The Actual and Ideal Sexual Self Concept in the Context of Genital Pain Using Implicit and Explicit Measures

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ABSTRACT

Background: The experience of pain during sexual intercourse generates significant distress and sexual impairments, which is likely to affect sexual identity and become a threat to the sense of self.

Aim: To explore the role of the concept of the sexual self in the context of genital pain by measuring different states of self (ie, actual vs ideal) at different levels of responding (ie, explicit vs implicit) and examine their associations with sexual, emotional, and pain-related variables.

Methods and Main Outcomes: Thirty young women who identified with genital pain and 29 women without pain completed (i) two versions of the Relational Responding Task as a measurement of implicit actual and ideal sexual self; (ii) explicit ratings of the actual and the ideal sexual self; and (iii) measurements of sexual self-esteem, global self-esteem, depression, sexual satisfaction, sexual distress or depression, sexual frequency, and pain experiences.

Results: Women with genital pain scored lower on the explicit and implicit actual-self measurements than women without pain but did not differ in their ideal self. Furthermore, the pain group reported higher ideal- than actual-self scores at the explicit level. Actual- and ideal-self measurements had differential effects on sexual, emotional, and behavioral outcome variables. In general, rating the ideal self higher than the actual self was related to more negative outcomes. Pain-related variables were predicted only by the implicit measurements, showing that the high pain group reported more pain, fear of pain, and a stronger tendency to continue with sex despite the pain when perceiving themselves as sexually less competent and when this perception did not match their ideal self.

Clinical Implications: Therapeutic interventions might benefit from discussing women’s internal guides for self, decreasing potential discrepancies, and developing identity-related motivational treatments that target the emotional discomfort and maladaptive behavioral strategies that result from trying to conform with their guides of self. Setting ideally high sexual standards, feeling pressure to perform as a sexual partner, and fearing to be sexually unqualified could be key factors in developing, maintaining, and exacerbating sexual dysfunctions.

Strengths and Limitations: This is the first study to systematically examine different components of the concept of the sexual self in the context of genital pain. Despite the small sample and the use of a non-clinical group of women, we found a theoretically and clinically interesting pattern of results.


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Key Words: Genital Pain; Sexual Self Concept; Actual and Ideal Self; Implicit Measures; Relational Responding

INTRODUCTION

Genital pain is a complex and disabling health problem in women that is most often experienced during sexual intercourse and can be a source of sexual, emotional, and relationship distress.1 Despite the high prevalence of genital pain in healthy young women, there is only limited research on its underlying mechanisms, especially compared with other dysfunctions. One
of the mechanisms that could be particularly relevant for explaining the negative emotions, sexual impairments, and maladaptive behavioral patterns associated with genital pain is the concept of the sexual self. In addition to recent therapeutic developments that focus on identifying and applying personal values in the face of coping with pain (ie, acceptance and commitment therapy, mindfulness), increasingly more research has been directed at understanding how pain and fear of pain directly and indirectly interfere with valued personal strivings. In the context of genital pain, women strive mostly toward securing the relationship and keeping the ideal image of being a “normal” woman. This suggests that genital pain is associated with a loss of desired social roles, thereby affecting sexual identity and threatening one’s sense of self. Despite its heuristic and clinical significance, the concept of the sexual self has received little research attention thus far.

Different Components of the Sexual Self: Role of Guides and Discrepancies of the Self

Although systematic research on the concept of the sexual self is lacking, there is fragmentary evidence showing that women with genital pain have lower self-esteem, less positive sexual self-schemas, and report feeling sexually less desirable, less confident about their sexuality, and less feminine since the pain began. Furthermore, they describe themselves as inadequate sexual partners and not being real women. They also report more distress about their body image and a more negative genital image, which contribute to increased levels of sexual distress. In addition, several studies have ascribed an important role to low self-efficacy as a precursor and/or maintaining factor of genital pain. Not believing in their own capacity to manage the pain increases anticipated pain intensity and unpleasantness, thereby worsening the pain and sexual function. In contrast, higher pain self-efficacy is associated with lower pain and better sexual function, making it a critical target of intervention. In the same vein, women with genital pain are more likely to lack sexual autonomy and sexual assertiveness, which is reflected in difficulties to communicate wishes, expectations, and boundaries with their partner.

To shed further light on the role of the concept of the sexual self in relation to pain, a coherent theoretical framework and more systematic research is needed. Based on the original self-discrepancy theory of Higgins, mainstream chronic pain research has advanced a self-discrepancy model to explain pain-related distress and behavior. According to this model, people compare themselves with internalized standards or guides of the self, including the actual self (who you are now), the ideal self (who you would ideally like to be), the ought self (who you ought to be), and the feared self (who you fear to be). These standards of the self can be contradictory in nature, thereby creating emotional discomfort. A key aspect of self-discrepancy theory is that people are motivated to decrease the discrepancies between their self-states to regulate their negative mood. Thus far, the study of self-discrepancies has proved valid for predicting psychological distress and symptomatic behavior in chronic pain and depression, a condition that often occurs with chronic and genital pain. There is compelling evidence showing that depressive patients show a discrepancy between beliefs about their current self and beliefs about their desired future self. More concretely, they score lower on actual self-esteem and higher on ideal self-esteem. Because their view of their actual attributes does not match the ideal attributes they hope to develop, depressive patients are more prone to experience low self-esteem, feelings of disappointment and dissatisfaction, a lower positive prospect, and an increased focus on negative outcomes.

Specific to patients with chronic pain, self-discrepancies have been found to increase negative emotions, depression, anxiety, distress, and pain. To deal with these negative outcomes, patients can bring their actual self closer to their self-guides (or further away for the feared self) or adapt their self-guides to more realistic standards. Also, the tendency to persist or avoid pain-related activities can be explained by the extent to which people experience a discrepancy in their internal self-guides, which points toward the motivational nature of the self-concept. Theory and research state that actual-ideal and actual-ought discrepancies are associated with persistence behavior, whereas actual-feared discrepancies induce avoidance behavior.

Also in the context of genital pain, women might regulate their pain and pain behavior based on how they currently perceive themselves as a sexual partner and how they want, ought, and fear to be. In support of this, previous work has suggested that an inaccurate, unrealistic concept of the sexual self could lead to sexual dysfunctions, including genital pain. Adding this to the clinical observation that women with genital pain are preoccupied with being a “good sexual partner” and set extremely high standards about what it means to be “good,” we considered the actual- and ideal-self guides, and the discrepancies between them, as the most logical first step to explore. Another indication that the ideal self, as evaluator of the actual self, might be a key explanatory construct stems from research showing that women with genital pain report higher levels of perfectionism, which is likely to pervade into their sexual relationship. When wanting to be perfect in all areas of life, the experience of genital pain and its associated sexual impairments is likely to create a conflict between the current situation, in which important goals are blocked by pain, and the desired end state. Because the sense of self is determined in part by the extent to which people can accomplish their identity-related goals, this discrepancy will not only cause distress and thereby increase the pain but also guide and orient behavior. The motivational nature of the actual-ideal discrepancy implies that the ideal self will function as an incentive for future behavior, a self “to be approached or avoided.” Accordingly, women who move further away from their ideal self will show more characteristics of persistence behavior to fulfill and accomplish their, often idealistic, sexual standards and intimacy needs.
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