


Understanding When a Partner Is Not in the Mood: Sexual Communal Strength in Couples Transitioning to Parenthood

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Abstract Situations in which one partner is interested in having sex but the other partner is not “in the mood” are common in relationships. We extend previous work on sexual communal strength—the motivation to be responsive to a partner’s sexual needs—to demonstrate that in addition to the motivation to meet a partner’s need to have sex, the motivation to be understanding about a partner’s need not to engage in sex is uniquely associated with sexual and relationship satisfaction. In Study 1, we adapted a measure of sexual communal strength for having sex (SCSS) to create a new measure of sexual communal strength for not having sex (SCSN). We demonstrated that SCSN is distinct from SCSS and associated with more positive and less negative responses to an imagined situation of sexual rejection. In Study 2, both SCSS and SCSN were uniquely associated with greater sexual and relationship satisfaction in couples transitioning to parenthood—a time when many couples experience changes to their sexual relationship. Having a partner who is higher in SCSN is associated with greater sexual satisfaction and relationship quality for new mothers but not new fathers, suggesting that during the transition to parenthood, it might be more important for women to have a partner who is understanding about their need not to engage in sex.

The results suggest that the motivation to be understanding about a partner’s need not to engage in sex may be an additional way that partners can show communal care in their sexual relationships.

Keywords Sexual motivation · Sexual satisfaction · Relationship satisfaction · Transition to parenthood · Couples · Sexual communal strength

Introduction

Consider the following example of a long-term couple. John and Kate have been married for three years and had their first baby six months ago. One night after their daughter is asleep, John lets Kate know that he is interested in having sex. Although Kate wants to take the opportunity to connect with John, she is tired and not particularly in the mood for sex. Situations like these—in which one partner is interested in having sex but the other partner is not “in the mood”—are common in long-term relationships (Davies, Katz, & Jackson, 1999; Impett & Peplau, 2003; Mark, 2012; Mark & Murray, 2012; Risch, Riley, & Lawler, 2003), but little research has focused on how couples might better navigate these situations. Previous research demonstrates that, at times, engaging in sex with a romantic partner to meet their needs, even in the absence of high desire, can be beneficial for the relationship (Day, Muise, Joel, & Impett, 2015; Impett & Peplau, 2003). In fact, people high in sexual communal strength—those who are motivated to be responsive to their partner’s sexual needs—experience greater sexual and relationship satisfaction, as do their romantic partners (for a review, see Muise & Impett, 2016).

However, when one partner experiences low desire, engaging in sex may not always be beneficial for the relationship. If a person declines their partner’s sexual advances, then having a partner who responds well to being “turned down for sex” is likely also important for relationship well-being. For example, in John and Kate’s

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situation, it is possible that Kate is highly motivated to be responsive to John's sexual needs and will decide to engage in sex with John, which could enhance their sexual and relationship satisfaction. But, if Kate is not interested in engaging in sex, the extent to which John is understanding about Kate's sexual disinterest should also be important for both partners' feelings of sexual and relationship satisfaction.

Although it is important that partners be understanding and supportive of one another's needs to engage in sex as well as not to engage in sex in general, there may be critical periods during the life course of a relationship when the motivation to be understanding about a partner's sexual disinterest will be especially relevant. One key period is when couples are transitioning to parenthood. During the transition to parenthood (i.e., the first year after having a new baby), couples tend to report engaging in less frequent sex than they did before becoming pregnant (Condon, Boyce, & Corkindale, 2004; Maas, McDaniel, Feinberg, & Jones, 2015), in part due to lower sexual desire that is often reported by new mothers (Serati et al., 2010; von Sydow, 1999). In Study 1, we developed and validated a measure of sexual communal strength for not having sex (SCSN) in a sample of people in romantic relationships. Then, in Study 2, we tested our key prediction that both sexual communal strength for having sex (SCSS) and SCSN will be associated with greater sexual satisfaction and relationship quality for both partners in the relationship in a sample of couples are transitioning to parenthood—a time when partners experiences changes in their sexual relationship (for a review, see Haugen, Schmutz, & Wenzel, 2004).

Sexual Communal Strength

Theories of communal motivation provide insight into who might be particularly well equipped to manage differing sexual interests in their relationship. People higher in communal strength are motivated to give to their partner to enhance that partner's well-being without the expectation of direct reciprocation, as opposed to giving quid pro quo where a favor is contingent upon receiving something in return (Mills, Clark, Ford, & Johnson, 2004). Recently, theories of communal motivation have been applied to the domain of sexuality to examine sexual communal strength (here, termed sexual communal strength for having sex, SCSS)—the extent to which people are motivated to be responsive to their partner's sexual needs (for a review, see Muise & Impett, 2016). To assess sexual communal strength, items were adapted from the general measure of communal strength (Mills et al., 2004) to ask about meeting a partner's sexual needs specifically (Muise, Impett, Desmarais, & Kogan, 2013b). In a longitudinal study of established couples, people higher in SCSS reported feeling more satisfied with their relationship and maintained higher sexual desire over a four-month period, even in long-term relationships when sexual desire tends to normatively decline (Muise et al., 2013b). The romantic partners of people higher in SCSS also benefit, as they perceive that their partner is more responsive to their needs during sex

and report feeling more satisfied and committed as a result (Muise & Impett, 2015). People higher in SCSS are even motivated to meet their partner's sexual needs when it is not particularly easy—that is, in situations in which their partner is interested in sex but their own desire for sex is low—and both they and their partner report greater sexual and relationship satisfaction as a result (Day et al., 2015). Importantly, in all of this existing research, sexual communal strength is associated with sexual and relationship satisfaction above and beyond the general motivation to meet a partner's needs (i.e., communal strength) (Day et al., 2015; Muise et al., 2013b), suggesting the unique contribution of the specific motivation to meet a partner's sexual needs for feelings of satisfaction in relationships.

Previous research on sexual communal strength, however, has focused exclusively on understanding how sexual communal strength impacts sexual and relationship satisfaction in situations in which people ultimately choose to engage in sex with their partner. Indeed, the measure of sexual communal strength assesses a person's motivation to meet their partner's needs for engaging in sex. In one study, after completing the measure of sexual communal strength, participants responded to an open-ended question about what they might do to meet their partner's sexual needs. All of the responses that people provided were about having sex—the most common way that people reported meeting their partner's sexual needs was to engage in sex when they were not in the mood (Muise & Impett, 2012). But, based on theories of communal motivation (Clark & Mills, 2012), having higher sexual communal strength in relationships should mean that in addition to being motivated to engage in sex when a person has lower desire than their partner, people should also be motivated to understand and accept that they will not always be able to engage in sex when their desire is higher than their partner's desire (Impett, Muise, & Rosen, 2015; Muise & Impett, 2016). At present, the motivation to be understanding about a partner's sexual disinterest has not been explored and is not captured by the current measure of sexual communal strength.

Among married couples, relationship satisfaction increases when both partners accept each other's wishes and desires and are willing to make concessions to resolve relationship issues (Jacobson, Christensen, Prince, Cordova, & Eldridge, 2000). Applying this work to the domain of sexuality, romantic partners might compromise on how frequently the couple engages in sex by pursuing sex at a frequency that is somewhere in between partners' desired frequency, and accept that there are going to be times when they might be interested in sex but their partner is not in the mood. Although prioritizing sex is important—engaging in regular sexual activity is associated with greater well-being in relationships (Muise, Schimmack, & Impett, 2016)—it is also important for both relationship partners to feel that their sexual needs are being recognized and accepted. Prior research shows that couples who value both connection and autonomy needs—that is, those couples who are able to compromise and integrate each other's needs with their own needs—experience better relationship outcomes than couples who only prioritize one partner's needs (Neff & Harter, 2002). In the current research, we expect

to replicate past findings that people who are more motivated to meet their partner's sexual needs (i.e., those high in SCSS) and who have partners higher in SCSS will report greater sexual satisfaction and relationship quality. We also expect that a distinct motivation—the motivation to understand a partner's need not to have sex (i.e., SCSN)—will uniquely shape couples' sexual and relationship quality, especially during times in a relationship when a couple's sex life may be undergoing changes such as during the transition to parenthood.

Transition to Parenthood

Although the transition to parenthood can be a time of great joy and happiness, it is also a time when couples face significant challenges to maintaining their sex life and relationship quality (Cowan & Cowan, 2000; von Sydow, 1999). In both cross-sectional and longitudinal studies, the birth of a child is associated with increases in relationship conflict and lower overall relationship satisfaction (Belsky & Kelly, 1994; Cowan & Cowan, 2000; Mitnick, Heyman, & Smith Slep, 2009; Shapiro, Gottman, & Carrère, 2000). It is also common for couples to engage in less frequent sex and feel less sexually satisfied during the transition to parenthood compared to pre-pregnancy (Condon et al., 2004; Maas et al., 2015). In a cross-sectional study of 768 new parent couples, 36% of mothers and 46% of fathers described themselves as dissatisfied with their sexual life at six months postpartum (Ahlborg, Dahlöf, & Hallberg, 2005).

Due to changes in partners' roles and responsibilities as new parents, coupled with increased stress, sleep deprivation, and less time alone together as a couple, desire for sex often wanes following the birth of a baby (Ahlborg et al., 2005; Cowan & Cowan, 2000; Woolhouse, McDonald, & Brown, 2012), especially for mothers (Serati et al., 2010; von Sydow, 1999). Given that women's sexual desire tends to be more strongly impacted during the transition to parenthood (see review by Haugen et al., 2004), this is a critical period when partners may find themselves having and needing to manage larger discrepancies in sexual interest, which have been associated with lower relationship and sexual quality (Mark, 2012; Mark & Murray, 2012). In fact, men transitioning to parenthood have reported that desire discrepancies with a partner are key concern (Schlagintweit, Bailey, & Rosen, 2016). Declines in the quality of a couples' relationship during the transition to parenthood are not inconsequential. Relationship conflict has been found to negatively impact the parent-child relationship, as well as the infant's socio-emotional health and later child development (Amato, 2001; Yu, Pettit, Lansford, Dodge, & Bates, 2010). Given the vulnerability of new parents to experiencing declines in their sexual and relationship functioning, and the impact of these declines on the entire family, it is important to identify protective factors that may buffer against such deteriorations.

The Current Research

First, in Study 1, we developed a new measure to assess the motivation to be understanding about a partner's need not to have sex (i.e., SCSN) and demonstrated that this is distinct from the motivation to meet a partner's need to have sex (i.e., SCSS). Then, in Study 2, we recruited a sample of couples who recently had their first baby (3–12 months postpartum) to test our key prediction that both SCSS and SCSN would be uniquely associated with both partners' sexual satisfaction and relationship quality during the transition to parenthood. More specifically, we predicted that people higher in SCSS and people with partners higher in SCSS would report higher sexual satisfaction and relationship quality, and above and beyond this, that people higher in SCSN and people with partners higher in SCSN would report higher sexual and relationship quality. Since women are more likely to report lower desire during the postpartum period compared to men (Serati et al., 2010; von Sydow, 1999), we expected that for new mothers, having a partner who is higher in SCSN will be more strongly associated with women's sexual satisfaction and relationship quality than men's. Conversely, since men, in general, may more interested in engaging in sex during the postpartum period than women (Condon et al., 2004; Maas et al., 2015), in Study 2, we expected that for new fathers, having a partner who is higher in SCSS will be more strongly associated with men's sexual and relationship quality during the transition to parenthood than women's.

Study 1

Study 1 was designed to develop a measure of sexual communal strength for not having sex (SCSN), adapted from the SCSS measure to capture the motivation to accept a partner's need not to have sex. Our primary goals in this study are to test the predictive validity of our measure of SCSN and to demonstrate that the measure of SCSN is related to, but distinct from, SCSS, sexual desire, and relationship quality. In this study, we test whether people higher in SCSN would, in fact, respond more positively and less negatively to an imagined situation in which their partner declines their sexual advances. In particular, we expected that, after accounting for SCSS, people higher in SCSN will be more accepting of their partner's need not to have sex, will report higher relationship satisfaction and feelings of closeness to their partner in these situations, and will feel less resentment and expect to experience less conflict than people lower in SCSN. We did not expect SCSS to be significantly associated with responses to a partner's sexual disinterest. We also aimed to rule out the possibility that the associations between SCSN and responses to a partner's sexual disinterest are driven solely by sexual desire or general relationship satisfaction. For example, it is possible that people higher in SCSN are lower in sexual desire and therefore respond more positively to not having sex, or that

people higher in SCSN are simply happier in their relationship and this accounts for more positive outcomes in situations of sexual rejection. However, we expected that SCSN would predict responses to a partner's sexual rejection above and beyond a person's level of sexual desire or general relationship satisfaction.

Method

Participants

We recruited 193 individuals in relationships from the U.S. through Amazon's Mechanical Turk (MTurk), an online recruitment Web site. Seven participants (4%) failed an attention check embedded within the survey and were excluded. One additional participant reported not currently being in a relationship and was excluded. The final sample included 185 participants (90 men and 95 women) ranging in age from 18 to 68 years ($M = 33.69$, $SD = 10.78$). See Table 1 (see also below) for demographic information. The majority of participants were either married (44%) or living with their partner (35%). Seven participants (4%) were in a same-sex relationship. The majority of participants were identified as White/European (68%), with the remaining participants identified as Asian (8%), Mexican/Latino (5%), African (4%), Native American (1%), or other (14%). The median household income range was \$50,001 to \$75,000, and the majority of participants (58%) had a post-secondary degree (i.e., college or university).

Measures and Procedure

Sexual Communal Strength for Having Sex

Sexual communal strength for having sex (SCSS) was measured with six items assessing a person's motivation to meet their romantic partner's sexual needs (Muise et al., 2013b). An example item is: "How far would you be willing to go to meet your partner's sexual needs?" Each item was rated on a 5-point scale from 0 = *not at all* to 4 = *extremely*, with higher scores indicating greater motivation to meet a partner's sexual needs ($M = 3.01$, $SD = .72$, $\alpha = .80$).

Sexual Communal Strength for Not Having Sex

Sexual communal strength for not having sex (SCSN) was assessed using a 4-item measure adapted from the Muise et al.'s (2013) measure of sexual communal strength to capture people's motivation to be responsive to their partner's need not to engage in sex. The items include: "At times when your partner does not desire sex, how likely are you to sacrifice your own needs for sex for your partner's needs?"; "If your partner is not in the mood for sex, how easily could you accept not having sex with your partner?"; "If your partner is not in the mood for sex, how high a priority is it for you to accept this and not pursue sex with your partner?"; and "How happy do you feel when

respecting your partner's wishes not to have sex?" Each item was rated on a 5-point scale from 0 = *not at all* to 4 = *extremely*, with higher scores indicating greater understanding of a partner's sexual disinterest ($M = 2.78$, $SD = .74$, $\alpha = .73$).

Sexual Desire

To confirm that any effects were not solely driven by participants' level of sexual desire, we assessed general levels of sexual desire for a partner using five items from the Hurlbert Index of Sexual Desire (Apt & Hurlbert, 1992). Items were rated on a 5-point scale from 1 = *not at all* to 5 = *very much* ($M = 4.29$, $SD = .88$, $\alpha = .94$).

Relationship Satisfaction

To confirm that any effects were not solely driven by relationship satisfaction, we assessed general levels of relationship satisfaction with 5 items from Rusbult, Martz, and Agnew (1998). Items were rated on a 7-point scale from 1 = *strongly disagree* to 7 = *strongly agree* ($M = 5.82$, $SD = 1.16$, $\alpha = .92$).

Scenario

After completing these measures, each participant read the following scenario: "You and your partner just spent the night at home watching a movie. As you are heading to bed, you let your partner know that you would like to have sex. Having sex with your partner would really make you feel loved and desired. Your partner is feeling exhausted—he or she had a long stressful day at work and is not in the mood to have sex" (adapted from Day et al., 2015). After reading this scenario, participants then answered five questions about: (1) how accepting they would be if their partner declined their sexual advances in this situation ("How easily could you accept (feel good about) not having sex with your partner in this situation?"; 1 = *not at all* to 7 = *very easily*; $M = 4.91$, $SD = 1.58$); (2) their relationship satisfaction ("If you initiated sex in this situation and your partner declined, how satisfied would you feel in your relationship?"; 1 = *not at all* to 7 = *very satisfied*; $M = 3.59$, $SD = 1.32$); (3) their feelings of closeness toward their partner in this situation (participants rated a series of seven images of two circles that are increasingly more overlapping and asked "Using the circles above, how interconnected do you think that you would feel with your partner in this situation?" (Aron, Aron, & Smollan [1992]); they chose the most representative image from 1 (least overlapping) to 7 (most overlapping); $M = 4.78$, $SD = 1.76$); (4) how much resentment they would feel toward their partner ("If you initiated sex in this situation, how resentful would you feel if your partner declined?"; 1 = *not at all* to 7 = *very easily*; $M = 2.71$, $SD = 1.55$); and (5) to what degree they would expect to experience conflict in their relationship ("How much conflict do you think you would experience in your relationship in this situation?" 1 = *none* to 7 = *a lot*; $M = 2.53$, $SD = 1.52$).

Data Analysis

First, to test whether SCSS and SCSN items load onto distinct factors, we conducted an exploratory factor analysis (EFA) using maximum likelihood extraction with promax (i.e., oblique) rotation (since we expected SCSS and SCSN to be correlated) (Sakaluk & Short, 2017). We determined the number of factors using parallel analysis, and using nested model comparison to examine model fit (O'Connor, 2000; Sakaluk & Short, 2017). We also examined the item-total correlations to test how each item was correlated with the overall scale. Next, to test our key predictions, since our dependent variables were correlated with each other ($r_s > .4$, all $p_s < .001$), we conducted a multivariate regression analysis using SPSS 20.0. SCSS and SCSN were centered and entered simultaneously as predictors in order to test the unique effects of both variables on the outcomes of interest. We followed up significant multivariate tests with univariate regression analyses. We also tested whether the effects were moderated by gender by running additional multivariate analyses entering gender (0 = man, 1 = woman), and the interactions between gender and SCSN and SCSS, as predictors. We also conducted additional analyses to rule out the possibility that sexual desire or general relationship satisfaction accounted for the effects by running two additional multivariate models controlling for sexual desire and relationship satisfaction independently.

Results

Parallel analysis revealed that one- or two-factor solutions were plausible; therefore, we conducted two EFAs with one factor and two factors extracted and compared model fit. The results of the one-factor model (i.e., SCSS and SCSN load onto the same factor) did not fit the data well, $\chi^2(35) = 225.6$, $p < .001$, RMSEA = .17, TFI = .60. A two-factor solution (i.e., where SCSS and SCSN load onto different factors) demonstrated acceptable fit, $\chi^2(26) = 55.07$, $p = .001$, RMSEA = .08, TFI = .92, and was a significant improvement compared to the one-factor solution, $\Delta \chi^2(9) = 170.53$, $p < .001$. Factor loadings ranged from .38 to .88, and none of the cross-loadings were above .32, indicating that none of the items have more than 10% of overlapping variance with the other factor (Costello & Osborne, 2005). The item-total correlations for the SCSS items ranged from .42 to .73, and the item-total correlations for SCSN ranged from .44 to .67.

Next, we tested our key prediction that people higher in SCSN would respond more positively and less negatively to a scenario in which they imagine that they are interested in engaging in sex, but their partner is not in the mood. The results are shown in Table 2. The multivariate analyses revealed that on the whole, SCSN was associated with how people expected to respond to a partner's sexual disinterest, $F(5, 173) = 12.14$, $p < .001$. Specifically, the results indicated that, after accounting for SCSS (which was associated with feeling greater closeness, less resentment and less conflict in response to this imagined scenario, but none of the other outcomes), people

higher in SCSN, compared to those lower in SCSN, reported that they could more easily accept their partner's decision to decline their sexual advances, and expected to feel more satisfied with their relationship, closer to their partner, less resentment toward their partner, and less conflict in this situation.

Next, we tested whether the effects were moderated by gender. Gender did not significantly predict responses to the imagined scenarios, $F(5, 170) = 1.60$, $p = .16$, and when gender was entered in the model, SCSN remained a significant predictor of responses to the scenario, $F(5, 172) = 12.08$, $p < .001$. In addition, none of the associations between SCSN and responses to the imagined scenario were moderated by gender, $F(5, 170) = 1.75$, $p = .13$, suggesting that the pattern of results is consistent for both men and women.

Finally, we wanted to rule out the possibility that the effects are being driven by a person's level of sexual desire or general relationship satisfaction. Sexual desire was significantly correlated with SCSS ($r = .59$, $p < .001$) and SCSN ($r = .17$, $p = .02$), and relationship satisfaction was significantly correlated with SCSS ($r = .46$, $p < .001$) and SCSN ($r = .27$, $p < .001$). However, sexual desire did not significantly predict responses to the imagined scenario, $F(5, 172) = 1.61$, $p = .16$, and after controlling for sexual desire, SCSN remained a significant predictor of responses to the scenario, $F(5, 172) = 12.12$, $p < .001$. Relationship satisfaction was a significant predictor of responses to the scenario, $F(5, 172) = 9.22$, $p < .001$, but even after accounting for a person's general relationship satisfaction, SCSN significantly predicted responses to the scenario, $F(5, 172) = 11.56$, $p < .001$.¹

Study 2

In Study 1, we provided evidence that SCSN and SCSS are best represented by two distinct factors and that SCSN is uniquely predictive of responses to situations in which a person is interested in sex, but their partner declines their sexual advances. These results provide evidence for the predictive validity of our measure in that SCSN predicts more positive and less negative responses to being sexually rejected by a romantic partner. In Study 2, our primary goal was to test whether both SCSS and SCSN were associated with sexual satisfaction and relationship quality in a sample of couples for whom the need not to have sex may be particularly relevant—couples going through the transition to parenthood. Although the measure of SCSN was not developed specifically for new parents, we believe that SCSN may be particularly relevant during the transition to parenthood due to couples' changing sexual needs (see Haugen et al., 2004). In Study 2, we tested the prediction that in addition to SCSS being associated with greater sexual satisfaction and relationship quality for couples who have recently had their first child, SCSN would also be associated with feeling more satisfied with one's sex life and relationship. We expected gender differences in the *partner* effects—specifically, we

¹ When we entered gender, sexual desire, and relationship satisfaction simultaneously as controls, all of the effects remained significant.

Table 1 Sample characteristics

Characteristic	Study 1 (<i>N</i> = 193)		Study 2 (<i>N</i> = 255 unless otherwise noted)			
	<i>M</i> (range) or <i>n</i>	SD or %	Women		Men	
			<i>M</i> (range) or <i>n</i>	SD or %	<i>M</i> (range) or <i>n</i>	SD or %
<i>Characteristic</i>						
Age (years)	33.69	10.78	27.20 (20)	3.31	28.93 (40)	4.05
Country of residence						
USA		100%	219	85.9%	–	–
Canada		0%	36	14.1%	–	–
Biological sex						
Female	95		255	100.0%		
Male	90				255	100%
Cultural background						
Canadian	See text		41	16.1%	41	16.1%
American			205	80.4%	210	80.0%
European			3	1.2%	5	2.0%
Other			6	2.8%	4	2.0%
Annual income (household)						
\$0–19,999	See text		2	.80%	–	–
\$20,000–39,999			14	5.4%	–	–
\$40,000–59,999			47	18.4%	–	–
\$60,000–79,999			100	39.2%	–	–
\$80,000–99,999			49	19.2%	–	–
≥\$100,000			43	16.9%	–	–
Relationship status						
Married		44%	229	89.8%	–	–
Common-law		35%	8	3.1%	–	–
Dating		21%	18	7.1%	–	–
Relationship duration (months; <i>N</i> = 253)			47.11	28.13	–	–
Infant age (months)			6.69 (3–12)	2.47	–	–
Breastfeeding (yes)			153	60.0%	–	–
Frequency of intercourse in past 4 weeks (<i>N</i> = 172)						
Less than once a month	11	5.7%	2	1.2%		
About once a month	7	3.6%	18	10.5%		
2–3 times a month	39	20.2%	32	18.6%		
Once a week	35	18.1%	51	29.7%		
Multiple times a week	89	46.1%	69	40.1%		
Daily	12	6.2%				
Postpartum fatigue (<i>N</i> = 220)			4.59 (2–7)	1.13	–	–

expected that having a partner higher in SCSN would be a stronger predictor of women's satisfaction compared to men's and having a partner higher in SCSS would be a stronger predictor of men's satisfaction compared to women's.

In Study 2, we also aimed to rule out a number of alternative explanations for the findings. First, as in Study 1, we sought to rule out the possibility that the associations between SCSS and SCSN and sexual and relationship satisfaction are driven by sexual desire. We expected that SCSS and SCSN would be associated with sexual and relationship satisfaction even after accounting for both partner's level of

sexual desire. We also aimed to rule out the possibility that the effects are driven by characteristics of the transition to parenthood including fatigue, age of baby, as well as aspects of the birth and breastfeeding experience. It is possible that couples who had an easier birth and postpartum experience would have a higher motivation to meet their partner's sexual needs and would also report greater relationship quality and sexual satisfaction, but we expected that the associations between SCSS and SCSN and sexual satisfaction and relationship quality would remain significant after accounting for these characteristics of the birth and postpartum experience. Finally, we sought to

Table 2 Associations between sexual communal strength for having sex (SCSS) and sexual communal strength for not having sex (SCSN) and responses to a partner's sexual disinterest

	Accepting		Satisfaction		Closeness		Resentment		Conflict	
	β (SE)	sr	β (SE)	sr	β (SE)	sr	β (SE)	sr	β (SE)	sr
SCSS	.03 (.14)	.03	-.08 (.13)*	-.07	.16 (.19)*	.16	-.16 (.17)*	-.15	-.26 (.15)***	-.25
SCSN	.53 (.14)***	.52	.46 (.12)***	.45	.29 (.20)***	.28	-.31 (.18)**	-.30	-.29 (.14)***	-.28

** $p < .01$, *** $p < .001$; numbers outside parentheses are standardized betas and numbers inside parentheses are standard errors

sr Semipartial correlations, SCSS sexual communal motivation for having sex, SCSN sexual communal strength for not having sex

demonstrate that the motivation to be understanding of a partner's needs in the domain of sexuality is specifically driving the effects, as opposed to a more general sense of care and concern for a partner's well-being. Given that sex tends to be what distinguishes romantic relationships from other types of relationships (Fehr, 2013) and that sexual needs are often met exclusively by a romantic partner (Blanchflower & Oswald, 2004), we expected that a person's motivation to meet their partner's needs in the domain of sexuality would predict relationship quality above and beyond general care and concern for a partner's well-being. Therefore, in Study 2, we tested the prediction that all of the associations between SCSS and SCSN would remain significant when we accounted for both partners' general dyadic empathy (i.e., perspective-taking and emotional concern for a romantic partner).

Method

Participants

We recruited 279 couples ($N = 558$) across North America from several online sources (Kijiji, Craigslist, Reddit, scienceofrelationships.com) from September 2014 to May 2015. To be eligible for the study, couples were required to be first-time parents with an infant currently aged three to 12 months and who was born at term (37–42 weeks of gestation) and healthy. Women were required to be 18–45 years of age and partners to be older than 18 years. All eligible participants completed a series of sociodemographic questions, which gave us the opportunity to verify that participants did indeed meet our eligibility requirements. Couples were excluded if: (1) partners' responses did not match (e.g., if the woman and partner reported different ages of the baby), or (2) their responses on the sociodemographic items violated the selection criteria. Ten couples were excluded for these reasons. Two same-sex couples were also excluded because a test of distinguishability (Kenny, Kashy, & Cook, 2006) revealed that the couples were distinguishable by participant gender ($p < .001$). Lastly, 12 couples were excluded due to missing data representing more than 10% of our key predictor variables (SCSS and SCSN).

The final sample included in the analyses was 255 couples. Participants ranged in age from 20 to 45 years (women: $M = 27.20$, $SD = 3.31$; men: $M = 28.93$, $SD = 4.05$). The majority of participants

were married (90%) and had been in their current relationship for an average of 47.11 months ($SD = 28.13$). The majority of participants were residing in the U.S. (86%) and were American (80%). Demographic characteristics of the sample are shown in Table 1.

Measures

Sexual Communal Strength for Having Sex

Sexual communal strength for having sex (SCSS) was measured with the same scale as in Study 1. Each item was rated on a 5-point scale from 0 = *not at all* to 4 = *extremely* (women: $M = 2.45$, $SD = .66$, $\alpha = .76$; men: $M = 2.76$, $SD = .79$, $\alpha = .83$).

Sexual Communal Strength for Not Having Sex

Sexual communal strength for not having sex (SCSN) was assessed with the same measure as in Study 1. Each item was rated on a 5-point scale from 0 = *not at all* to 4 = *extremely* (women: $M = 2.64$, $SD = .63$, $\alpha = .60$; men: $M = 2.58$, $SD = .65$, $\alpha = .66$).

Sexual Satisfaction

Sexual satisfaction was measured using the Global Measure of Sexual Satisfaction (GMSEX; Lawrance & Byers, 1995). The GMSEX consists of five items in which participants rate their sexual relationship with their partner using bipolar scales (e.g., bad–good, unpleasant–pleasant). Participants were asked to respond to each item on a 7-point scale, which were summed for a total scale score, with higher ratings indicating higher levels of satisfaction (women: $M = 25.28$, $SD = 6.60$, $\alpha = .89$; men: $M = 26.57$, $SD = 6.14$, $\alpha = .91$).

Relationship Quality

Relationship quality was measured using the 32-item version of the Couples Satisfaction Index (CSI; Funk & Rogge, 2007). The CSI assesses both positive and negative indicators of relationship quality and adjustment. Most of the items are measured on a 6-point scale (with the exception of one item, scored on a 7-point scale) and are summed to create the total scale score, with higher total scores indicating greater satisfaction and adjustment (women: $M = 109.98$, $SD = 27.86$, $\alpha = .97$; men: $M = 112.42$, $SD = 26.77$, $\alpha = .97$).

Sexual Desire

Sexual desire was measured using the Sexual Desire Inventory-2 (SDI-2; Spector, Carey, & Steinberg, 1996). This 14-item measure assesses interest in sexual activity, particularly one's thoughts about approaching or being responsive to sexual stimuli. Items are assessed either on an 8-point scale (with scores ranging from 0 = *not at all* to 7 = *more than once a day/many times a day*) or on a 9-point scale (with scores ranging from 0 = *no desire/no importance* to 8 = *strong desire/extreme importance*). Items were summed for a total scale score, with higher total scores indicating greater sexual desire (women: $M = 24.70$, $SD = 7.81$, $\alpha = .85$; men: $M = 30.80$, $SD = 7.09$, $\alpha = .86$).

Birth and Postpartum Experience

We also asked women several questions about their birth and postpartum experience. Women reported whether they experienced tearing or an incision during a vaginal birth (yes or no), whether or not they were currently breastfeeding (yes or no), the age of their baby at the time of the survey (reported in months), and their average level of fatigue on a typical postpartum day (1 = *extreme fatigue* to 7 = *high energy*; see Table 2).

Dyadic Empathy

Dyadic empathy was assessed using the Interpersonal Reactivity Index for Couples (IRIC; Péloquin & Lafontaine, 2010). The IRIC consists of 13 questions that ask about participants' empathic concern and perspective-taking in the context of their relationship. Example items include "I try to look at my partner's side of a disagreement before I make a decision" and "I often have tender, concerned feelings for my partner when he/she is less fortunate than me." Items are scored on a scale of 0 = *does not describe me well* to 4 = *describes me well*. Higher total scores on the IRIC indicate higher levels of dyadic empathy for one's partner (women: $M = 30.06$, $SD = 5.14$, $\alpha = .86$; men: $M = 30.80$, $SD = 4.70$, $\alpha = .87$).

Procedure

Prior to commencing the online survey, participants provided informed consent online. One member of the couple completed the online questionnaires, and at the end of the survey, they provided the e-mail address for the other member of the couple. The partner was then e-mailed a unique questionnaire link, which included an embedded couple ID identifier that allowed the data to be linked once both members completed the survey. Members of each couple were required to complete the survey within four weeks of each other and were instructed to do so separately and without discussing their responses with each other. After completing the survey, participants received a list of online resources related to sexuality and relationships during the transition to parenthood. Once both mem-

bers of the couple completed the survey, they were each compensated with a \$15 gift card to Amazon.com/ca. This study received approval from our institution's ethical review board.

Data Analysis

Data were analyzed with multilevel modeling using mixed models in SPSS 20.0, where partners were nested within couples (Kenny et al., 2006). Analyses were guided by the Actor-Partner Interdependence Model (APIM), and all models included both partners' scores on SCSS and SCSN as predictors; dyads were distinguished by gender. Separate models were conducted for each outcome variable. In the analyses, we assessed the associations between new mothers' and fathers' SCSS and SCSN and their own outcomes (i.e., actor effects) and the association between new mothers' and fathers' SCSS and SCSN and their partner's outcomes (i.e., partner effects). All continuous predictors are grand-mean-centered, and the coefficients presented are unstandardized coefficients; this means that they can be interpreted as the change in the outcome variable for every one unit increase beyond the mean value of the predictor. In other words, if a coefficient is .30, this means that for every one point increase on the predictor (from the mean value), the outcome increases by .30. Finally, we conducted an additional set of analyses to rule out the possibility that any observed effects could be accounted for by sexual desire, several aspects of the birth or postpartum experience (i.e., tearing during labor, breastfeeding, age of baby, and fatigue), or general levels of empathy. That is, we re-ran the models with SCSS and SCSN as predictors of each outcome, but also independently entered these additional factors as predictors. Correlations among study variables are shown in Table 3.

Results

Our first set of predictions was that new mothers and fathers who were higher in sexual communal strength for having sex (SCSS) and not having sex (SCSN) in the transition to parenthood would report greater sexual satisfaction and relationship quality and would have partners who reported greater sexual satisfaction and relationship quality as well. The results are shown in Table 4. First, we found that both men and women reported higher relationship and sexual satisfaction when they were more motivated to meet their partner's sexual needs. That is, both new mothers and fathers who were higher in SCSS reported feeling more satisfied with their sex life and relationship. Also, after accounting for their own sexual communal strength, new mothers who were higher in SCSS had partners who reported higher sexual satisfaction and relationship quality, and new fathers who were higher in SCSS had partners who reported higher relationship quality, but not significantly higher sexual satisfaction. Therefore, in the transition to parenthood, both being motivated to meet a partner's need to have sex and having a partner who is motivated to meet your sexual needs were associated with feeling more sexually satisfied and more satisfied with the relationship.

Table 3 Correlations between variables in Study 2

	1	2	3	4	5	6	7	8	9
1. SCSS	–	.32***	.67***	.39***	.09*	–.36***	.28**	–.17*	.09*
2. SCSN		–	.43***	.28***	–.08	–.14**	.35***	–.08	.09*
3. Rel Sat			–	.49***	–.07	–.32***	.27**	–.14*	.04
4. Sex Sat				–	.25***	–.05	.31***	–.48***	.20***
5. Desire					–	.28***	.17***	–.23**	.06
6. Sexual concerns						–	.01	–.04	–.02
7. Empathy							–	–.17*	.18***
8. Women's fatigue								–	.25***
9. Child's age									–

SCSS sexual communal motivation for having sex, SCSN sexual communal motivation for not having sex; the pattern of correlations is the same for men and women, so the overall correlations are reported for brevity

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

Table 4 Associations between SCSS and SCSN and both partners' sexual and relationship satisfaction in Study 2

	Own sex sat		Partner sex sat		Own rel sat		Partner rel sat	
	<i>b</i> (SE)	<i>t</i> (<i>df</i>)	<i>b</i> (SE)	<i>t</i> (<i>df</i>)	<i>b</i> (SE)	<i>t</i> (<i>df</i>)	<i>b</i> (SE)	<i>t</i> (<i>df</i>)
W's SCSS	2.52 (.66)	3.84 (250.08)***	1.52 (.59)	2.58 (249.01)*	17.32 (1.86)	9.31 (249)***	10.15 (1.89)	5.36 (249)***
M's SCSS	1.70 (.50)	3.38 (249.01)**	.37 (.56)	.67 (249.48)	16.99 (1.62)	10.52 (249)***	14.72 (1.59)	9.27 (249)***
W's SCSN	.57 (.65)	.88 (249.01)	.73 (.58)	1.26 (249.01)	4.73 (1.83)	2.58 (249)*	–.42 (1.87)	–.23 (249)
M's SCSN	2.08 (.64)	3.60 (249.01)***	2.61 (.64)	4.07 (248.53)***	8.69 (1.86)	4.68 (249)***	3.91 (1.82)	2.14 (249)*

W women, M men, SCSS sexual communal motivation for having sex, SCSN sexual communal strength for not having sex

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

Next, we tested the prediction that after accounting for both partners' SCSS, a person's motivation to meet their partner's need *not* to have sex would be associated with both partners' sexual satisfaction and relationship quality. The results indicated that new mothers who were higher in SCSN reported higher relationship quality (but not higher sexual satisfaction). However, women's SCSN was not associated with their partners' relationship quality or sexual satisfaction. But, new fathers who were more motivated to meet their partner's need not to have sex (i.e., higher in SCSN) not only had partners who reported higher sexual satisfaction and relationship quality, but also felt more satisfied themselves. That is, new fathers reported more sexual satisfaction and higher relationship quality during the transition to parenthood and their partners were also more satisfied when fathers were more understanding about their female partner's need not to have sex.

Ruling Out Alternative Explanations

Since the current study was correlational in nature, we conducted an additional set of analyses to rule out a number of alternative explanations for the effects. First, as in Study 1, we

wanted to rule out the possibility that the effects were being driven by sexual desire. As expected, new mothers reported significantly lower desire than new fathers, $t(254) = 14.84$, $p < .001$, and people who had higher sexual desire were more motivated to meet their partner's sexual needs (see Table 3), whereas sexual desire was negatively, but not significantly, associated with SCSN. After accounting for both partners' levels of sexual desire, all of the effects reported above remained significant (with the exception of the association between men's SCSS and their own sexual satisfaction, which dropped to non-significance, $p = .31$), suggesting that the findings are not simply being driven by partners' levels of sexual desire.

Second, we sought to rule out the possibility that the reported effects were driven by women's birth and postpartum experiences. Women's experiences during the delivery and postpartum period were significantly associated with their sexual desire, SCSS, SCSN, sexual satisfaction, and relationship satisfaction. More specifically, women who reported tearing during the delivery, compared to those who did not report tearing, had lower sexual desire ($t[121] = 3.91$, $p < .001$) and higher SCSN ($t[120] = -2.47$, $p = .02$), but also reported higher relationship quality ($t[120] = 3.13$, $p < .01$). Women who were currently

breastfeeding reported lower sexual desire ($t[218] = 2.30, p = .02$), but also reported higher SCSS ($t[218] = -2.62, p = .01$), higher relationship quality ($t[217] = -5.53, p < .001$), and sexual satisfaction ($t[217] = -2.76, p < .01$). Women who reported higher levels of fatigue reported lower SCSS, lower desire, as well as lower sexual satisfaction and relationship quality (see Table 3). Finally, couples with older babies were higher in SCSS and SCSN and reported greater sexual satisfaction (see Table 3). However, we conducted an additional set of analyses in which we individually controlled for these variables, and all of the effects reported above remained significant.

Next, we wanted to show that the effects were due to communal strength in the domain of sexuality as opposed to being driven by people's empathic concern for their partner in general. In fact, people who reported higher SCSS and SCSN were higher in overall empathy expressed toward their romantic partner, and greater empathy was associated with higher sexual satisfaction and relationship quality (see Table 3; see also Rosen, Mooney, & Muise, 2016). However, after accounting for both partners' dyadic empathy, the reported associations between SCSS and SCSN and all outcomes remained significant, suggesting that being communal in the sexual domain is associated with sexual satisfaction and relationship quality above and beyond the influence of general empathy in relationships.

Finally, we ran a final model that includes all control variables and we report the associations between SCSS/SCSN and, sexual and relationship satisfaction after accounting for the control variables in Table 5. While the associations between SCSS/SCSN and relationship satisfaction remained robust after all control variables were accounted for, some of the associations between SCSS/SCSN and sexual satisfaction were reduced in magnitude (see Table 5). The findings that remained robust after the control variables were accounted for were: the associations between women's SCSS and her own and her partner's sexual and relationship satisfaction, the associations between men's SCSS and his own and partner's relationship satisfaction, the association between women's SCSN and her own relationship satisfaction, and the associations between men's SCSN and his partner's sexual satisfaction and his own relationship satisfaction.

Discussion

Situations in which partners have different levels of sexual desire are common in long-term relationships (Davies et al., 1999; Impett & Peplau, 2003; Mark, 2012; Mark & Murray, 2012; Risch et al., 2003), and the ways that romantic partners resolve these situations have implications for their sexual satisfaction and relationship quality (Day et al., 2015). In the current set of studies, we demonstrated that both the motivation to meet a partner's need to have sex and the motivation to understand a partner's need not to engage in sex are uniquely associated with couples' sexual satisfaction and relationship quality. In our first study, we adapted a measure of sexual communal strength for not having sex (SCSN) and demonstrated that it was associated with more positive and less negative responses to an imagined situation of having one's sexual advances declined. In our second study, we demonstrated that both SCSS and SCSN uniquely predicted sexual satisfaction and relationship quality in couples transitioning to parenthood. The finding that higher SCSS was associated with both partners' sexual satisfaction and relationship quality replicates previous research with couples not undergoing the transition to parenthood (for a review, see (Muise & Impett, 2016). However, in the current study, we found that specific to the postpartum period, only men reported higher sexual satisfaction when their partner was higher in SCSS (although this association emerged for women in the control analyses), although both men and women reported higher relationship satisfaction when their partner was higher in SCSS. For women, it was having a partner higher in SCSN that was also associated with their sexual and relationship satisfaction (although the association between a man's SCSN and the woman's relationship satisfaction was reduced to nonsignificance in the control analyses). For men, although being high in SCSN was associated with their own sexual and relationship satisfaction, their partner's SCSN was not significantly associated with their satisfaction. Extending this work, the current results suggest that being motivated to meet a partner's sexual needs (both to have sex and to not have sex) may also help maintain satisfaction in the year after couples have their first child,

Table 5 Associations between SCSS and SCSN and both partners' sexual and relationship satisfaction in Study 2 after controlling for desire, dyadic empathy, and aspects of the birth and postpartum experience

	Own sex sat		Partner sex sat		Own rel sat		Partner rel sat	
	<i>b</i> (SE)	<i>t</i> (<i>df</i>)	<i>b</i> (SE)	<i>t</i> (<i>df</i>)	<i>b</i> (SE)	<i>t</i> (<i>df</i>)	<i>b</i> (SE)	<i>t</i> (<i>df</i>)
W's SCSS	1.84 (.68)	2.72 (214.91)**	1.60 (.62)	2.60 (212.29)*	14.99 (2.04)	7.37 (189.30)***	9.60 (2.37)	4.06 (211.73)***
M's SCSS	1.09 (.55)	1.97 (211.53)	1.60 (.62)	2.69 (212.29)*	12.21 (2.01)	6.06 (201.29)***	9.612 (2.15)	4.46 (212.14)***
W's SCSN	1.08 (.69)	1.57 (221.11)	.42 (.69)	.69 (209.70)	4.00 (1.94)	2.06 (189.09)*	-.97 (2.05)	-.48 (197.23)
M's SCSN	1.34 (.63)	2.15 (212.17)*	1.69 (.69)	2.32 (215.21)*	10.85 (2.11)	5.14 (196.31)***	2.53 (2.03)	1.25 (188.30)

W women, M men, SCSS sexual communal motivation for having sex, SCSN = sexual communal strength for not having sex; * $p < .05$; *** $p < .001$. The results presented are after controlling for both partners' sexual desire, dyadic empathy, whether or not the woman is breastfeeding, and the age of the baby

a period when satisfaction typically declines (Cowan & Cowan, 2000; von Sydow, 1999). Across both studies, we also demonstrated that the effects are due specifically to communal strength in the domain of sexuality by ruling out the possibilities that most of the associations were robust after controlling for sexual desire, relationship satisfaction, general empathy, or experiences during the birth or postpartum period.

Theoretical Contributions

Although theories of communal motivation (Clark & Mills, 2012) would suggest that being high in sexual communal strength should include both meeting a partner's need to engage in sex, and being understanding about a partner's sexual disinterest at times, the motivation to meet a partner's need not to have sex has not been captured in previous research. In the current research, both new mothers and fathers with partners who were higher in SCSS, and new mothers with partners who were higher in SCSN, reported higher sexual satisfaction and relationship quality. In previous research, the partners of people higher in SCSS perceived their partners to be more responsive to their sexual needs and this was one reason why they report higher sexual satisfaction and relationship quality (Muise & Impett, 2015). It is possible that perceiving a partner as more responsive was also a reason why new mothers with partners higher in SCSN report higher sexual satisfaction and relationship quality. In fact, communal relationships are characterized not only by the motivation to meet a partner's needs, but also by the belief that a partner will be responsive to one's own needs when they arise (Clark & Mills, 2012).

Not only have people reported benefits from having a communal partner, but they also experience rewards for the self from being communal in relationships (Kogan et al., 2010; Le, Impett, Kogan, Webster, & Cheng, 2013). One reason that people have tended to benefit from being communally motivated to have sex (i.e., high in SCSS) was because they tend to engage in sex for approach goals. That is, they were more focused on the positive outcomes that sex will have for their relationship, such as enhancing intimacy (Muise, Impett, & Desmarais, 2013a), which was associated with feeling more satisfied with their sex life and relationship. The reason why people high in SCSN reap benefits from their motivation to meet their partner's need not to have sex is not clear from the current research. However, research on sacrifice in relationships more generally has indicated that sacrificing for a partner can include not doing something that you want to do for the sake of a partner and that people who sacrifice for approach goals tend to reap benefits in their relationships (for reviews, see Day & Impett, 2015; Impett, Gable, & Peplau, 2005). Another possibility is that people high in SCSN may have partners who demonstrate more care and concern when declining their sexual advances. With a few exceptions (see Byers & Heinlein, 1989; Kim, Muise, & Impett, 2015), little research has investigated how people decline their partner's sexual advances, as well as whether some ways of delivering sexual rejection are better able to preserve closeness or enhance partner responsiveness in romantic

relationships. Therefore, investigating sexual rejection behaviors may further illuminate the process by which SCSN impacts satisfaction in relationships. Future research would benefit from exploring the mechanisms linking SCSN to sexual and relationship well-being.

Although our findings regarding SCSS and SCSN demonstrated the benefits of meeting a partner's sexual needs, it is important to note that the effects of these prosocial motives are likely bounded by the degree to which they also incorporate one's own needs. Research on unmitigated communion shows that focusing excessively on another person's needs to the exclusion of one's own needs is associated with poorer outcomes for oneself and one's relationship (see Fritz & Helgeson, 1998). We believe it is important that couples strive to engage in mutual responsiveness toward each other's needs and that they adapt to important relationship transitions—such as parenthood—to accommodate the partner's needs that are greater at that time.

Sexual Communal Strength During the Transition to Parenthood

During the transition to parenthood, situations in which one partner is interested in sex, but the other partner's sexual desire is low may be especially common and concerning (Schlagintweit et al., 2016). New fathers tend to maintain levels of sexual interest comparable to pre-pregnancy levels (Fischman, Rankin, Soeken, & Lenz, 1986) or may experience some declines, but often not to the same degree as new mothers (Condon et al., 2004; Maas et al., 2015) who tend to report lower sexual desire compared to pre-pregnancy (Serati et al., 2010; von Sydow, 1999). And even when sexual desire levels are maintained, couples commonly report less frequent sexual activity and lower sexual satisfaction during the transition to parenthood, with men being more affected than women (Condon et al., 2004; Maas et al., 2015). In Study 2, we found that new fathers who were higher in SCSN not only had partners who were higher in sexual satisfaction, but the men themselves also reported feeling more satisfied with their relationship. Although women higher in SCSN reported higher relationship quality, they did not report higher sexual satisfaction and their partners did not report higher sexual satisfaction or relationship quality. It is possible that since women tend to report steeper declines in desire during the transition to parenthood than men, women's motivation to meet their partner's need *not* to have sex may be less relevant during this period of time than men's SCSN. Instead, it may be especially important for women to have *partners* who are more understanding about their need not to engage in sex.

Previous research has demonstrated that engaging in sex when not in the mood can be beneficial for relationships when people do so to pursue benefits for their partner or their relationship (Day et al., 2015; Impett & Peplau, 2003). The current research emphasized that engaging in sex may not always be the best option for couples when their sexual interests conflict and that not engaging in sex, if responded to with communal care and understanding, can also be associated with

heightened relationship quality and sexual satisfaction. Theories of communal motivation have suggested that in communal relationships, partners should respond to each other's needs as they arise, and in situations of conflicting interest, the partner whose need is greatest should have their need met (Clark & Mills, 2012). It may be difficult in many cases to determine whose need is greater, but it is possible that during the transition to parenthood—when the baby's needs are often the couple's top priority—the need not to have sex may be stronger than the need to have sex. Several interventions have been developed to help couples maintain the quality of their intimate relationships as they transition to parenthood (for a review, see Pinquart & Teubert, 2010). Clinicians and researchers might incorporate enhancing SCSS and SCSN into such interventions, for example, by facilitating dyadic discussions of expectations about changes to the sexual relationship during the transition to parenthood as well as how to effectively communicate sexual needs to a partner. Enhancing understanding of each partner's sexual needs may enable couples to be more motivated to be responsive to each other's needs. Future research should test the efficacy of interventions that target sexual communal strength in order to enhance sexual satisfaction and relationship quality during the transition to parenthood.

Limitations

One key limitation of this work is that it was correlational and we cannot determine the direction of causality. For example, although our theoretical model indicates that higher SCSS and SCSN lead to higher sexual satisfaction and relationship quality, it is possible that people who feel more satisfied with their relationship tend to be more motivated to meet their partner's needs. Prior research has demonstrated that when people are told to think about their partner's sexual needs, they report higher sexual communal strength and, in turn, feel more satisfied with their sex life and relationship (Day et al., 2015), suggesting that being communally motivated to meet a partner's sexual needs can lead to higher sexual satisfaction and relationship quality. Still, prior research has demonstrated that there is some degree of bidirectionality in the association between SCSS and satisfaction, where SCSS is associated with greater satisfaction, but feeling more satisfied also leads people to be more motivated to meet their partner's needs (Muisse & Impett, 2015). However, this prior research demonstrated that the effect of sexual communal strength on relationship quality is stronger and more robust than the reverse effect. Future longitudinal studies that follow couples over time, especially during key transitional periods such as after having a new baby, would be ideal to test how sexual communal strength in relationships develops and changes over time and whether higher sexual communal strength can help couples maintain satisfaction during a time when satisfaction tends to decline. In addition, given that some of the findings (especially for sexual satisfaction) were reduced in magnitude once we controlled for relationship, sexual and postpartum factors, an important future direction is to investigate the factors

that promote or detract from partner's ability or motivation to act communally in their relationship.

In addition, there were some limitations to the generalizability of the findings. The data were collected using an online self-report format, and responses were therefore limited to those with access to computers and who were interested in completing a study of this nature. All couples were in mixed-sex relationships, and although we expect the findings would generalize to couples in same-sex relationships, future research is needed to test this possibility. Finally, all couples were parents to a healthy infant who was born at term. The findings may not generalize to couples faced with more difficult circumstances such as an infant born pre-term or with health problems.

Conclusions

John and Kate, the couple we featured in the example at the beginning of the article, are like many couples transitioning to parenthood. The current research shows that if couples like John and Kate are motivated to meet their partner's sexual needs by sometimes engaging in sex when they are not in the mood, both partners would report higher sexual satisfaction and relationship quality. But, this work also demonstrates that if John and Kate are understanding about one another's need not to engage in sex at times, this understanding will also be associated with greater satisfaction. In particular, when John is more motivated to meet Kate's need not to have sex, not only will Kate feel happier with their sex life and relationship, but John will feel happier as well. We expect that the benefits of understanding when a partner is not in the mood are not limited to couples transitioning to parenthood. The current research suggests that being communally motivated to meet a partner's sexual needs can include both the need to engage in sex and the need to not engage in sex, and both of these distinct motivations have important implications for the quality of couples' sex lives and relationships.

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Compliance with Ethical Standards

Conflict of interest None of the authors have conflict of interests to declare.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the University of Toronto (Study 1) and Dalhousie University (Study 2).

Informed Consent Informed consent was obtained from all individual participants included in the study.

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