

Introduction

Today, it is widely accepted that a healthy sex life is important to overall life satisfaction.

However, society is still often hesitant to discuss sexuality and sexual health. As a result people may be unaware of the difficulties that they may encounter once becoming sexually active.

Sexual difficulties can range from discomfort to physical pain. Particularly in women, these difficulties often come with a sense of anxiety and shame, which only perpetuate the physical discomfort.

Research Question

How do trait-anxiety and mindfulness relate to sexual difficulties in women?

Methods

The participants in this study will be 200 sexually active females. Participants will be collected using Qualtrics. Given that the participants will be collected from Stan State, they will all have a similar educational background. The demographic will be largely hispanic. Participants will take three surveys: the Hospital Anxiety and Depression Scale, the Freiburg Mindfulness Inventory, and the Sexual Distress-Revised Questionnaire. These surveys will assess participants' levels of anxiety, mindfulness and sexual distress. The participants' responses will be statistically analyzed using the Pearson correlation coefficient. This will help me determine the strength and direction of the relationships.

Background and Literature Review

The topic of female sexual functioning has been explored by many researchers. The idea that female sexual functioning is connected to psychological functioning, is well established:

- Sexual distress in females often stems from psychological problems. These problems may develop because of society's historical stigma against women's sexuality (Bancroft, 2002).
- Anxiety has been linked to sexual dysfunction in women. Those who are diagnosed with an anxiety disorder are more likely to report sexual dysfunction as well (Dettore et al., 2013).
- Mindfulness practices have been shown to be effective in the therapeutic treatment of sexual dysfunction. Because mindfulness treatments help reduce anxiety, this supports the idea that the dysfunction and anxiety are related (Kimmes et al., 2015).

Expected Conclusions

Based on previous research, I expect that participants who score higher on the Hospital Anxiety and Depression Scale will also score higher on the Sexual Distress-Revised Questionnaire. Those who score higher on the Freiburg Mindfulness Inventory will score lower on the Sexual Distress-Revised Questionnaire. This will show a positive correlation between anxiety and sexual distress and a negative correlation between mindfulness and sexual distress.

Significance

- This research will help to spread understanding about sexual difficulties in women.
- It will diversify the existing body of research by studying participants who are not exclusively caucasian.
- It will provide evidence for the importance of mindfulness in sexual health issues.

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