How *Hot* Is He? A Psychophysiological and Psychosocial Examination of the Arousal Patterns of Sexually Functional and Dysfunctional Men

Sabina Sarin, MS, M.Phil, Rhonda Amsel, PhD, and Yitzchak M. Binik, PhD

Department of Psychology, McGill University, Montreal, Quebec, Canada

DOI: 10.1111/jsm.12562

ABSTRACT

Introduction. Despite much theorizing about the interchangeability of desire and arousal, research has yet to identify whether men with desire vs. arousal disorders can be differentiated based on their psychophysiological patterns of arousal. Additionally, little research has examined the relationship between subjective (SA) and genital arousal (GA) in sexually dysfunctional men.

Aims. To compare patterns of SA and GA in a community sample of men meeting DSM-IV-TR criteria for hypoactive sexual desire disorder (HSDD), erectile dysfunction (ED), both HSDD and ED (ED/HSDD), and healthy controls.

Methods. Seventy-one men (19 controls, 13 HSDD, 19 ED, 20 ED/HSDD) completed self-report measures and watched two 15-minute film clips (neutral and erotic), while GA and SA were measured both continuously and discretely.

Main Outcome Measures. Groups were compared on genital temperature (as an indicator of GA), SA, and psychosocial variables (i.e., body image, emotion regulation, sexual attitudes, sexual inhibition/excitation, mood, and trauma).

Results. Genital temperature increased for all groups during the erotic condition, yet men with ED and ED/HSDD showed less GA than men without erectile difficulties. All groups increased in SA during the erotic condition, yet ED/HSDD men reported less SA than controls or ED men. SA and GA were highly correlated for controls, and less strongly correlated for clinical groups; men with ED showed low agreement between SA and GA. Groups also differed on body image, sexual inhibition/excitation, sexual attitudes and alexithymia.

Conclusion. Low desire vs. arousal sufferers have unique patterns of response, with those with both difficulties showing greatest impairment. Results have important implications for the diagnosis and treatment of these disorders.

Sarin S, Amsel R, and Binik YM. How *hot* is he? A psychophysiological and psychosocial examination of the arousal patterns of sexually functional and dysfunctional men. J Sex Med 2014;11:1725–1740.

Key Words. Erectile Dysfunction (ED); Hypoactive Sexual Desire Disorder (HSDD); Sexual Arousal; Sexual Dysfunction; Psychophysiology; Thermography; Classification; Diagnosis

Introduction

Disorders of desire and arousal have often been found to be highly comorbid, with some studies with men reporting comorbidity rates just under 50% [1]. Despite this, very few empirical studies have attempted to compare men with erectile dysfunction (ED), hypoactive sexual desire (HSDD), or both of these disorders to identify whether they are characterized by distinct psychological or physiological profiles (for exceptions, see [2–6]). Currently, the few empirical studies that have compared these groups have been constrained by various methodological limitations (e.g., vague

© 2014 International Society for Sexual Medicine

or non-DSM operationalizations of sexual disorders, groups with heterogeneous sexual difficulties or participants with comorbid medical problems etc.) that have precluded decisive conclusions about this distinction (for a discussion of limitations, see [7]). To our knowledge, there has not yet been a single empirical study directly comparing men with DSM diagnoses of HSDD to men with ED on psychophysiological patterns of sexual functioning to see if they have unique identifying patterns of response.

Recently, disorders of desire and arousal were collapsed in the DSM-5 for women [8]; due to insufficient available evidence, this proposal was not extended to men, although there has been some suggestion that it may be relevant for them as well [7,9]. Currently, some qualitative research indicates that men, like women, experience difficulties distinguishing desire from arousal, particularly subjective arousal (SA), and it is not yet clear whether these constructs can be empirically disentangled [10]. At the same time, men appear to make distinctions between genital arousal (GA) and SA, such that one can be experienced without the other, although the evidence here is mixed [11]. A significant amount of empirical research on the concordance between SA and GA indicates that these are more strongly correlated for men ($r = 0.66$) than for women ($r = 0.26$), although a couple of exceptions have been noted [12]. Two methodological moderators of the gender difference—stimulus variation and timing and method of the assessment of self-reported sexual arousal—have been identified to eliminate the statistical significance of the gender difference in concordance when between subjects correlations were examined, however more research is needed here. Few studies however, have examined the relationship between SA and GA in men with distinct sexual difficulties. Those that have done so either have not compared correlations between healthy and dysfunctional groups [13,14] or have yielded inconsistent results, with some finding lower correlations in men with mixed sexual difficulties [15–17], some finding higher correlations [18] and some finding no difference at all [19,20]. In addition, none of these studies have compared arousal or concordance levels among men with distinct or homogenous sexual dysfunctions (e.g., HSDD vs. ED); instead, the sexually dysfunctional group typically presented with heterogeneous sexual difficulties. Furthermore, as noted by Chivers and colleagues in their review [11], although studies in men have typically found no effect of sexual functioning status on concordance ratings, no clinical research on sexual functioning has yet examined concordance as a study outcome.

Aims

Hence, the goal of the current study was to determine whether men with desire vs. arousal disorders could be differentiated from each other and from controls based on their psychophysiological and psychosocial patterns of arousal. In particular, we wanted to compare patterns of SA and GA in a community sample of men meeting clearly operationalized DSM-IV-TR criteria for hypoactive sexual desire disorder (HSDD), erectile dysfunction (ED), both HSDD and ED, and an age-matched group of healthy controls. GA was measured using a thermal imaging camera, which measures changes in genital temperature (caused by changes in blood flow) as an indicator of arousal, while participants watched films and continuously reported on their levels of SA. While thermography has been used in previous studies as a measure of arousal (see [11] for a review), it has not yet been used in a comparison of distinct clinical groups to healthy controls, and so its diagnostic utility in differentiating sexual disorders remains unknown. Discrete post-film measures of arousal and desire were also administered.

We also wanted to examine whether groups differed on psychosocial variables previously established to be relevant to sexual functioning, in order to derive clearer profiles of these groups. Specifically, researchers studying male sexual dysfunction have found significant associations with a wide array of psychosocial factors, including depression [21,22], anxiety [23,24], decreased positive affect [25], low sexual excitation [26], high sexual inhibition [27], dysfunctional or erotophobic sexual beliefs [28,29], alexithymia (or poor interoceptive awareness) [30], negative body image [9,31], and histories of childhood trauma [32,33]. However, very few of these studies have attempted to compare men with distinct sexual difficulties (e.g., ED vs. HSDD) to identify whether they are characterized by unique psychosocial profiles. Moreover, the few studies that have included multiple sexual dysfunction groups have typically selected only one or two variables on which to make comparisons (e.g., alexithymia alone, rather than the range of emotion regulation deficits; [34]). Hence, in the current study, groups were compared on an array of standardized and validated measures assessing sexual functioning, body image, sexual

Download English Version:

https://daneshyari.com/en/article/4269861

Download Persian Version:

https://daneshyari.com/article/4269861

Daneshyari.com