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ORIGINAL ARTICLE

Marital and sexual functioning and dysfunctioning, depression and anxiety^{☆,☆☆}

G. Trudel (PhD)^{*}, M.R. Goldfarb (PhD C)

Department of Psychology, Université de Québec à Montréal, Centre de Recherche Fernand-Séguin, Case Postale 8888, Succursale Centre-Ville, Montréal, Québec, H3C 3P8 Canada

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Summary This paper reviews empirical and theoretical publications from 1970 to 2009 on the relation between marital and sexual functioning, depression and anxiety. The link between sexual and marital functioning is well known. Marital functioning is a factor in relation with sexual dysfunctions such as hypoactive sexual desire. Sexual functioning is associated to marital satisfaction. The role of marital and sexual factors was also studied in relation with psychological distress. Satisfying marital functioning protects against the development of psychological distress but is also a factor related to depression and anxiety. The link between marital distress and depression is particularly strong. Empirical data indicate also that marital treatment may improve not only sexual and marital functioning but may also reduce symptoms of psychological distress. When depressive symptoms are associated to marital distress, research indicates that marital therapy may be considered as one of the first options of treatment to reduce both marital and psychological distress.

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Sex and marital therapists have to cope with difficult and complex clinical situations. Sexual difficulties are frequently associated with marital problems. On the other hand, marital difficulties are associated with symptoms of psychological distress, mainly depression and anxiety. The first programs to treat sexual dysfunctions (LoPiccolo and LoPiccolo, 1978; Masters and Johnson, 1970; etc.) as well as marital

problems (Hawleg and Jacobson, 1984; Stuart, 1980, etc.) do not take into account complex clinical situation where sexual, marital and psychological problems are co-morbid.

More recently, research has show interaction between marital, sexual and psychological distress. The present paper is a review of literature on the relation between sexual, marital and psychological functioning including symptoms of psychological distress particularly anxious and depressive problems.

Relationship between marital functioning, sexual functioning, depression and anxiety

Marriage is one of the most important and enduring of interpersonal relationships. It is well known that marriage protects against depression and anxiety. Research has

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^{*} Corresponding author.

E-mail address: trudel.gilles@uqam.ca (G. Trudel).

generally shown that the mental well-being of single individuals tends to be significantly higher than that of their formerly married counterparts, but lower than that of married individuals (Gove and Shin, 1989; Kurdek, 1991).

However, if it is clear that we observe greater well-being in married individuals and that marriage may promote positive psychological functioning, correlation between marital distress and psychopathology is also well established. Whisman (1999) examined the association between marital dissatisfaction and 12-month prevalence rates of common Axis I psychiatric disorders in married respondents from the National Comorbidity Survey (Kessler et al., 1994). Results indicated that spouses with any disorder, whether a mood disorder, an anxiety disorder or a substance-use disorder, reported significantly greater marital dissatisfaction than spouses without these disorders. In relation to specific disorders, results suggested that greater marital dissatisfaction was associated with seven of 12 specific disorders for women (with the largest associations obtained for post-traumatic stress disorder, dysthymic disorder, and major depression) and three of 13 specific disorders for men (dysthymic disorder, major depression, and alcohol dependence).

Moreover, the association between psychiatric disorders and marital satisfaction is not an artifact of overall social dissatisfaction (Whisman et al., 2000). In other words, marital dissatisfaction is significantly associated with several disorders, while relationship problems with friends and relatives are not. A person in an unhappy marriage is more likely to suffer from depression than someone happily married (Earle et al., 1998; O'Leary et al., 1994; Weissman, 1987; Whisman et al., 2002). According to Weissman's (1987), analysis of an epidemiologic survey, an unhappy marriage is a risk factor for depression: in fact, it increases the odds of suffering major depression by a factor of 25. Trudel et al. (2007) in a populational study conducted across Quebec (Enquête sur la santé des aînés) divided subjects ($n=499$) into three equal groups according to their level of marital functioning and satisfaction. The results of this study indicate that twice as many subjects in the group with lower marital functioning than in the group with higher marital functioning presented problems of depression or anxiety.

As for sexual dysfunction, Greene (1970) reports that 80% of 750 couples consulting in marital therapy are dissatisfied with their sexual life. Sager (1976) mentions similar results indicating that 75% of couples in marital therapy are not satisfied of their sexual life. The link between marital and sexual functioning has been particularly studied for Hypoactive Sexual Desire (HSD) (Trudel, 2003). Results indicate an association between marital dysfunctioning and HSD. Trudel et al. (1997) found that the perception of communication skills of the husband by women presenting HSD is less appropriate than perception of these skills by women without HSD. Trudel et al. (1993a) found that couple in which women present HSD have a significantly lower level of dyadic adjustment. Trudel (2008) found that couples with HSD present higher levels of marital difficulties as measured by the Marital Happiness Scale (Azrin, 1973). These couples also present lower scores at measures of depression and anxiety (Trudel et al., 1997). Significant differences were also observed at scales measuring other aspects of sexual functioning including measures of sex-

ual pleasure and of repertoire (Trudel et al., 1995a; Trudel et al., 1993b). In summary, HSD is a complex sexual problem related to marital and sexual functioning as well as to clinical and subclinical symptoms of anxiety and depression.

In a survey of women and men living in the Montreal area ($n=996$) using a multiple regression analysis, Trudel (2002) found a significant relation between sexual and marital functioning in men and women both younger and older than 60. A large proportion of the variance of marital functioning is explained by sexual functioning and this conclusion remains true in the older group. In a recent study, Trudel et al. (2009) with 1016 subjects over 65, the results of MANOVA indicate that marital satisfaction is associated with sexual desire, sexual satisfaction and sexual functioning in both men and women. In particular, subjects with unsatisfying marital functioning had twice as much psychological distress as those who were satisfied. Moreover, subjects with satisfying marital functioning show twice as much sexual desire, sexual satisfaction and sexual functioning.

In general, studies indicate that marital and psychological distress are more prevalent among women (Goldfarb et al., 2007). For example, a recent populational study (Trudel et al., 2009) was conducted on 1016 subjects living maritally and more than 65 years old. In this study, a MANOVA using marital functioning and gender as main factors indicated that low marital functioning is associated with psychological distress and that women present more psychological distress than men. A multiple regression analysis was also conducted in this study. It indicated that the main predictor of psychological distress is marital functioning. Sexual functioning and gender also contribute to psychological distress but to a much lesser degree.

Bidirectional association between marital distress and psychological disorders

Subjects presenting psychological distress may tend to attribute their personal problems to external factors such as marital distress. These external attributions may be a way to minimizing the role of personal or other factors in the development of psychological distress. However, it is clear that subjects presenting depressive or anxious symptoms may frequently have interpersonal problems and inadequate social skills which may contribute to the marital difficulties (Lewhinson and Libet, 1972). According to Lewhinson, depressive symptomatology is frequently associated with a lack of social and interpersonal abilities (including marital abilities). This lack of interpersonal abilities causes problems in social relations, which, in turn, cause many negative events which exacerbate depressive functioning. Anxious subjects may also have stressful interpersonal relations which contribute to increase their anxiety. Moreover depressive and anxious cognitive processes (e.g. negative cognitions about self and others, catastrophic and self-depreciative cognitions, etc.) may also have a negative influence on interpersonal, such as marital interaction.

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