

FEMALE SEXUAL FUNCTION

Culture and Sexuality: Cognitive—Emotional Determinants of Sexual Dissatisfaction Among Iranian and New Zealand Women

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ABSTRACT

Background: Several studies have demonstrated that culture plays a fundamental role in individuals' beliefs, attitudes, and values toward sexuality, and influences their ability to enjoy sex. It follows that culture may influence sexual satisfaction or dissatisfaction.

Aim: To examine and compare cognitive—emotional variables related to women's sexual dissatisfaction in Iran and New Zealand.

Methods: In total, 196 Iranian women and 207 New Zealand women participated in the study, answering questionnaires evaluating dysfunctional sexual beliefs, automatic thoughts, emotional and sexual response during sexual activity, as well as sexual satisfaction.

Outcomes: Sexual beliefs were measured by the Sexual Dysfunctional Beliefs Questionnaire, thoughts and emotional responses were measured by the Sexual Modes Questionnaire, and sexual satisfaction was measured by the Sexual Satisfaction Index.

Results: Findings indicated that in both Iranian and New Zealand women, failure and disengagement thoughts, lack of erotic thoughts, and emotions of fear during sexual activity were significant predictors of sexual dissatisfaction. Besides these common predictors, results also indicated that sexual conservatism and women's sexual passivity beliefs, sexual abuse thoughts, and fear during sexual activity were significant predictors of sexual dissatisfaction in Iranian women. Beliefs of sexual desire and pleasure as a sin; age-related beliefs; and emotions such as sadness, disillusion, and hurt were significant predictors of sexual dissatisfaction in New Zealand women.

Clinical Translation: The present findings could facilitate a better understanding of cultural differences in the roles played by dysfunctional sexual beliefs, negative automatic thoughts, and negative emotions during sexual activity, and the value of these beliefs, thoughts, and emotions in predicting sexual dissatisfaction.

Conclusions: The strength of this study is in providing an examination of the role of culturally bound beliefs in predicting sexual dissatisfaction in women from different cultural backgrounds. Limitations include the lack of evaluation of psychological and interpersonal variables that may impact on women's sexual dissatisfaction. These findings suggest that there may be a role of culture in shaping beliefs, attitudes, and values toward sexuality; and provide evidence for the effect of cognitive—emotional variables in predicting women's sexual dissatisfaction.

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INTRODUCTION

Beliefs, attitudes, and values related to sexuality differ across societies. Historical roots, philosophical traditions, family structures, and interpersonal relational differences may lead to the adoption of different beliefs regarding sexual activity.¹ For instance, in many traditional Asian societies sexuality is linked to procreation, whereas in modern Western societies sexuality is viewed more as recreational and often focuses on pleasure; these broad differences reveal how differences in belief systems may have significant implications for the individual.² In some Asian cultures such as China, sexuality as a subject is taboo and sex education in schools is traditionally minimal. Furthermore, parents and health professionals may be reluctant to discuss sexuality or to provide sexuality information.³ In this cultural context, pre-marital sex is often forbidden. For women, virginity is often considered as important capital (sometimes assumed, but sometimes subject to a test on the wedding night by the presence of blood), and is seen as an indicator of purity and modesty.⁴ Expressions of sexual behavior outside marriage are considered highly inappropriate in some collectivistic and patriarchal Asian cultures.^{5,6} For instance, it may mean that if a woman is not a virgin, then no suitors may be interested in her.⁷ It may be that in these cultures the expression of sexual behavior, particularly among women, is a threat to the highly interdependent social order as well as to the integrity of the family.⁵ Research has shown that those living in some Asian cultures hold more conservative sexual attitudes and beliefs and demonstrate less sexual knowledge than those living in non-Asian cultures.⁶ In Iranian society, the traditional culture of sexuality emphasizes purity and chastity underlying the family structure, and there is little official acceptance for freedom in sexual desire or for a removal of traditional moral restraints.⁸ Social conduct and religiosity have significant effects on Iranian women's sexuality, and some Muslim women believe that sexual obedience and modesty, and inhibition of sexual expression, are characteristics of an ideal Muslim wife.⁹ Studies have indicated that married Iranian women define sexual satisfaction as having no problem with their sex life, being loved by their husband, and the husband's sexual contentment,¹⁰ and that their views are related to more general values and beliefs in life such as self-power gained within the framework of religion via sexual obedience.¹¹

Culture plays a fundamental role in beliefs, attitudes, and values toward sex,¹² and these beliefs influence the ability to enjoy sex and thus may also influence sexual satisfaction.¹³ Sexual satisfaction encompasses personal and relational components that include perceived compatibility of sexual desire,¹⁴ and sexual beliefs, values,¹⁵ and attitudes.^{16,17} Bancroft and colleagues¹⁸ conducted a national survey of U.S. women in heterosexual relationships and focused on a conceptual pattern of sexual satisfaction that included the interaction of factors at the individual, relationship, and broader culture levels (the latter encompassing widely shared beliefs and expectations about sexuality).

Beliefs play a key role in cognitive structures and are in general the result of learning and life experiences.¹⁹ Beliefs related to

sexuality are impacted by cultural background, educational, and societal influence as well as by personal experiences.^{20,21} Religious-based education and social expectations may promote conservative beliefs toward sexuality, and thus play a major role in developing dysfunctional sexual beliefs.²¹

Hawton²² proposed a list of women's beliefs about sexuality that often act as pre-disposing factors for the development of sexual dysfunction, and which reflect a sexual double standard and sexual repression (eg, "any woman who initiates sex is immoral"; "it is wrong to have fantasies during intercourse"; "masturbation is dirty or harmful"). LoPiccolo and Friedman²³ furthered this work and added beliefs relating to the physical appearance and age of women (eg, "a woman's sex life ends with menopause") and women's beliefs about performance (eg, "women who can't have an orgasm quickly and easily have something wrong"; "normal women have an orgasm every time they have sex") that may also contribute to sexual dysfunction. Other studies have indicated that conservative religious beliefs,²³ body image-related beliefs,²⁴ and beliefs about the role of affection in sex²⁵ are factors that increase women's vulnerability to experience sexual dysfunction, and hence sexual dissatisfaction.

In summary, research findings suggest that women who present more negative sexual beliefs (in particular conservative, erroneous, or demanding beliefs) are more likely to report having sexual problems.^{26,27} Based on these findings, Nobre²⁸ developed a cognitive-emotional model, proposing that dysfunctional sexual beliefs pre-dispose men and women to develop and maintain sexual difficulties. Abdolmanafi and colleagues²⁹ reported that sexual beliefs related to sexual desire as a sin (eg, "sex is dirty and sinful"; "experiencing pleasure during sexual activity is not acceptable in a virtuous woman") were a significant factor in women's sexual dissatisfaction. Furthermore, empirical studies regarding specific sexual dysfunctions have shown that female orgasmic disorder is related to body-image beliefs,²⁷ and vaginismus is associated with beliefs about aging,²⁷ and a conservative view of sexuality.³⁰

According to Beck's¹⁹ cognitive theory, automatic thoughts result from cognitive schemas or core beliefs that are activated in a particular situation. A growing body of research investigating the role of cognitive and emotional factors in sexual health has become available.^{31,32} These studies have indicated that individuals with sexual dysfunction focus their attention on negative thoughts rather than on sexually erotic thoughts during sexual activity. It has been reported that in women these thoughts are mostly related to body-image concerns (eg, "I'm getting fat/ugly"; "I'm not feeling physically attractive"), failure and disengagement thoughts (eg, "I'm not getting turned on"; "I'm not satisfying my partner"), 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 during sexual activity.^{28,33-36} Abdolmanafi and colleagues²⁹ reported corroborating evidence on the role of cognitive factors regarding sexual dissatisfaction. Their findings demonstrated that New Zealand women with more sexual dissatisfaction present significantly fewer erotic thoughts (eg, "my body turns him on"; "these

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