

## Body Esteem as a Common Factor of a Tendency Toward Binge Eating and Sexual Dissatisfaction Among Women: The Role of Dissociation and Stress Response During Sex

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### ABSTRACT

**Background:** Several studies have suggested a relevant overlap between eating disorders and sexual dysfunction involving the emotional component of body image esteem and dissociative experiences.

**Aim:** To evaluate the common maintaining factors of sexual dysfunction and vulnerability to pathologic eating behaviors and their relation to a physiologic stress response.

**Methods:** In the present cross-sectional study, we evaluated a non-clinical sample of 60 heterosexual women (25–35 years old) for dissociation during sex with a partner, body image disturbance, and tendency toward pathologic eating behaviors. We also evaluated the stress-induced hypothalamic-pituitary-adrenal axis activation in response to a sexual stimulus and its association with binge eating and dissociation.

**Outcomes:** Participants completed the Clinician-Administered Dissociative States Scale, the Sexual Satisfaction Scale—Women, the Body Esteem Scale for Adolescents and Adults, and the Eating Attitudes Test Short Version. Furthermore, we assessed cortisol levels before, during, and after exposure to explicit sexual stimuli shown within a laboratory setting.

**Results:** Dysfunctional body image esteem and a tendency toward binge-eating behaviors were associated with greater sexual distress in women. In particular, body esteem was significantly associated with greater dissociation during sex with a partner. Moreover, women who reported greater dissociation during sex with a partner and a tendency toward binge-eating behaviors showed higher levels of cortisol in response to sexual stimuli.

**Clinical Implications:** These results support further research based on trans-diagnostic treatments targeted to dissociation and body image esteem, which could lessen sexual dysfunction and vulnerability to pathologic eating behaviors.

**Strengths and Limitations:** Despite the small sample and self-reported questionnaires, this is the first study to consider the association of the stress response during sexual stimuli with sexual distress and with pathologic eating behaviors adopting a dimensional approach.

**Conclusion:** Body uneasiness and dissociation represented factors underlying pathologic eating behaviors and sexual dysfunction. Women reporting a tendency toward binge-eating episodes and dissociation during sexual experiences represented a subpopulation with a higher stress response during sexual stimuli. **Castellini G, Lo Sauro C, Ricca V, Rellini AH. Body Esteem as a Common Factor of a Tendency Toward Binge Eating and Sexual Dissatisfaction Among Women: The Role of Dissociation and Stress Response During Sex. J Sex Med 2017;XX:XXX–XXX.**

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**Key Words:** Sexual Function; Dissociation; Binge Eating; Hypothalamus-Pituitary-Adrenal Axis; Stress Response

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### INTRODUCTION

Eating disorders are psychiatric syndromes characterized by a persistent disturbance of eating or eating-related behaviors that result in the altered consumption or absorption of food and that significantly impair physical health or psychosocial functioning.<sup>1</sup> The main pathologic features include dietary restraint, binge eating, and purging behaviors. Patients with eating disorders

often report sexual dysfunctions, including low sexual desire, vaginism, arousal, and orgasm disorders.<sup>2,3</sup>

The relation between eating disorder psychopathology and sexuality is a promising field of research, because eating disorders and sexual dysfunction show several shared cognitive, emotional, and biological maintaining factors.<sup>2,4</sup> Indeed, women with eating disorders perceive their experience of menarche, pubertal body changes, and first sexual activities more negatively than healthy women.<sup>5</sup> Sexual dysfunctions and eating disorders are often comorbid,<sup>2</sup> and shared psychopathologic moderators of long-term outcomes have been suggested.<sup>6–8</sup>

Body image esteem is one of these psychological dimensions underlying pathologic eating behaviors and sexual dysfunction. For example, the cognitive behavioral model for the maintenance of binge eating has postulated an association of this pathologic behavior with body dissatisfaction, according to a well-known vicious cycle.<sup>9</sup> Pervasive body image concerns determine an obsessive drive for thinness, which in turn leads to unrealistic dietary restraint; the binge eating occurs when dietary restraints are broken and the all-or-nothing cognitive distortions lead the person to engage in excessive eating.

In consequence, negative affects such as feelings of guilt, shame, disgust, and failure emerge and facilitate inappropriate compensatory behavior (eg, vomiting or excessive exercise).<sup>10</sup>

For what concerns sexual dysfunction, the literature points to a clear relation between low body image variables (such as self-consciousness about body and perceived body attractiveness) and low sexual satisfaction, whereas higher body image has been associated with higher sexual satisfaction and lower sexual function in adult (45–60 years old) and young adult (college age) women.<sup>11</sup> Also, body-satisfied women have less weight preoccupation and less body self-consciousness during sexual activity, whereas body dissatisfaction has been found to predict cognitive distraction during sexual activity in men and women.<sup>12</sup>

One potential mechanism of action for this association is the distraction that one's concerns about body image can cause during sexual activity. Indeed, research has found that appearance-based thoughts during sexual activities are associated with less sexual satisfaction and worst sexual function.<sup>8</sup> Distracting thoughts are some, but not the only, potential cognitive mechanisms that divert attention from the present moment with the potential of negatively affecting the sexual experience. Among the different types of cognitive processes that are worth studying within the context of problematic eating and sexual function, dissociation seems to rise to the top given the strong theoretical and empirical evidence that links dissociation and eating disorders.

Dissociation is an extreme response to negative emotional conditions, generally defined as “a disruption in the usually integrated functions of consciousness, memory, identity, and perception of the environment.”<sup>13</sup> It has been involved in most well-documented theories about binge eating, because it can serve as a psychologic defense against intolerable emotional

states. For what concerns eating disorder, the distressing emotional state can be caused by perceived failures in maintaining high standards of thinness and consequent body uneasiness. Within this context, the result of dissociation is a temporary loss of inhibition that leads to loss-of-control behaviors, such as binge eating.<sup>14</sup> Within the context of a sexual activity, the experience of dissociation would lead to distraction from the present time with the consequence of loss of sexual arousal and inability to obtain orgasm or simply the generalized loss of satisfaction and pleasure during sexual encounters. When considering the contextual experience of an individual experiencing dissociation during sexual activities because of poor body image, one needs to consider the emotional state that leads to dissociation because dissociation is a mechanism specifically activated to decrease uncomfortable states. Most commonly, dissociation is a response to a stressor and has been interpreted as an attempt to lessen the discomfort of the emotional state arising during this stress response. In line with this model, theoretical models for women's sexual responses have postulated that stress can cause a disconnection between mind and body (ie, dissociation) and act as the maintaining factor of different types of sexual dysfunction.<sup>15–17</sup> For example, the Barlow model proposes that detachment from one's own body associated with depersonalization impedes the individual to fully perceive the sexual activity by moving the focus from the sexual stimuli.<sup>16</sup> Thus, evidence for an association among a stress response, body image, dissociation, binge eating, and sexual satisfaction could indeed provide useful information to better explain the high incidence of sexual dysfunction among women with eating disorders.

To date, few studies have assessed the role of body image esteem and dissociative mechanisms in pathologic eating behaviors and sexual dysfunction. As a putative biomarker of this component, we considered hypothalamus-pituitary-adrenal (HPA) axis activation, which has been implicated in the two conditions.<sup>18–21</sup> HPA axis hyperactivity is well documented in anorexia nervosa, bulimia nervosa, and binge-eating episodes.<sup>18</sup> Conversely, the role of cortisol response in sexual activity is controversial. In sexually healthy women, physiologic sexual arousal is associated with a slight decrease in cortisol levels.<sup>19,22</sup> However, if individuals associate sex with stressors because of negative anticipations (ie, anxiety), an increase in cortisol responses during exposure to sexual stimuli can be observed.<sup>22,23</sup> Salivary cortisol is highly responsive to stress and closely reflects the concentrations of free cortisol in plasma.<sup>24</sup> It is a non-specific but quite sensitive and non-invasive measurement for HPA activation, which has been already adopted for the evaluation of the relation between sexual response and stress reaction.<sup>20</sup> For the present study, we selected this measurement to integrate the conscious and subjective information provided by self-reported measurement on sexual arousal and its relation to emotional activation. Indeed, cortisol concentration could provide information regarding stress reactions independently from conscious elaboration of stimuli.<sup>25</sup> The final effect of HPA axis

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