SUPPLEMENTARY MATERIALS FOR IS SPONTANEOUS SEX IDEAL? HOW (CHANGING) BELIEFS ABOUT PLANNED SEX INFLUENCES SEXUAL DESIRE, SEXUAL FREQUENCY AND SEXUAL AND RELATIONSHIP SATISFACTION

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Supplementary Materials for Paper 1

Measure of Spontaneous and Planned Sex Beliefs (across both studies):

We measured beliefs about planned and spontaneous sex by asking participants to indicate their agreement with the following six statements rated from 1 = "Strongly disagree" to 7 = "Strongly agree".

1. Sex with my partner is most satisfying when it occurs spontaneously.
2. Sex with my partner is most satisfying when it is planned ahead of time.
3. I prefer to know in advance when I will be having sex next.
4. I prefer *not knowing* when I will be having sex with my partner next.
5. It helps ignite desire if sex with my partner is arranged ahead of time.
6. It helps ignite desire if sex with my partner is in the "spur-of the moment".

Study 1

Additional Outcomes

We pre-registered additional analyses that are beyond the scope of the current paper, but we report the results here for transparency.

Relationship Satisfaction

There was no evidence that those who perceived their last sexual experience to be spontaneous versus planned reported higher relationship satisfaction (b = -.004, 95% CI [-.342, .335], SE = .17, t = .02, p = .983). The association was also not moderated by beliefs regarding spontaneous sex (b = -.08, 95% CI [-.178, .016], SE = .05, t = -1.64, p = .103) or planned sex (b = .04, 95% CI [-.052, .137], SE = .05, t = .88, p = .379; see Table S1).

Sexual Desire

There was no association between perceptions of their last sexual experience as spontaneous versus planned and sexual desire (b = -.19, 95% CI [-.483, .102], SE = .15, t = -1.28, p = .201). The association was also not moderated by beliefs regarding spontaneous sex (b = .04, SE = .04, t = .95, p = .342) or planned sex (b = .07, SE = .04, t = 1.59, p = .113; see Table S1).

Table S1

Associations Between Beliefs about Spontaneous and Planned Sex and Relationship Satisfaction and Sexual Desire Across Studies

Dependent Variable	Study 1					Study 2				
	b	*t*	*p*	*LL*	*UL*	*b*	*t*	*p*	*LL*	*UL*
Relationship Satisfaction										
Actor Spontaneous Sex	.03	1.62	.108	-.007	.068	.0003	.013	.990	-.040	.040
Partner Spontaneous Sex	--	--	--	--	--	-.01	-.29	.770	-.046	.034
Actor Planned Sex	.001	.07	.946	-.033	.035	.013	.77	.443	-.020	.045
Partner Planned Sex	--	--	--	--	--	-.02	-1.18	.238	-.052	.013
Sexual Desire										
Actor Spontaneous Sex	.04	2.73	**.007**	.012	.076	-.04	-1.72	.087	-.079	.005
Partner Spontaneous Sex	--	--	--	--	--	.01	.53	.598	-.031	.053
Actor Planned Sex	-.01	-.36	.717	-.035	.024	-.03	-1.97	**.050**	-.066	-.0002
Partner Planned Sex	--	--	--	--	--	-.004	-.26	.791	-.037	.028

Note. LL and *UL* are the lower and upper limit of the 95% confidence intervals.

Covariates

Timing of Last Sexual Encounter

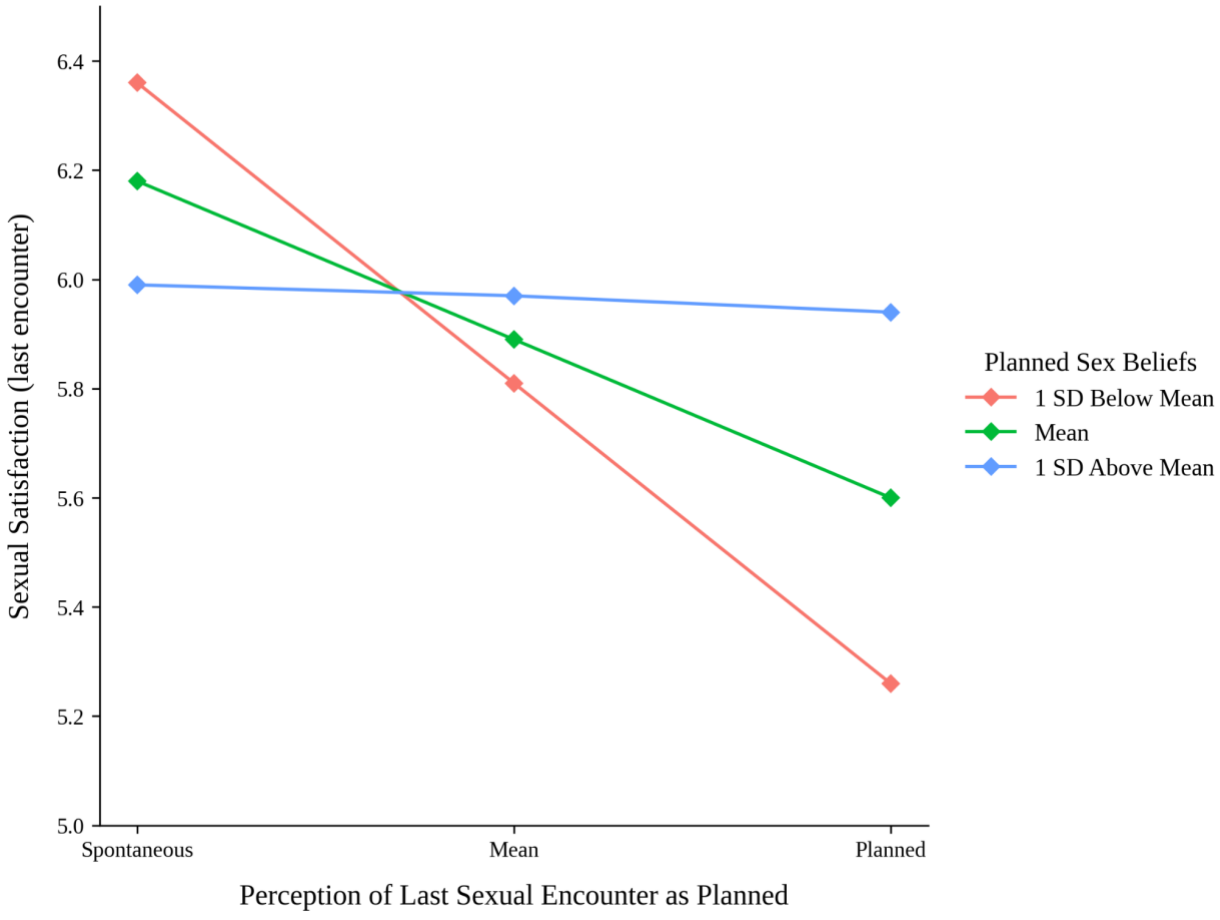
To assess for the timing of the last sexual encounter, we asked: “Think about the most recent time that you and your partner engaged in sexual activity (manual, oral, vaginal or anal intercourse). How long ago was this?” “_____days”. We found that sexual satisfaction was lower for people whose last sexual encounter was further away, however controlling for timing did not reduce the effects we found of planned/spontaneous sex predicting sexual satisfaction.

Sexual Frequency

We also preregistered testing whether beliefs about spontaneous or planned sex predict the frequency of sexual behaviours. There was no significant association between beliefs of spontaneous or planned sex and any sexual behaviour (i.e., vaginal, anal, giving/receiving manual/oral).

Figure S1

Moderation of the Association Between Perceptions of Last Sexual Encounter as Planned and Sexual Satisfaction by Planned Sex Beliefs



Note. This graph depicts the interaction between perceptions of one's last sexual encounter (as spontaneous or planned) and beliefs about planned sex predicting sexual satisfaction. Among participants with lower endorsement of the planned sex belief (1 SD below the mean), perceiving the last sexual encounter as planned was associated with significantly lower sexual satisfaction.

In contrast, among participants with higher endorsement of the planned sex belief (1 SD above the mean), there was no significant association between perceiving the encounter as planned and sexual satisfaction.

Study 2

Sensitivity Analyses

We calculated the effective sample size of our multilevel models using the design effect approach, which provides an estimate of the effective sample size given the actual sample size and intraclass correlation. Intraclass correlation was calculated in R using the "performance" package (Ludecke et al., 2020). We then entered the effective sample size into G*Power to calculate the minimum detectable effect size for our main questions using a two-tailed alpha of $p < .05$ and 80% power (see Table S2 for the values used in our sensitivity analyses and results). For our main questions of whether preference for spontaneous or planned sex predicted sexual desire, satisfaction, or relationship satisfaction, the minimum detectable unstandardized slope was small ($b = .022$ to .023). In our models testing whether perceptions of a sexual encounter as spontaneous or planned predicted sexual desire, satisfaction, or relationship satisfaction, the minimum detectable unstandardized slope was also small ($b = .016$ to .026). Lastly, for our moderation models testing whether the association between perceptions of a sexual encounter as spontaneous or planned and sexual desire, satisfaction, or relationship satisfaction was moderated by preference for spontaneous or planned sex, the minimum detectable unstandardized slope was small ($b = .017$ to .026).

Table S2

Intraclass Correlations, Effective Sample Sizes, and Minimum Unstandardized Beta Coefficients

Predictors	ICC	*Neffective*	*b*
Spontaneous/Planned Sex Beliefs Predicting Sexual Desire	.583	401	.020

Spontaneous/Planned Sex Beliefs Predicting Sexual Satisfaction	.701	338	.023
Spontaneous/Planned Sex Beliefs Predicting Relationship Satisfaction	.646	365	.022
Perceptions of Sexual Encounter as Spontaneous/Planned Predicting Sexual Desire	.479	480	.016
Perceptions of Sexual Encounter as Spontaneous/Planned Predicting Sexual Satisfaction	.781	306	.026
Perceptions of Sexual Encounter as Spontaneous/Planned Predicting Relationship Satisfaction	.564	414	.019
Preference X Perceptions of Sexual Encounter as Spontaneous/Planned Predicting Sexual Desire	.489	471	.017
Preference X Perceptions of Sexual Encounter as Spontaneous/Planned Predicting Sexual Satisfaction	.785	304	.026
Preference X Perceptions of Sexual Encounter as Spontaneous/Planned Predicting Relationship Satisfaction	.564	414	.019

Additional Outcomes

In Study 2, we also tested associations between spontaneous and planned sex beliefs and relationship satisfaction and sexual desire (see Table S3). There were no associations between actor spontaneous sex beliefs, $b = .01$, $t = .37$, $p = .713$, 95% CI [-.031, .045], or partner spontaneous sex beliefs, $b = -.001$, $t = -.04$, $p = .972$, 95% CI [-.038, .037], and relationship satisfaction. Similarly, there were no associations between actor planned sex beliefs, $b = -.01$, $t = -.70$, $p = .485$, 95% CI [-.042, .020], or partner planned sex beliefs, $b = -.01$, $t = -.52$, $p = .604$, 95% CI [-.040, .023] and relationship satisfaction. There were no associations between actor spontaneous sex beliefs, $b = .01$, $t = .29$, $p = .776$, 95% CI [-.045, .060], or partner spontaneous sex beliefs, $b = -.01$, $t = -.45$, $p = .657$, 95% CI [-.064, .040] and sexual desire. We found a weak, positive association between actor planned sex beliefs and sexual desire, $b = .04$, $t = 2.04$, $p = .043$, 95% CI [.002, .086], such that greater endorsement of planned sex was associated with greater sexual desire, and no association between partner planned sex beliefs and sexual desire, $b = -.01$, $t = -.27$, $p = .789$, 95% CI [-.048, .036].

Table S3

Associations Between Beliefs about Spontaneous and Planned Sex and Relationship Satisfaction and Sexual Desire Over Time in Study 2

Dependent Variable	*b*	*t*	*p*	*LL*	*UL*
Relationship Satisfaction					
Actor Spontaneous Sex	.01	.37	.713	-.031	.045
Partner Spontaneous Sex	-.001	-.04	.972	-.038	.037
Actor Planned Sex	-.01	-.70	.485	-.042	.020
Partner Planned Sex	-.01	-.52	.604	-.040	.023
Sexual Desire					
Actor Spontaneous Sex	.01	.29	.776	-.045	.060
Partner Spontaneous Sex	-.01	-.45	.657	-.064	.040
Actor Planned Sex	.04	2.04	**.043**	.002	.086
Partner Planned Sex	-.01	-.27	.789	-.048	.036

Note. LL and *UL* are the lower and upper limits of the 95% confidence intervals.

Then, we also tested associations between perceptions of sex as spontaneous or planned and relationship satisfaction and sexual desire both over time and at the daily level (see Table S4). On average, there was a small, positive association between actor perceptions of sex as spontaneous and relationship satisfaction, $b = .10$, $t = 2.27$, $p = .024$, 95% CI [.014, .187], such that people who reported perceiving sex to be more spontaneous reported greater relationship satisfaction. However, at the daily level, there was no significant association between perceptions of sex as spontaneous and relationship satisfaction, $b = .02$, $t = 1.28$, $p = .200$, 95% CI [.012, .059]. There were no associations between overall perceptions of sex as planned, b = -.003, t = -.01, p = .994, 95% CI [-.083, .082], or daily perceptions of sex as planned, b = .03, t = 1.75, p = .081, 95% CI [-.004, .074], and relationship satisfaction. There was a small, positive association between actor perceptions of sex as spontaneous and sexual desire overall, b = .21, t = 3.37, p < .001, 95% CI [.089, .335], as well as at the daily level, b = .06, t = 2.30, p = .022, 95% CI [.009, .109], such that people who reported perceiving sex as being more spontaneous

reported greater sexual desire on average over time and at the daily level. On average, there was no association between actor perceptions of sex as planned and sexual desire, b = .10, t = 1.71, p = .089, 95% CI [-.015, .215]. There was a small, positive association between actor perceptions of planned sex at the daily level and sexual desire, b = .11, t = 3.91, p < .001, 95% CI [.053, .162], such that those who perceived sex to be more planned also reported greater sexual desire at the daily level.

Table S4

Associations Between Perceptions of Sex as Spontaneous or Planned and Relationship Satisfaction and Sexual Desire Over Time in Study 2

Dependent Variable	*b*	*t*	*p*	*LL*	*UL*
Relationship Satisfaction					
Actor Spontaneous Sex (ag)	.10	2.27	**.024**	.014	.187
Actor Spontaneous Sex (daily)	.02	1.28	.200	-.012	.059
Actor Planned Sex (ag)	-.003	-.01	.994	-.083	.082
Actor Planned Sex (daily)	.03	1.75	.081	-.004	.074
Sexual Desire					
Actor Spontaneous Sex (ag)	.21	3.37	**<.001**	.089	.335
Actor Spontaneous Sex (daily)	.06	2.30	**.022**	.009	.109
Actor Planned Sex (ag)	.10	1.71	.089	-.015	.215
Actor Planned Sex (daily)	.11	3.91	**<.001**	.053	.162

Note. LL and *UL* are the lower and upper limit of the 95% confidence intervals. ag = aggregated over the diary, daily = within-person (person mean centered).

We also tested whether the daily associations were moderated by spontaneous and planned sex beliefs. For sexual desire, beliefs about spontaneous sex moderated the association between both perceptions of sex as spontaneous (*b* = -.015, *SE* = .007, *t* = -2.090, *p* = .03, 95% CI [-0.029, -0.000]) and perceptions of sex as planned (*b* = -.019, *SE* = .007, *t* = -2.431, *p* = .01, 95% CI [-0.034, -0.003]) and daily sexual desire. For people who highly endorsed the spontaneous sex belief, there was no association between perceptions of spontaneous or planned sex and sexual desire (*b* = -.001, *SE* = .037, *t* = -0.054, *p* = 0.957, 95% CI [-0.074, 0.070]). But

for people who endorse the spontaneous sex belief less, both planned (b = .148, SE = .033, t = 4.382, p < .001, 95% CI [0.081, 0.215]) and spontaneous sex (b = .097, SE = .033, t = 2.937, p = .003, 95% CI [0.032, 0.161]) were associated with higher desire. We did not test whether spontaneous and planned sex beliefs moderated the daily associations between perceptions of sex as spontaneous or planned and relationship satisfaction, as the main effects of these perceptions on relationship satisfaction were largely non-significant or weakly correlated (see Table S4).

Supplementary Materials for Paper 2

Main Study

Main Study: Part 1 Inclusion Criteria

To be invited to Part 2, participants were asked to identify the main takeaway from the article in two ways (1) they had to choose a response from a multiple choice question asking them to identify the main message represented in their assigned research summary, and (2) provide a response to an open-ended question about the main takeaway message of the article they read. We asked participants to choose one of the following options:

1. Planned sex can be beneficial in relationships
2. We don't know whether spontaneous sex is more satisfying than planned sex
3. It is important for couples to have sex 3 times per week.
4. Sex is not an important aspect of romantic relationships.
5. It is important for couples to talk about their sex life.
6. I don’t remember.

We excluded participants from the experimental condition who chose the wrong answer to the comprehension check and did not mention the importance of planned sex in their open-ended response. We were more inclusive in the control condition and only excluded people from

being invited to Part 2 if they selected the following responses "It is important for couples to have sex 3 times per week" or "I don't remember" and provided an incorrect or irrelevant response to the open-ended comprehension check item.

Of the 897 people who participated in Part 1, we removed 147 participants for the following reasons: they had duplicate participant IDs (n = 12), their IDs could no longer be found on Prolific Academic (n = 2), they did not consent to participate (n = 1), or meet our eligibility criteria (n = 20), indicated that they did not intend to follow the instructions for their assigned condition (n = 79), failed more than two of three attention checks (n = 1), or failed the comprehension criteria mentioned above (control: n = 5, experimental: n = 27). We invited 750 participants to complete Part 2.

Table S1

Sample Characteristics Across Studies

	Pilot Study (N = 215)		Main Study (N = 514)	
Characteristic	M (range)	SD or %	M (range)	SD or %
Age (years)	35.26 (22-49)	4.89	33.64 (18-65)	5.61
Relationship duration (years)	11.07 (1.58-26.92)	4.65	9.42 (1.17-27.75)	4.65
Country of Residence				
United States	17	7.91%	288	56.03%
Canada	34	15.81%	40	7.78%
United Kingdom	152	70.7%	182	35.41%
Australia	11	5.12%	4	0.78%
New Zealand	1	0.47%		
Ethnicity				
White (e.g., North American, European)	174	80.93%	346	67.32%
Black (e.g., African, Caribbean)	11	5.12%	83	16.15%
East Asian (e.g., Chinese, Korean)	6	2.79%	17	3.31%
South Asian (e.g., Indian, Pakistani)	12	5.58%	20	3.89%
Latin American (e.g., Mexican, Columbian)	1	0.47%	26	5.06%
Indigenous (e.g., First Nations, Metis, Inuit)			1	0.19%
Middle Eastern (e.g., Egyptian, Saudi Arabian)	1	0.47%	5	0.97%
Bi/Multiethnic (e.g., East Asian/South Asian)	8	3.72%	13	2.53%
Not listed (please specify if you wish)	2	0.93%	3	0.58%
Relationship Status				
Casually Dating			1	0.19%

Seriously Dating	17	7.91%	30	5.84%
Engaged	18	8.37%	38	7.39%
Common-law	20	9.30%	36	7.0%
Married	152	70.70%	405	78.79%
Other	8	3.72%	4	0.78%
Relationship Agreement				
Monogamous	215	99.1%	508	98.83%
Consensually non-monogamous			5	0.97%
Other (please specify)	2	0.93%	1	0.19%
Gender				
Man	131	60.93%	191	37.16%
Woman	84	39.07%	319	62.06%
Non-binary (e.g., genderfluid, genderqueer)			2	0.39%
Self-identify			2	0.39%
Sexual Orientation				
Bisexual	18	8.37%	44	8.56%
Asexual	1	0.47%	2	0.39%
Gay	1	0.47%	3	0.58%
Lesbian	2	0.93%	6	1.17%
Straight/Heterosexual	188	87.44%	446	86.77%
Pansexual	2	0.93%	7	1.36%
Queer	2	0.93%	4	0.78
Unsure/Questioning			1	0.19

Note. In the Pilot Study, two participants listed their sexual orientation as something else (one participant specified they were “pair-bonded”), and two participants listed their sexual relationship status as other (one participant specified they were "technically CNM, but monogamous in practice"). In the Main Study, two participants identified their gender as something else (i.e., “Ftm transgender”, “My sex is female”), one participant identified their sexual orientation as something else (i.e., “demisexual”), and one participant stated their sexual relationship status as not listed and specified they were “mono/poly (I am mono, he is poly)”.

Main Study: Part 2 Inclusion Criteria

Of the 750 participants we invited to complete Part 2, 688 completed the follow-up survey. We removed 174 participants who indicated dishonest answers (n = 1), said that they did not follow our instructions (n = 51), or failed comprehension checks for their assigned condition (n = 123). In the experimental group, participants had to choose the correct response (i.e., “Planned sex can be beneficial in relationships” n = 310). We removed 15 participants in the experimental condition for answering the comprehension check incorrectly. In the control group, participants had to choose the correct response (i.e., “We don't know whether spontaneous sex is

more satisfying than planned sex," $n = 204$). At Part 2, we removed 107 people in the control condition for answering the comprehension check incorrectly. In fact, 68 participants in the control group indicated that the main message of the *control* research summary was that planned sex can be beneficial in relationships and were not included in the analyses since our intention was to only shift beliefs about planned sex in the experimental group.

Measures

Main Study: Baseline Pre-Manipulation Measures

We used the following measures to test for differences between groups at baseline.

Planned and Spontaneous-Sex Beliefs

Prior to the manipulation, we administered the Beliefs About Planned and Spontaneous Sex Scale (Kovacevic et al., 2023), measuring participants' beliefs towards planned and spontaneous sex using 6 items, which are rated on a 7-item Likert scale (1 = *strongly disagree* to 7 = *strongly agree*). Three items pertain to spontaneous sex (i.e., "Sex with my partner is most satisfying when it occurs spontaneously," "I prefer not knowing when I will be having sex with my partner next," and "It helps ignite desire if sex with my partner is in the 'spur-of the moment'"), and three items pertain to planned sex (i.e., "Sex with my partner is most satisfying when it is planned ahead of time," "I prefer to know in advance when I will be having sex next," and "It helps ignite desire if sex with my partner is arranged ahead of time").

Sexual Frequency

We measured sexual frequency by having participants answer: "In general, how often do you and your partner engage in sexual activity?" using a 7-point Likert scale (1 = *less than once a month* to 7 = *daily*). Using a 6-point Likert scale (0 = *not at all* to 5 = *daily*), participants were asked "During the past 4 weeks, how often did you and your partner engage in sexual activity?"

Planned Sexual Frequency

Participants were asked: "In general, when you and your partner have sex, how often do you and your partner have sex that is planned ahead of time?", measured using a 5-point Likert scale (0 = *never* to 5 = *always or almost always*).

Relationship Satisfaction

We measured relationship quality using the relationship satisfaction subscale from the Perceived Relationship Quality Components (PRQC; Fletcher et al., 2000) scale. This measure consists of the following three items that assess relationship quality: (i.e., "How satisfied are you with your relationship?", "How content are you with your relationship?", and "How happy are you with your relationship?"). Participants rated all items on a 7-point Likert scale (1 = *not at all* to 7 = *extremely*).

Sexual Satisfaction

We assessed sexual satisfaction using the Global Measure of Sexual Satisfaction (GMSEX; Byers & Lawrance, 1998). Participants were asked "How would you describe your overall sexual relationship with your partner? For each pair of words, select the number that best describes your sexual relationship," using all five 7-point bipolar items (i.e., 1 = *unpleasant* to 7 = *pleasant*). The GMSEX provides a summed score ranging from 5 to 35, with higher scores indicating higher levels of sexual satisfaction.

Main Study: Baseline Manipulation

Participants read the following prompt: We want to share some recent research and then provide you with some instructions to implement into your relationship over the next two weeks. Please read the following information and instructions carefully.

Main Study: Experimental Condition

Sex is important for relationships, but it is often hard to maintain a satisfying sex life over time. Many people believe that sex should happen spontaneously (without any forethought) in relationships but juggling the many demands of life such as work and raising children can make this challenging. In our lab, one of the most common questions we get is about the secret to a satisfying sex life.

Research suggests that although people tend to believe that sex is more satisfying when it happens spontaneously, planning sex ahead of time by setting aside time and discussing it with a partner is important for a satisfying sex life. Contrary to popular belief, most of the sex that happens in long-term relationships involves some planning. Research has shown that people who report having satisfying sex tend to be intentional about ensuring they have the right conditions to enjoy the experience. Sex therapists emphasize that discussing sex ahead of time can help build anticipation and be equally as or more enjoyable than sex that happens without discussion. Importantly, discussing a future sexual experience should not feel like pressure to have sex for either partner. Research has shown that when discussing having a sexual experience ahead of time, it is important for both people in the relationship to agree to the plan to avoid feeling pressure or obligation.[1]

Consider the typical approach to a vacation. An enjoyable vacation is often planned in advance. By discussing the details of the trip ahead of time with your travel partner you learn what would make the trip a satisfying experience for both of you and can plan accordingly. You may even start to get excited and have something to look forward to for the weeks ahead of time. You probably recognize that you would have a far less enjoyable trip by just letting the whole thing happen spontaneously without any planning.

Planning sex with a partner might help couples find or set aside time for sex in their busy lives, as well as build anticipation about the experience. Over the next two weeks, try to plan time to be sexually intimate with your partner. This can involve discussing with your partner ahead of time what day and time could work well for both of you and choosing a time when you are both likely to be more interested in sex (for example, when you have privacy, or are not tired, stressed, busy or bloated). It can also look like planning a date night or setting the right mood (for example, getting childcare, getting toys you want to try, dimming the lights, putting on a great playlist or dressing up) ahead of time. Whatever you have in mind, discuss with your partner to ensure they are also on board with it!

Main Study: Control Condition

Sex is important for relationships, but it is often hard to maintain a satisfying sex life over time. Many people believe that sex should happen spontaneously (without planning) in relationships, but juggling the many demands of life such as work and raising children can make this challenging. In our lab, one of the most common questions we get is about the secret to a satisfying sex life.

Research suggests that people value spontaneous sex and planned sex for different reasons. People may value spontaneous sex because it reflects higher sexual desire or the feeling that one's partner has genuine sexual interest. However, people may value planned sex because it reflects a genuine intention to prioritize the sexual aspect of their relationship and strengthen a couple's bond. Currently, we do not know anything about whether planned or spontaneous sex is more satisfying.

When looking at other aspects of life, it seems like spontaneity and planning offer different advantages. For example, a vacation is likely not to happen if you don't plan it in

advance and if you don't plan it, you might miss some things that you really wanted to do. However, leaving room for things to happen spontaneously on the trip can lead to excitement and fun. One factor we will explore in this research is whether planning sex ahead of time or allowing it to happen spur of the moment is more satisfying.

We are hoping to get a snapshot of people's sexual experiences in their relationship. We will follow-up with you in two weeks to ask you some questions about your experiences. Over the next two weeks, try to go about your sexual relationship with your partner as you typically would. This might include having sex at the same frequency and under the same conditions (e.g., time of day, mood) as you normally would.

Main Study: Baseline Post-Manipulation Measures

Intention to Follow Instructions

In the experimental group, at baseline, we assessed participants' intentions to follow our suggestion to plan sex with their partner over the next two weeks from the article by asking: "Do you intend to take this suggestion over the next couple of weeks?" and to provide one of two responses: "Yes or maybe - if yes or maybe, please reflect on and tell us how you might plan time for sex with your partner over the next two weeks?" or "No - if no, please tell us why you don't intend to incorporate planned sex with your partner over the next two weeks?" In the control group, we assessed participants' intentions to follow our instructions to go about sex with their partner as they typically would by asking: "Do you intend to follow these instructions over the next couple of weeks?" and asked them to provide one of two responses: "Yes or maybe - if yes or maybe, please reflect on and tell us how your sexual relationship with your partner would typically be over the next two weeks?" or "No - if not, why?"

Main Study: Boosters

One week after completing Part 1, we sent eligible participants an email message containing an educational booster to remind them of what they read in their assigned research summary during Part 1.

Experimental Condition

Last week, you read some research concluding that planned sex is one way that couples can maintain a satisfying sex life. Research suggests that planning sex can allow couples to make time for sex and prepare anything that can make the experience more satisfying. Over the next week, try to plan to be sexually intimate with your partner. As a reminder, planning involves discussing with your partner ahead of time what day and time could work well for both of you or choosing a time when you are both likely to be more interested in sex (for example, when you have privacy, or are not tired, stressed, busy or bloated). It can also look like planning a date night or setting the right mood (for example, getting childcare, getting toys you want to try, dimming the lights, putting on a great playlist or dressing up) ahead of time. We will ask you about your experiences when you send you the survey in one week from now.

Control Condition

Last week, you read about how we do not know anything about what people do in their actual relationship when it comes to spontaneous and planned sex experiences and agreed to allow us to follow-up with you after two weeks. Please go about your sexual relationship as you typically would in the next week. We will ask you about your experiences when you send you the survey in one week from now.

Main Study: Two-Week Follow-up Variables

Booster Check

We also asked participants to indicate whether they read the booster message (i.e., "One week after completing the last survey, we sent you a message through Prolific. Did you read this message? Please answer honestly, your answer will not affect your compensation") by choosing one of the following responses: "I did not receive a message through Prolific," "Yes, I read it," "No, I did not read it," or "I don't remember." We did not use this variable in our analyses, since most participants indicated having read the booster message (89.71% of control condition; 88.71% in the experimental condition).

Intention to Follow Instructions

At the two-week follow-up, we asked participants to indicate whether they followed our instructions to follow our instructions (i.e., "You were also given instructions with the article. Did you try to follow the instructions over the past two weeks?") and respond with the following options: "Yes," "No. If not, could you let us know the reason you did not follow the instructions from Part 1 of the study?" or "I don't recall the instructions."

Main Study: Results

Exploratory Analyses of Moderating Effects of Condition on the Association Between Spontaneous Sex and Key Outcomes

Our manipulation unintentionally lowered spontaneous-sex beliefs for people in the experimental group. Thus, we conducted exploratory analyses testing whether condition moderated the association between perceiving a recent sexual experience as spontaneous and sexual satisfaction for that experience, as well as overall relationship satisfaction. The association between perceiving the recent experience as being more spontaneous and sexual satisfaction for the most recent sexual experience was moderated by condition (b = -.11, SE = .04, t = -2.838, $p < .01$). When people in the control condition perceived a recent sexual

experience as more spontaneous, they reported greater sexual satisfaction (b = .11, SE = .03, t = 3.619, p < .001), whereas those in the experimental condition did not (b = -.00, SE = .02, t = -.048, p = .962). The association between perceiving a recent sexual experience as more spontaneous and relationship satisfaction was not moderated by condition, (b = -.07, SE = .05, t = -1.494, p = .136). We also found that the association between perceiving a recent sexual experience to be more spontaneous and sexual distress was moderated by condition (b = .09, SE = .04, t = 2.464, p < .05). When those in the control condition perceived a recent sexual experience as being more spontaneous, they reported lower sexual distress (b = -.12, SE = .03, t = -4.233, p < .001), whereas those in the experimental condition did not (b = .03, SE = .02, t = -1.301, p = .194).

Table S2

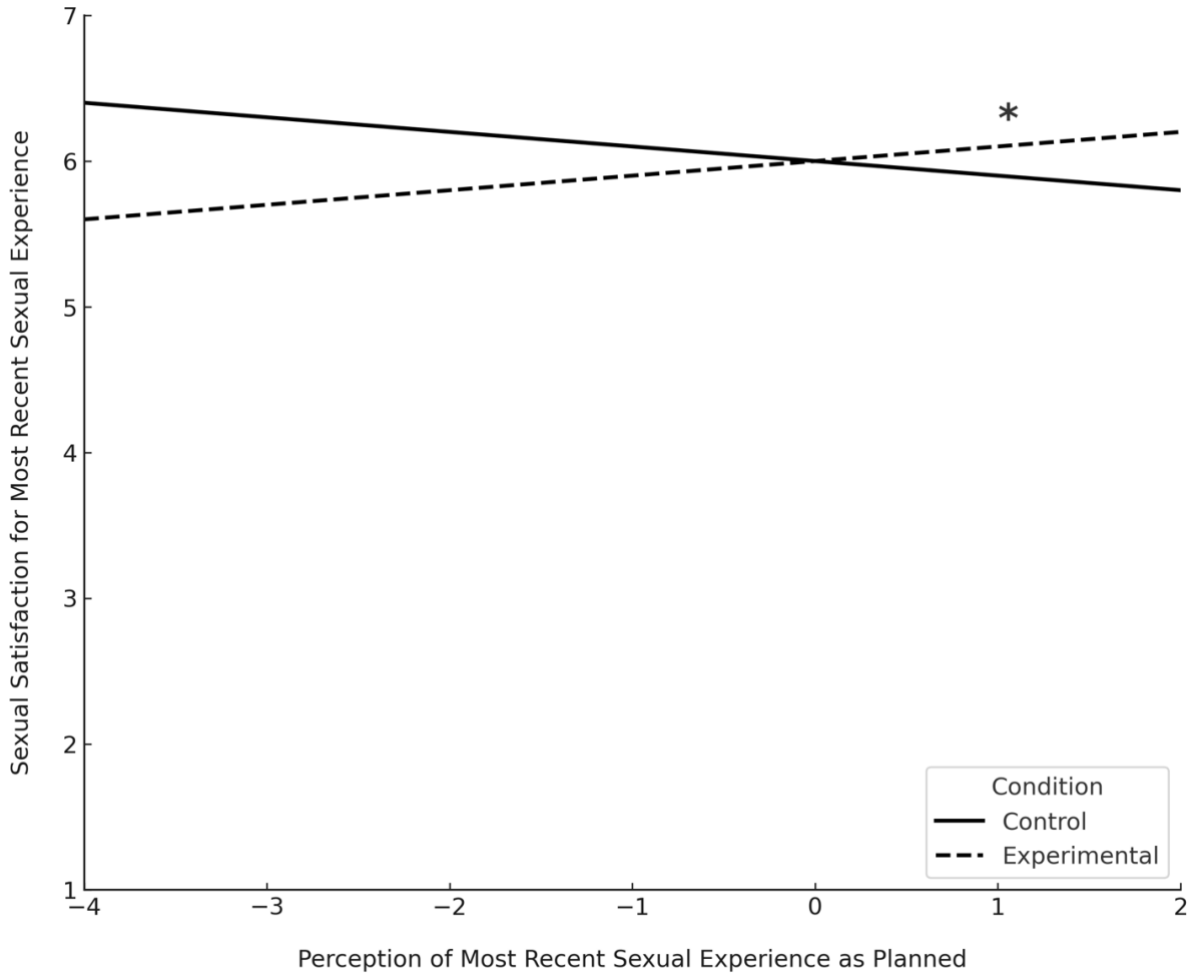
Mean Comparisons and Linear Regressions Across Conditions on Beliefs, Satisfaction, Frequency, Desire, and Distress

Variables	Control (n = 204) *M (SD)*	Experimental *(n* = 310) *M (SD)*	*b*	*SE*	*t*	*p*
Planned-Sex Beliefs	4.33 (1.3)	5.76 (1.07)	1.43	.11	13.62	**<.001**
Spontaneous-Sex Beliefs	4.85 (1.35)	4 (1.51)	-.83	.13	-6.472	**<.001**
Sexual Satisfaction	5.69 (1.5)	5.88 (1.26)	.19	.12	1.567	.118
Relationship Satisfaction	5.83 (1.34)	6.04 (1.12)	.21	.11	1.944	*.053*
Sexual Satisfaction (last encounter)	6.32 (1)	6.37 (0.83)	.05	.09	.586	.558
Sexual Frequency						
Planned Sex Frequency	3.08 (1.28)	3.29 (1.11)	.21	.11	1.995	**<.05**
Sexual Desire	2.2 (1.15)	3.69 (0.96)	1.5	.10	15.02	**<.001**
Sexual Distress	3.25 (1.08)	3.55 (1)	.30	.09	3.235	**<.01**
Obligation	1.77 (0.89)	1.81 (0.86)	.04	.08	.489	.625
Obligated (recent sex)	1.80 (1.07)	1.67 (1)	-.13	.09	-1.401	.162
	1.89 (1.09)	1.68 (1.01)	-.21	.10	-2.058	**<.05**

Note. *$p < 0.05$, ***$p < .001$.

Figure S1

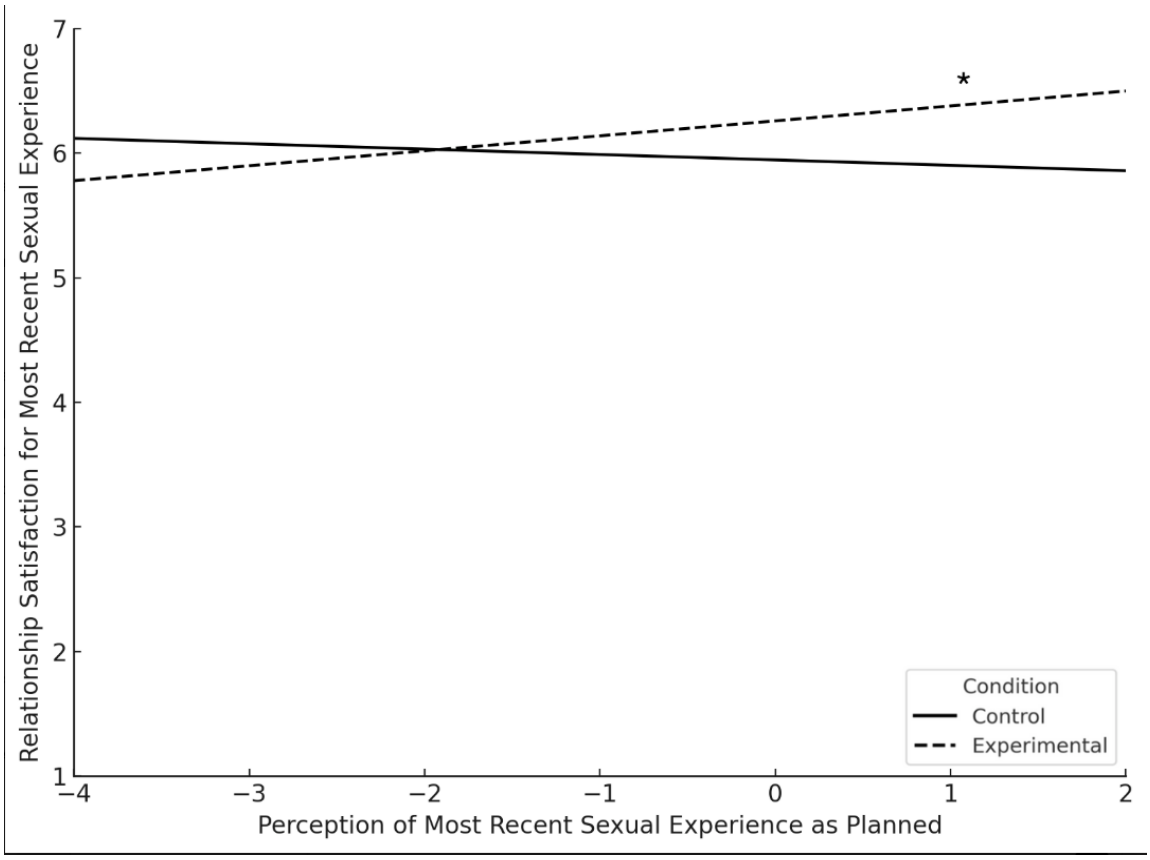
Association Between Perception of the Most Recent Sexual Experience as Planned and Sexual Satisfaction Moderated by Condition



Note. *$p < .05$

Figure S2

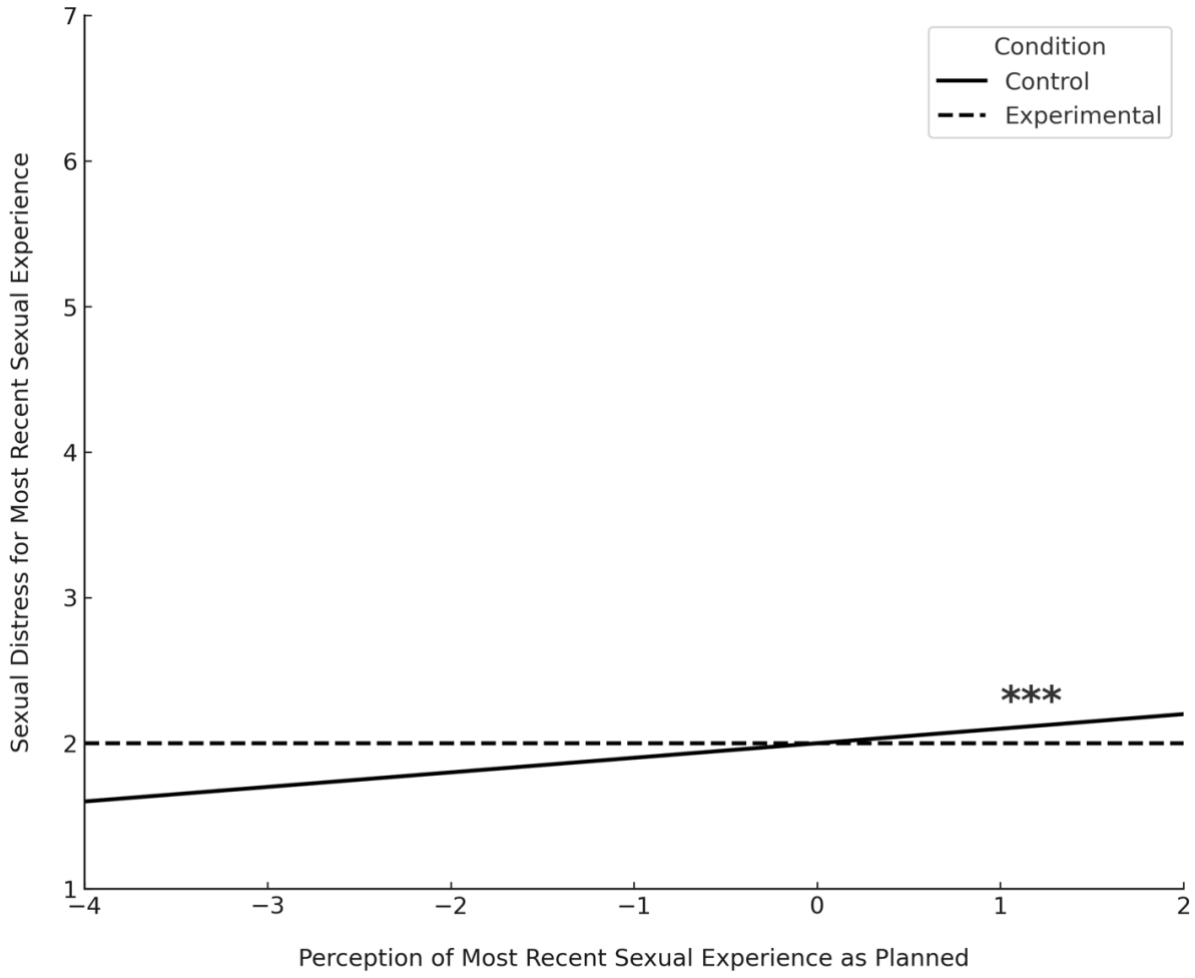
Association Between Perception of the Most Recent Sexual Experience as Planned and Relationship Satisfaction of the Most Recent Sexual Experience Moderated by Condition



Note. $*p < .05$

Figure S3

Association Between Perception of the Most Recent Sexual Experience as Planned and Sexual Distress Moderated by Condition



Note. ***$p < .001$

Table S3

Categories, Sub-categories, Example Responses, and Percentages (n = 435 Coded Responses)

Category/Sub-category	Example Responses	*n*	%
Main category 1: ***Shifted planned sex beliefs and behaviors***		**327**	**75.2**
Sub-category 1: Shifted intentionality and behaviors	We talked about our sex life and consciously planned time to have sex. I planned something to surprise my partner and even dressed the part.	236	72.1
Sub-category 2: Shifted beliefs about the benefits of planned sex	It helped me positively because I got to understand and learn how planned sex can be beneficial for me and my partner.	105	32.2
Sub-category 3: Increased consideration or orientation towards planned sex	The principles seemed sound, but unfortunately, we weren't able to "follow through" [...].	17	5.2
Main category 2: ***Benefited sex life and relationship***		**171**	**39.4**
Sub-category 1: More anticipation or desire	Planning ahead seemed to build excitement for it. Like if I knew it was happening after work, I was excited about it all day long.	50	29.5
Sub-category 2: Coordination with other activities and family responsibilities	I used the study to offer the suggestion to have sex, and plan for it. Since we have a child, planning is important to ensuring we do find the time to engage in sexual activity.	45	26.2
Sub-category 3: More satisfying sex	The discussion we had of planning sex ahead of time was very exciting. The talk made the sex even more pleasurable and the feeling of knowing when to have sex was great.	43	25.4

Sub-category 4: Improvements to the relationship	Having planned sex helps my partner be more present in our relationship. I don't frequently desire sex, but he does, so being intentional helped him feel seen and satisfied.	20	11.5
Sub-category 5: Reduced stress	It meant I was less stressed about the prospect of having sex. I didn't have to worry if he might want it because I knew it when it would happen.	11	6.6
Sub-category 6: More frequent sex	Planned sex was beneficial to at least make something happen that probably wouldn't have. It can be beneficial in a busy life for sure.	11	6.6
Sub-category 7: General and other benefits	It made me realize that planning sex in advance can have a positive impact on the whole experience.	41	23.8
Main category 3: ***Affirmed beliefs about the benefits of spontaneity***	It made me think more about planning sexual experiences in advance, however it reinforced for me that I prefer it to happen spontaneously.	**24**	**5.5**
Main category 4: ***Drawbacks***		**20**	**4.5**
Sub-category 1: Evoked unpleasant emotions	[...] planning just made me feel more obligated to have sex even though I didn't want to, sort of making me dread having sex.	13	64.3
Sub-category 2: Plans falling through	I tried planning ahead and communicating most days, but a few of the times we'd get to bed, and he'd say he was too tired. I feel the rejection happened more frequently when we planned sex ahead of time because if we had not planned to have sex, it just wouldn't have been mentioned at all instead of looking forward to it and the plans falling through.	10	50

Sub-category 3: Decreased desire	It really made me feel guilty for not being more intimate. It actually caused me more stress being hyper-focused on planning it with little desire to even have sex. It felt more like a task.	3	14.3
Main category 5: *No influence/ already use planning*		**55**	**12.6**
Sub-category 1: No influence	It hasn't changed much.	27	48.7
Sub-category 2: Already use planning	My partner and I normally have planned sex every week. I did not realize how beneficial it actually is until this survey. Being parents, we do not have much alone time, so we look forward to the one night a week that we dedicate to ourselves.	28	51.3
Main category 6: *Other*	I think I learned more about my preferences.	**14**	**3.2**

Note. To further enrich our analyses, we allowed for multiple codes per responses.

Footnotes

1. After reviewing our Pilot Study results, we recognized the need to emphasize that it was important for both partners to consent to having a future planned sexual experience and added one sentence to highlight this in the experimental manipulation in the Main Study**.**

Supplementary Materials for Paper 3

Anonymized Preregistration

This is an anonymized version of our pre-registered data collection and analytic plan, included here to facilitate anonymous peer review. We pre-registered this plan on October 10, 2025. We will include the link to the OSF pre-registration in the final version of the paper.

Title: #planningissexy. Translating Research on Planned Sex into a Knowledge Mobilization Video: A KTA-Informed Approach.

Date: October 2025

Project Description

Most people idealize spontaneous sex, but our recent experimental research shows planning sex leads to greater sexual desire and sexual frequency. The goal of the current project is to turn our experimental manipulation from our previous study into a short educational video using the Knowledge-to-Action (KTA) framework (Graham et al. 2006) for knowledge mobilization (KMb) to inform romantic partners and healthcare providers about the benefits of planned sex and evaluate the accessibility, quality and reach of this KMb campaign.

This study will use the Knowledge-to-Action (KTA) framework (Graham et al. 2006) to guide a knowledge mobilization initiative translating our previous research demonstrating benefits (i.e., higher sexual frequency and desire) of planning sex into a brief educational video. While spontaneous sex is often idealized, our findings suggest that planned sex can be equally satisfying for couples in long-term relationships and lead to greater sexual frequency and sexual desire. We have created a research-informed video in consultation with an advisory board that includes knowledge users for whom the information is most relevant (i.e., healthcare professionals, people in long-term romantic relationships). We have three main goals. First, we

will evaluate whether the video shifts beliefs about planned sex in a community sample and the extent to which participants rate the video as useful, relatable, enjoyable and informative. Second, we will assess the usefulness of the video in a sample of healthcare professionals to determine the likelihood of them using the video with clients and in their work. Third, once the final knowledge product (video) has been evaluated by the above samples, we will invite partners (i.e., clinicians, physicians, sexual health educators, science communicators) to share the video via their social media platforms and evaluate the reach using available metrics. This study will consist of three phases:

In Phase 1, we applied the Knowledge-to-Action (KTA) Cycle to translate findings from our previous research on the benefits of planned sex into an accessible, evidence-informed video aimed at people in long-term relationships and healthcare providers. We collaborated with a multidisciplinary advisory team, which includes a sex educator, sex researcher and clinician, a physician, and two community members in long-term relationships, to evaluate and refine the video ensuring it is relevant, inclusive, and sensitive to the real-world experiences of our audiences. We also consulted with two members of the lead author's dissertation committee (both clinical psychologists) and members of the research team to elicit feedback on enhancing the video's clarity, accessibility, and appeal to a broad lay audience. **Phase 1 is complete.**

In Phase 2, we will evaluate the video through two brief surveys targeted at our intended end-users: healthcare professionals and people in long-term relationships. The surveys will assess the video's clarity, relevance, and usefulness, using items adapted from previous knowledge mobilization studies (e.g., Beischel et al., 2021; Rosen et al., 2021). In our data analysis, we will assess the video's impact on participants' attitudes, understanding, and openness to discussing or engaging in planned sex or use the information from the video to

inform their work with patients (i.e., for HCP's). We will also ask participants to share their feedback on the video, which will be used to inform any important changes to be made before the final video is posted on social media (i.e., via Facebook, Instagram, TikTok, YouTube, LinkedIn).

In Phase 3, we will focus on disseminating the video to a broader public audience. To do this, we will invite sex educators, clinicians, and other relevant professionals with a social media presence to partner with us in sharing the video. These individuals will be identified based on their alignment with sex-positive, evidence-informed approaches to sexuality and relationships, as well as their existing engagement with public audiences. In addition to tracking reach metrics for the video shared on our own platform, we will also document who shares the video, the platforms used, and any available engagement metrics (e.g., likes, comments, shares, views) to evaluate the video's reach. We will ask that each share uses the hashtag #planningissexy to make it possible to track to the highest precision, though we cannot guarantee that each share will include our hashtag. As well, we will create a webpage that we will instruct our partners to link to for anyone seeking more information about the project. On this webpage, we will include additional accessible versions of the video (i.e., audio-only, visual infographic summarizing the research findings, and a transcript) and will include additional tips on how to discuss having planned sex with a willing partner for interested readers. We will use Google Tag Manager on our webpage to help and create business accounts on social media, which will allow us to evaluate reach by tracking metrics such as shares, impressions, likes, engagements both from our own platforms where the video will be hosted and shared, and those shared by our partners. We will also track other metrics such as viewing length, where accessible, to assess engagement. We will compare our average viewing length with overall average viewing lengths across different

platforms to assess how engaged our audience was with our video. We will track these metrics within a 2-month period from the date of the initial posting and social media launch of the video.

Phase 2: Video Evaluation

Sample 1: Community Sample

271 participants were recruited from Prolific for a survey about people's perceptions of our video. We oversampled as our goal was to end up with at least *N*=225 participants after exclusions. The survey welcomed people of all genders and sexual orientations as long as they were 18 years of age or older, in their current romantic relationship for at least one year, living with their partner, and were able read and write English. We will exclude participants from data analyses who do not consent to participate, fail eligibility questions, the comprehension question asking about the takeaway message for our video and do not answer our attention check correctly. Additionally, we will remove anyone who said they responded dishonesty in the survey.

Sample 2: Healthcare Professionals

Data collection for this sample is still underway. We used purposive sampling to target healthcare professionals who are likely to work with couples/relationship partners in a healthcare setting. Our goal is to recruit at least *N*=25 healthcare providers given that our aim is to report descriptive data for this sample. To recruit these participants, we sent emails to sex and relationship therapists, researchers and educators and through relevant listservs inviting them to participate in our study. Additionally, we posted the study advertisement to several organizations' forums (e.g., Ontario Association of Sex Therapy or ASTO). The survey welcomes people of all genders and sexual orientations, and our only eligibility criteria is that participants are healthcare professionals (those who are not will be removed from our analyses).

We started recruiting on September 30th, 2025, and will stop recruitment efforts on October 15th, 2025.

Procedure

After seeing our study advertisement or invitation to participate in our study, participants will either enter into one of two surveys designed for (1) the community sample and (2) the HCP sample, respectively. The community sample will enter the survey through the link provided in the Prolific Academic study advertisement. The HCPs will enter the survey through the link provided in the invitation received via email or seen on one of the healthcare organization's forums or listservs. After passing the eligibility questions (community sample only), participants will then be asked basic demographic questions, question(s) about their current use of planning sex/discussion of planning sex with clients, be presented with the video, then asked a series of questions designed to assess their perceptions of watching the video (accessibility, appropriateness, adoption and penetration) as well as provide open feedback on their experience of watching the video.

Measures

Demographic Variables

For the community sample, we included following demographic data: country of residence, age, gender, sexual orientation, ethnic/racial background, disability or long-term health condition status, relationship length, sexual relationship status (e.g., monogamous, non-monogamous, self-identify), and age and number of children living at home.

For the healthcare professionals sample, we will ask the following demographic questions: type of clinician/healthcare provider, work setting, and number of years practicing,

country of residence, age, gender, sexual orientation, ethnic/racial background, disability or long-term health condition status.

Pre-Video Variables

The community sample will be asked one question prior to being presented with the video: "How likely are you to use planning sex (i.e., plan sex ahead of time, schedule sex) as a way to stay sexually connected with your partner?" Participants will be asked to respond on a 7-point Likert scale (i.e., 1 = "Not at all likely," 7 = "Very likely").

The healthcare professionals sample will be asked two questions prior to being presented with the video: (1) "How likely are you to discuss using planned sex as a way for couples to connect sexuality in the work that you do?" and "How likely are you to discuss people's beliefs about planned sex when suggesting an intimacy exercise that involves planning sex in your work?" Participants will be asked to respond on a 7-point Likert scale (i.e., 1 = "Not at all likely," 7 = "Very likely", N/A = "Not applicable").

Post-Video Variables

Viewing Length. To help ensure participants watch the full video, they cannot move to the next part of the survey for the time length of the video. To attempt to confirm that participants watched the entire length of the video we will ask participants from both the community sample and healthcare professionals sample to confirm this with the following prompt: "Please confirm that you have watched the video (your response to this question will have absolutely no influence on compensation)." Participants will choose from two options: 1 = "Yes, I did watch the entire video" and 2 = "No, I did not watch the entire video." If participants say no, they will not be included in our data analyses.

Comprehension Check. Community sample: To assess comprehension of the video, we will ask community participants: "What was the takeaway message of the video?" The correct response option (from 4 possible options) will be: "Planning sex has benefits for couples' sex lives." If participants do not respond correctly, they will not be included in our data analyses.

Acceptability. Both samples: To assess acceptability (i.e., liking the video), we will ask community participants: "How much did you enjoy watching the video?" and ask them to respond on a 7-point Likert scale (i.e., 1 = "Not at all," 7 = "Very much").

Clarity. Both samples: To assess the clarity of the message in the video, we will ask participants: "How clear was the message?" and ask them to respond on a 7-point Likert scale (i.e., 1 = "Not at all clear," 7 = "Very clear").

Convincing. Both samples: To assess how convincing the message was, we will ask participants: "How convincing was the message?" and ask them to respond on a 7-point Likert scale (i.e., 1 = "Not at all convincing," 7 = "Very convincing").

Helpful. Both samples: To assess how helpful the video was, we will ask participants: "Overall, how helpful was this video to you?" and ask them to respond on a 7-point Likert scale (i.e., 1 = "Not at all helpful," 7 = "Very helpful").

Appropriateness. Community sample: To assess appropriateness (i.e., perceived relevance), we will ask participants: "Overall, how relevant to your life was this video?" and ask them to respond on a 7-point Likert scale (i.e., 1 = "Not at all relevant," 7 = "Very relevant"). Healthcare professionals sample: To assess appropriateness (i.e., perceived relevance), we will ask participants: "Overall, how relevant to your work was this video?" and ask them to respond on a 7-point Likert scale (i.e., 1 = "Not at all" 7 = "Very much").

Adoption. Community sample: To assess adoption (e.g., intention to share videos with a partner/others), we will ask participants: "How likely would you be to share this video with people you know?" and ask them to respond on a 7-point Likert scale (i.e., 1 = "Not at all likely," 7 = "Very likely"). Healthcare professionals sample: To assess adoption (e.g., intention to share videos with patients), we will ask participants: "How likely would you be to share this video with your clients/patients?" and ask them to respond on a 7-point Likert scale (i.e., 1 = "Not at all likely," 7 = "Very likely").

Penetration. Community sample: To assess penetration (e.g., perceived attitude change such as having more positive beliefs about planned sex or being likely to plan sex with their partner), we will ask participants: "After watching this video, how likely are you to use planning sex as a way to stay sexually connected with your partner?" and ask them to respond on a 7-point Likert scale (i.e., 1 = "Not at all likely," 7 = "Very likely"). Healthcare professionals sample: To assess penetration (e.g., being likely to discuss planning sex as an intervention or beliefs about planned sex with patients/clients), we will ask participants: (1) "After watching this video, how likely are you to discuss using planned sex as a way for couples to connect sexuality in the work that you do?" and (2) "After watching this video, how likely are you to discuss people's beliefs about planned sex when suggesting an intimacy exercise that involves planning sex in your work" and ask them to respond on a 7-point Likert scale (i.e., 1 = "Not at all likely," 7 = "Very likely," N/A = "Not applicable").

Feedback (Open-Ended). Both samples: To elicit any further sharing of feedback on the video, we will ask participants: "If you would like, please provide any additional thoughts you had on the video in your own words below" and allow for an open-ended response. Healthcare professionals sample: We will ask the following additional open-ended question to the HCPs to

elicit further insight about for whom this video might be most beneficial: "Could you please describe some client/patient populations you think might benefit from the information from the video (and why)?"

Attention Check. Both samples: Due to the short nature of the survey, we will include only one attention check item. We will instruct participants to: "Please answer this question by choosing number 2" on a 7-point Likert scale (1 = "Not at all likely," 7 = "Very likely"). Participants who do not select "2" will not be included in the data analysis.

Honesty Check. Community sample: Finally, to assess how honest community participants were in responding to our survey, we will tell them: "It is important for us that the data collected are reliable" and ask: "In this survey, were all your responses sincere and true, to your knowledge?" to which they can respond 1 = "Yes, my responses were sincere and true to my knowledge" or 2 = "No, I gave some responses that were insincere or untrue." We will inform participants that their response to this question will have no influence on their compensation. Participants who select "2" will not be included in the data analyses.

Data Analysis Plan

We will use descriptive statistics to summarize participants' responses to the survey items, including ratings of the video's clarity, relevance, usefulness, and overall quality (*M*s, *SD*s, ranges, percentages). These are descriptive values, so we do not have specific predictions, but given our efforts to include relevant stakeholders and knowledge creators early in the first phase of our research, we expect high means on our key variables (above the midpoint of the scale).

Using paired *t*-tests, we will analyze changes in community participants' pre-post reports (i.e., before and after watching the videos) of how likely they are to plan sex with their partner.

We will also analyze changes in healthcare professionals pre-post reports (i.e., before and after watching the video) indicating how likely they are to (1) discuss planning sex as a way to help couples they work with connect sexually and (2) discuss beliefs about planned sex with patients when suggesting intimacy exercises that involve planning sex in their work. We predict that community participants will report a higher likelihood of planning sex with their partner after watching the video as compared to before watching the video. We will also examine whether HCP are more likely to discuss using planning or discussing planning with clients after watching the video, compared to before, but it is possible this will already be rated highly pre-video.

We will use participants' open-ended responses to consider if any changes should be made to the video before broader dissemination.

Phase 3: Video Dissemination

In the third and final phase, our focus will shift to sharing the video with a broader public audience. To support dissemination, we will invite clinicians, sex educators, researchers, and science communicators with an established social media presence (e.g., on Instagram, TikTok, LinkedIn, Facebook or YouTube) to partner with us in sharing the final video. These individuals will be identified based on relevance to our content area (e.g., sex and relationship education, couples therapy, sexual wellness), alignment with evidence-informed practices, and existing public engagement. Additionally, we will create a dedicated webpage for the project, which our partners will link to when sharing the video. This webpage will feature accessible formats of the video–such as audio-only and infographic versions–alongside a full transcript and practical tips for discussing planned sex with a willing partner.

We will reach out to potential partners via email or direct message, informing them of the nature of the project, the intent of the video, and the fact that we are operating without a

promotional budget. While no compensation will be offered, we will highlight how the video may provide valuable, engaging, and research-backed content for their followers (e.g., relationship tips, conversation prompts, normalizing common experiences). If they express interest, we will provide the final video along with suggested captions, relevant tags, and any optional resources they may wish to include in their posts. Partners will be provided a social media toolkit, which will include our hashtag #planningissexy, different versions of the video formatted for different platforms, and a link to our webpage, but they will also be encouraged to adapt messaging to suit their voice and audience. We will also track which individuals share the video, on which platforms, and any associated engagement metrics (e.g., views, likes, shares, comments) where accessible.

Using Google Tag Manager and business social media accounts, we will gather analytics on reach and engagement, including metrics like impressions, likes, and shares from both our own and our partners' platforms.

We will track engagement by monitoring reach metrics for the video posted on our own accounts, as well as documenting who shares it, which platforms are used, and available engagement data (e.g., likes, shares, comments, and views). To enhance tracking accuracy, we will encourage all collaborators to use the hashtag #planningissexy, although we recognize that not every share may include it. We will document the use of this hashtag starting from our launch date as an additional reach metric.

Where possible, we will also analyze viewing duration to gauge audience engagement, comparing it with platform-wide averages. All metrics will be tracked over a two-month period following the video's initial launch on social media.

Figure S1

Full-Length Video (posted to YouTube, Facebook & LinkedIn)

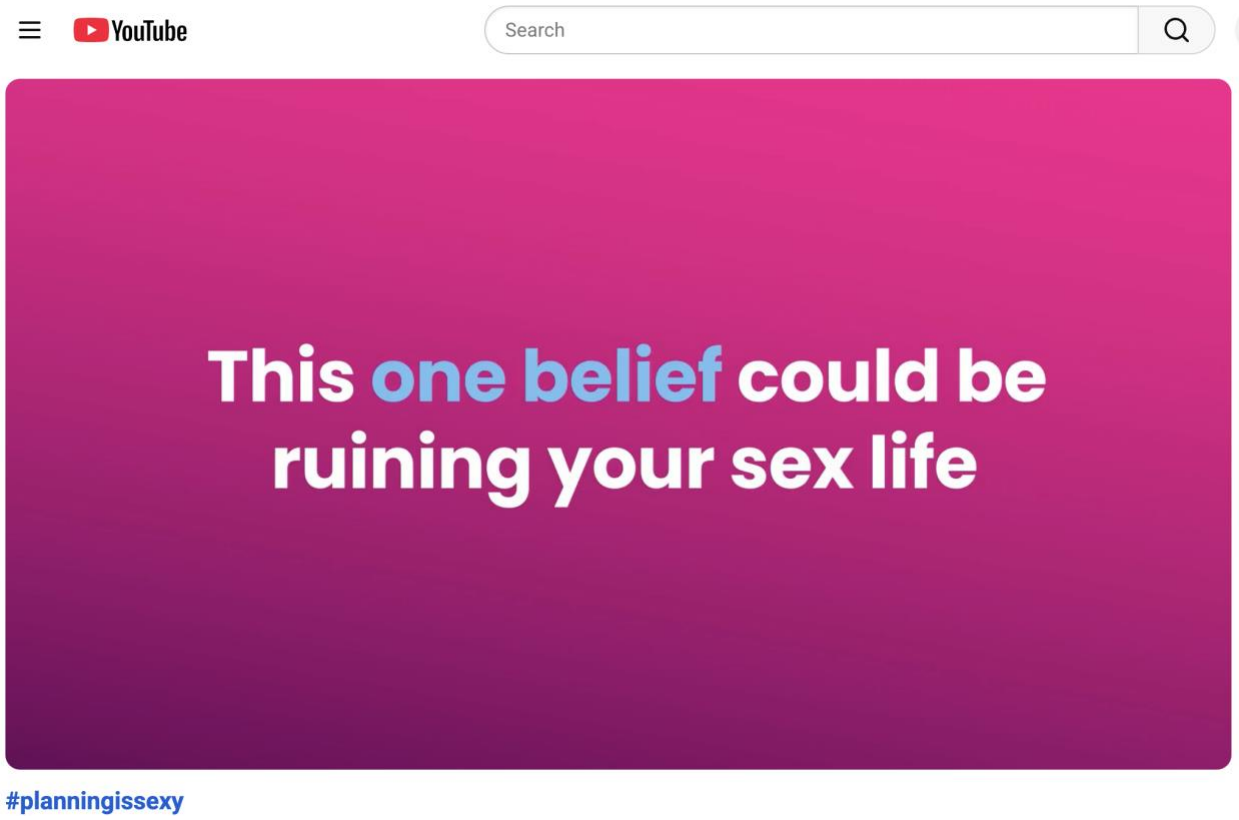


Figure S2

Full-Length Video (posted to Instagram and TikTok)

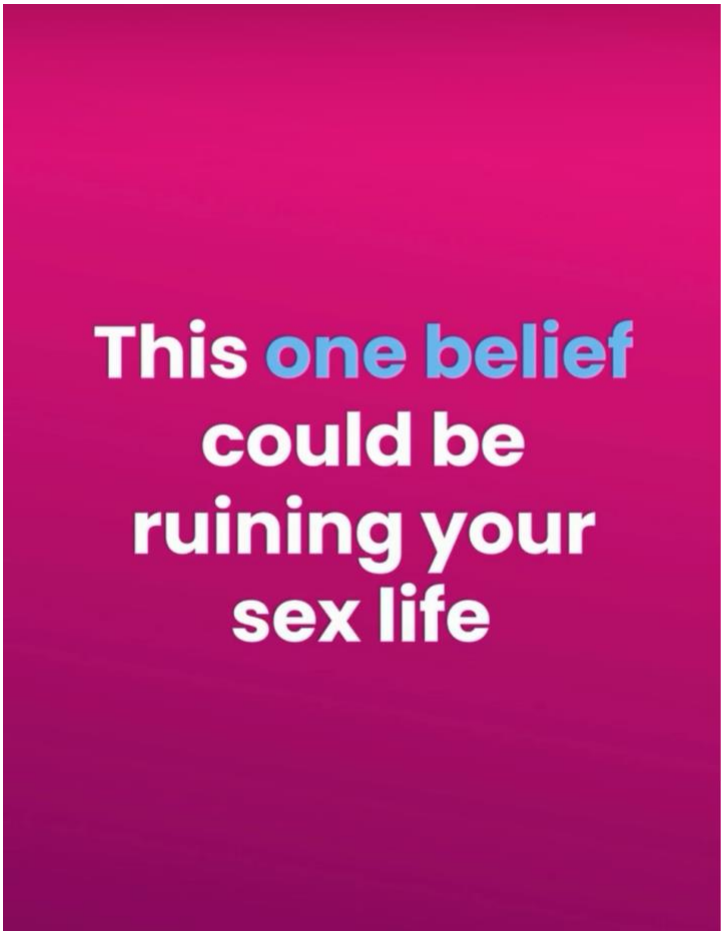
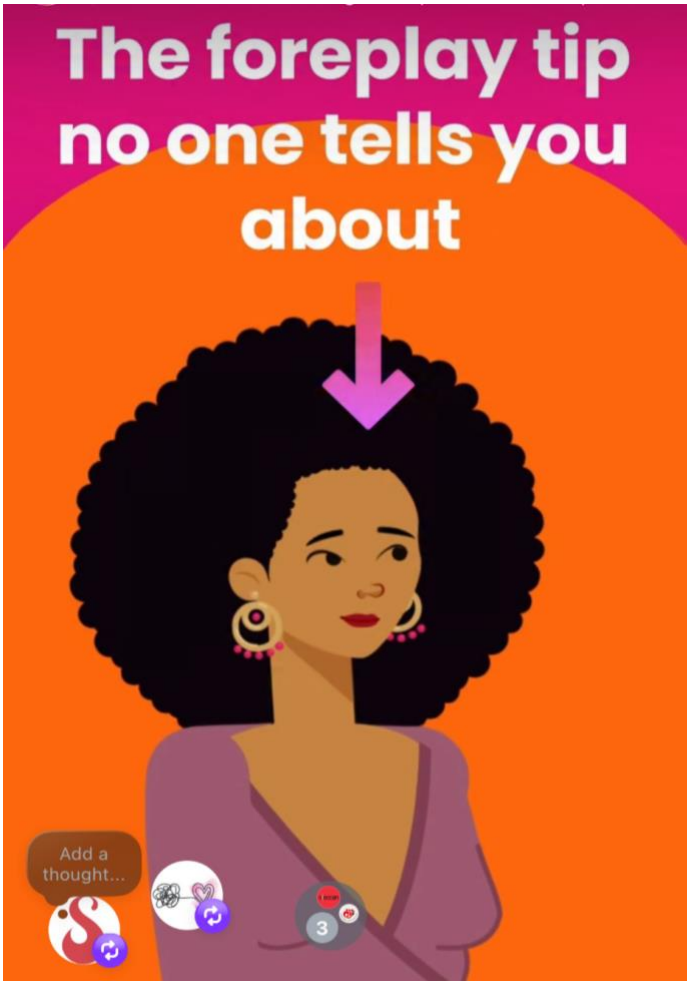


Figure S3

Teaser Video (posted to Instagram, Facebook and TikTok)



Correlations with Sexual Growth and Destiny Beliefs

To examine associations among the belief constructs, we conducted Pearson bivariate correlations between planned sex beliefs, spontaneous sex beliefs, sexual growth beliefs, and sexual destiny beliefs across two samples. In an independent sample of $N = 346$ individuals (not included in the dissertation), planned sex beliefs and sexual growth beliefs were not significantly correlated, $r = .01$, 95% CI [-.095, .117], $p = .841$, nor were spontaneous sex beliefs and sexual destiny beliefs, $r = .10$, 95% CI [-.004, .205], $p = .059$. In addition, spontaneous sex beliefs and sexual growth beliefs were not significantly correlated, $r = .03$, 95% CI [-.075, .136], $p = .569$, nor were planned sex beliefs and destiny beliefs, $r = .06$, 95% CI [-.045, .165], $p = .261$, suggesting that beliefs about spontaneous and planned sex and implicit theories about sexual compatibility (i.e., growth vs. destiny) represent largely independent dimensions.

Then, in a daily diary sample of $N = 121$ couples (Paper 1, Study 2), we found small cross-domain associations: planned sex beliefs and sexual growth beliefs were weakly negatively correlated, $r = -.12$, 95% CI [-.146, -.087], $p < .001$, and spontaneous sex beliefs and sexual destiny beliefs were weakly positively correlated, $r = .10$, 95% CI [.072, .133], $p < .001$. Spontaneous sex beliefs and sexual growth beliefs were not significantly correlated, $r = .00$, 95% CI [-.026, .033], $p = .837$, and planned sex beliefs and sexual destiny beliefs were weakly positively related, $r = .19$, 95% CI [.162, .221], $p < .001$. Although three out of the four associations reached statistical significance in this sample, the associations were small, suggesting minimal overlap between cross-domain constructs.

Across both studies, the pattern of results converges on the assertion that beliefs about how sex should unfold (spontaneously or through planning) and implicit theories of sexual compatibility (growth or destiny) are empirically distinct constructs. That is, endorsing beliefs

about how sex should unfold is largely independent of whether one views sexual compatibility as fixed or malleable.

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