The Influence of Personality and Coping on Female Sexual Function: A Population Survey

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DOI: 10.1111/jsm.12735

ABSTRACT

Introduction. Female sexual dysfunction (FSD) is a common disorder with limited data investigating relationships with psychological influences, such as personality traits and coping mechanisms.
Aim. To investigate the relationship and impact of personality traits and coping strategies on female sexual function.
Methods. A web-based survey was distributed to a sample of women representative of the area's demographic distribution.
Main Outcome Measures. Participants completed the Female Sexual Function Index (FSFI), the Ten Item Personality Index (TIPI), and the Brief COPE.
Results. Five hundred twenty-six females responded. The mean total FSFI score was 24.56 (SD 6.77) with lowest scores in the desire domain. Personality scores were similar to published normative values. Subjects displaying stronger tendencies for *introversion* ($r = 0.246$, $P < 0.001$), *not being open to new experiences* ($r = 0.159$, $P = 0.008$), and *emotional instability* ($r = 0.244$, $P < 0.001$) were found to have significantly worse sexual function. *Conscientiousness* was significantly associated with better *desire*, *orgasm*, *satisfaction*, and total FSFI score ($P = 0.029$, $P = 0.002$, $P = 0.005$, $P = 0.003$). Moreover, the utilization of negative coping strategies such as *self-blame*, *self-distraction*, and *behavioral disengagement*, significantly correlated with poor sexual function ($r = -0.298$, $P < 0.001$, $r = -0.360$, $P < 0.001$, $r = -0.398$, $P < 0.001$, respectively).
Conclusion. Personality and coping are linked to sexual function with *introversion*, *not being open to new experiences*, *emotional instability*, and the utilization of negative coping strategies being significantly associated with poor sexual function. Women presenting with sexual function complaints may need further evaluation of their personality and coping strategies in order to mitigate any negative impact of these tendencies. **Crisp C, Vaccaro C, Fellner A, Kleeman S, and Pauls R. The influence of personality and coping on female sexual function: A population survey. J Sex Med 2015;12:109–115.**

Key Words. Personality; Sexual Dysfunction; Coping Strategies

Introduction

Female sexual dysfunction (FSD) is a common disorder estimated to affect between 40% and 60% of the United States population [1,2]. The Diagnostic and Statistical Manual of Mental Disorders IV-Text Revision (DSM IV-TR) stratifies sexual dysfunction into four categories: desire, arousal, orgasm, and pain while further defining FSD as "causing marked distress and interpersonal difficulty." [3] Although the etiology of FSD is thought to be multifactorial, both physiology and psychology play key roles [4]. Several authors have linked mood disorders, including depression and

This study was funded through an educational grant provided by the TriHealth Medical Education Research Fund. This was presented at the 59th Annual Clinical Meeting of the American College of Obstetricians and Gynecologists, Washington, DC.

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anxiety, with sexual dysfunction [5–7]. Moreover, previous history of a traumatic sexual event or absence of emotional intimacy may also contribute to the sexual dysfunction [8]. Data investigating relationships between sexual function and other psychological influences, such as personality traits and coping mechanisms, do suggest a link between the personality trait of *introversion* and *not being open to new experiences* with sexual dysfunction [9]. These associations have been noted in clinical cohorts and the general population but often sample a population outside of the United States.

Aims

Thus, the primary aim of this study was to explore potential associations between personality and sexual function in a sample of females from the general population. As a secondary outcome, we sought to examine possible relationships between coping strategies and sexual function in the same group of subjects.

Methods

This was a web-based survey study of women in the greater Cincinnati Metropolitan Area. The study was granted Institutional Review Board (IRB) approval from TriHealth Good Samaritan Hospital, Cincinnati, Ohio. Funding was obtained via an educational research grant from the E. Kenneth Hatton Medical Education Research Fund, TriHealth, Inc.

Our study population consisted of females with an email account, aged 18–80 years. E-mail addresses were rented from www.InfoUSA.com, Infogroup Inc® (Omaha, NE, USA), an Internet-based marketing and business referral company. The individual e-mail addresses were kept private and held by www.InfoUSA.com. Members of this database had previously reported a willingness to participate in online surveys without compensation. Based on previous surveys from InfoUSA®, a response rate of 1–3% was expected for a general web-based survey. The sample solicited was representative of the area's demographic distribution in accordance with findings from the U.S. census [10].

An introductory e-mail invited subjects to participate in an anonymous Internet-based study. The e-mail subject was titled "Women's Health Issues." The message stated that sexual health was to be evaluated in the study, specifically "decreased desire, lack of arousal, and pain with intercourse." A link to the survey was provided in the e-mail. Once the link was opened, a cover letter explained the study without notifying respondents of the hypothesis being tested. Subjects were informed that completing the survey implied consent, and anonymity was guaranteed. They were also given permission to skip questions or to stop the survey at any point. The same Internet Protocol address was not allowed to complete the survey more than once. If it was repeated the second set of responses were removed. The survey was made available through an online questionnaire server, www.SurveyMonkey.com® (Palo Alto, CA, USA), for 3 months.

In addition to the cover letter, the survey consisted of demographic questions, the Female Sexual Function Index (FSFI) [11], the Ten-Item Personality Index/Inventory (TIPI) [12], and the Brief COPE [13]. A final question asked, in a yes or no format, about embarrassment experienced while completing the survey. "Did completing the questionnaires make you feel embarrassed or uncomfortable?" They were further queried: "If yes, please indicate which questionnaire(s) made you feel embarrassed or uncomfortable." Subjects were allowed to mark either a single response or multiple responses.

Main Outcome Measures

The FSFI is a validated 19-item questionnaire evaluating sexual function. It consists of six domains designed to evaluate desire, arousal, lubrication, orgasm, satisfaction, and pain. The score for each domain is totaled for a maximum of 36, with higher scores representing better sexual function [11]. A cutoff score of ≤26.55 has been established for identification of those at risk for sexual dysfunction [14].

The TIPI is a validated questionnaire using the Five Factor Model (FFM), a widely accepted model for evaluating personality traits [12,13,15–18]. The test–retest reliability values for the TIPI have a mean of 0.72 [12]. Each trait is an evaluation of variation within that subscale. The FFM identifies five distinct domains of personality: *extraversion*, *agreeableness*, *conscientiousness*, *emotional stability*, and *openness to experience*. *Emotional stability* is also referred to as *neuroticism*. In the TIPI, each personality domain is represented by two questions. The questions are scored on a seven-point Likert-type scale then averaged by domain to give the final result. The scores for each domain represent how strongly each participant's

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