

Determinants of Women's Sexual Dissatisfaction: Assessing a Cognitive-Emotional Model

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ABSTRACT

Introduction: Recent studies have demonstrated the role of sexual dysfunctional beliefs, negative automatic thoughts, and emotional responses in relation to sexual functioning. Nevertheless, no studies seem to have evaluated the role of these cognitive-emotional factors in determining sexual dissatisfaction.

Aim: To test a cognitive-emotional model of sexual dissatisfaction in women.

Methods: In total, 207 women answered questionnaires assessing sexual dissatisfaction and cognitive and emotional variables that might affect sexual dissatisfaction.

Main Outcome Measures: Sexual dissatisfaction was measured by the Index of Sexual Satisfaction, sexual beliefs were measured by the Sexual Dysfunctional Beliefs Questionnaire, and thoughts and emotional responses were measured by the Sexual Modes Questionnaire.

Results: A path analysis was conducted to assess the conceptual model proposed. Results indicated that dysfunctional sexual beliefs work as predisposing factors by eliciting negative automatic thoughts and emotions, which impair the processing of erotic stimuli and interfere negatively with sexual satisfaction.

Conclusion: This finding suggests a role for cognitive and emotional factors in predisposing and maintaining sexual dissatisfaction in women, suggesting relevant implications for intervention.

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Key Words: Sexual Dissatisfaction; Sexual Beliefs; Automatic Thoughts; Emotional Responses

INTRODUCTION

Sexual satisfaction is associated with overall relationship satisfaction.^{1–3} Sexual satisfaction is influenced by personal and relational components in women,⁴ which reflect contributing factors such as perceived compatibility of sexual desire,⁵ sexual beliefs, values,⁶ and attitudes.^{7,8} Several studies have shown that sexual satisfaction is closely linked to indicators of relationship quality such as perceived love,^{9,10} stability,¹¹ and commitment¹¹ and is inversely

associated to the likelihood of divorce.^{12,13} Numerous studies have indicated the influence of different factors on women's sense of sexual satisfaction, including social factors such as age, marital status, and income level¹⁴; personality and affective factors such as self-esteem,¹⁵ selfishness,¹⁶ empathy,¹⁷ sexual guilt,¹⁸ irritability,³ and anger¹⁹; and background variables such as physical affection and positive sexual attitudes in the family of origin.²⁰

Recently, a growing body of research has indicated that cognitive factors such as cognitive distraction,^{21,22} causal attributions,²³ cognitive schemas,²⁴ sexual beliefs,^{25,26} and automatic thoughts²⁷ play a fundamental role in sexual functioning. According to Beck's cognitive theory,²⁸ beliefs are ideas or values learned through life experiences and, when conceptualized as dysfunctional, act as risk factors for several psychopathologies (eg, depression, anxiety). Moreover, sexual beliefs constitute core cognitive structures that influence sexual functioning, and sexual dysfunctional beliefs are usually conceptualized as vulnerability factors for the development of sexual dysfunctions.^{25,26,29,30} Several studies have examined recurrent beliefs as causal factors for sexual dysfunction and suggested that religious beliefs and conservatism,³¹ fear of intimacy and losing control,^{32–41} beliefs related to body image,^{31,32} and beliefs about the role of affection

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in sex³⁵ are commonly associated with female sexual dysfunction. Dysfunctional beliefs related to sexual activity and parenting patterns that inhibit expression of sexual needs have been considered the main factor in women's sexual dissatisfaction.³⁶ Empirical findings from studies by Nobre and Pinto-Gouveia^{27,37} have shown that women with sexual dysfunction present more negative sexual beliefs, especially more age-related and negative body image beliefs, sexual conservatism, and beliefs related to sexual desire and pleasure as a sin, compared with sexually healthy women. Moreover, conservative attitudes and restricted sexual standards have been found in women with sexual desire problems^{38–40} and vaginismus.⁴¹ A theoretical model has suggested that beliefs work as a risk factor in the development of negative automatic thoughts and sexual dysfunctions, and that emotions play an important role thereafter as maintaining factors for sexual dysfunctions.²⁹

Automatic thoughts are images or cognitions presented by individuals as a result of cognitive schemas or core beliefs, which are activated automatically during a particular event.⁴² These images and thoughts are strongly associated with emotional and behavioral responses to that event. Several clinical studies have indicated that individuals with sexual dysfunction present more negative automatic thoughts and emotions during sexual activity, which lead to a decrease in the ability to process sexual stimuli, contributing to the maintenance of sexual problems.^{27,43–46} Barlow⁴⁷ formulated a cognitive-affective model for sexual dysfunction. Barlow found that individuals with sexual dysfunction focus their attention on negative automatic thoughts regarding the social consequences of not performing and failure expectancies or other non-erotic concerns. Nobre and Pinto-Gouveia^{27,45,48} reported corroborating evidence of the role of cognitive factors on sexual dysfunction. Their results demonstrated that women with sexual dysfunction present significantly more failure and disengagement thoughts (eg, "I'm not satisfying my partner," "I'm not getting turned on," "When will this be over?"), thoughts about being abused and disrespected by the partner (eg, "He is abusing me," "He only wants to satisfy himself"), and lack of erotic thoughts (eg, "The way he is talking turns me on," "Making love is wonderful") during sexual activity.^{27,45,46,48} These automatic thoughts are associated with negative emotions such as sadness, guilt, and anger and with lack of pleasure and satisfaction.^{27,45,46,48} Sexual dissatisfaction refers to as a multidimensional experience involving thoughts, emotions, and beliefs,⁴⁹ consisting of all remaining emotions after the positive and negative aspects of a sexual relationship.⁵⁰ Individuals' thoughts of their own sexuality or thoughts about the appropriate or inappropriate expression of sexual behavior influence sexual satisfaction and these feelings can cause negative emotions.⁵¹ A study examining thoughts and emotions about sexuality indicated that negative thoughts about body image significantly correlated with sexual dissatisfaction.⁵²

Based on previous findings, Nobre^{29,43,48} developed and tested a conceptual model of sexual dysfunction in men and

women. The structure of this model is based on cognitive theory. At the center are sexual beliefs that are conceptualized as conditional rules.²⁸ These sexual beliefs stipulate the conditions for the activation of negative schemas in specific unsuccessful sexual experiences. The activation of the cognitive schema elicits negative automatic thoughts and negative emotions, impairing the sexual response.^{29,43,48}

Despite several studies focusing on determinants of sexual dysfunction, limited studies have examined the associations between cognitive factors and individuals' overall sexual satisfaction. Sexual satisfaction has been associated with individual characteristics, cognition, emotions, sexual behavior, and social background factors.⁵³ Although it might seem obvious that sexual functioning and sexual satisfaction are related, some research has indicated that sexual problems and sexual dissatisfaction do not always co-occur.^{54,55} Thus, further studies need to be conducted to investigate the role of cognitive factors in sexual dissatisfaction.

Sexual dissatisfaction is considered a common problem in many countries.⁵⁶ Research findings have shown that sexual dissatisfaction is more common in women than in men,⁵⁶ and that 15.2% to 50.4% of women are not satisfied with their sexual life.^{36,57} Taking into account the major role of cognitive-emotional variables on sexual functioning, a better understanding of their impact on sexual dissatisfaction might promote and enhance psychological interventions for the treatment of sexual problems. Therefore, the aim of the present study was to evaluate a conceptual model of women's sexual dissatisfaction by integrating the diverse cognitive-emotional components mentioned earlier. The model was based on the results of research into the role of sexual beliefs, automatic thoughts, and emotions presented during sexual activity. Previous research conducted by Nobre⁴⁸ on woman's sexual desire and the principles of cognitive theory were considered criteria for the development of the model. It is hypothesized that dysfunctional sexual beliefs act as predisposing factors and activate negative automatic thoughts and emotional responses in a congruent direction, impairing the sexual response and interfering with sexual satisfaction.

To assess the conceptual model, a path analysis using structural regression equations was conducted. The selection of the main predictors of sexual dissatisfaction (among sexual beliefs, automatic thoughts, and emotional responses) was based on theories and findings from previous studies. The predictors selected were belief of sexual desire and pleasure as a sin, failure and disengagement thoughts, lack of erotic thought, and emotional responses of worry, fear, pleasure, and satisfaction (Figure 1).

METHODS

Participants and Procedures

In total, 207 sexually active women in married and long-term relationships participated in this study. Participants were

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