" in the Demographics sheet, please skip this section.

29. In general, how much sexual gratification or satisfaction do you get from oral sex?

1	2	3	4	5
None	A little	Some	A fair amount	A lot

30. In general, how often do you orgasm during oral sex?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

31. What factors, if any, prevent you from having an orgasm during oral sex? (check all that apply)
    1   Lack of foreplay
    2   Fatigue
    3   Self-consciousness/embarrassment
    4   Discomfort with oral sex
    5   Preoccupation with nonsexual thoughts
    6   Conflict with partner
    7   Partner's lack of interest in foreplay
    8   Lack of tenderness by partner
    9   Difficulty in becoming sexually aroused with this particular partner
    10   Pressure to perform well
    11   Fear of not satisfying partner
    12   Prefer to orgasm during sexual intercourse
    13   Use oral sex as foreplay
    14   I'm just not that into it
    15   I don't know

32. How do you feel when you are *unable* to orgasm during oral sex? (check all that apply)
    1   Depressed
    2   Frustrated
    3   Annoyed
    4   Inadequate

5   I don't worry or think about it
6   Guilty
7   Unsatisfied
8   Angry with my partner
9   Angry with myself

33. How often are you unable to orgasm because you are thinking too much about other things (i.e. money problems, work/school, an argument with your partner, etc.)?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

34. How often does your partner ask if you had an orgasm following oral sex?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

35. How much pressure do you feel from **yourself** to orgasm during oral sex?

1	2	3	4	5
None	A little	Some	A fair amount	A lot

36. How much pressure do you feel from **your partner** to orgasm during oral sex?

1	2	3	4	5
None	A little	Some	A fair amount	A lot

37a. How often do you **fake** orgasm during oral sex?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

→38b. If you fake, how often do you feel guilty faking an orgasm during oral sex?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

40. If you **fake**, or **have faked in the past**, orgasm during oral sex, do you think your partner was aware you were faking?

1	2	3	4
Yes	No	Unsure	Not Applicable

41. If you have never, or no longer, pretend to orgasm, why **don't you fake** it? (check all that apply)
1   It's dishonest
2   I'm not sure how to do it
3   I'm afraid my partner will catch me
4   I don't see a point
5   I don't need to, I frequently orgasm during oral sex
6   I want my partner to know I am not having an orgasm during oral sex
7   It makes me feel guilty
8   I'm ashamed
9   I'm comfortable telling my partner whether or not I actually have an orgasm
10   I'm able to show or tell my partner how to help me achieve an orgasm
11   I think it's bad for the relationship
12   The more I fake orgasms, the harder it becomes to stop faking and achieve a real orgasm during oral sex

13   Not applicable

NOTE: if you answered "NEVER" to "How often do you fake orgasm during oral sex?" then please skip the following section.

When you do fake orgasm <u>during oral sex</u>, <u>to what extent do you do it for the following reasons</u>?

1	2	3	4	5
Never	**Occasionally**	**Sometimes**	**Frequently**	**Always**

42. Because you are embarrassed during oral sex?

43. Because you feel physically uncomfortable during oral sex?

44. Because you are afraid it might be unpleasant for your partner?

45. Because you are self-conscious?

46. Because you are afraid of being vulnerable?

47. Because you think it is important for your partner to know they can please you?

48. Because you want to reward your partner for their effort?

49. To give your partner an "ego boost"?

50. So your partner will feel successful?

51. So your partner doesn't feel inadequate?

52. To encourage your partner's actions?

53. To make your partner happy?

54. To avoid disappointing your partner if you don't have a real orgasm?

55. To show gratitude to your partner?

56. Because you are ashamed you can't reach orgasm?

57. To turn yourself on?

58. Because you think it's sexy?

59. To increase your own interest in the sexual experience?

60. Because you think it is fun?

61. To increase the drama of your sexual experience?

62. Because you are worried you can't reach orgasm?

63. To avoid having bad feelings about your sexual or gynecological health if you cannot have a real orgasm?

During oral sex:
64. How often do you fake multiple orgasms when you had **none**?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

65. How often do you fake multiple orgasms when you had **only one**?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

**NOTE: If you answered "NO" to "Have you ever engaged in sexual intercourse?" then please skip this section.

SEXUAL INTERCOUSE: Please answer the following questions with regard to having sexual intercourse (defined as *insertion of penis into the vagina*).

66. In general, how much gratification or satisfaction do you get from sexual intercourse?

1	2	3	4	5
None	A little	Some	A fair amount	A lot

67. In general, how often do you orgasm during sexual intercourse?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

68. What factors, if any, prevent you from having an orgasm during sexual intercourse?
 (check all that apply)

1   Lack of foreplay
2   Fatigue
3   Self-consciousness/embarrassment
4   Discomfort with sexual intercourse
5   Preoccupation with nonsexual thoughts
6   Conflict with partner
7   Partner's lack of interest in foreplay
8   Lack of tenderness by partner
9   Difficulty in becoming sexually aroused with this particular partner
10   Pressure to perform well
11   Fear of not satisfying partner
12   Lack of clitoral stimulation
13   I'm just not into it
14   I don't know

69. How do you feel when you are **unable** to orgasm during sexual intercourse? (check all that apply)

1   Depressed
2   Frustrated
3   Annoyed
4   Inadequate
5   I don't worry or think about it
6   Guilty
7   Unsatisfied
8   Angry with my partner
9   Angry with myself

70. Is sexual intercourse more satisfying if it results in orgasm?

1	2	3	4
Yes	No	Unsure	Not Applicable

71. How often does your partner ask if you had an orgasm following sexual intercourse?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

72. How much pressure do you feel from **yourself** to orgasm during sexual intercourse?

1	2	3	4	5
None	A little	Some	A fair amount	A lot

73. How much pressure do you feel from **your partner** to orgasm during sexual intercourse?

1	2	3	4	5
None	A little	Some	A fair amount	A lot

74a. How often do you **fake** orgasm during sexual intercourse?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

→74b. If you fake orgasm, how often do you feel guilty faking an orgasm during sexual intercourse?

1	2	3	4	5	6
Never	Occasionally	Sometimes	Frequently	Always	N/A

75. How often are you unable to orgasm because you are thinking about other things (i.e. money problems, work, an argument with your partner, etc.) too much?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

76. If you **have never**, or **no longer**, pretend to orgasm, why **don't you** fake it? (check all that apply)

1   It's dishonest
2   I'm not sure how to do it
3   I'm afraid my partner will catch me
4   I don't see a point
5   I don't need to, I frequently orgasm during sex
6   I want my partner to know I am not having an orgasm during sex
7   It makes me feel guilty
8   I'm ashamed
9   I'm comfortable telling my partner whether or not I actually have an orgasm
10   I'm able to show or tell my partner how to help me achieve an orgasm
11   I think it's bad for the relationship
12   The more I fake orgasms, the harder it becomes to stop faking and achieve a real orgasm
                                                                                during sexual intercourse
13   Not applicable

77. If you **fake,** or **have faked** in the past, orgasm during sexual intercourse, do you think your partner was aware you were faking?

1	2	3	4
Yes	No	Unsure	N/A

NOTE: If you responded "NEVER" to "How often do you fake orgasm during sexual intercourse?" please skip this section.

When you do fake orgasm <u>during sexual intercourse</u>, to what extent do you do it for the following reasons?:

1	2	3	4	5
Never	**Occasionally**	**Sometimes**	**Frequently**	**Always**

78. To make your partner happy?

79. So your partner doesn't feel guilty if you don't have a real orgasm?

80. So your partner will feel successful?

81. To avoid disappointing your partner if you don't have a real orgasm?

82. Because you are fearful of hurting your partner's feelings, self-esteem, or confidence if you don't achieve orgasm?

83. Because you are self-conscious?

84. Because you are afraid you can't reach orgasm?

85. Because you think it is important for your partner to know they can please you?

86. Because your partner would be happier if you had an orgasm during sexual intercourse?

87. To show gratitude to your partner?

88. To give your partner an "ego boost"?

89. So your partner isn't ashamed if you don't have a real orgasm?

90. Because your partner expects you to have an orgasm during sexual intercourse?

91. Because you want to reward your partner for their effort?

92. Because you want to stop sex but want to avoid your partner feeling uncomfortable in the future?

93. So your partner isn't embarrassed if you don't have a real orgasm?

94. Because you want to go to sleep?

95. Because you think your partner cares more about you achieving orgasm than his/her own orgasm?

96. Because you simply aren't enjoying yourself?

97. Because you think it's sexy?

98. Because you think there may be something wrong with you if you don't orgasm?

99. Because you are ashamed you can't reach orgasm?

100. Because your partner might think there is something wrong with you if you don't orgasm?

101. Because you have little or no experience with having a real orgasm?

102. To avoid feeling badly about yourself if you don't have a real orgasm?

103. Because you are embarrassed to talk about your feelings?

104. To avoid having bad feelings about your sexual or gynecological health?

105. Because that's what you think or thought people did when experiencing orgasm?

106. To turn yourself on?

107. To increase your own interest in the sexual experience?

108.   Because you think it is fun?

109.   To increase the excitement of your sexual experience?

110.   To increase your own arousal during sexual intercourse?

111.   To increase the intensity of the sex act?

During sexual intercourse:

112. How often do you fake multiple orgasms when you had **none**?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

113. How often do you fake multiple orgasms when you had **only one**?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

114. How often do you fake an orgasm at the same time your partner is having an orgasm?

1	2	3	4	5
Never	Occasionally	Sometimes	Frequently	Always

APPENDIX C

Miller Social Intimacy Scale

Please answer the following questions about the relationship partner you chose when completing the FOS. Remember to answer according to the scale specified for each item.

	Very Rarely		Some of the Time		Almost Always
1. When you have leisure time how often do you choose to spend it with him/her alone?	A	B	C	D	E
2. How often do you keep very personal information to yourself and do not share it with him/ her?	A	B	C	D	E
3. How often do you show him/her affection?	A	B	C	D	E
4. How often do you confide very personal information to him/ her?	A	B	C	D	E
5. How often are you able to understand his/her feelings?	A	B	C	D	E
6. How often do you feel close to him/her?	A	B	C	D	E

	Not Much		A Little		A Great Deal
7. How much do you like to spend time alone with him/her?	A	B	C	D	E
8. How much do you feel like being encouraging and supportive to him/her when he/she is unhappy?	A	B	C	D	E
9. How close do you feel to him/her most of the time?	A	B	C	D	E
10. How important is it to you to listen to his/her very personal disclosures?	A	B	C	D	E
11. How satisfying is your relationship with him/her?	A	B	C	D	E
12. How affectionate do you feel towards him/her?	A	B	C	D	E
13. How important is it to you the he/she understands your feelings?	A	B	C	D	E
14. How much damage is caused by a typical disagreement in your relationship with him/her?	A	B	C	D	E
15. How important is it to you that he/she be encouraging and supportive to you when you are unhappy?	A	B	C	D	E

16. How important is it to you that he/she show you affection?   A   B   C   D   E

17. How important is your relationship with him/her
in your life?   A   B   C   D   E

(Miller & Lefcourt, 1982)   **2 & 14 reverse scored*

Fear of Intimacy Scale

Part A Instructions: Imagine you are in a *close, **dating* relationship. Respond to the following statements as you would *if you were in that close relationship.* Rate how characteristic each statement is of you on a scale of 1 to 5 as described below, and put your responses on the answer sheet.

1	2	3	4	5
not at all characteristic of me	slightly characteristic of me	moderately characteristic of me	very characteristic of me	extremely characteristic of me

1.   I would feel uncomfortable telling my partner about things in the past that I have felt ashamed of.

1	2	3	4	5

1.

2.   I would feel uneasy talking with my partner about something that has hurt me deeply.

1	2	3	4	5

3.

4.   I would feel comfortable expressing my true feelings to my partner.

1	2	3	4	5

5.

6.   If my partner were upset I would sometimes be afraid of showing that I care.

1	2	3	4	5

7.

8.   I might be afraid to confide my innermost feelings to my partner.

1	2	3	4	5

9.

10.   I would feel at ease telling my partner that I care about him.

1	2	3	4	5

11.

12.   I would have a feeling of complete togetherness with my partner.

1	2	3	4	5

13.

14.   I would be comfortable discussing significant problems with my partner.

1   **2**   **3**   **4**   **5**

15.

16.   A part of me would be afraid to make a long-term commitment to my partner.

1   **2**   **3**   **4**   **5**

17.

18.   I would feel comfortable telling my experiences, even sad ones, to my partner.

1   **2**   **3**   **4**   **5**

19.

20.   I would probably feel nervous showing my partner strong feelings of affection.

1   **2**   **3**   **4**   **5**

21.

22.   I would find it difficult being open with my partner about my personal thoughts.

1   **2**   **3**   **4**   **5**

23.

24.   I would feel uneasy with my partner depending on me for emotional support.

1   **2**   **3**   **4**   **5**

25.

26.   I would not be afraid to share with my partner what I dislike about myself.

1   **2**   **3**   **4**   **5**

27.

28.   I would be afraid to take the risk of being hurt in order to establish a closer relationship with my partner.

1   **2**   **3**   **4**   **5**

29.

30.   I would feel comfortable keeping very personal information to myself.

1   **2**   **3**   **4**   **5**

31.

32.   I would not be nervous about being spontaneous with my partner.

1   **2**   **3**   **4**   **5**

33.

34.   I would feel comfortable telling my partner things that I do not tell other people.

1   **2**   **3**   **4**   **5**

35.
36.   I would feel comfortable trusting my partner with my deepest thoughts and feelings.

1   **2**   **3**   **4**   **5**

37.

38.   I would sometimes feel uneasy if my partner told me about very personal matters.

1   **2**   **3**   **4**   **5**

39.

40.   I would be comfortable revealing to my partner what I feel are my shortcomings and handicaps.

1   **2**   **3**   **4**   **5**

41.

42.   I would be comfortable with having a close emotional tie between us.

1   **2**   **3**   **4**   **5**

43.

44.   I would be afraid of sharing my private thoughts with my partner.

1   **2**   **3**   **4**   **5**

45.

46.   I would be afraid that I might not always feel close to my partner.

1   **2**   **3**   **4**   **5**

47.

48.   I would be comfortable telling my partner what my needs are.

1   **2**   **3**   **4**   **5**

49.

50.   I would be afraid that my partner would be more invested in the relationship than I would be.

1   **2**   **3**   **4**   **5**

51.

52.   I would feel comfortable about having open and honest communication with my partner.

1   **2**   **3**   **4**   **5**

53.

54.   I would sometimes feel uncomfortable listening to my partner's personal problems.

1   **2**   **3**   **4**   **5**

55.

56.   I would feel at ease to completely be myself around my partner.

1   **2**   **3**   **4**   **5**

57.
58.   I would feel relaxed being together and talking about our personal goals.

1   **2**   **3**   **4**   **5**

59.

**Part B Instructions: Respond to the following statements as they apply to your past *relationships*. Rate how characteristic each statement is of you on a scale of 1 to 5 as described in the instructions for Part A.

60. I have shied away from opportunities to be close to someone.

1   **2**   **3**   **4**   **5**

61.
62. I have held back my feelings in previous relationships.

1   **2**   **3**   **4**   **5**

63.

64. There are people who think that I am afraid to get close to them.

1   **2**   **3**   **4**   **5**

65.

66. There are people who think that I am not an easy person to get to know.

1   **2**   **3**   **4**   **5**

67.

68. I have done things in previous relationships to keep me from developing closeness

1   **2**   **3**   **4**   **5**

69.

(Descutner &Thelen, 1991)

Difficulties in Emotion Regulation Scale

Directions: The following statements inquire about your thoughts and feelings in a variety of situations. Please respond as honestly and accurately as you can.

Please respond with the following scale:
1 – Almost never
2 – Sometimes
3 – About half the time
4 – Most of the time
5 – Almost Always

1) I am clear about my feelings.

2) I pay attention to how I feel.

3) I experience my emotions as overwhelming and out of control.

4) I have no idea how I am feeling.

5) I have difficulty making sense out of my feelings.

6) I am attentive to my feelings.

7) I know exactly how I am feeling.

8) I care about what I am feeling.

9) I am confused about how I feel.

10) When I'm upset, I acknowledge my emotions.

11) When I'm upset, I become angry with myself for feeling that way.

12) When I'm upset, I become embarrassed for feeling that way.

13) When I'm upset, I have difficulty getting work done.

14) When I'm upset, I become out of control.

15) When I'm upset, I believe that I will remain that way for a long time.

16) When I'm upset, I believe that I'll end up feeling very depressed.

17) When I'm upset, I believe that my feelings are valid and important.

18) When I'm upset, I have difficulty focusing on other things.

19) When I'm upset, I feel out of control.

20) When I'm upset, I can still get things done.

21) When I'm upset, I feel ashamed with myself for feeling that way.

22) When I'm upset, I know that I can find a way to eventually feel better.

23) When I'm upset, I feel like I am weak.

24) When I'm upset, I feel like I can remain in control of my behaviors.

25) When I'm upset, I feel guilty for feeling that way.

26) When I'm upset, I have difficulty concentrating.

27) When I'm upset, I have difficulty controlling my behaviors.

28) When I'm upset, I believe that there is nothing I can do to make myself feel better.

29) When I'm upset, I become irritated with myself for feeling that way.

30) When I'm upset, I start to feel very bad about myself.

31) When I'm upset, I believe that wallowing in it is all I can do.

32) When I'm upset, I lose control over my behaviors.

33) When I'm upset, I have difficulty thinking about anything else.

34) When I'm upset, I take time to figure out what I'm really feeling.

35) When I'm upset, it takes me a long time to feel better.

36) When I'm upset, my emotions feel overwhelming.

APPENDIX F

Brief Index of Sexual Functioning for Women

This index covers material that is sensitive and personal. Your responses will be kept completely confidential. If you are unable or do not wish to answer any question, you may leave it blank.

Answer the following questions by choosing the most accurate response *for the past month.*

1. Do you currently have a sex partner? _____ Yes _____ No

2. Have you been sexually active during the past month? _____ Yes _____ No

3. During the past month, how frequently have you had sexual thoughts, fantasies, or erotic dreams? *(Please mark the most appropriate response.)*
    (0) Not at all
    (1) Once
    (2) 2 or 3 times
    (3) Once a week
    (4) 2 or 3 times per week
    (5) Once a day
    (6) More than once a day

4. Using the scale to the right, indicate how frequently you have felt a desire to engage in the following activities during the past month? *(An answer is required for each, even if it may not apply to you.)*

Kissing	_____	(0) Not at all
Masturbation alone	_____	(1) Once
Mutual Masturbation	_____	(2) 2 or 3 times
Petting and foreplay	_____	(3) Once a week
Oral Sex	_____	(4) 2 or 3 times per week
Vaginal penetration or intercourse	_____	(5) Once a day
Anal sex	_____	(6) More than once a day

5. Using the scale to the right, indicate how frequently you have become aroused by the following sexual experiences during the past month. *(An answer is required for each, even if it may not apply to you.)*

Kissing	_____	(0) Have not engaged in this activity
Dreams or fantasy	_____	(1) Not at all
Masturbation alone	_____	(2) Seldom, less than 25% of the time
Mutual Masturbation	_____	(3) Sometimes, about 50% of the time
Petting and foreplay	_____	(4) Usually, about 75% of the time
Oral Sex	_____	(5) Always become aroused
Vaginal penetration or intercourse	_____	
Anal sex	_____	

6. Overall, during the past month, how frequently have you become anxious or inhibited during sexual activity with a partner? *(Please circle the most appropriate response.)*
    (0) I have not had a partner
    (1) Not at all anxious or inhibited

(2) Seldom, less than 25% of the time
(3) Sometimes, about 50% of the time
(4) Usually, about 75% of the time
(5) Always become anxious or inhibited

7. Using the scale to the right, indicate how frequently you have engaged in the following sexual experiences during the past month? *(An answer is required for each, even if it may not apply to you.)*

Kissing	_____	(0) Not at all
Sexual fantasy	_____	(1) Once
Masturbation alone	_____	(2) 2 or 3 times
Mutual Masturbation	_____	(3) Once a week
Petting and foreplay	_____	(4) 2 or 3 times per week
Oral Sex	_____	(5) Once a day
Vaginal penetration or intercourse	_____	(6) More than once a day
Anal sex	_____	

8. During the past month, who has usually initiated sexual activity? *(Please circle the most appropriate response.)*
    (0) I have not had a partner
    (1) I have not had sex with a partner during the past month
    (2) I usually have initiated activity
    (3) My partner and I have equally initiated activity
    (4) My partner usually has initiated activity

9. During the past month, how have you usually responded to your partner's sexual advances? *(Please circle the most appropriate response.)*
    (0) I have not had a partner
    (1) Has not happened during the past month
    (2) Usually refused
    (3) Sometimes refused
    (4) Accepted reluctantly
    (5) Accepted, but not necessarily with pleasure
    (6) Usually accepted with pleasure
    (7) Always accepted with pleasure

10. During the past month, have you felt pleasure from any forms of sexual experience? *(Please circle the most appropriate response.)*
    (0) I have not had a partner
    (1) Have had no sexual experience during the past month
    (2) Have not felt any pleasure
    (3) Seldom, less than 25% of the time
    (4) Sometimes, about 50% of the time
    (5) Usually, about 75% of the time
    (6) Always felt pleasure

11. Using the scale to the right, indicate how often you have reached orgasm during the past month with the following activities. *(An answer is required for each, even if it may not apply to you.)*

In dreams or fantasy	_____	(0) I have not had a partner

Kissing	_____	(1) Have not engaged in this activity
Masturbation alone	_____	(2) Not at all
Mutual masturbation	_____	(3) Seldom, less than 25% of the time
Petting and foreplay	_____	(4) Sometimes, about 50% of the time
Oral sex	_____	(5) Usually, about 75% of the time
Vaginal penetration or intercourse	_____	(6) Always reached orgasm
Anal sex	_____	

12. During the past month, has the frequency of your sexual activity with a partner been: *(Please circle the most appropriate response.)*
    (0) I have not had a partner
    (1) Less than you desired
    (2) As much as you desired
    (3) More than you desired

13. Using the scale to the right, indicate the level of change, if any in the following areas during the past month? *(An answer is required for each, even if it may not apply to you.)*

Sexual interest	_____	(0) Not applicable
Sexual arousal	_____	(1) Much lower level
Sexual activity	_____	(2) Somewhat lower level
Sexual satisfaction	_____	(3) No change
Sexual anxiety	_____	(4) Somewhat higher level
		(5) Much higher level

14. During the past month, how frequently have you experienced the following? *(An answer is required for each, even if it may not apply to you.)*

Bleeding or irritation after vaginal penetration		(0) Not at all
or intercourse	_____	(1) Seldom, less than 25% of the time
Lack of vaginal lubrication	_____	(2) Sometimes, about 50% of the time
Painful penetration or intercourse	_____	(3) Usually, about 75% of the time
Difficulty reaching orgasm	_____	(4) Always
Vaginal tightness	_____	
Involuntary urination	_____	
Headaches after sexual activity	_____	
Vaginal infection	_____	

15. Using the scale to the right, indicate the frequency with which the following factors have influenced your level of sexual activity during the past month. *(An answer is required for each, even if it may not apply to you.)*

My own health problems		(0) I have not had a partner
(for example, infection, illness)	_____	(1) Not at all
My partner's health problems	_____	(2) Seldom, less than 25% of the time
Conflict in the relationship	_____	(3) Sometimes, about 50% of the time
Lack of privacy	_____	(4) Usually, about 75% of the time
Other (please specify):	_____	(5) Always
_____		

16. How satisfied are you with the overall appearance of your body? *(Please circle the most appropriate response.)*
    (0) Very satisfied
    (1) Somewhat satisfied
    (2) Neither satisfied nor dissatisfied
    (3) Somewhat dissatisfied
    (4) Very dissatisfied

17. During the past month, how frequently have you been able to communicate your sexual desires or preferences to your partner? *(Please circle the most appropriate response.)*
    (0) I have not had a partner
    (1) I have been unable to communicate my desires or preferences
    (2) Seldom, about 25% of the time
    (3) Sometimes, about 50% of the time
    (4) Usually, about 75% of the time
    (5) I was always able to communicate my desires or preferences

18. Overall, how satisfied have you been with your sexual relationship with your partner? *(Please circle the most appropriate response.)*
    (0) I have not had a partner
    (1) Very satisfied
    (2) Somewhat satisfied
    (3) Neither satisfied nor dissatisfied
    (4) Somewhat dissatisfied
    (5) Very dissatisfied

19. Overall, how satisfied do you think your partner has been with your sexual relationship? *(Please circle the most appropriate response.)*
    (0) I have not had a partner
    (1) Very satisfied
    (2) Somewhat satisfied
    (3) Neither satisfied nor dissatisfied
    (4) Somewhat dissatisfied
    (5) Very dissatisfied

20. Overall, how important a part of your life is your sexual activity? *(Please circle the most appropriate response.)*
    (0) Not at all important
    (1) Somewhat unimportant
    (2) Neither important nor unimportant
    (3) Somewhat important
    (4) Very important

21. Circle the number that corresponds to the statement that best describes your sexual experience.
    (1) Entirely heterosexual
    (2) Largely heterosexual, but some homosexual experience
    (3) Largely heterosexual, but considerable homosexual experience
    (4) Equally heterosexual and homosexual

(5) Largely homosexual, but considerable heterosexual experience
(6) Largely homosexual, but some heterosexual experience
(7) Entirely homosexual

22. Circle the number that corresponds to the statement that best describes your sexual desires.
    (1) Entirely heterosexual
    (2) Largely heterosexual, but some homosexual desire
    (3) Largely heterosexual, but considerable homosexual desire
    (4) Equally heterosexual and homosexual
    (5) Largely homosexual, but considerable heterosexual desire
    (6) Largely homosexual, but some heterosexual desire
    (7) Entirely homosexual