



Research report

The relationship between temperament and sexual orientation

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ARTICLE INFO

Article history:

Received 19 November 2014

Received in revised form

17 December 2014

Accepted 15 January 2015

Available online 23 January 2015

Keywords:

Temperament

Sexual orientation

Homosexuality

Bisexuality

Web-survey

ABSTRACT

Background: The relationship between temperament and sexual orientation has been poorly characterized. We have used the Affective and Emotional Composite Temperament (AFECT) model to evaluate this association in a large population sample.

Methods: Data from 16,571 subjects between 21 and 45 years old (mean age = 29.1 ± 6.3 yrs, 69.4% females) was collected anonymously through Internet in Brazil.

Results: Regarding affective temperaments, male cyclothymics and dysphorics had the lowest percentage of people with heterosexual orientation and the highest percentages of people with bisexual and homosexual orientations. The opposite profile was observed in hyperthymic and euthymic types. Among females, the volatile, cyclothymic, apathetic, disinhibited and euphoric types were less often observed in people with “pure” heterosexual orientation and more often in people with bisexual orientation. In men only, homosexuality was more common among the depressive, cyclothymic and dyphorics temperaments. Emotional trait analysis showed that heterosexual subjects differed statistically from all other groups by having higher scores of coping and stability and lower scores of sensitivity and desire. Overall, the effect sizes were small to moderate, with the largest differences between “pure” heterosexuals and people with bisexual orientation, particularly in women. Subjects with heterosexual orientation who have had homosexual experience and those with homosexual orientation presented intermediate scores.

Limitations: Cross-sectional design, lack of potentially important covariates (e.g., maltreatment) and data collected by Internet only.

Conclusion: Externalized and unstable traits were associated mainly with bisexuality. The group of heterosexuals with homosexual fantasies or experiences offers a new approach for the study of sexual orientation.

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1. Introduction

The concept of temperament in western culture arose from the works of Hippocrates and Galen on humours, producing the choleric, melancholic, sanguine and fleugmatic types. The idea was further developed in psychiatry by Kraepelin in 1921 (Lara et al., 2006), who proposed that fundamental states, based on the different combinations of inhibition and activation, could contribute to the heterogeneity of mood disorders. Kraepelin proposed four fundamental states, namely manic, cyclothymic, depressive and irritable, which are constant psychic predispositions and peculiar forms of personality expressed by some individuals. More recently, Akiskal (1983) further developed on the implications of temperament for mood disorders and included an anxious temperament type (Akiskal, 1998). To evaluate these affective temperaments (hyperthymic, irritable, cyclothymic, anxious and

depressive), Akiskal and colleagues created The Temperament Evaluation of Memphis, Pisa, Paris and San Diego—autoquestionnaire version (TEMPS-A) (Akiskal et al., 2005a). According to this concept and questionnaire, ~20% of the population has a marked affective temperament. Akiskal's model involves the basic affective style, identifies individuals with high risk for mood disorders and helps to distinguish unipolar from bipolar disorders (Akiskal, 2005b; Akiskal et al., 2006; Lara et al., 2006). His research also involves evolutionary approaches to the development of temperaments, thereby explaining the main adaptive characteristics of the different temperaments and the very origin of some affective disorders (Akiskal and Akiskal, 2005c). The development and structure of Akiskal's model expanded on the exploratory studies about other aspects and peculiarities of human nature, such as creativity and artistic behaviors, building connections between affective disorders, temperaments and its expressions (Akiskal 2007a; Akiskal and Akiskal, 2007b).

The AFECT (Affective and Emotional Composite Temperament) model is an integration of such synthetic constructs developed to characterize patterns of mental health and dysfunction (affective temperaments) and specific trait dimensions (e.g. fear, anger, etc.)

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(Lara et al., 2012a). The seminal concepts of Kraepelin/Akiskal were expanded to include healthy profiles and other predispositions. This model includes twelve types divided in four groups:

1. externalized types—irritable (direct, determined, explosive and suspicious), disinhibited (unquiet, spontaneous, distracted and hasty) and euphoric (expansive, intense, impulsive, averse to rules and routine);
2. internalized types—depressive (melancholic, quiet, low self-esteem), avoidant (worried, careful, insecure) and apathetic (passive, slow, disconnected);
3. unstable types—cyclothymic (ups and downs, disproportional and fast reactions), dysphoric (agitated, tense, anxious and irritated at the same time) and volatile (disperse, unquiet, hasty, disorganized and irresponsible);
4. stable types – obsessive (demanding, dedicated, perfectionist, strict and controlling), euthymic (balanced, predictable, good disposition and self-esteem) and hyperthymic (confident, upbeat, obstinate and influential).

Importantly, using a dimensional measure for these 12 descriptions in the AFECT scale (AFECTS), 99% of individuals identify with at least one type. Thus, the affective temperaments from the AFECTS (Lara et al., 2012a) provide a simple prototypical construct to evaluate global behavioral traits in many spheres of life.

The dimensional view of the AFECTS includes 60 bipolar items on 10 trait dimensions, being five associated with positive attributes (volition, control, coping, caution and stability) and five with negative attributes (fear, anxiety, anger, desire and emotional sensitivity). The characteristics of each dimension are described in Table 1. The advantage of this complementary approach is to refine the identification and quantification of specific traits associated with the variable of interest (e.g. a psychiatric disorder, a biological marker or a specific behavior).

Sexuality includes the perception of attraction for others, gender identity, sexual orientation, specific behaviors, feelings, thoughts and attitudes towards sex and reproduction (Georgiadis et al., 2012) and it is one of the most important factors for measuring quality of life (Hull, 2008). Sexual orientation can be defined as an instinctive mechanism that sexually and romantically directs a person towards a female, a male or both, in varying degrees (Savin-Silliams, 2014). A variety of indicators reflect sexual orientation, such as erotic desire, sexual attraction and fantasy, genital behavior, physiological arousal, public and private sexual identity and romantic relationship (Sell, 1997). Sexual orientation can be addressed in terms of discrete categories (heterosexual, homosexual, bisexual) or as a continuum from exclusively heterosexual to exclusively homosexual, with degrees of non-exclusivity in between (Savin-Silliams, 2014).

Based on extensive clinical experience, Akiskal suggests a relationship between bisexual and homosexual behavior and the bipolar spectrum. The psychiatrist and researcher on sexual orientation Richard

C. Pillard stated that such relationship could be outlined in terms of greater mood variability (at least among men with homosexual orientation) at the lower thresholds of the bipolar spectrum (Akiskal and Akiskal, 2005c). This hypothetical link between homosexual behavior and the bipolar spectrum might be due to variables such as higher education and higher-class status, conditions that may intensify flamboyance. Besides, people with homosexual orientation with such socio-economic background are more likely to participate in interview research. At last, homosexual behavior and bisexual behavior are not synonymous, thus the relationship between homosexual behavior and the bipolar spectrum is a question that justifies additional studies. Akiskal and Akiskal (2005c) observed that the bipolar spectrum may have an association with a greater repertoire of sexual behavior, including homosexuality and bisexuality, and such individuals, when manifest a clinical depressive episode, should have a differential diagnosis that includes Bipolar-II. Also, individuals diagnosed as Bipolar-II, in association with other forms of affective dysregulation or impulse control disorders, might share genetic underpinnings that possibly reflect on eventual homosexual experience of individuals identified with heterosexual orientation. Another line of investigation has shown that Borderline Personality Disorder, which is characterized by a pattern of affective instability, impulsivity and fear of abandonment, is associated with more frequent bisexual and homosexual orientation and behavior (Reich and Zanarini, 2008).

Based on these studies, we aimed to evaluate the relation among affective temperaments, emotional traits and sexual orientation in a large web-based Brazilian sample. This anonymous and voluntary survey mediated by Internet is particularly suitable to address such sensitive and morally loaded issues (Turner et al., 1998).

2. Methods

2.1. Study design

The Brazilian Internet Study on Temperament and Psychopathology (BRAINSTEP) (Lara et al., 2012b) is a web-based anonymous and confidential survey where participants answer questions concerning personal information and personality characteristics in a non-commercial, advertisement-free web site (www.temperamento.com.br). This website consists of two phases: a psychological and a psychiatric phase in which subjects fill various measures which are sent through a secure and encrypted connection and stored behind a firewall. Several validity questions throughout the protocol ensure the quality of the data and this sample consists of subjects who have correct answers to all those questions.

The protocol used for this study was approved by the ethics committee of Hospital São Lucas (PUCRS) and all participants gave their electronic informed consent, required by the National Research Council of Brazil and the Code of Ethics of the World Association.

Table 1
Descriptions of AFECTS emotional/cognitive dimensions.

Dimension	Number of items	Features
Volition	8	Positive effect, motivation, energy, pleasure
Desire	4	Impulses, indulgence, cannot stop
Anger	8	Emotional intensity, aggressive behavior
Fear	4	Shyness, fearfulness, worry, freeze-proneness
Caution	4	Prudence, carefulness, risk-avoidance
Sensitivity	8	Emotional sensitivity to criticism, rejection, pressure, frustration, trauma
Anxiety	4	Prone to be tense, anxious, apprehensive
Coping	8	Ability to face and solve problematic situations, maturity, resourcefulness
Control	8	Attention, focus, discipline, duty, executive functions
Stability	4	Stable, reliable, regular

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