THE JOURNAL OF
SEXUAL MEDICINE

PSYCHOLOGY

ORIGINAL RESEARCH

Why Is Impaired Sexual Function Distressing to Men? Consequences of Impaired Male Sexual Function and Their Associations With Sexual Well-Being

Kyle R. Stephenson, PhD, Lina Truong, BA, and Lyndsey Shimazu

ABSTRACT

Introduction: According to theoretical models of sexual dysfunction, the complex association between male sexual function and subjective sexual well-being (ie, sexual satisfaction and distress) may be partially mediated by specific "consequences" of impaired function, but little research has assessed the frequency of specific consequences or their association with well-being.

Aim: To pilot a scale assessing consequences of impaired male sexual function, and test whether specific consequences (eg, disruption of sexual activity, negative partner responses) mediated the association between sexual function and well-being.

Methods: 166 men in sexually active heterosexual relationships completed self-report measures. A majority of men self-identified as experiencing impaired sexual function in the past month.

Main Outcome Measure: Sexual Satisfaction Scale, International Index of Erectile Function, and Measure of Sexual Consequences.

Results: 17 specific consequences were reported with at least moderate frequency and were rated at least somewhat distressing. A factor analysis suggested 3 distinct categories of consequences: barrier to sex and pleasure, negative partner emotional responses, and impaired partner sexual function. These factors and the overall scale exhibited acceptable internal and test-retest reliability and each was significantly associated with multiple facets of sexual function and well-being. Frequency of sexual consequences significantly mediated the association between sexual function and well-being, with the strongest and most consistent indirect effects being found for the barrier to sex and pleasure factor.

Clinical Implications: Consequences of impaired sexual function on one's sexual experiences may be an important maintaining factor of sexual dysfunction and reduction in these consequences may represent a mechanism of action for psychological treatments.

Strength and Limitations: Strengths included a relatively large sample with a diverse range of sexual function and well-being, as well as modern statistical analyses to assess factor structure and mediation effects. Limitations included the use of self-report scales with limited independent evidence of validity and reliability for use with male samples, as well as the cross-sectional methods that preclude strong conclusions regarding causal relationships.

Conclusion: Sexual consequences represent potential maintaining factors of male sexual dysfunction and may represent key targets of cognitive behavioral treatments. **Stephenson KR, Truong L, Shimazu L. Why is impaired sexual function distressing to men? Consequences of impaired male sexual function and their associations with sexual well-being. J Sex Med 2018;15:1336–1349.**

Key Words: Sexual Distress; Sexual Function; Sexual Consequences; Sexual Satisfaction

INTRODUCTION

Impaired male sexual function, which includes problems with premature ejaculation, difficulty/inability achieving or maintaining an erection, low sexual desire, and sexual pain, is very common. Estimated prevalence rates of erectile dysfunction among men in the United States are about 22%,[1] and reported

Received January 14, 2018. Accepted July 16, 2018.

Willamette University, Psychology Department, Salem, OR, USA

https://doi.org/10.1016/j.jsxm.2018.07.014

rates of premature ejaculation range from 17%–30%.[2] Given that impaired male sexual function is associated with low self-esteem, mood disorders, relationship difficulties, and general well-being,[3,4] it is important to understand the causes and maintaining factors of impaired sexual function to develop and improve efficacious treatments.

The *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5)[5] includes multiple diagnoses of male sexual dysfunction. In each case, diagnostic criteria include both impaired function and clinically relevant levels of personal distress (ie, worry, frustration, shame) regarding the impairment. Despite the common assumption that impaired sexual function is invariably distressing to the individual, recent research using both female and male samples has suggested that impaired sexual function is not always associated with sexual distress. For example, studies have shown that although as many as 58% of women reported at least 1 problem with impaired sexual function in the past year, only a fraction of those women find their sexual problems to be significantly distressing.[6,7]

Similarly, men can experience impaired function without significant sexual distress. For example, Hendrickx et al[8] assessed a nationally representative sample of Flemish men and found that although 34% of men reported impaired sexual function, only 50%–60% of those with impairments found them significantly distressing. Similarly, Benedict et al[9] assessed men undergoing treatment for prostate cancer and found that only 53% described their erectile difficulties as a moderate or severe problem.

Indeed, the association between sexual function and subjective sexual well-being broadly defined* (which we define as including both sexual distress and sexual satisfaction, ie, the evaluation of the quality of one's overall sex life and resulting affective response[13]) seems quite variable. For example, Gralla et al[14] found that older men reported more severe erectile difficulties than younger men; however, they also reported higher sexual satisfaction than younger men at all levels of erectile function. Althof et al[15] pooled data from almost 4,000 men participating in clinical trials of tadalafil for erectile dysfunction and found that, among men experiencing significant improvement in erectile function, over 40% continued to report that they were unsatisfied with sex at posttreatment.

In sum, although it is clear that impaired male sexual function is common and potentially problematic, it remains unclear when and why impaired function is strongly related to levels of subjective distress or sexual satisfaction. A better understanding of the link between male sexual function and sexual well-being would be helpful for a number of practical reasons. For example, in cases of treatment-resistant erectile problems (eg, from injury), it might be possible to reduce levels of subjective distress by altering contextual factors such as communication with a partner.[16] More broadly, it would be quite helpful to understand the processes through which impaired sexual function can cause distress and decrease satisfaction, because these factors could be specifically targeted by treatments to improve subjective emotional outcomes for patients.

What are the processes through which impaired sexual function might impair subjective well-being? One possibility is presented by Barlow's model of sexual dysfunction,[17] one of the best-supported theoretical models in the area of sexual dysfunction.[18] The updated model[19,20] posits that individuals with sexual dysfunction enter into sexual situations with high levels of negative affect (eg, anxiety, sadness, shame), low levels of positive affect (eg, excitement, happiness), and negative expectancies for the experience. This mindset leads to an attentional shift toward perceived indications that negative outcomes are imminent (ie, hypervigilance to threat). The resulting mixture of evaluative focus on one's self and "task irrelevant performance concerns"[21] increases sympathetic nervous system arousal, further increasing hypervigilance toward indicators of negative outcomes. This feedback loop impairs genital arousal and eventually leads to disengagement from and avoidance of sexual activity,[19] maintaining or worsening the initial negative affect associated with sex.

This model has received fairly strong research support, including experimental manipulation of factors.[19,20] In particular, it is well established that distraction from erotic cues that would naturally facilitate arousal (eg, one's own physical pleasure) is associated with worse sexual function and well-being for men and women.[22] Much of this distraction does seem to stem from automatic thoughts regarding "performance concerns."[23–25]

In their research on the cognitive aspects of sexual dysfunction, Nobre et al[26] have also highlighted the importance of distraction from erotic cues, especially distraction stemming from automatic thoughts regarding hypothetical catastrophic consequences of impaired sexual function. For example, they have identified common beliefs related to the "catastrophization of woman's reaction to man's failure [to sexually perform]," and "catastrophization of public consequences of sexual failure," as well as automatic thoughts during sexual activity such as "I'm not satisfying [my partner]." Follow-up studies have provided

* How to define and measure the quality of one's sex life has represented a challenge in the scientific literature. As mentioned, the DSM-5[5] explicitly differentiates between sexual function and subjective distress (anxiety, frustration, and shame regarding sexual impairments)—a distinction justified by the literature showing that impaired function does not equate to distress. Additionally, research has suggested that sexual distress may be at least partially distinct from sexual satisfaction[10,11]—a term that is often used to describe the affective response to a broader consideration of the quality of one's sex life (not just sexual function and problems therein). Pascoal et al[12] provided an excellent review of this area of research, including the fact that researchers often conflate these various factors and label a mixture of all 3 as "sexual satisfaction." In the same study, they assessed lay definitions of sexual satisfaction and found 2 distinct components: 1 related to personal well-being (eg, positive feelings) and1 related to dyadic processes (eg, frequency and reciprocity of sex). Given that the current study focused on how impaired sexual function impacted the emotional well-being of the individual (rather than broader dyadic processes), we focused on sexual distress and the personal well-being facet of sexual satisfaction, selecting measures that reflected this approach.