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Sexual dysfunction and relationship stress: how does this association vary for men and women?

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This paper examines the association between relationship stress and sexual dysfunction. The results demonstrated a strong association between female sexual dysfunction (FSD) and relationship stress, and between male sexual dysfunction (MSD) and relationship stress among their female partners. No studies examined the association between FSD and relationship stress of male partners. Treatment for MSD was associated with improved relationship stress for female partners, but no studies were located that examined this association for treatment of FSD. These findings suggest that FSD and relationship stress are strongly related, but the association does not seem to be so strong for men. The review highlights the need for further research in this field to inform therapy for both sexual dysfunction and relationship problems.

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Introduction

This paper examines the association between sexual dysfunction and relationship stress. Although many sex therapy techniques are partnered couple activities (e.g., sensate focus) little guidance is given in sex therapy protocols regarding how to address relational conflict and the stress associated with this conflict if and when it occurs. The role of relationship factors, despite the fact that most sexual activity occurs within the context of relationships, has been largely neglected [1], although there is some evidence of an association between sexual dysfunction and general relationship deficiencies, particularly unresolved conflict [2].

No studies have directly examined the term relationship stress. Rather, they examine factors that could be related to stress, for example, level of conflict, satisfaction, arguments. Therefore the association between sexual dysfunction and these relationship factors will be discussed as a proxy for relationship stress. We will also restrict ourselves to reviewing research conducted predominantly in the last 10 years, in order to provide an up to date review of the literature in this area.

Definition of sexual dysfunction

There are a number of classification systems that are widely used to describe sexual dysfunction. The three most commonly used are the International Classification of Disease-ICD-10 [3] which largely focuses on defining medical conditions, the Diagnostic and Statistical Manual-DSM-5 [4] which defines psychiatric conditions, and the International Consultation on Sexual Medicine (ICSM), where Committee 1 was responsible for reviewing the theoretical, empirical and clinical literature to determine the definitions of sexual dysfunction with the strongest evidence base [5•]. In this review we will adopt the definitions of sexual dysfunction described by the ICSM. The sexual dysfunctions included in the ICSM definitions will be discussed in this paper are:

Males and females

Hypoactive sexual desire dysfunction: Persistent or recurrent deficiency or absence of sexual thoughts or fantasies and desire for sexual activity, or lack of response to sexual cues.

Females

Female sexual arousal dysfunction: Persistent or recurrent inability to attain or to maintain arousal until the completion of the sexual activity.

Female orgasmic dysfunction: Either marked delay in, marked in frequency of, or absence of orgasm and/or markedly reduced intensity of orgasmic sensation.

Males

Erectile dysfunction (*ED*): Persistent or recurrent inability to attain and/or maintain penile erections sufficient for sexual satisfaction.

Premature ejaculation (*PE*): Ejaculation which always or nearly always seems prior to or within about 1 min of vaginal penetration from the first sexual experience (lifelong PE), or, a clinically significant and bothersome reduction in latency time, often to about 3 min or less (acquired PE). It also includes and the inability to delay ejaculation on all or nearly all vaginal penetrations, and

negative personal consequences, such as distress, both, frustration and/or the avoidance of sexual intimacy.

Men's sexual dysfunction (MSD) and relationship stress

Relationship problems and psychological problems were originally proposed by Masters and Johnson [6] to directly cause 95% of male sexual dysfunction (MSDs) although more recent evidence suggests there is also a strong role for biological factors. A review conducted by McCabe [7] examining the role of relationship factors in the development and maintenance of ED found a number of studies that demonstrated that relationship satisfaction was lower among men with ED relative to men without ED. However, not all studies have demonstrated a link between ED and relationship satisfaction [8]. It is possible that some men are able to separate these two different aspects of their lives and so the level of association may relate to the importance placed on the relationship in the man's life, as well as the importance placed on his sexual functioning. Further, Bodenmann *et al.* [9] found that a measure of relationship stress (conflicts, overload, not enough time for family, bothersome habits of partner) predicted male sexual desire and ED but not PE.

A recent study examined the association between sexual dysfunction and relationship problems (relationship satisfaction, communication, intimacy) among men experiencing a range of sexual dysfunctions from the general population in Australia [10]. The findings demonstrated that men with premature ejaculation (PE) experienced lower levels of relationship satisfaction than those who did not experience PE. Relationship variables were not related to either ED or low levels of sexual desire. In contrast, Fisher *et al.* [11] found an association between ED and relationship satisfaction and communication for both the man and his partner.

A review paper by Rosen and Althof [12] found a strong negative association between PE and relationship satisfaction, but also between the man's PE and his partner's relationship satisfaction. Similar findings were obtained by Rosen *et al.* [13••], where they demonstrated that for men with low desire, PE, and ED, one or more sexual problems were associated with decreased relationship happiness compared to men without sexual problems, and that the female partners of these men also experienced decreased relationship happiness, but not as reduced when compared to their male partners. Although there are some contradictory findings, these results suggest that MSD may be associated with relationship stress for men and also their female partners.

Women's sexual dysfunction (FSD) and relationship stress

McCabe and Cobain [14] found that deficits in relationship satisfaction were more likely to occur among sexually dysfunctional women than those who were sexually functional, but no differences were found between the two groups in communication levels or number of arguments. It is possible that women who are in poor relationships may express their lack of relationship satisfaction by avoiding sexual interactions and restricting their range of sexual experience and intimacy. Wiederman [15] also suggested that treatment focused solely on the sexual dysfunction is likely to fail if the underlying relationship dynamics are ignored. He maintained that without treating the problematic relationship, enhanced sexual function is likely to be temporary, or that other psychological symptoms in one or both partners will develop in order to maintain homeostasis. At present, there is no empirical research to either support or refute this view. However, Bodenmann *et al.* [9] found that relationship stress predicted low desire and arousal among women with FSD.

Certainly the research suggests that relationship dissatisfaction is more likely to occur among sexually dysfunctional women [16]. Whether the sexual dysfunction led to the relationship difficulties or vice visa is not clear. Regardless of which set of problems occurred first, they are both now in place. A qualitative study conducted by Hucker and McCabe [17•] clearly demonstrated that sexual functioning and relationship satisfaction were strongly linked together in both the development and treatment of FSD. Likewise, in a study of women with low levels of sexual desire, Goldhammer and McCabe [18] demonstrated that women understood and experienced their sexual desire primarily through the context of their relationship with their partner: women with low levels of relationship satisfaction rarely experienced a spontaneous desire for sexual activity, but may experience sexual desire once they were actually engaged in sexual activity (responsive sexual desire). The findings from this study demonstrated the importance of contextual factors in the experience of sexual desire for women, most particularly, the quality of their relationship with their partner. Consistent with these findings McCabe and Giles [19] found that when comparing women with sexual dysfunction to women who did not experience sexual dysfunction, women with low levels of desire, arousal and orgasm problems all experienced higher levels of relationship problems.

Sexual dysfunction and partner relationship stress

A number of the studies reviewed earlier in this paper have demonstrated the impact of MSD not only on the man's relationship satisfaction but also that of his female partner. O'Connor *et al.* [20] conducted a qualitative study among women from New Zealand whose partners were seeking medical treatment for their ED. The study specifically examined the impact of ED on the female partner's relationship. The results indicated that some women experienced lower relationship stress, in that they

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