

The Role of Psychopathological and Personality Covariates in Orgasmic Difficulties: A Prospective Longitudinal Evaluation in a Cohort of Women from Age 30 to 50

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ABSTRACT

Introduction. There are little published data on the prevalence of orgasmic difficulties in representative samples and no longitudinal data on the subject. In addition, our knowledge of the factors, which increase or protect against the risk of orgasmic difficulties, is still rudimentary.

Aim. The aim of this study was to evaluate the cumulative incidence rate and longitudinal course of orgasmic difficulties from age 30 to age 50, and the role of psychopathological and personality covariates in a representative population cohort of women.

Methods. Semi-structured interviews with single-item questions on sexual problems in general as well as on orgasmic difficulties were conducted. Psychopathological covariates were from the Symptom Checklist 90 Revised and personality characteristics from the Freiburg Personality Inventory. Coping resources were measured by the scales of mastery and self-esteem.

Main Outcome Measures. One-year prevalences of orgasmic difficulties, associations with psychopathological and personality covariates as well as coping resources were the main outcome measures.

Results. Orgasmic difficulties were reported annually by 7.4% to 13.5% of the women with a mean of 10.0% and a cumulative risk of 27.3% from age 30 to 50. No relation between age and the prevalence of orgasmic difficulties could be demonstrated. Psychopathological covariates such as depression, psychoticism, interpersonal sensitivity, obsessive-compulsive symptoms, and somatization were moderately associated with orgasmic difficulties. Also, personality traits, i.e., nervousness, aggressiveness, depressiveness, irritability, sociability, and openness, were related to orgasmic difficulties.

Conclusions. With a cumulative risk of 27.3%, orgasmic difficulties represent a frequent sexual problem. Annual prevalence rates are particularly high in women with psychopathological characteristics and modestly related to various personality traits. Our findings support the relevance of psychosocial factors in the regulation of female orgasm. More basic research is needed to better understand underlying pathophysiological mechanisms and to improve diagnostic as well as therapeutic tools for women suffering from orgasmic difficulties. **Leeners B, Hengartner MP, Rössler W, Ajdacic-Gross V, and Angst J. The role of psychopathological and personality covariates in orgasmic difficulties: A prospective longitudinal evaluation in a cohort of women from age 30 to 50. J Sex Med 2014;11:2928–2937.**

Key Words. Female Sexual Dysfunction; Orgasmic Difficulties; Age; Psychopathology; Personality Traits; Coping Resources; Longitudinal Course

Introduction

Although female orgasmic disorder seems to be the second most frequently reported women's sexual problem [1], female orgasm is still a poorly understood sexual response. To date, most large-scale epidemiological studies on sexual dysfunction have not investigated orgasmic difficulties [2]. The prevalence of female orgasm depends strongly on the type of sexual contact: while relatively few women reach orgasm during sexual intercourse, a rather high percentage achieve climax through masturbation [3–5]. This association indicates the importance of adequate stimulation and intensification of arousal in the context of female sexuality. Depending on the method of investigation, characteristics of the study group and other methodological differences reported prevalences of orgasm vary between 23 and 52% during sexual intercourse and reach up to 96% during masturbation [3–7]. Data related with intercourse have to be interpreted with caution, as most studies do not investigate details of foreplay, e.g., whether the clitoris has directly been stimulated or not. Factors such as the quality of the partnership, the ability of the couple to adapt the sexual contact to the women's needs, sexual experience, personal attitude toward sexuality, general as well as genital health, genetic factors, etc. are known to influence the likelihood of female orgasm [8,9]; however, our current knowledge is far from understanding which factors do indeed influence female orgasm. For example, we know little about the influence of age on the likelihood of orgasm as well as the longitudinal development of orgasm difficulties. While several studies reported increased orgasm difficulties after menopause [10–12], others found opposite results [13,14]. As estrogen levels diminish with the menopausal transition, potentially leading to impaired lubrication, it seems likely that such changes might impair arousal, finally resulting in orgasm difficulties [15]. Prevalences for desire and arousal disorders increase in peri- and postmenopausal women [16]. Also, sexual pain may induce lack of mental arousal and sexual desire with a negative impact on orgasmic capacity [17]. However, more recent results have shown that not only hormonal and bodily changes but also life stressors, contextual factors, past sexual experiences, and mental health determine sexual activity in higher age groups [18,19]. On the other hand, women are more sexually experienced in higher ages and might better succeed to adapt sexual

activities to their individual needs. The currently available study results show inconsistent data on the correlation between age and orgasm difficulties. Therefore, within the Zurich study, longitudinal data were collected and compared in different age categories.

Although there are individual differences, it is generally accepted that psychological factors, such as anxiety and concerns about reliability of contraception, surrounding conditions of sexual contacts, and perception of attractiveness, can interfere with women's ability to reach orgasm [9,19]. In addition, having more frequent distracting thoughts during sex, problems with emotional adjustment and coping, loss of control, difficulties in communicating sexual issues, and initiating sexual activity as well as dependency on others are related to less consistent orgasms [19]. In general, only few studies have addressed associations between mental disorders and orgasmic difficulties [9,12,20–25]. However, most of them have shown associations between poor mental health and the experience of orgasmic difficulties [8,9,26]. While most studies show a negative impact of obsessive-compulsive disorder on orgasmic function [26,27], results on specific subtypes of psychiatric disorders such as anxiety [28–31] or depression [5,20,23,28,29,32–34] are currently inconclusive, but by trend, more in favor of a correlation. Research results on hostility, interpersonal sensitivity, paranoid ideation, and psychoticism lack completely. The actual scarcity of data investigating the association between obsessive-compulsive disorder, phobic anxiety as well as somatization and orgasmic difficulties also warrants further research [23,35–39].

With regard to personality factors, difficulties to achieve orgasm have been associated with more self-blame attributions, repressed emotions, control needs, greater dependency, apprehensiveness, and negativity [19,40–42]. In a more recent study, introversion, emotional instability, and not being open to new experiences were significantly associated with orgasmic infrequency, whereas indices of agreeableness and conscientiousness showed no such association [5]. However, important differences in study designs and personality factors investigated hamper a final conclusion on the relation between personality factors and orgasmic difficulties. Therefore, the current study aims to fill these gaps in current literature and provide data on the associations between mental disorders as well as personality characteristics and orgasmic difficulties.

Specialists in sexual medicine discuss intensively how far psychological, psychosexual, and biological factors are involved in the regulation of female

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