

ORGASM

Sexual Inhibition is a Vulnerability Factor for Orgasm Problems in Women



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ABSTRACT

Background: The differential role of psychological traits in the etiology and maintenance of female orgasm difficulties is yet to be consistently established.

Aim: To investigate the contribution of different psychological trait features (personality, sexual inhibition and excitation, and sexual beliefs) to predict female orgasm and to assess the degree to which these dispositional factors moderate the association between sexual activity and orgasm occurrence in a large community sample of Portuguese women.

Methods: 1,002 women (18–72 years, mean age = 26.27, SD = 8.74) completed questionnaires assessing personality traits (NEO-Five Factor Inventory), sexual inhibition and sexual excitation (Sexual Inhibition/Sexual Excitation Scales—Short Form [SIS/SES]), sexual beliefs (Sexual Dysfunctional Beliefs Questionnaire), sexual behavior (frequency of sexual activities and frequency of orgasm occurrence), and social desirability (Socially Desirable Response Set). Hierarchical multiple regression and moderation analyses were conducted while controlling for the effect of covariates such as social desirability, sociodemographic and medical characteristics, and relationship factors.

Outcomes: The main outcome measurement was orgasm frequency as predicted and moderated by personality, SIS/SES dimensions, and sexual beliefs.

Results: Results of the hierarchical multiple regression analysis indicated a significant predictive role for sexual inhibition (associated with fear of performance failure [SIS1] and related to the threat of performance consequences) and body image beliefs in female orgasm occurrence. The significant predictive effect of extraversion and of sexual excitation on orgasm frequency ceased to be significant with the insertion of all trait predictors in the final model. Furthermore, SIS1 significantly moderated the relation between sexual activity and orgasm occurrence.

Clinical Implications: Attention should be given to individual factors impairing orgasmic response in women, particularly sexual inhibition processes. The development of clinical strategies to address and regulate them is recommended.

Strengths and Limitations: Although this study investigated a large community sample, this sample was composed of heterosexual, relatively young women and thus generalization of the present results demands some caution. Social desirability was controlled for in the analyses and questionnaires were not collected face to face, which constitutes a strength of this study because social desirability is lower in self-administered online questionnaires compared with paper-and-pencil questionnaires, particularly for more sensitive sexual issues.

Conclusion: SIS1 was found to be a vulnerability factor for female orgasmic difficulties. Future research should test these findings with different samples, particularly clinical samples of women with orgasmic problems, preferably with the use of longitudinal designs. **Tavares IM, Laan ETM, Nobre PJ. Sexual Inhibition is a Vulnerability Factor for Orgasm Problems in Women. J Sex Med 2018;15:361–372.**

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Key Words: Female Orgasm; Sexual Inhibition; Sexual Excitation; Personality; Sexual Beliefs

Received September 20, 2017. Accepted December 29, 2017.

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<https://doi.org/10.1016/j.jsxm.2017.12.015>

J Sex Med 2018;15:361–372

INTRODUCTION

Orgasm difficulties are among the most common sexual problems in women. Various studies have indicated prevalences ranging from 18% to 61% in the general population.^{1–5} In a representative sample of Portuguese women, orgasm difficulties

were the second most common sexual problem, with 16.8% of women reporting difficulties in reaching orgasm most of the time. Moreover, 19.4% of women experienced difficulties reaching orgasm approximately half the time.⁶

An orgasm is a multidetermined psychophysiologic process involving biological, physiologic, and anatomic factors and psychological, affective, interpersonal, and contextual ones.^{7,8} Despite the central contribution of type of sexual activity to the experience of orgasm in women,^{8–10} research has shown that psychological factors also can play an important role in the development and maintenance of female orgasmic problems.^{11–14} Among these factors are psychological traits, described as global predispositions, responsible for guiding human behavior and consistent across time.¹⁵

Difficulties in reaching orgasm have been associated with various personality traits, such as self-blame attributions, control needs, repressed emotions, greater dependency, apprehensiveness, negativity,^{8,16,17} emotional instability, and not being open to new experiences.¹⁸ For the main dimensions of personality as described in the Five-Factor Model,^{19,20} studies have indicated that, in women, problems with orgasm are strongly and positively correlated with neuroticism (ie, the absence of emotional stability and the presence of negative affect) and strongly and negatively correlated with extraversion (ie, the ability to socialize and the presence of positive affect).^{18,21} Accordingly, as suggested by Nobre's Cognitive-Emotional Model of Sexual Dysfunction, personality traits such as neuroticism and extraversion can act as vulnerability factors for the development and maintenance of sexual dysfunctions.^{22,23} More recently, using a longitudinal methodology, a relation between personality traits (including nervousness, aggressiveness, depressiveness, irritability, sociability, and openness) and orgasmic difficulties was demonstrated.¹¹ Overall, these results support the importance of personality traits in the regulation of female orgasmic function, although a diversity of findings has been suggested. The heterogeneity in results could be due to the various methodologies, sample constitution, and personality factors involved in the different studies,^{24–26} which hamper firm conclusions about the association between personality traits and female orgasmic function.

Another factor that might predispose women to experience orgasm problems is their individual tendency to inhibitory control. Various investigators have proposed the idea that the fear of losing control of one's behavior is a key factor in orgasm difficulties in women.^{27–29} The broad construct of inhibitory control was found to be a significant predictor of female orgasmic difficulties,¹⁶ and its relation to the female sexual response can be better understood in the context of the dual control model of Bancroft et al.³⁰ This model offers an explanation for the individual variability in the propensity for excitation and inhibition of sexual response. According to the dual control model, human sexual response depends on the interaction between cognitive and physiologic dimensions based on central inhibitory and excitatory mechanisms that act automatically and without

voluntary control and that can block or facilitate sexual response.^{31,32}

In fact, recent studies have addressed the role of sexual excitation and sexual inhibition in female sexual function and dysfunction. Findings have indicated that sexual inhibition and, more specifically, the dimension of inhibition associated with fear of performance failure (SIS1) are significant predictors of various dimensions of female sexual functioning (eg, sexual desire, arousal, orgasm, pain, and sexual satisfaction).^{14,33,34} Nevertheless, no study has examined whether women with different propensities for sexual inhibition differ in their orgasmic functioning despite the contribution of the different sexual activities they engage in. Based on the previously discussed findings, it seems plausible that the individual variability in these specific mechanisms could contribute to explain individual differences in the probability of experiencing sexual problems,³⁰ including orgasmic problems, above and beyond the focus of sexual stimulation. More precisely, this type of sexual inhibition mechanism, SIS1, could moderate the relation between engaging in sexual activity (solitary or partnered and regardless of the type of genital stimulation used) and female orgasm occurrence.

For the role of cognitive variables in sexual functioning, there is consistent evidence supporting their contribution to the development and maintenance of sexual dysfunctions.^{12,13,35–37} In particular, sexual beliefs have been described as vulnerability factors for sexual difficulties, with data indicating that women with sexual dysfunction present higher age-related beliefs and self–body image beliefs than women without sexual problems.¹² The presence of these dysfunctional beliefs would make these women more vulnerable to activate incompetence self-schemas when experiencing an unsuccessful sexual situation.¹³ The activation of these self-critical schemas would elicit a system composed of negative automatic thoughts, which would prevent these women from focusing on erotic stimuli (lack of erotic thoughts) and promote negative emotions (sadness, disillusion, guilt, lack of pleasure, and satisfaction), thus impairing their sexual response.^{36,37} For female orgasm in particular, data indicate that self–body image beliefs seem to play a central role in these difficulties.¹³ Nevertheless, only 1 study has investigated the role of sexual beliefs in female orgasmic functioning to date, indicating these results are in need of replication.

Overall, these findings highlight the importance of different psychological trait features for female sexual function in general, but studies exploring the relative influence of these variables on female orgasmic function are scarce. Moreover, no studies to date in the English-language literature that we researched have investigated the extent to which these psychological trait factors moderate the relation between sexual activity and orgasm occurrence.

AIMS

The goal of this study was to assess the extent to which psychological dispositional characteristics (personality, sexual

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