



The impact of anxiety on sexual arousal in women

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Abstract

This study examined the impact of state anxiety, trait anxiety, and anxiety sensitivity on physiological and self-report measures of sexual arousal and sexual function in a non-clinical sample of women. Physiological sexual responses to an erotic stimulus were assessed using vaginal photoplethysmography, and subjective reactions were measured using questionnaires. Results suggested a curvilinear relationship between state anxiety and physiological sexual arousal (vaginal pulse amplitude; VPA). Trait anxiety and anxiety sensitivity were correlated with self-reported sexual arousal outside the laboratory. The findings may be interpreted in light of sympathetic nervous system (SNS) influences on sexual arousal and potential cognitive interference mechanisms associated with anxiety.

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Introduction

Research on the role of anxiety in sexual arousal has focused primarily on anxiety arising from specific concerns about sexual performance (e.g., Cranston-Cuebas & Barlow, 1990), but there is ample evidence to justify a broader study of this relation. A high prevalence of sexual dysfunction has been reported in women with anxiety disorders (e.g., Aksaray, Yelken, Kaptanoglu, Oflu, & Ozaltin, 2001; Bodinger et al., 2002; Figueira, Possidente, Marques, & Hayes, 2001; van Minnen & Kampman, 2000). High-normal levels of anxiety in normal populations may also be a risk factor for sexual problems. In a large community epidemiological survey, Dunn, Croft, and Hackett (1999) reported that women with moderate to high scores on a self-report measure of anxiety were at significantly higher risk for a number of sexual problems, but particularly for arousal difficulties. Heaven et al. (2003) found that neuroticism, a personality feature characterized by anxiousness, was moderately correlated with sexuality-specific fears and negatively related to sexual motivation.

The mechanisms by which anxiety impacts sexual arousal in women are not firmly established. Clearly, anxiety proneness may predispose women to developing worries and fears about their sexual lives and sexual behavior. Sex-related anxiety can make it difficult to psychologically engage in sexual activity, as the woman may be too preoccupied with her sex-related fears to fully attend to sexually arousing stimuli (Barlow, 1986).

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It is also possible that, in the absence of specific sexual concerns, high levels of anxiety may be associated with *non-sexual* cognitive distractions (such as worry, obsessions, and hypervigilance to bodily sensations) that can interfere with sexual responding. Even among women without sexual disorders, laboratory studies have demonstrated that non-sexual cognitive distractions reduce both physiological and subjective arousal to erotic stimuli (e.g., Adams, Haynes, & Brayer, 1985; Elliott & O'Donohue, 1997). Finally, because both acute anxiety and sexual arousal are mediated by changes in autonomic arousal, there may be a physiological basis to impaired sexual responding secondary to anxiety.

Although clinical reports generally link anxiety to impaired sexual arousal, laboratory studies suggest that, under certain conditions, anxiety may facilitate genital sexual arousal responses. For example, Hoon, Wincze, and Hoon (1977) and Palace and Gorzalka (1990) concluded that anxiety induced by an anxiety-evoking film enhanced vaginal vasocongestive responses to erotic stimuli in the laboratory. Discrepancies between experimental and clinical data may be attributable to distinctions between physiological (i.e., vaginal blood flow) and self-report measurement of sexual arousal, with the latter typically being the exclusive focus of clinical assessment. Experimental studies that have assessed both physiological and self-reported sexual arousal often report low correlations between these measures in women (e.g., Laan, Everaerd, van Bellen, & Hanewald, 1994; Laan, Everaerd, van der Velde, & Geer, 1995; Meston & Gorzalka, 1995).

The discrepancy between clinical reports and experimental data concerning the effects of anxiety on sexual arousal may also be explained by the fact that anxiety has been treated as a vague, unitary construct in many studies to date. Although state and trait anxiety could be expected to interfere cognitively with sexual arousal, state anxiety is also uniquely associated with elevations in sympathetic nervous system (SNS) arousal (Hoehn-Saric & McLeod, 1988), which may independently affect sexual responses (e.g., Meston, 2000). Because state anxiety may entail this additional influence on sexual arousal by means of SNS arousal, differentiating between acute and chronic anxiety states in sexual arousal studies may have meaningful implications.

State anxiety is an acute emotional response characterized by subjective feelings of apprehension and increased activation of the SNS (Hoehn-Saric & McLeod, 1988; Spielberger, 1966). Because state anxiety is transitory and can easily be manipulated (e.g., Stoudenmire, 1975), this construct is most relevant to previous laboratory studies of anxiety and sexual arousal, which have used anxiety induction procedures to experimentally manipulate anxiety. The results of two such studies (Hoon et al., 1977; Palace & Gorzalka, 1990) suggest that elevations in state anxiety can be expected to facilitate increases in physiological indices of sexual arousal (e.g., vaginal blood volume, vaginal pulse amplitude (VPA)). With regard to subjective anxiety, however, state anxiety could theoretically distract the individual from cognitively processing sexually arousing stimuli (Barlow, 1986), leading to lower self-reported sexual arousal. Indeed, Palace and Gorzalka noted that, in contrast to physiological measures, subjective arousal responses to an erotic film were *lower* when preceded by an anxiety-provoking film than by a neutral film. It is not surprising, therefore, that Palace and Gorzalka also noted a lack of correlation between physiological and subjective measures of sexual arousal. While consistent with other studies that describe a low concordance between physiological and self-reported sexual arousal (for a review, see Rellini, McCall, Randall, & Meston, 2005), it remains unclear to what extent affective states such as state anxiety might influence these relations. Research to date has relied on the use of anxiety-evoking stimuli to induce state anxiety reactions, but the impact of spontaneous anxiety reactions on sexual arousal has, to our knowledge, not been examined in the laboratory.

Trait anxiety, by contrast, is a relatively stable measure that reflects an individual's dispositional tendency to experience state anxiety. According to Spielberger (1975), individuals higher in trait anxiety experience more frequent and more intense acute anxiety states. From a cognitive perspective, high trait anxiety may interfere with psychological sexual arousal because the individual is biased to perceive threatening information, which may distract her from sexually arousing stimuli or cause negative interpretations of those stimuli. Although trait anxiety is necessarily related to state anxiety, previous research has indicated that it is not as reliably predictive of autonomic responses to stressors (Lamb, 1973). Given that trait anxiety represents only a *tendency* toward autonomic excitation (state anxiety), it is reasonable to assume that it would be less predictive of acute physiological sexual responses mediated by autonomic arousal. However, with regard to measuring the generalized effects of anxiety on sexual function over the long term, trait anxiety would be the more stable, and therefore preferred, construct.

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