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.

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
Dyspareunia is defined as pain or discomfort experienced during vaginal penetration. It is a common complaint in women and can be caused by a variety of factors, such as medical conditions, psychological issues, or a combination of both. It is estimated that approximately 10% of women are affected by dyspareunia at some point in their lives. The prevalence of dyspareunia varies depending on the population studied, with estimates ranging from 3% to 40%.

The relationship between sexual dysfunction and personality disorders is complex and multifaceted. Personality disorders can influence sexual functioning through a variety of mechanisms, including cognitive distortions, emotional dysregulation, and interpersonal difficulties. For example, individuals with cluster C personality disorders, characterized by avoidant, borderline, or histrionic traits, may experience difficulty with intimacy and emotional expression, which can impact sexual functioning.

The Big Five personality traits—extraversion, agreeableness, conscientiousness, neuroticism, and openness—are commonly used to assess personality. Neuroticism, in particular, has been linked to a variety of sexual dysfunctions, including dyspareunia. Individuals high in neuroticism are more likely to experience anxiety, depression, and other psychological distress, which can negatively impact sexual functioning.

Conscientiousness, on the other hand, is positively associated with sexual functioning. Individuals high in conscientiousness tend to be organized and responsible, which can facilitate sexual behavior and satisfaction. However, it is important to note that personality traits are not the sole determinants of sexual functioning. Other factors, such as physical health, relationship dynamics, and cultural norms, also play a significant role.

In conclusion, the relationship between sexual dysfunctions and personality disorders is complex and requires further investigation. Future research should continue to explore the specific mechanisms through which personality disorders impact sexual functioning, as well as the potential for intervention and treatment.
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