

Sexual Sensation Seeking, Sexual Compulsivity, and Gender Identity and Its Relationship With Sexual Functioning in a Population Sample of Men and Women

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ABSTRACT

Introduction: Despite awareness of the importance of psycho-affective factors in the development of sexual problems, there is a lack of studies exploring the relation of sexual sensation seeking (SSS) and sexual compulsivity (SC) to sexual functioning. Because sex differences in SSS and SC have been reported, gender identity (GI; an individual's own experience of his or her gender that is unrelated to the actual biological sex) might act as a moderator in this relation.

Aim: To understand the role of SSS and SC for men and women's sexual functioning and to explore whether these potential associations are moderated by GI.

Methods: A population-based cross-sectional online survey targeted 279 individuals (69.2% women, 30.8% men; mean age = 32 years). Validated questionnaires, including the Sexual Sensation Seeking Scale, the Sexual Compulsivity Scale, the Female Sexual Function Index, the Premature Ejaculation Diagnostic Tool, and the International Index of Erectile Function, were applied.

Main Outcome Measures: Variations in SSS and SC and their association with sexual functioning were investigated using Spearman rank correlation. Moderation analyses were conducted using regression models in which the interaction terms between SSS and GI and between SCS and GI as predictors of sexual functioning were included.

Results: A statistically significant correlation between SSS and SC could be detected in men and women ($r = 0.41$ and 0.33 , respectively; $P < .001$ for the two comparisons). In women, higher levels of SSS were associated with higher levels of desire, arousal, lubrication, and orgasm and less sexual pain ($P < .05$ for all comparisons). No moderating effect of GI could be detected. In men, GI was a significant moderator in the relation between SC and erectile function ($\beta = 0.47$; $P < .001$) and between SSS and erectile and ejaculatory function ($\beta = -0.41$ and 0.30 ; $P < .001$ for the two comparisons).

Conclusion: The present study is the first to show a link between SSS and SC and sexual functioning. The results might have important clinical implications and can provide useful information for programs aimed at sexual health enhancement.

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Key Words: Sexual Sensation Seeking; Sexual Compulsivity; Sexual Functioning; Sexual Problems; Gender Identity

INTRODUCTION

Sexual problems are frequent in men and women and can have detrimental effects on relationship satisfaction, well-being, and overall quality of life.¹ The etiology underlying male sexual

problems is believed to be of a primarily somatogenic nature, whereas psycho-affective and contextual factors seem to play a more pronounced role in female sexual problems.^{2,3} However, sexuality is a complex phenomenon and empirical data point toward a multifaceted etiology underlying sexual problems in men and women. Although one factor might predominate, in most cases a combination of elements will lead to the development of a sexual problem. Conversely, certain factors can have protective and beneficial effects on a person's sexual functioning. Therefore, it is crucial to identify these elements and to understand their interplay.

Despite awareness of the importance of psycho-affective factors in the development of sexual problems and the remarkable number of studies investigating the role of personality in many human

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behaviors and disorders, only recently have studies started to investigate the possible relation between personality traits and sexual functioning.^{4,5} Most of these studies have focused on the Big Five (common language descriptors of personality, including openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism), although there are other personality dispositions that, in the context of sexual functioning and behavior, might play a more relevant role.^{4,5} Sensation seeking (SS) is such a personality trait.⁶ SS is believed to be comprised of four dimensions, including experience seeking, boredom susceptibility, thrill and adventure seeking, and disinhibition.⁷ The current explanation underlying behaviors, attitudes, and preferences typical of SS is based on a biopsychosocial model influenced by genetic, biological, psychophysiological, and social factors.^{8,9}

In 1994, Kalichman et al^{10,11} proposed a sex-specified derivative of SS, calling it sexual SS (SSS), which describes the “need for varied, novel and complex sexual experiences and the willingness to take personal physical and social risks for the sake of enhancing sexual sensations.” According to Kalichman et al, SSS is a behavioral dimension of SS and should not be considered an alternative or replacement for the construct. SSS has been found to be a reliable and consistent predictor of drug use and risky sexual behaviors, and individuals showing high rates of SSS have been reported to be predisposed to excessive drinking and to frequently seeking novel and different sexual experiences.^{10,12,13}

SSS also has been linked to sexual compulsivity (SC), which broadly describes the inability to control sexual behavior and is characterized by tendencies toward sexual preoccupation and hypersexuality.¹⁴ Therefore, it shares conceptual similarities with hypersexual disorder, such as the presence of insistent, intrusive, and uncontrolled sexual thoughts and behaviors. Similar to SSS, SC has been studied mainly in sexual “high-risk populations” and has been linked to a lower likelihood to adopt safer sex practices, to higher rates of sexually transmitted infections, and to more interpersonal and dyadic problems.^{11,15}

Despite the wealth of literature investigating the role of SSS and SC in risky sexual behaviors, to the best of the author’s knowledge, no study thus far has looked at how SSS and SC relate to sexual functioning in men and women. The specific mechanisms by which these personality and behavioral dispositions might affect sexual functioning remain unclear but could be manifold and are worth exploring. It is noteworthy that sex differences in SSS and SC have been reported, with men scoring significantly higher in the two variables compared with women.^{14,16,17} However, all these studies have relied on a binary construct of sex without exploring the role of gender identity (GI; ie, an individual’s own experience of his or her gender that is unrelated to the actual biological sex) as the underlying driving force.

AIMS

Because of this significant gap in literature, the aims of this study were (i) to assess and compare levels of SSS and SC in a

population sample of men and women, (ii) to understand the role of SSS and SC for men and women’s sexual functioning, and (ii) to explore whether and how these potential associations might be moderated by GI. Elucidation of these relations might add information to the growing but still limited body of knowledge on the complex psychological elements that contribute to male and female sexuality.

Based on previous research showing how SSS and SC are related to various aspects of human sexual behavior (eg, risky sexual behaviors), the author hypothesized there would be a significant link between SSS and SC and sexual functioning in men and women (with no a priori assumption toward the direction of this association). Furthermore, research has repeatedly reported significant sex differences in SSS and SC. By acknowledging sex, or more specifically GI, as an important factor influencing not only SSS or SC but also sexual functioning, the second hypothesis was that GI would moderate the relation between SSS and SC and sexual functioning and that the strength of the effect would differ between men and women.

METHODS

Sample

This cross-sectional study was part of a larger online survey conducted in Switzerland from July 2013 through February 2014 aiming at the assessment of sexual problems and a range of potentially related psychosocial and contextual factors in a sample of Swiss men and women of all ages. Study participants were recruited by word-of-mouth recommendation, advertisements in local mailing lists, and social platforms (eg, Facebook). To be eligible to participate in the survey, individuals had to be at least 18 years old, had to have previously engaged in sexual intercourse or activities, had to be in a committed intimate relationship—regardless of marital status—at the time of data assessment, and had to have provided informed consent by checking a box before starting the online survey. For standardization and analyses involving GI, only biological men and women were included in the present study. No participants with a transgender identity (according to the “transgender identity” subscale of the instrument used to assess GI; see paragraph below) could be detected. Individuals identifying as homosexual or bisexual with an inclination to their own sex (Kinsey scale = 4–6) or individuals divided in their attraction to men and women (Kinsey scale = 3) were excluded from the study. Bisexuals with a slight or pronounced preference for the opposite sex were retained (Kinsey scale = 1–2).

No other exclusion criteria were applied. For more details on the full online survey (eg, responder ratios), see Burri and Willi, 2015.¹⁸ Matching data for the variables of interest were available for a final sample of 279 (193 women [69.2%] and 86 men [30.8%]). Within this subsample there were no missing data because the nature of the online survey did not allow participants to continue the questionnaire if they had not responded to all the

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