

FEMALE SEXUAL FUNCTION

Predictors of Sexual Distress in Women With Desire and Arousal Difficulties: Distinguishing Between Personal, Partner, and Interpersonal Distress



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ABSTRACT

Introduction: Although impaired sexual function is relatively common, not all sexual impairments are associated with distress. To date, most studies on protective and risk factors for sexual distress have asked about distress in a more general manner and have failed to distinguish different dimensions of sexual distress.

Aim: To examine the association of several intra- and interpersonal factors with personal, perceived partner, and interpersonal distress due to an impairment in sexual functioning in women.

Methods: This study is a cross-sectional representative population-based survey with a two-level random selection of Flemish women 14 to 80 years old from the Belgian National Register. The data of 520 sexually active heterosexual women with a partner (weighted N) and impairment in sexual desire (n = 291) and/or sexual arousal (n = 273) were used for analysis.

Main Outcome Measures: Demographic information was obtained, and the five-item Mental Health Inventory, the Marital Adjustment subscale of the Maudsley Marital Questionnaire, and the four-item Dyadic Sexual Communication Questionnaire were used. Presence and severity of sexual impairments and associated sexual distress were assessed using the Sexual Functioning Scale.

Results: Severity and number of sexual impairments were predictive of all types of sexual distress. Also, for desire and arousal impairments, lower mental well-being predicted personal distress, and lower relationship satisfaction predicted perceived partner distress. For desire impairments, lower relationship satisfaction and less communication about sexual needs were predictive of interpersonal distress. For impairments in sexual arousal, lower mental well-being and lower relationship satisfaction were predictive of interpersonal distress.

Conclusion: Personal, perceived partner, and interpersonal distress due to sexual impairments have different types of predictors. Clinical assessment and treatment could benefit from differentiating between different types of distress and the intra- and interpersonal factors that are associated with them.

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Key Words: Sexual Distress; Female Sexual Dysfunctions; Predictors; Population-Based Study

INTRODUCTION

Epidemiologic studies have found that 40% to 45% of adult women report at least one impairment in sexual function, with common sexual impairments being low desire and low arousal

(prevalence rates = 7–55% and 11–31%, respectively).^{1–9} Since the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, the diagnosis of sexual dysfunction has been based on the presence of sexual impairment and distress due to this impairment.¹⁰ Only a few epidemiologic studies to date have included the assessment of sexual distress. Findings from these studies indicate that impairments in sexual functioning are associated with distress in some, but not all, women. For example, European epidemiologic studies have found that 46% to 65% of women with sexual impairment experience this as distressing.^{4,11,12} Although many studies have assessed correlates of sexual impairments, very few have examined predictors of sexual distress (ie, distress that is experienced due to a sexual impairment). The studies that did explore this found that sexual

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impairments and sexual distress do not always share the same predictors, and when they do have a common predictor, this predictor can be differently related to the two. For example, age has been found to be a positive predictor of sexual impairments but a negative predictor of sexual distress.¹³

Studies on correlates of sexual distress can be categorized as focusing on *general* distress (eg, “How much distress or worry has your own sexuality caused you?”³) or more specifically on *sexual* distress (ie, distress that is due to the impairment itself; eg, “Do you currently have a persistent or recurrent inability to attain an adequate wetness and vaginal swelling response of sexual excitement? If yes, does this cause you marked distress or relationship problems?”).¹⁴ General distress has consistently been associated with psychological (eg, depression and anxiety) and relational (eg, lower relationship satisfaction) factors.^{3,15–20} Some studies also have associated age, physical health, educational level, (not) having a partner, and the partner’s sexual difficulties with general sexual distress.^{3,15,17,20–22} The presence of sexual impairments appears to be a weak predictor of general distress when these other variables are controlled for.^{3,15,17}

In contrast to studies on more general distress, only a few studies have explicitly asked women to evaluate the degree to which they experienced distress that was due specifically to the sexual impairment and then explored the predictors of this type of sexual distress.^{14,23,24} For most types of sexual impairment, Öberg and Sjögren Fugl-Meyer²³ found that women’s sexual distress was related to low relationship satisfaction and the presence of a (male) partner’s sexual problems. Weiss and Brody¹⁴ found that women not distressed by lubrication impairments reported “greater vaginal orgasm consistency” and were more likely to have never masturbated than women whose lubrication impairments were associated with distress. Stephenson and Meston²⁴ found that certain consequences of impaired sexual functioning (ie, decreased sexual pleasure) were perceived as more distressing by older women and women who were less satisfied in their relationship.

In addition to the lack of differentiation between general and sexual distress, most research to date has failed to distinguish between different types of sexual distress. However, clinical practice clearly suggests that not only personal but also partner and/or interpersonal distress lead individuals to seek help.^{22,25} To date, only two studies have assessed predictors of different types of sexual distress.^{3,22} Bancroft et al³ distinguished between “distress about the relationship” and “distress about one’s own sexuality” and found lower mental well-being and negative feelings during sex to be the strongest predictors of both types of distress. Stephenson and Meston²² differentiated between “personal concern about sexual difficulties” and “relational concern about sexual difficulties” and found that age was an important moderator of the relationship between low sexual desire and both types of sexual distress. These studies did not find different predictors for the two types of distress. However, a limitation of these studies is that they did not ask whether the distress was due to the sexual impairment itself.

Thus, they assessed general distress, which could be a result of sexual impairments but also of other sexual health-related factors (eg, body image, sexual orientation, etc).

The aim of the present study was to examine whether previously studied predictors of general distress in women also predict sexual distress while distinguishing among three types of sexual distress: personal, perceived partner, and interpersonal distress.

METHODS

Participants

Participants were 543 heterosexual women who took part in the Sexpert survey—a representative cross-sectional population-based study on sexual health in Flanders—and who, at the time of the survey, were in a relationship and who had been sexually active (ie, involving some type of genital stimulation, including coitus) with a partner during the past 6 months (Figure 1).^{11,26} The survey included Flemish men and women 14 to 80 years of age who were randomly selected from the Belgian National Register.¹¹ The research protocol was approved by the ethics committee of Ghent University Hospital and the Commission for the Protection of Personal Privacy. Before completing the questionnaires, participants provided informed consent (for participants younger than 16 years, the parents also provided informed consent). Data were collected during face-to-face interviews using a combination of computer-assisted personal interviewing and computer-assisted self-interviewing.

MAIN OUTCOME MEASURES

Outcome Variables

Personal, perceived partner, and interpersonal distress due to women’s impaired sexual functioning were assessed using the Sexual Functioning Scale (SFS). The SFS is an expanded version of the Short Sexual Functioning Scale.²⁷ This scale was developed with our clinical experience in mind and assesses several types of impairments in sexual response.¹¹ For each type of impairment, women can indicate whether the impairment is causing them to feel distressed, whether it is causing their partner to feel distressed, and whether it is causing relationship problems. The SFS was created with input from clinically trained sexologists, and its face validity has been tested with 52 individuals (men and women of various ages, with different relationship statuses, with high and low educational degree, people with different ethnic backgrounds, and different sexual orientation) to check the interpretability and clarity of the items. After asking about the presence and severity of impairments in sexual desire (lack of spontaneous sexual desire and lack of responsive sexual desire, based on two items) and in sexual arousal (difficulty attaining lubrication and/or difficulty maintaining lubrication and lack of subjective arousal, based on three items), whereby each item was scored on a four-point Likert scale (0 = no, 1 = mild, 2 = moderate, 3 = severe or extreme), women with at least

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