

# Dysfunctional Sexual Beliefs: A Comparative Study of Heterosexual Men and Women, Gay Men, and Lesbian Women With and Without Sexual Problems

Maria Manuela Peixoto, MSc and Pedro Nobre, PhD

Faculdade de Psicologia e de Ciências da Educação, Universidade do Porto, Porto, Portugal

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## ABSTRACT

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**Introduction.** Conservative and dysfunctional sexual beliefs are commonly associated with sexual problems among heterosexual men and women. However, little is known about the role of sexual beliefs in sexual problems in gay men and lesbians.

**Aim.** The present study aimed at analyzing the role of sexual beliefs in sexual dysfunction in a sample of heterosexual and homosexual men and women.

**Main Outcome Measures.** Participants answered questions about self-perceived sexual problems and completed the Sexual Dysfunctional Beliefs Questionnaire.

**Methods.** Two hundred twelve men (106 gay) and 192 women (96 lesbian) completed a Web survey.

**Results.** Findings indicated that men with sexual dysfunction (regardless of sexual orientation) reported significantly more conservative beliefs and more erroneous beliefs related to partner's sexual satisfaction compared with sexually healthy men. Also, gay men with sexual dysfunction (but not heterosexual men) scored higher on belief in sex as an abuse of men's power compared with healthy controls. In addition, heterosexual men scored higher on "macho" beliefs, beliefs regarding partner's sexual satisfaction, and partner's power, compared with gay men. For women, a main effect was found for sexual orientation, with lesbian women scoring higher on sexual desire as a sin, age-related beliefs, and affection primacy and lower on beliefs related to motherhood primacy.

**Conclusions.** Overall, findings suggest that dysfunctional sexual beliefs may play a role as vulnerability factors for sexual dysfunction regardless of sexual orientation, particularly in men. **Peixoto MM and Nobre P. Dysfunctional sexual beliefs: A comparative study of heterosexual men and women, gay men, and lesbian women with and without sexual problems. J Sex Med 2014;11:2690–2700.**

**Key Words.** Sexual Beliefs; Sexual Dysfunctions; Sexual Myths; Sexual Orientation; Sexual Problems

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## Introduction

Cultural background and religious-based education promote conservative beliefs towards sexuality. Likewise, social expectations regarding sexual performance also play a major role in dysfunctional sexual beliefs. Furthermore, conservative attitudes towards sexuality and unrealistic expectations regarding sexual performance are commonly related to sexual difficulties in heterosexual men and women [1–6].

Zilbergeld [6] described several sexual myths based on his clinical work with sexually dysfunctional couples. Myths related to men's sexual performance (e.g., "A real man performs in sex") and to sexual scripts (e.g., "Good sex is spontaneous, with no planning and no talking"; "All touching is sexual or should lead to sex") reinforce unrealistic expectations for both men and women, promoting sexual problems. Besides male myths, Hawton [1] proposed a list of female beliefs reflecting the double standard, permissive but demanding for

men (e.g., “Sex must only ever occur at the instigation of the man”; “Men should not express their feelings”; “When a man gets an erection it is bad for him not to use it to get an orgasm very soon”) and repressive for women (e.g., “Any woman who initiates sex is immoral”). Heiman and LoPiccolo [3] added dimensions related to the role of age and physical appearance (e.g., “Sex is only for those under 30” and “A woman’s sex life ends with menopause”) and beliefs about women’s performance (e.g., “Normal women have an orgasm every time they have sex” and “Women who can’t have an orgasm quickly and easily have something wrong”).

Data with clinical samples have supported these proposals. Baker and de Silva [7] found that men with sexual dysfunction present significantly higher beliefs in Zilbergeld’s myths compared with a group of sexually functional individuals. Moreover, Nobre and Pinto-Gouveia [5] found that men and women with sexual dysfunction reported higher scores on a scale of dysfunctional sexual beliefs [8] when compared with sexually healthy men and women [5]. Men in the clinical sample were more likely to present “macho” beliefs related to excessive sexual performance demands (e.g., “A real man has sexual intercourse very often”; “In sex, getting to the climax is the most important”; “Sex without orgasm can’t be good”) and beliefs about women’s sexual satisfaction and their reaction to men’s failure (e.g., “The quality of the erection is what most satisfies women”; “A woman may have doubts about a man’s virility when he fails to get an erection during sexual activity”; “A man who doesn’t sexually satisfy a woman is a failure”) [5].

Several studies have also been conducted in samples with specific sexual problems. In men with erectile dysfunction, the most common beliefs were the “macho” belief, the primacy of coitus, and the demands regarding women’s sexual satisfaction [9,10]. Men with sexual desire problems often reported restrictive attitudes toward sexuality, along with nonerotic thoughts and erection concerns [11,12]. Moreover, women with sexual desire problems more frequently reported beliefs regarding interpretation of sexual desire as a sin [13], more conservative attitudes and beliefs regarding sexuality [14–20], and more beliefs concerning the role of aging in sexuality [12,13]. Female orgasmic disorder was related to body image beliefs, and women’s sexual arousal and lubrication difficulties were correlated with sexual conservatism and sexual desire as a sin [13]. Vagi-

nismus was associated with aging beliefs [13] and a conservative view of sexuality [21]. Finally, women complaining about persistent genital sexual arousal reported significantly more beliefs regarding sexual conservatism, interpreting sexual desire as a sin, and fewer affection primacy beliefs compared with sexually healthy controls [22].

Although research on sexual beliefs has usually been conducted with heterosexual samples, Hart and Schwartz [23] described the role of dysfunctional sexual beliefs on erectile disorder in gay men based on clinical evidence. Specific dysfunctional sexual beliefs among gay men were mainly related to sex labels (e.g., “Gay men must be either the top or the bottom”; “A ‘good top’ is always erect during sexual encounters”). Among Latino gay men, beliefs related to appearance and masculinity traits were likely to influence sex labels and sex roles. For instance, “versatile” Latino gay men prefer to adopt a “top” sex role when they perceive their partner as more feminine or shorter, while they tend to adopt a “bottom” sex role when the partner is perceived as more aggressive, taller, and with more masculine features [24]. Also, according to Moskowitz and Hart [25], penis size and masculinity traits are significant characteristics in identifying “top” and “bottom” gay men, with “top” gay men reporting larger penises and more masculinity traits compared with “bottom” gay men.

We found no studies regarding sexual beliefs in lesbian women in the literature. However, a controversial belief about intimate and sexual relationships among lesbians was discussed in one study. Described as a “notorious drop-off in sexual activity about two years into long-term lesbian relationships” [26] (p. 112), “lesbian bed death” lacks scientific evidence. Even so, empirical data suggest that women have less sexual desire than men [27,28] and are more submissive in sexual interactions [26,29–31].

## Aims

Due to the lack of empirical data regarding the role of sexual beliefs in vulnerability to sexual dysfunctions in nonheterosexual samples, the current study aimed at analyzing the main differences regarding sexual beliefs between sexually functional and dysfunctional heterosexual and homosexual men and women. It was hypothesized that men and women with sexual dysfunction would report significantly more dysfunctional sexual beliefs compared with sexually healthy controls

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