

Summary Report

# **Nationwide Trial of The Dream Method™**

carried out by

**Power Health Australia Pty Ltd**

July 2002 Copyright

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## INTRODUCTION

This Summary report is a condensed version of the full technical report and has been prepared for the benefit of the General Public, the media and other interested parties. The full report is a more comprehensive and technical document. Copies of the full report will be available at the Dream Method™ web site ([www.dreamcream.com.au](http://www.dreamcream.com.au)), or can be obtained from Power Health Australia Pty Ltd free of charge at P.O. Box 192 Greensborough, Victoria, Australia, 3088.<sup>1</sup>

### *Background*

Power Health Australia Pty Ltd requested StatsWorks of RMIT (Royal Melbourne Institute of Technology) University to review the results of a trial carried out by Power Health. The trial tested the effectiveness of its Dream Method™ product with a group of 200 women. The Dream Method™ is directed towards women and is designed to improve the quality of their sexual relationships. The product consists of a set of procedures involving a focus on each of: **D**iscussion, **R**elaxation, **E**njoyment, **A**ttitude, and **M**assage as well with the use of a proprietary cream, known as Dream Cream. (For further details about the Dream Method™ see [www.dreamcream.com.au](http://www.dreamcream.com.au).)

The 200 participants in this study took up an invitation to trial The Dream Method™ after the broadcast of an item about the product by ‘A Current Affair’ on 21 January 2002. ‘A Current Affair’ is one of the top rating programs on Australian Television. Viewers were invited to use the Method and then report on their experiences. In detail, the trial consisted of an initial, pre-trial questionnaire aimed at determining a baseline level of sexual functioning followed by a post-trial questionnaire assessing any change in the level of functioning after use of The Dream Method™.

Differences in the levels of functioning between the pre- and post measures provide evidence about the effectiveness of The Dream Method™. Consistent with the status of the trial as the first in a series, the trial did not attempt to control for all possible extraneous factors, nor did it attempt to focus upon any particular group of respondents in the community. Instead, the aim of the trial was to provide a ‘first look’ at the possible size of effect associated with use of The Dream Method™.

Participation in both parts of the trial was voluntary and free and participants were guaranteed that their participation and all individual results would remain confidential. The trial was limited to healthy individuals who did not suffer any underlying sexual problems or who were not facing any of a range of conditions that could impact upon their sexual functioning (e.g., active herpes, pregnancy, menopause). The trial was also designed to exclude underage or older individuals.

The principal goal of the study was to develop a reliable assessment of the broad strength of effect associated with The Dream Method™ and, as with any research, needs to be interpreted within the context of that study’s intent and design.

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1. Both this summary report and the technical report are copyright, and cannot be used for any reason or copied without the express written permission of Power Health Australia Pty Ltd.

## REVIEW OF THE SURVEY RESULTS

The results of the survey are based on 200 records provided to StatsWorks by PowerHealth. The analysis was structured around two questions.

- What were the characteristics of participants?
- What changes were apparent between the pre-trial and post-trial ratings of sexual functioning?

Prior to the main analysis, a group of 73 records were omitted due to the participants failing to meet one or more criteria.

### *Characteristics of Participants*

All participants were female. The typical age was approximately 39 years (standard deviation of 9 years) with the youngest participant being 22 years and the oldest being 58 years. All states and territories were represented with Queensland contributing the single largest proportion of 25%. Victoria and NSW contributed the next largest groups (Victoria: 21%, NSW: 22%). South Australia contributed a further 15%. Other states and territories made up the balance of 18%.

Just over one-half (55%) of the participants reported that they made love two to six times a month. Slightly less than one-quarter (22%) reported that they made love twice a month a further 19% reported their lovemaking frequency as being between six to ten times monthly. Only three participants reported a monthly lovemaking frequency of less than twice a month and six participants reported making love ten or more times a month. The median frequency of lovemaking was just under four times per month.

### *Changes between the Pre-trial and Post-trial measures*

Five items assessed sexual functioning:

- Ease of achieving orgasm
- Intensity of orgasm
- Satisfaction with sexual relationship
- Sexual arousal
- Vaginal moisture

All items used five-point scales and therefore, were best described as being ordinal scales. Furthermore, response distributions, particularly for the follow-up round tended to be skewed towards higher levels of functioning. As a result, median scores and non-parametric statistics were used in the analysis.

Figure 1 (Attachment 1) summarises the median scores on the pre-trial and the post-trial rating scales for the sexual functioning items. The figure shows that for all of the items excepting one, the typical (median) response in the initial round was slightly below the midpoint of the scale. The exception to this was satisfaction with sexual relationships for which the typical response was slightly better than the midpoint. All five of the items assessed in the post-trial questionnaire showed substantial increases.

A comparison of ratings for the pre-trial and post-trial showed that most participants reported improvements in sexual functioning (see Figure 2, attachment 2)). The largest numbers reporting increases were found with vaginal moisture and sexual arousal. Approximately three-quarters of the respondents reported some level of

improvement on each of these two measures (vaginal moisture: 73%; sexual arousal: 76%), and just under one-half (47%) showed improvements in the arousal ratings of at least two points on the five-point scale. The equivalent figure for vaginal moisture was over one-third (37%) reporting at least a two-point improvement. While the numbers reporting improvements for the three other measures were not quite so large, they remained very strong. Nearly three-fifths (57%) of the participants reported some improvement in the ease of achieving orgasm and over one-half reported more intense orgasms and greater satisfaction with their sexual relationships (both measures: 53%).

#### Statistical Testing of Difference

Testing of changes in ratings used Wilcoxon's matched pairs test. The test is similar to a t-test for dependent samples, but allows for ordinal level data. The test results for differences between the first and second rounds on the five repeated scales are summarised in Table 1.

Table 1. Summary of test (Wilcoxon) results comparing on sexual functioning items in pre-trial and post-trial ratings.

Item	Changes in ratings: round 1 & 2		
	n	Z	Signif.
Ease of achieving orgasm	127	4.17	< 0.1%
Intensity of orgasm	127	4.07	< 0.1%
Satisfaction with sexual relationship	127	2.88	< 1%
Sexual arousal	127	4.67	< 0.1%
Vaginal moisture	127	5.52	< 0.1%

The results of the statistical testing showed that there had been highly reliable increases in ratings between the first and the second round. Those increases were greatest for the reported feelings of sexual arousal, vaginal moisture and ease of achieving orgasm. Smaller, though still highly significant increases in ratings were observed for reported intensity of orgasm, and satisfaction with sexual relationships.

A final and indirect measure of the effectiveness of The Dream Method™ is the willingness of individuals to use The Dream Method™ again after the trial. Just over 70% of the participants said that they would use The Dream Method™ again. Not surprisingly, there was strong evidence that among those reporting that they would use the method again, measures of sexual functioning were much stronger than among those who said that they would not use the Method again.

The post-trial questionnaire offered the opportunity to examine a number of additional factors including how The Dream Method™ was actually used and the presence of side effects. The Technical Report explores these results in more detail.

#### **Summary**

The results of the analysis present a very clear picture of significant improvements in the ratings of sexual functioning between the initial rating and the follow-up rating. Those increases were observed on all of the individual measures of sexual functioning and were strongest with ease of achieving orgasm, sexual arousal and vaginal moisture.

Figure 1. Changes in typical (median) ratings from pre-trial to post-trial for each of the five sexual functioning items.

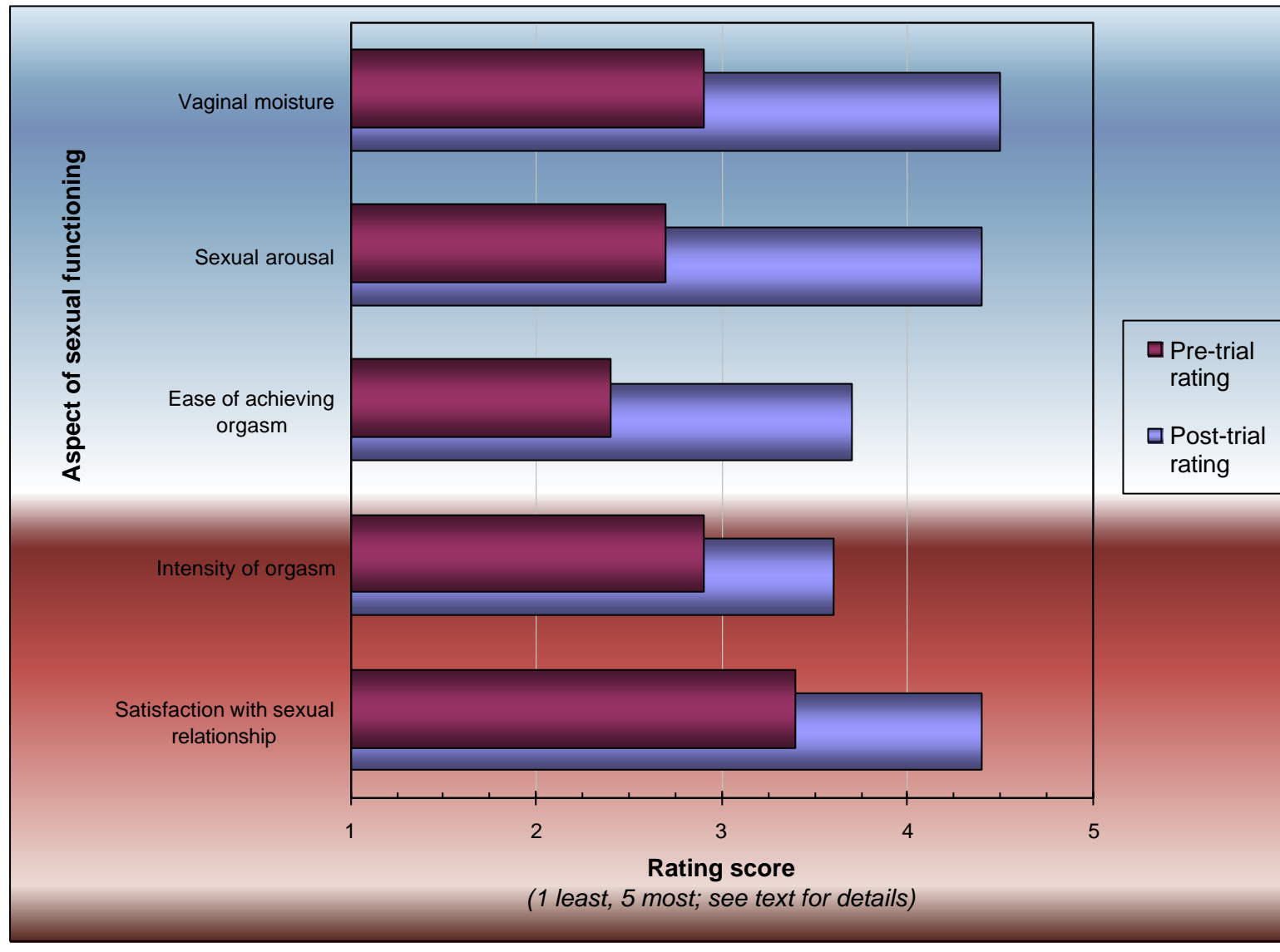
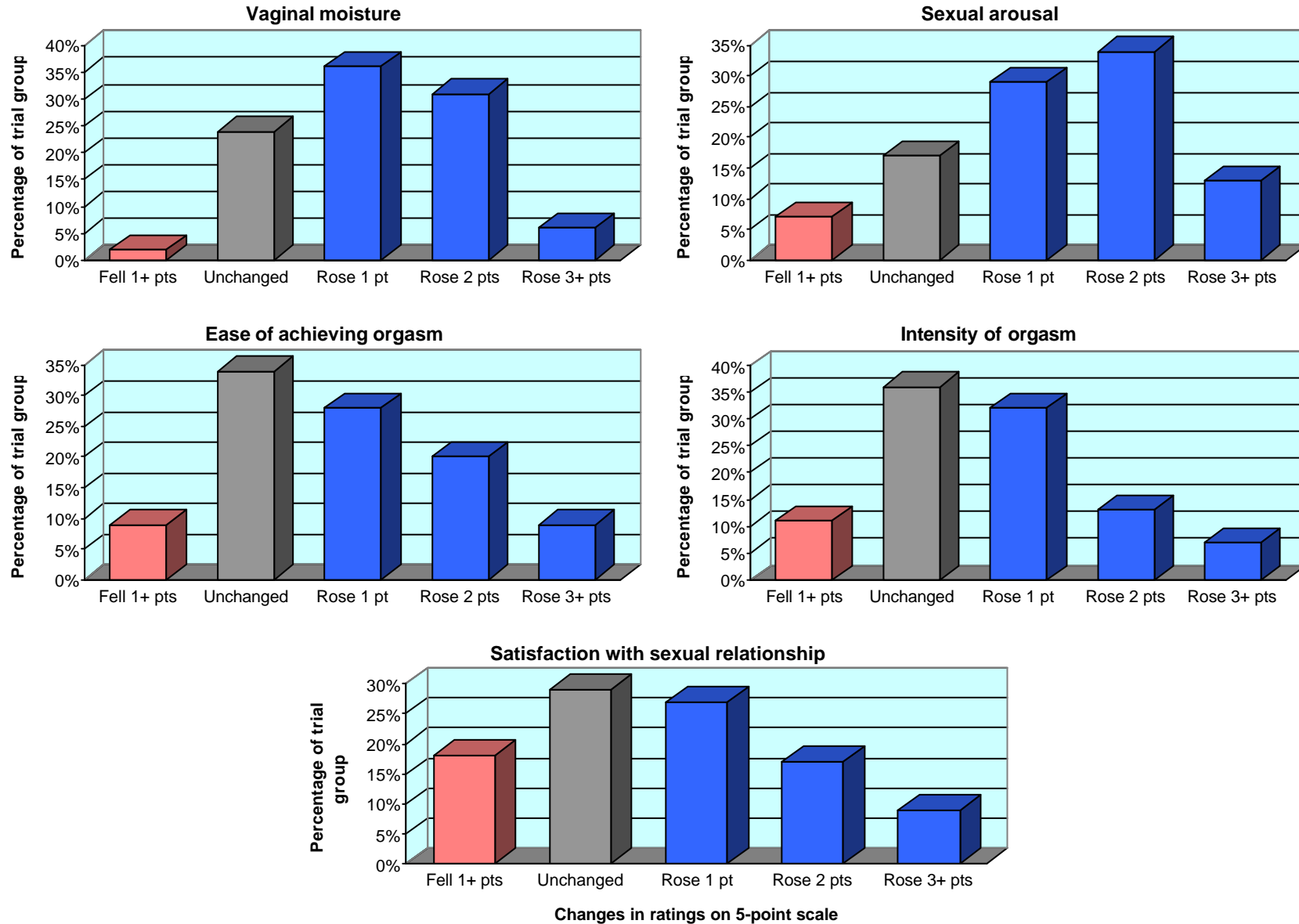


Figure 2. Percentages of participants reporting improvements in each of the five aspects of sexual functioning.



## REVIEW OF THE SURVEY METHODOLOGY

### *Selection of Participants*

As noted above, viewers of “A Current Affair”, which had broadcast an item about The Dream Method<sup>TM</sup>, were invited to participate in this trial. The trial was advertised as testing the effectiveness of The Dream Method<sup>TM</sup>. In order to participate, individuals had to email their interest to Power Health Australia Pty Ltd. In fact, a very large number of individuals emailed their interest<sup>2</sup> out of whom the first 800 were asked to log on to [www.dreamcream.com.au](http://www.dreamcream.com.au) web site and complete the initial questionnaire.

Individuals not satisfying a number of criteria were excluded from the study:

- Individuals had to be female and between 18 years and 60 years of age
- Individuals had to be either married or in a de facto relationship and had to be ‘reasonably happy in that relationship’
- Marital status (married or in de facto relationship that is ‘reasonably happy’)
- Presence of health factors that could impact on the trial (pregnant, breastfeeding, menopausal, active herpes, vaginal infection, use strong medication.
- No desire for sex.

Screening of this initial group produced a group of 250 participants. These individuals were sent The Dream Method<sup>TM</sup> ‘pillow pack’ with a request to report upon their experiences at the [www.dreamcream.com.au](http://www.dreamcream.com.au) web site following two or three uses of The Dream Method<sup>TM</sup>. The trial was closed when a final group of 200 individuals went on to report upon their experiences.

Further review of the participants suggested that a number should be omitted from further analysis on the basis that there were significant, external factors that could have adversely affected the effectiveness of The Dream Method<sup>TM</sup>:

- 14 (7.0%) participants reported the presence of side effects (none of the participants felt the “side effects” were significant enough to elaborate upon) and therefore, it is unclear how they made use of the Method once those side effects became apparent
- 19 (9.5%) participants reported either high stress levels or stress in their relationship, some of who were also among a group of 33 (16.5%) who reported higher than normal levels of stress during the interval of the trial
- 5 (2.5%) participants reported PMS/PMT/periods
- 2 (1.0%) participants reported a negative attitude to the Method
- 11 (5.5%) reported being very dry (vaginal moisture)
- 18 (9.0%) reported having no level of sexual arousal at all

The final analysis therefore used 127 participants.

Our examination of the selection process did not identify any evidence that the group of women who participated in the trial appear to have been more likely to have responded

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2. During the first 12 hours after the invitation was broadcast, over 5,000 emails were received seeking to be involved in the trial.

particularly well to The Dream Method™ than would have any randomly selected group of women not facing a sexual dysfunction.

### ***Procedure and Questionnaires***

Participants received a guarantee of confidentiality. Completion of the second round of the survey required a personal identification number that was sent to participants. The guarantee of confidentiality was part of a general encouragement to respond honestly. Participants were also told that results would be ‘*checked for honesty using the standard scientific methods used in sex research*’.

Both questionnaires were quite short (less than a dozen items) and were simple to complete. At the heart of each of the two questionnaires were five items asking about levels of sexual functioning:

- Vaginal moisture (wetness/dryness)
- Ease of achieving orgasm
- Sexual arousal (warm tingling feelings)
- Intensity of orgasm
- Satisfaction with sexual relationship

Each item used five response options. (See Table 2.)

**Table 2. Rating items and response options used to assess sexual functioning.**

<b>Vaginal moisture</b>	<b>How easily do you achieve orgasm?</b>
Very dry	Never orgasm during intercourse
Somewhat dry	Somewhat difficult
Normal for you	Neither
Somewhat wet	Somewhat easy
Very wet	Very easy
<b>Sexual arousal</b>	<b>How intense is your orgasm?</b>
Not at all aroused	Never orgasm during intercourse
Not very aroused	Somewhat mild
Normal for you	Normal for you
Somewhat aroused	Somewhat intense
Very aroused	Very intense
<b>How satisfied are you with your sexual relationships</b>	
Very dissatisfied	
Somewhat dissatisfied	
Uncertain	
Somewhat satisfied	
Very satisfied	

In addition to these core items, items in both the pre-trial and post-trial questionnaires sought basic, descriptive information about the participant, information used to screen out those not meeting relevant criteria and, for the post-trial questionnaire, information

used to identify the presence of any possible extraneous factors (see discussion on page 8).

Descriptive information was sought first with the sexual functioning items presented at the end of the questionnaire.

Additional items in the follow-up questionnaire explored aspects of participants' use of the Dream Method<sup>TM</sup>. Participants were asked what parts of the Dream Method<sup>TM</sup> they had used (**D**iscussion, **R**elaxation, **E**njoyment, **A**ttitude, and **M**assaging of the Dream Cream) – participants could indicate any combination – and the frequency of their use of The Dream Method<sup>TM</sup> over the trial (once, twice, three times, four or more times). They were also asked whether the idea to participate in the trial had been theirs, their partner's, or a joint decision.

Three items investigated factors that might have worked against the trial. Stress factors present during the trial were described as being either 'normal' or 'high'. Participants could also indicate that they had experienced side effects and then describe what they were. Finally, a set of seven possible factors that might have led to The Dream Method<sup>TM</sup> not working were offered together with the option to indicate that the trial had worked for the participant. Those seven factors were:

1. Too much stress
2. Relationship stress
3. Expectations being too high
4. PMS/PMT/period
5. Alcohol or other drug use
6. Negative attitude towards the trial
7. Pressure from the participant's partner.

Participants were asked whether they would use The Dream Method<sup>TM</sup> again.

Finally, participants had the opportunity to comment about the product or trial.

Because of the pre-trial – post-trial design of the study, it is important that questionnaire items that are to be compared be as similar to each other as possible.

There were a number of concerns with this aspect of the design of the questionnaire. The primary concern was with differences between the presentations of the response options. It is unclear what effect those differences might have had on responding (see the Technical Report for a more full discussion of this point).

## **SUMMARY AND CONCLUSIONS**

\* The results of the study were clear and unequivocal. There were statistically significant increases in the presented ratings of sexual functioning on all five measure indices. Between one-half and three-quarters of the participants reported increased ratings – the size of the increase depended on the measure with about three-quarters reporting increases on vaginal moisture and sexual arousal and 50% -60% reporting increases on the three other measures. Less than ten percent of participants could report that there had been no improvement in any aspect, and no respondents reported a general decrease in sexual functioning.

\* All five items assessed in the post-trial questionnaire showed substantial increases.

\* The results of the statistical testing showed that there had been highly reliable increases in ratings between the first and the second round. Those increases were greatest for the reported feelings of sexual arousal, vaginal moisture and ease of achieving orgasm. Smaller, though still highly significant increases in ratings were observed for reported intensity of orgasm, and satisfaction with sexual relationships.

\* Although it would be tempting to say that the participant group were representative of the general community, the trial did not attempt to put together a representative sample, nor was it possible to assess the representativeness of the group tested against the community as a whole.

\* This study was not designed to be a fully controlled, double-blind trial of The Dream Method<sup>TM</sup>. Instead, its goal was to collect initial evidence for the effectiveness of The Dream Method<sup>TM</sup> using a protocol that could then, with appropriate amendments, be replicated. The methodology for the trial relied upon a comparison between a pre- and post-trial measurement of sexual functioning.

\* In conclusion, the current trial's aim of collecting initial evidence concerning the effectiveness of The Dream Method<sup>TM</sup> yielded results that very strongly suggested that use of the Method had improved the quality of the participants' sexual experience. The extent of that improvement was more difficult to assess because of methodological shortcomings discussed above and because the trial was never intended to primarily address that question. However, the strength of the results appears to provide tentative evidence of a potentially very substantial effect. Further work is needed & justified by the results to address questions raised by these outcomes.

\* A final and indirect measure of the effectiveness of The Dream Method<sup>TM</sup> is the willingness of individuals to use The Dream Method<sup>TM</sup> again after the trial. Just over 70% of the participants said that they would use The Dream Method<sup>TM</sup> again. Not surprisingly, there was strong evidence that among those reporting that they would use the method again, measures of sexual functioning were much stronger than among those who said that they would not use the Method again.