

Associations Between Personality Disorder Characteristics, Psychological Symptoms, and Sexual Functioning in Young Women

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ABSTRACT

Background: Recently, the etiology of sexual dysfunctions in women has been approached from different angles. In clinical practice and in previous studies, it has been observed that women with sexual problems experience anxiety problems and express more rigid and perfectionistic personality traits than women without these problems.

Aim: To investigate whether personality disorder characteristics according to the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision* (DSM-IV-TR) and psychological symptoms are associated with sexual problems in women.

Methods: 188 women 18 to 25 years old participated in this cross-sectional study. Questionnaires measuring sexual functioning (Female Sexual Function Index), personality disorder characteristics (Assessment of DSM-IV-TR Personality Disorders Questionnaire), and psychological symptoms (Brief Symptom Inventory and Center for Epidemiological Studies Depression Scale) were used.

Outcome: The main outcome measure used was sexual functioning assessed by self-report.

Results: Results, using analysis of variance, indicated that women with sexual problems report significantly more cluster A (specifically schizoid) and C (specifically avoidant and obsessive-compulsive) personality disorder characteristics than women without sexual problems. Furthermore, using multiple regression analyses, higher cluster A (specifically schizoid) and lower cluster B (specifically borderline and antisocial) personality disorder characteristics indicated lower levels of sexual functioning. Psychological symptoms partly mediated the effect of cluster A personality disorder characteristics on sexual functioning.

Clinical Implications: The results of this study indicate that clinical practice should extend its scope by focusing more on improving adaptive personality characteristics, such as extraversion and individualism seen in cluster B personality characteristics, and decreasing the perfectionistic, introvert, and self-doubting characteristics seen in cluster C personality characteristics.

Strengths and Limitations: Because of the correlational design and use of self-report measures, causal relations cannot be established between personality disorder characteristics and sexual functioning.

Conclusion: Overall, the results indicate that personality disorder characteristics can play an important associative role in the development and maintenance of sexual functioning problems in women. **Grauvogl A, Pelzer B, Radder V, van Lankveld J. Associations Between Personality Disorder Characteristics, Psychological Symptoms, and Sexual Functioning in Young Women. J Sex Med 2017;XX:XXX–XXX.**

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Key Words: Personality Disorder Characteristics; Psychological Symptoms; Sexual Functioning; Young Women

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INTRODUCTION

Adolescence and young adulthood are prominent periods in which sexuality plays an important role. Most people go through this phase unscathed; however, some experience problems in their sexual health¹ or even develop a sexual dysfunction.² Sexual dysfunctions are characterized by a persistent or recurrent abnormal reaction to sexual and erotic stimuli. They cause clinically significant disturbances in a person's ability to experience sexual encounters as pleasurable. According to the

Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, sexual dysfunctions can be categorized as sexual interest and arousal disorders (eg, erectile dysfunction), orgasmic disorders (eg, premature ejaculation), and genito-pelvic pain/penetration disorders (eg, dyspareunia and vaginismus).³ Sexual dysfunctions are common. In a population study in the Netherlands, approximately 27% of women and 19% of men 15 to 70 years old were found to experience at least 1 sexual dysfunction. In comparison, the lifetime prevalence of any anxiety disorder was 20% in women and 10% in men, and major depressive episode occurred in 23% of women and 13% of men.⁴ Among adolescents and young adults 15 to 24 years old, 43% of women and 27% of men experienced at least 1 sexual dysfunction.⁵ Although sexual dysfunctions can be serious problems, only 33% of women and only a remarkable 4% of men actually seek and receive help for these problems.⁶ Sexual dysfunctions can have significant consequences for a person's sexual and general well-being.^{7,8} They are associated with lower levels of sexual satisfaction, increased levels of personal distress, and interpersonal difficulties.⁹ Men with erectile dysfunction report considerable psychological distress and negative social consequences¹⁰; women with sexual dysfunctions report lack of physical and emotional satisfaction and unhappiness.^{11,12}

Sexual dysfunctions are not caused by a single factor but are the result of the interplay among biological, psychological, and social factors.¹³ Diabetes, multiple sclerosis, and cancer are associated with sexual dysfunctions.¹⁴ Furthermore, cognitive interference as a consequence of distraction, irrational sexual beliefs, and negative expectations of sexual performance^{15,16} and relational and communication problems¹⁷ are associated with sexual dysfunctions. For example, women with dyspareunia experience intercourse as painful and (the anticipatory thought of) a new sexual encounter evokes fear. The fear of pain is presumed to decrease genital sexual arousal and increase pelvic floor muscle tension.¹⁸ The combination of vaginal dryness and pelvic floor muscle tension causes friction between the penis and the vagina, resulting in tissue damage and eventually pain.¹⁹

Individuals with sexual problems display higher levels of psychological distress than their sexually well-functioning counterparts. Sexual dysfunctions also have high rates of co-occurrence with depressive and anxiety disorders.²⁰ Risk of self-harm and symptoms of depression have been associated with higher odds of sexual dysfunction.²¹ More specifically, women with low sexual desire experience major and/or intermittent depression almost twice as often as controls. A pronounced lack of self-esteem and feelings of guilt are reported by these women.²² Furthermore, sexually dysfunctional individuals show higher levels of anxiety than sexually healthy individuals,^{23,24} and several studies have found an association between dyspareunia and anxiety.^{25,26}

Recently, research has focused, again, on the relation between sexual dysfunctions and personality.²⁷ Eysenck²⁸ was the first scholar to theorize that personality could account for the large variability of sexual behavior. He demonstrated that higher levels

of neuroticism were present in men experiencing sexual difficulties compared with sexually healthy men. Recently, these findings were replicated by Quinto Gomes and Nobre.²⁷ Personality characteristics also have been associated with sexual risk-taking behavior. People with higher levels of extraversion and lower levels of conscientiousness, 2 of the well-known factors in the Big-Five model of personality,^{28,29} were found to have more sexual partners and to practice more unsafe sex.^{30,31} Leeners et al³² reported a significant association between higher levels of dispositional nervousness and dyspareunia.

These results of these studies suggest that Big-Five personality traits, especially higher levels of neuroticism, are associated with the presence of sexual dysfunctions. High levels of maladaptive personality traits are found in individuals who are diagnosed with personality disorders.³³ However, instruments based on the Big-Five theory of personality, such as the NEO-Personality Inventory—Revised (NEO-PI-R), are unevenly distributed to identify these maladaptive dimensions; this inventory includes more items that correspond to adaptive personality traits.³⁴ For example, 90% of conscientiousness items are keyed in the adaptive rather than the maladaptive functioning direction.³⁵ To measure personality traits in the maladaptive segment, clinicians use instruments that can measure personality disorders. Personality disorders, according to the *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision* (DSM-IV-TR), are organized in 3 clusters.³⁶ Individuals with predominantly cluster A personality disorder characteristics are likely to show higher levels of odd and eccentric behavior and have little or no interest in sexual experiences with other people. Individuals with predominantly cluster B personality disorder characteristics show higher levels of dramatic, emotional, and impulsive behavior and tend to express impulsive and inappropriate sexual behavior. Individuals with cluster C personality disorder characteristics show higher levels of anxiety, are more constrained in sexual behavior, and could have difficulties in sexual functioning.³⁷

To our knowledge, the association among personality disorder characteristics, psychological symptoms, and sexual functioning has not jointly been studied. Furthermore, previous research addressing the association between personality and sexual functioning has focused on NEO-PI-R personality trait data and mainly included men and older adults.²⁷ Therefore, this study explored the associations of personality disorder characteristics, psychological symptoms, and sexual functioning in young women. Furthermore, this study examined how these variables could discriminate women with from those without sexual problems. It was expected that women with sexual problems would display more cluster A, B, and especially cluster C personality disorder characteristics than non-symptomatic women.³⁷ Women with sexual problems also were expected to present higher levels of psychological symptoms than women without these problems. Because personality disorder characteristics are assumed to be trait and more enduring characteristics and psychological symptoms rather state and more acute

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