## **ORIGINAL RESEARCH**

# Emotional Intelligence and Sexual Functioning in a Sample of Swiss Men and Women

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#### ABSTRACT-

*Introduction.* Past research has emphasized the importance of psychologic factors in the multifactorial etiology of sexual problems.

**Aim.** The purpose of the study was to examine (i) how emotional intelligence (EI) associates with sexual functioning; and (ii) whether EI moderates the association between sexual functioning and sexual quality of life (SQoL).

*Methods.* A total of 211 participants completed questionnaires relating to EI, sexual functioning, and SQoL. A set of standardized and validated questionnaires were used, including the International Index of Erectile Function, the Premature Ejaculation Diagnostic Tool, the Female Sexual Function Index, the Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF), and the Sexual Quality of Life Questionnaire (SQoL).

Main Outcome Measures. Correlation, partial correlation, and moderation analyses were used to investigate the associations and moderations.

**Results.** When taking into account age and relationship duration, EI was significantly negatively correlated with female sexual desire only ( $r_s = -0.39$ , P < 0.01). No associations between EI and male sexual functioning on any domain could be detected. A moderation effect of EI in the association between sexual satisfaction and SQoL was observed in women, but not in men. Sexual functioning correlated positively with SQoL in both sexes.

Conclusions. Our findings show for the first time an association between female desire levels and normal variations in EI. Findings also tentatively suggest a relative gender difference in the factors contributing to sexual problems and SQoL, although results need to be confirmed in larger samples. Willi J, and Burri A. Emotional intelligence and sexual functioning in a sample of Swiss men and women. J Sex Med 2015;12:2051–2060.

Key Words. Female Sexual Dysfunction; Etiology; Epidemiology; Emotional Intelligence; Sexual Quality of Life

#### Introduction

S exual dysfunctions are a widely underestimated, but common problem in men and women with major effects on the overall quality of life [1,2]. Nowadays, the etiology of sexual problems is thought to be of a multifactorial nature, involving biologic, physiologic, anatomic, medical, affective, interpersonal, psychologic, and context-related factors [3,4]. Recent research in sexual functioning has started focusing on the role of interpersonal and affective factors in the development and maintenance of sexual problems [4–8].

This is especially true for female sexuality [3]. The reason for this lies in the belief that the female sexual response is more multifarious and complex than initially thought [9]. In her revised model of female sexual response, Rosemary Basson, for example, acknowledges that female sexual functioning proceeds in a more complex and circuitous manner than male sexual functioning and highlights the importance of factors such as self-image, emotional intimacy, and relationship satisfaction [9]. Although today we know that the model is not representative for all women [10], the development of this model has led to a shift in research emphasis

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with a stronger focus on psycho-affective and interpersonal factors [5,6,11,12]. One such psycho-affective aspect is emotional intelligence (EI).

EI generally describes adaptive capacities and abilities to control impulses and cope with stress, as well as intrapersonal and interpersonal intelligence (e.g., emotion-related self-perceptions, emotion management, empathy) [13]. Two main concepts of EI have been proposed: trait EI and EI as an ability. The ability approach is based on the work of Mayer and colleagues and describes EI as some sort of intelligence in the sense of a cognitive ability, representing individual differences in processing affective information [14]. In contrast, trait EI is thought to be a constellation of emotionrelated self-perceptions and dispositions, located at the lower levels of trait taxonomies [15,16]. Previous research has suggested that there is a considerable inter-individual variation in people's capacities to experience, utilize, and process emotions [17]. In a sexual context this means that individuals differ in their ability to identify and communicate their sexual expectations, wishes, and desires and/or their ability to meet the partner's wishes and expectations. As such, this can directly or indirectly impact on sexual functioning and consequently lead to lower sexual quality of life (SQoL). Given the high covariation of the various domains of sexual response, EI and emotional regulation may further affect all of the aspects of sexual functioning and not be restricted to just one domain [18]. Previous studies on gender differences in EI found women to show better social skills than men, suggesting women to be more perceptive, empathic and adaptable to social situations [16]. Similarly, women may differ from men in how EI affects their sexuality.

In spite of the awareness of the importance of psycho-affective factors in the development of sexual problems and the remarkable number of studies investigating the role of EI in a vast number of human behaviors and disorders [19], so far, only one study has investigated the possible relationship between EI and sexual functioning [5]. In the study conducted by Burri and colleagues, the authors reported a link between EI and female orgasmic frequency, with women showing higher EI levels also reporting more frequent orgasms [5]. Another study took a broader approach and reported a strong link between emotion regulation and sexual satisfaction in both men and women, suggesting difficulties in selfcontrol and the self-regulation of affective states to be associated with sexual dissatisfaction [20].

Several constructs closely related to EI have also been associated with sexual functioning, including personality, alexithymia, and differentiation of self [6,11,21,22]. Overall, these preliminary findings highlight the relevance of psychoaffective factors in the etiology of sexual problems, but still no further research efforts have been undertaken in exploring this link or in extending it to the male population.

#### Aims

The aim of the present study was to investigate the association between EI and sexual functioning in a convenience sample of men and women from Switzerland. To the best of our knowledge, this is the first study investigating the role of EI in sexual functioning in both genders and across a variety of sexuality related aspects. Based on previous research evidence reporting a facilitatory effect of EI on orgasm, we hypothesized that individuals with higher EI would report better sexual functioning, not just in orgasm but across all domains of sexual functioning, and that this effect—given the more pronounced multifactorial nature of women's sexual functioning—would be stronger in women compared with men. We further checked for a possible moderating effect of EI in the association between sexual functioning and SQoL, hypothesizing that there was such a moderating effect and that, again, it would be stronger in women compared with men.

#### **Material and Methods**

#### Sample and Recruitment

The present study was a sub-study within a larger epidemiologic online survey conducted in Switzerland between July 2013 and February 2014, targeting a convenience sample of men and women of all ages. The survey was promoted through the mailing list of the Department of Psychology at the University of Zurich and through word-ofmouth recommendation. To be eligible to participate in the online survey, individuals had to be 18 years or older, sexually active, and-regardless of marital status—currently in a committed intimate relationship. Individuals further had to have completed the questionnaires relating to sexual functioning, SQoL, and EI. Individuals not reporting any sexual activity were excluded from the study. From a total of N = 621 participants who started the online questionnaire, N = 410 did not finish

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