

## Conceptualization of the Sexual Response Models in Men: Are There Differences Between Sexually Functional and Dysfunctional Men?



Catherine Connaughton, DPsych, Marita McCabe, PhD, and Gery Karantzas, PhD

### ABSTRACT

**Introduction:** Research to validate models of sexual response empirically in men with and without sexual dysfunction (MSD), as currently defined, is limited.

**Aim:** To explore the extent to which the traditional linear or the Basson circular model best represents male sexual response for men with MSD and sexually functional men.

**Methods:** In total, 573 men completed an online questionnaire to assess sexual function and aspects of the models of sexual response. In total, 42.2% of men (242) were sexually functional, and 57.8% (331) had at least one MSD. Models were built and tested using bootstrapping and structural equation modeling.

**Main Outcome Measures:** Fit of models for men with and without MSD.

**Results:** The linear model and the initial circular model were a poor fit for men with and without MSD. A modified version of the circular model demonstrated adequate fit for the two groups and showed important interactions between psychological factors and sexual response for men with and without MSD.

**Conclusion:** Male sexual response was not represented by the linear model for men with or without MSD, excluding possible healthy responsive desire. The circular model provided a better fit for the two groups of men but demonstrated that the relations between psychological factors and phases of sexual response were different for men with and without MSD as currently defined.

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**Key Words:** Male Models of Sexual Response; Linear Model; Circular Model; Male Sexual Dysfunction

### INTRODUCTION

The representation of human sexual response has varied significantly throughout the 20th century,<sup>1,2</sup> particularly in recent years.<sup>3–5</sup> The traditional linear model of sexual response, conceptualized by relatively discrete, non-overlapping phases of desire, arousal, and orgasm,<sup>1,2</sup> has been the most widely used representation of sexual response. Recently, several limitations of the linear model have been proposed in the literature, particularly for men with male sexual dysfunction (MSD). Validity of the linear model has not been subjected to rigorous testing for its applicability to male sexual response and MSD. Prior research also has indicated the overlap of MSD across response phases,<sup>3–5</sup> reflecting an overlap between diagnostic categories and response phases.<sup>5–7</sup> These findings are not well represented by the

one-directional progression of sexual response depicted by the linear model. Therefore, an examination of the extent to which the traditional model accurately conceptualizes the sexual response of men with and without MSD is required.

In response to research findings and clinical observations of women with and without sexual dysfunction, Basson<sup>8</sup> and Basson and Schultz<sup>9</sup> proposed a sexual response model that included spontaneous and responsive desires. The Basson model also acknowledged the temporal sequencing and overlap of sexual response phases and incorporated psychological factors, such as cognitive appraisal of sex, performance anxiety, and motivations for sexual activity, in the sexual response process. Despite research documenting similar relations in the literature for men, the Basson model has not been empirically tested on a population of men.

An evaluation of the bidirectional interactions among the stages of response of desire, arousal, and orgasm was not possible under the linear framework, because response phases are viewed as progressive and relatively discrete. The Basson circular response model indicated that multiple sexual dysfunctions across response phases were possible, and that identification of these interactions could

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Australian Catholic University, Institute for Health and Ageing, Melbourne, VIC, Australia

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provide insights into sexual dysfunction.<sup>8</sup> Given the overlap in MSD across stages,<sup>3–5</sup> using the Basson transitory circular model could provide valuable insights to understanding MSD.

Recently, an international panel recommended that the diagnostic criteria for hypoactive sexual desire disorder (HSDD) include a component stipulating that women with HSDD might have decreased interest or arousal in response to sexual cues in addition to a deficiency or absence of spontaneous thoughts, urges, or desire for sex.<sup>10</sup> This definition was not included in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*,<sup>11</sup> although the *DSM-IV-TR* criteria were widely used. Although the same recommendations have been proposed for men,<sup>7</sup> there is a paucity of studies that have investigated the differentiation between spontaneous and responsive desires in men. Nevertheless, the association between increasing age and a decrease in spontaneous desire has been noted.<sup>12,13</sup> Given this strong association between sexual dysfunction and age,<sup>14–16</sup> establishing whether age is a factor relating to low spontaneous or responsive desire is crucial to assist with the accurate diagnosis and treatment of HSDD in men. However, responsive desire is not reflected in the linear model of sexual response.

The disparity between genital and subjective arousal also has been demonstrated in studies of women,<sup>17,18</sup> but only recently has there been an increase in literature that has indicated a disparity between subjective and genital arousal for men. It has been suggested that men with vascular erectile dysfunction (ED) might appraise stimuli as sexual, become subjectively sexually excited, and yet not experience penile erection.<sup>9</sup> Studies also have shown that men with delayed ejaculation (DE) have low levels of self-reported arousal, and that reported changes in subjective sexual arousal are not always mirrored by apparent deficiencies in erectile response.<sup>19,20</sup> However, a meta-analysis exploring differences between subjective and genital arousal found no differences in male concordance between sexually functional and dysfunctional men.<sup>21</sup> Recently, studies also have shown the overlap between sexual desire and arousal in men. Participants in a study by Janssen et al<sup>12</sup> identified that often spontaneous erections would initiate thoughts of sexual fantasies, urges, and sexual desire. As suggested by Hayes,<sup>22</sup> models that incorporate emerging data on spontaneous and responsive desires and acknowledge the overlap between desire and arousal phases could provide some insight into the sexual response process.

The Basson circular model also incorporated psychological factors that could affect the sexual response of women and men. Because research has identified such psychological components in men, these should be considered in circular model testing to add depth to understanding the sexual response process. Cognitive factors, such as current attitudes toward sex, have been shown to affect the sexual response of men with and without MSD.<sup>23,24</sup> Research also has demonstrated that emotions play an important role.<sup>25</sup> For example, men with MSD have significantly less positive emotions compared with men without MSD.<sup>26</sup> Further, performance anxiety has been shown to be an important factor

affecting male sexual response<sup>24,26,27</sup> and should be considered a predominant psychological factor in models of sexual response. It also has been suggested that the motives and goals for engaging in sexual activity form an important part of assessing MSD and sexual response.<sup>28</sup> Basson<sup>8</sup> highlighted that women in long-term relationships would be more likely to have non-sexual motivations for sexual activity with partners, such as increasing emotional intimacy. Consistent with this proposal, Janssen et al<sup>12</sup> found that as men aged, they predominantly focused on the psychological and interpersonal characteristics of their partner as motivators and indicators for initiating sexual activity, whereas younger men used spontaneous erections as an indicator of sexual interest.

Until recently, the linear and circular models remained theoretical concepts that had not been validated using a sample from the general population. A study by Sand and Fisher<sup>29</sup> found that of 133 women, an equal number of women endorsed each of the three models of sexual response (Masters and Johnson,<sup>1</sup> Kaplan,<sup>2</sup> or a partial replication of the Basson<sup>8</sup> model), with women with female sexual dysfunction (FSD) more likely to endorse the circular rather than the linear model. However, the pictorial representation of the Basson model provided to participants did not include the concept of spontaneous desire, which can reinforce the cycle at any point. Moreover, these women were deemed dysfunctional based on decreased spontaneous desire without assessment of their possibly very healthy responsive desire.

In a large Web-based study, Giles and McCabe<sup>30</sup> examined the degree to which the linear and circular models empirically encapsulated the sexual response of women with and without FSD (dysfunction based on absence of spontaneous desire). They found that although the linear model was a good fit across groups, the circular model tested, which was based on the Basson model, did not adequately represent women's sexual response. After collapsing responsive desire and arousal, the circular model was found to conceptualize the sexual response of women with FSD better than of women without FSD. However, researchers have cautioned that a single model as a representation of female sexual response is premature.<sup>22,29–31</sup> In addition, the definition of HSDD in the study did not take into account differences between spontaneous and responsive desires; therefore, it is unknown how this would affect the empirical testing of the Basson model. An empirical evaluation of the linear model and the Basson circular model in men could provide further insight into MSD and male sexual response. This would be particularly salient for the accurate diagnosis and treatment of MSD.

Recently, Giraldi et al<sup>32</sup> investigated the extent to which men and women who were sexually functional and those who were dysfunctional endorsed descriptions of models of sexual response (Masters and Johnson,<sup>1</sup> Kaplan,<sup>2</sup> or partial replication of the Basson<sup>8</sup> model) based on their own sexual experiences. They found that women who were sexually functional (*DSM-IV* criteria) were significantly more likely to endorse the Masters and Johnson model, and that women with scores in the sexual

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