

Personality Traits and Psychopathology on Male Sexual Dysfunction: An Empirical Study

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ABSTRACT

Introduction. The importance of the role played by personality variables in the etiology, development, and maintenance of most emotional disorders is strongly supported by empirical data. However, there is a lack of studies concerning the implication of these variables on sexual difficulties.

Aim. The purpose of the present study was to investigate the role played by personality dimensions and psychopathology on male sexual functioning as well as to clarify the way these variables discriminate men with and without sexual dysfunction.

Methods. A total of 229 men participated in the study (a community sample composed by 205 men and a clinical sample by 24 men with a DSM-IV diagnosis of sexual dysfunction). The community sample was subdivided into a control group ($n = 152$) and a subclinical group ($n = 53$), according to the cutoff scores of the *International Index of Erectile Dysfunction*. After giving informed consent, participants completed a set of clinical instruments. Partial correlations, regression analyses, and multivariate analyses of covariance were conducted.

Main Outcomes Measures. All participants completed a set of measures assessing personality dimensions, psychopathological symptoms, and sexual functioning.

Results. After controlling for psychopathology, men with sexual dysfunction presented significantly higher levels of neuroticism when compared to sexually healthy men. Moreover, regression analysis indicated neuroticism as the best predictor of sexual functioning ($\beta = -0.24$, $P < 0.01$). Regarding psychopathology, men with sexual problems presented significantly higher levels of depressive symptoms than the controls. Additionally, depressive symptoms were a significant predictor of sexual functioning ($\beta = -0.41$, $P < 0.001$).

Conclusion. Personality dimensions and psychopathology play an important role on male sexual functioning. The results may have important clinical implications. **Quinta Gomes AL and Nobre P. Personality traits and psychopathology on male sexual dysfunction: An empirical study. J Sex Med 2011;8:461–469.**

Key Words. Personality; Psychopathology; Male Sexual Dysfunction; International Index of Erectile Function

Introduction

Studies regarding the implication of personality dimensions on sexual functioning are scarce. In fact, over the past years, only a few clinicians have proposed the existence of specific personality traits which could make some men more susceptible to the development of sexual difficulties. In a pioneer study in the field, Eysenck [1] demonstrated that men experiencing sexual difficulties presented higher levels of neuroticism when compared to sexually healthy men, but these results were not

consistently replicated in subsequent studies [2–5]. Using the Neuroticism-Extroversion-Openness (NEO)-Personality Inventory [6,7], a validated and widely used measure for personality assessment, Fagan and colleagues [8] demonstrated an association between elevated neuroticism and sexual dysfunction in men. Despite presenting similar personality profiles for the remaining personality dimensions, men with and without sexual problems showed a different pattern regarding neuroticism (sexually dysfunctional men scored higher) [8]. Costa and colleagues [9] demonstrated that

elevated neuroticism was also associated to lowered sexual satisfaction, and extraversion was associated with higher levels of sexual desire and sexual experiences in men and women. In opposition, Kennedy, Dickens, Eisfeld, and Bagby [10], showed a significant association between sexual problems and both elevated neuroticism and decreased extraversion in women, but not in men.

A significant number of different personality characteristics have also been found in individuals experiencing sexual difficulties. In an earlier study, Kupfer and colleagues [11] found that individuals experiencing difficulties in controlling ejaculation were chronically anxious and unable to cope appropriately with transitory problems in their sexual functioning. Additionally, in a study using couples, Rosenheim and Neumann [12] demonstrated that men experiencing sexual difficulties presented more severe interpersonal anxiety, criticism, guilt, sensitivity to rejection, and external locus of control, when compared to sexually healthy men.

Overall, these findings demonstrated the existence of distinctive personality traits underlying male sexual dysfunction. Elevated neuroticism, in particular, has been consistently associated to individuals experiencing sexual difficulties, suggesting a possible risk factor for the development and maintenance of male sexual problems. Neuroticism has also been associated to higher levels of sexual dissatisfaction and marital discomfort [13,14].

It has also been proposed that men with sexual difficulties present higher levels of psychological distress than sexually healthy individuals. Derogatis's studies [15,16] revealed that sexually dysfunctional individuals experience more depressive and anxiety symptoms as well as more interpersonal sensitivity than the controls. In addition, recent studies demonstrated that sexually dysfunctional individuals experience more hostility, inadequacy feelings, and low self-esteem, corroborating previous findings regarding the association between specific psychological dimensions and sexual difficulties [17–19]. Furthermore, a growing body of data has consistently demonstrated that individuals with erectile dysfunction and premature ejaculation present significantly higher levels of anxiety and depressive symptoms, lower tolerance to frustration, higher self-expectations and emotional control, more sensitivity to failure, and perfectionism [19–22]. Depressive and anxiety symptoms have been systematically demonstrated as being highly associated to sexual difficulties in general

[23,24], and to erectile dysfunction [25–33] and premature ejaculation [34–36] in particular. Although the causality of this relationship remains unclear, it is thought to be bidirectional [30,34,37,38].

The association between personality dimensions and sexual functioning has not been systematically studied in sex research. Nonetheless, existing findings suggest that men with sexual dysfunction present specific personality characteristics and are at risk of experiencing more intense psychopathology than sexually healthy individuals. In this study, and similarly to what has been consistently demonstrated for the majority of emotional disorders (for a review, see Malouff et al.'s meta-analysis [39]), specific personality dimensions are hypothesized to act as predisposing risk factors for the development and maintenance of sexual difficulties and psychopathological symptoms.

The purpose of the present study was to explore the role of personality dimensions and psychopathology on male sexual functioning as well as to examine how these variables discriminate men with and without sexual dysfunction. Regarding psychopathology, men with sexual dysfunction were expected to present higher levels of psychopathological symptoms, particularly anxiety, depressive, interpersonal sensitivity, and obsessive-compulsive symptoms, when compared to sexually healthy men. Finally, concerning personality, we hypothesized that men with sexual dysfunction would report higher levels of neuroticism when compared to sexually healthy men.

Methods

Participants

A total of 229 men participated in this study. A clinical sample of 24 men and a community sample of 205 men were constituted. Participants in the clinical group were recruited from outpatient Sexology Clinics of two Portuguese central hospitals, between January and October 2007. All individuals were diagnosed with a sexual dysfunction according to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR) [40], and clinically assessed by trained sex therapists using a semi-structured interview for sexual dysfunctions [41]. Participants with organogenic sexual dysfunction were excluded. Individuals who agreed to participate in the study completed a set of questionnaires in an autonomous and private way. The percentage of eligible participants that completed and

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