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LITERATURE REVIEW

Do stressful life events impact women's sexual desire?☆

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Summary People confronted to a stressful life event may experience negative consequences on sexual intimacy (Morokoff and Gillilland, 1993; Hagemeister and Rosenblatt, 1997, Bodenmann et al., 2006). The main hypothesis of the study is that the impact of stressful events on sexuality, especially on sexual desire, will depend on the subjective reactions to this event. Fifty-two women responded to several questionnaires: the sexual desire scale, the impact of event scale-revised (IES-R) and a list of potential stressful events. The results showed a positive association between the stressful event and dyadic sexual desire. Especially, women who experienced high levels of intrusions and hyperarousal after a stressful event also exhibited a higher levels dyadic sexual desire, with no significant result for individual sexual desire.

Introduction

People confronted with stressful life events (SLE) may experience symptoms such as intrusive thoughts, hyperactivation, and avoidance of stimuli related to the stressor (Horowitz et al., 1979). Traumatic sexual events (e.g., sexual abuse) have also been found to negatively impact future sexuality (Meston and Heiman, 2000). Indeed, childhood sexual abuse has also been found to negatively influence future sexuality (Loeb et al., 2002). Survivors of childhood abuse may present risky sexual behaviors, sexual dysfunctions or sexual re-victimization (Roller et al., 2009). However, sexual abuse does not affect all children uniformly. In a study by Meston et al. (2006), they found no difference in sexual arousal, orgasm, or sexual desire (SD) between women with and those without a history of childhood sexual abuse. However, the age of the child, the severity and frequency of abuse, the relationship to the perpetrator (e.g., being a

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family member), and the number of perpetrators were found to be important factors influencing how children react to sexual traumas (Loeb et al., 2002).

Some researchers have also suggested that non-sexual events, such as the death of a relative, disease or being unemployed, may negatively influence sexual functioning (Morokoff et al., 1993; Hagemeister and Rosenblatt, 1997). Similarly, some studies have found a positive correlation between daily stress and sexual dysfunctions (Bodenmann et al., 2006). However, there is no consensus in the literature with regard to these findings. For example, Bodenmann et al. (2010) found that sexual pleasure was found to be unrelated to subjective stress. In fact, it seems that stress may negatively affect the frequency of sexual activities but not the satisfaction and pleasure associated with the actual sexual activity. Some researchers have even found that traumatic events may sometimes impact sexuality in an unexpected way. For example, Broman (2003) observed that people who experienced a past trauma presented more accepting attitudes towards sexuality (e.g., women would be more likely to watch pornography and more likely to accept homosexuality). As the literature attests, the impact of stressful events, sexual or non-sexual, on future sexuality may not be uniform.

The concept of sexual desire

Dysfunctions with SD are a widespread problem in the female population. Indeed, the prevalence of hypoactive SD ranges between 24 and 43% (Segraves and Woodard, 2006). Despite its prevalence, it remains difficult to precisely define what SD actually is. The main reason for this is that SD has an important subjective dimension and therefore varies from one person to another (Trudel, 2003). Basson (2002) defined SD in cognitive terms: ''Sexual thoughts, sexual fantasies and sexual neediness or hunger to experience the build up and release of sexual tension...'' (p. 17). For a long time, SD and sexual arousal have been considered as two different phases of a common process. Indeed, older models of sexuality assumed that SD would precede sexual arousal and orgasm, in a linear sexual response (Kaplan, 1979). Recently however, researchers have suggested that these two phases overlap. Indeed, SD may reflect the awareness, or in other words, a cognitive component of sexual arousal (Everaerd and Both, 2001; Prause et al., 2008).

In this perspective, the Fifth Edition of the Diagnostic and Statistical Manual Disorders (DSM V, American Psychiatric Association, 2013) proposed a diagnosis category of ''female sexual interest/arousal disorder (SIAD)''. The SIAD is defined as a reduced/low level of (1) desire for sex, (2) sexual thoughts and/or fantasies, (3) initiation and receptivity of sexual activity, (4) sexual pleasure, (5) desire triggered by sexual stimuli and/or (6) genital or non/genital sensations. Three or more criteria as well as clinically significant distress must be encountered to meet diagnostic criteria of SIAD. Current models of SD (Basson, 2002; Levine, 2002; Trudel, 2003) consider that SD and its difficulties have multiple over-arching determinants: biological, environmental, and psychological factors.

How stressor interfere with sexual desire?

In erotic situations, dysfunctional women were found to present automatic thoughts irrelevant to sexual intercourse. For example, dysfunctional women may think ''I'm getting fat or ugly'' or ''I should not take the lead in sexual activity'' (Nobre and Pinto-Gouveia, 2008). The most common content of these automatic thoughts is related to self-body-image. Women with cognitive distraction about their self-appearance during sexual intercourse also presented a low sexual satisfaction (Pujols et al., 2010; Gagnon-Girouard et al., 2014). However, sexual performance concerns as well as failure of sexual intercourse were also found to worry women during sexuality (Dove and Wiederman, 2000; Neff and Dahm, 2015). In a questionnaire study, Nobre and Pinto-Gouveia (2008) found that sexually dysfunctional women were characterized by negative automatic thoughts dealing with sexual abuse, failure of the sexual intercourse, and fear of partner disengagement.

These negative automatic thoughts can cause interferences in the sexual situation. Indeed, dysfunctional women have been found to focus their attention on negative automatic thoughts rather on sexually erotic cues. Researchers have suggested that distraction from sexual cues during sexual activities decreases subjective and physiological arousal, in both men and women (Beck et al., 1987; Dove and Wiederman, 2000). Similarly, Barlow (1986) suggested that the emotional response and attention captured by a sexual cue will determine if a sexual response occurs. When a sexual cue is encountered, it may be rated as positive or negative. If such cues are evaluated as positive, people would tend to maintain their attention to it and initiate sexual approach behaviors, including sexual response. However, if those cues are rated as negative, people will be more likely to attend to contextual issues that are non-erotic, like negative or stress related thoughts. Such attention to these stress related cues will lead to a decrease in SD and arousal. However, the content of these negative automatic thoughts will depend on the actual concerns or stresses of the women.

The main hypothesis of the present study is that the consequences of non-sexual stressful events on SD will depend on the subjective evaluation and reactions to the stressor. These are intrinsically dependent on the individual who experiences the event. More specifically, we hypothesize that intrusions, avoidance and hyperactivation related to the non-sexual SLE would mediate the relation between subjective appraisal of the stressful life event and women SD. Women who experience many intrusions associated with stressors (e.g., work, death, pregnancy, illness...) will rate their impact on SD as more important. Indeed, the negative thoughts linked to the event should interfere with the cognitive activity required for the generation of SD. These women would focus more on the negative thoughts linked to the stressor than on being conscious of all erotic cues. The main hypothesis of the present study is that the potential negative influence of a stressful life event on SD will be mediated by the event's impact experienced by the participants.

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