

Predictors of Men's Sexual Response to Erotic Film Stimuli: The Role of Affect and Self-Reported Thoughts

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ABSTRACT

Introduction. Both emotions and cognitions seem to play a role in determining sexual arousal. However, no studies to date have tested the effects of self-reported thoughts on subjective sexual arousal and genital response using psychophysiological methods.

Aim. The aim of the present study was to evaluate the role of self-reported thoughts and affect during exposure to erotic material in predicting subjective and genital responses in sexually healthy men.

Methods. Twenty-seven men were presented with two explicit films, and genital responses, subjective sexual arousal, self-reported thoughts, and positive and negative affect were assessed.

Main Outcome Measures. Men's genital responses, subjective sexual arousal, affective responses, and self-reported thoughts during exposure to sexual stimulus were measured.

Results. Regression analyses revealed that genital responses were predicted by self-reported thoughts (explaining 20% of the variance) but not by affect during exposure to erotic films. On the other hand, subjective sexual arousal was significantly predicted by both positive and negative affect (explaining 18% of the variance) and self-reported thoughts (explaining 37% of the variance). Follow-up analyses using the single predictors showed that "sexual arousal thoughts" were the only significant predictor of subjective response ($\beta = 0.64$; $P < 0.01$) and that "distracting/disengaging thoughts" were the best predictor of genital response ($\beta = -0.51$; $P < 0.05$).

Conclusions. The findings of this study suggest that both affect and sexual arousal thoughts play an important role in men's subjective sexual response, whereas genital response seems to be better predicted by distracting thoughts.

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Key Words. Self-Reported Thoughts to Sexual Stimuli; Affect; Sexual Arousal; Men Sexual Response

Introduction

It is generally accepted that cognitive and emotional factors play an important role in the activation and regulation of sexual arousal [1–6]. However, the mechanisms underlying their often complex interaction are not well understood (e.g., Janssen, Mitchell et al., Nobre and Pinto-Gouveia, and Peterson and Janssen [7–10]). Barlow [2]

introduced a model of sexual response that formed the starting point for several studies regarding the influence of cognitive–emotional factors on both the subjective and physiological components of sexual arousal. Based on a series of experimental studies and with a strong emphasis on possible cognitive interference and affective responses to sexual stimuli, the model proposes a positive and negative feedback system. Both are triggered by

the perception of an explicit or implicit demand for sexual performance and start with a positive or negative affective response. While functional individuals respond with positive affect (PA) and focus their attention to erotic cues, individuals with sexual problems focus their attention to nonrelevant or nonsexual stimuli and respond with negative affect (NA), including anxiety. This attentional focus creates and becomes reinforced by increased autonomic activity contributing either to a functional or dysfunctional sexual performance. A recent expansion of the model [11] presents the possibility that PA and NA play independent roles and also focuses on the possible negative effects of a self-focused or self-evaluative internal focus that may increase autonomic arousal and NA and induce hypervigilance and cognitive biases.

Although NA, in particular anxiety, has been proposed to be a major source of interference with sexual response [12,13], more recent research shows that this relationship is more complex [11]. Some investigators have shown that the cognitive component of anxiety may indeed interfere with sexual responses in individuals with sexual problems (contributing to a negative feedback loop), whereas its physiological component may actually facilitate sexual arousal in nonclinical samples of men and women [14–18]. Studies have found that men with sexual problems experience significantly more NA during erotic exposure than men without such problems [19–21]. Also, a study with 60 sexually functional men on predictors of sexual arousal during exposure to erotic material [5] found that negative trait affect was associated with lower levels of subjective arousal and higher levels of physiological arousal.

Conversely, the presence of low levels of positive state affect during the same type of exposure was significantly associated with low subjective and genital sexual arousal [5]. Although the literature is mixed on this, findings of some other experimental studies are consistent with these results, showing that sexually functional men may take longer to become subjectively aroused [22] and have lower levels of penile tumescence [8] following a negative mood induction. Additionally, investigators have shown that the presence of PA is consistently and positively related to subjective sexual arousal, even in the presence of sexual problems [21,23,24].

Regarding attention, studies have found that a stronger focus on sexual cues tends to facilitate sexual arousal [3]. For example, men and women experience higher levels of subjective arousal and

genital response when encouraged to incorporate bodily reactions in an imagined sexual interaction [25], when feeling absorbed by a sexual stimulus [23], or when imagining oneself as a participant [26]. When distracted, men tend to present the opposite pattern [27]. Geer and Fuhr [28] exposed sexually healthy individuals to two types of different audio stimuli and found that increasing the complexity of a competing arithmetic task presented to the subjects resulted in increasingly lower levels of erection. Similarly, asking men to engage in mental arithmetic during an erotic film presentation [29] was associated with a decrease in erections, even though in this specific study, there was no significant change in subjective sexual arousal.

Studies in men with sexual problems have revealed a different pattern. Abrahamson and colleagues [30] found that men with erectile problems did not experience a decrease in erection when performing a distracting task during the exposure to erotic materials. The authors suggested that there was probably a transference of attentional focus from a nonerotic cue to another nonerotic cue with no implications in the sexual response. A later study confirmed this hypothesis indicating that erectile response seemed to be more affected by cognitive distractions related to sexual performance than by neutral distractions [31]. Moreover, based on clinical observation, some have suggested that men with sexual problems, when in sexual situations, tend to focus their attention on negative thoughts rather than on sexually arousing thoughts [32–34]. Some research has confirmed this and has shown that these negative thoughts are mostly related to performance concerns (erection concerns) and to the anticipation of performance failure and its consequences [35,36]. This pattern of negative thoughts and attentional focus on the consequences of not performing is believed to play an important role in the etiology and maintenance of sexual difficulties [2,37–39]. In two studies conducted by Nobre and Pinto-Gouveia [9,40], it was found that men with sexual dysfunction report more negative thoughts during sexual activity, as compared with sexually healthy individuals. The two groups differed most strongly in erection concerns, the anticipation of failure, and (lack of) erotic thoughts.

In sum, both emotions and cognitions seem to play a role in determining sexual arousal. Depressed mood or the lack of PA seems to be more strongly associated with decreases in sexual arousal than anxiety, although this pattern has been more consistently found for subjective sexual

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