

Sexual Distress: Identifying Profiles and Respective Characteristics Among Couples in Couple Therapy

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Introduction

- Addressing sexuality is important given the **prominence of sexual distress among couples seeking therapy** (McCarthy & Thestrup, 2008), yet not much is known in regards to sexuality among couples presenting for couple therapy.
- Most **couple therapists fail to properly assess sexuality** when treating distressed couples (Péroquin et al., 2013).
- Therapists **need to assess sexuality** in order to **identify sexually distressed couples** and implement appropriate interventions.
- To orient couple therapists in their assessment and treatment of couples experiencing sexual distress, studies need to **identify whether couples presenting with sexual difficulties differ from couples who do not report many sexual problems** on clinically-relevant variables.

Objectives

- Identify couple profiles based on both partners' sexual functioning (sexual satisfaction and problems with sexual functioning)
- Establish whether couple profiles differ on various characteristics relevant to couple therapy, including relationship satisfaction, perceived partner support, psychological symptoms, and attachment insecurity.

Methods

Participants

- 245** heterosexual couples seeking couple therapy in private practice
- Mean relationship duration:** 14 years (1- 49 years)
- Status:** 44% Married, 83% have at least one child

	Men (n=122)	Women (n=123)
Age	43 years (24-76)	41 years (22-71)
University Education	69%	70%
Employed	97%	88%

Procedure

Participants were asked by their therapist to complete a set of questionnaires individually following their initial consultation.

Profile Measures

Arizona Sexual Experiences Scale (McGahuey et al., 2000)

Global aspects of sexual function: drive, arousal, penile erection/vaginal lubrication, ability to reach orgasm, and satisfaction from orgasm assessed on a 6-point scale.

Higher scores indicate more sexual problems.

Global Measure of Sexual Satisfaction (Lawrance & Byers, 1998)

Overall sexual satisfaction: Five 7-point bipolar dimensions: Good-Bad, Pleasant-Unpleasant, Positive-Negative, Satisfying-Unsatisfying, Valuable-Worthless.

Higher scores indicate greater sexual satisfaction.

Comparison Measures

Dyadic Adjustment Scale (Spanier, 1967)

Relationship satisfaction

Psychiatric Symptom Index (Ilfeld, 1976)

Global psychological distress score represented through anxiety and depression symptoms, anger, and cognitive problems

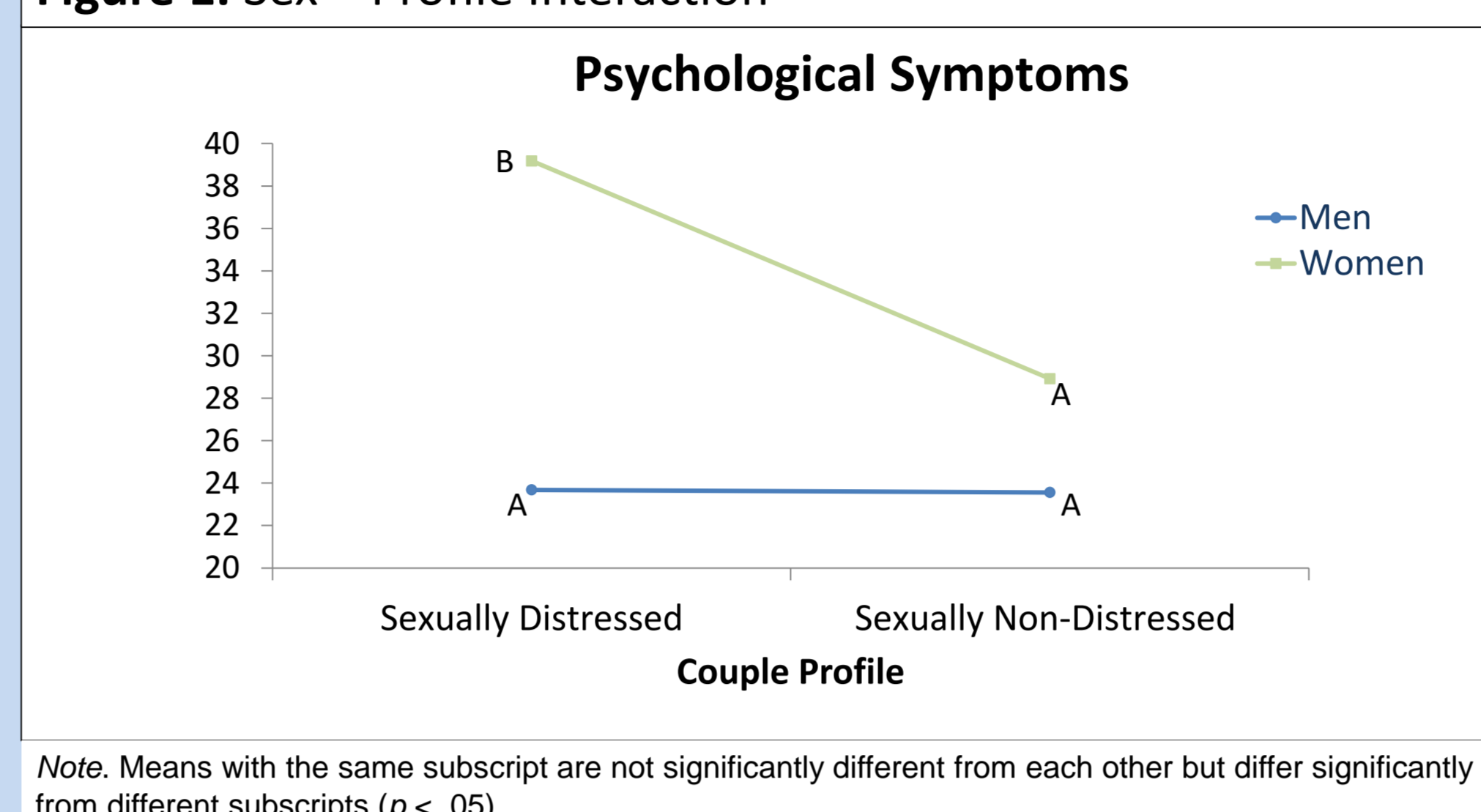
Experiences in Close Relationships (Lafontaine et al., 2014)

Attachment anxiety and avoidance

Conjugal Support Scale (Brassard et al., 2011)

Perceived Partner Support

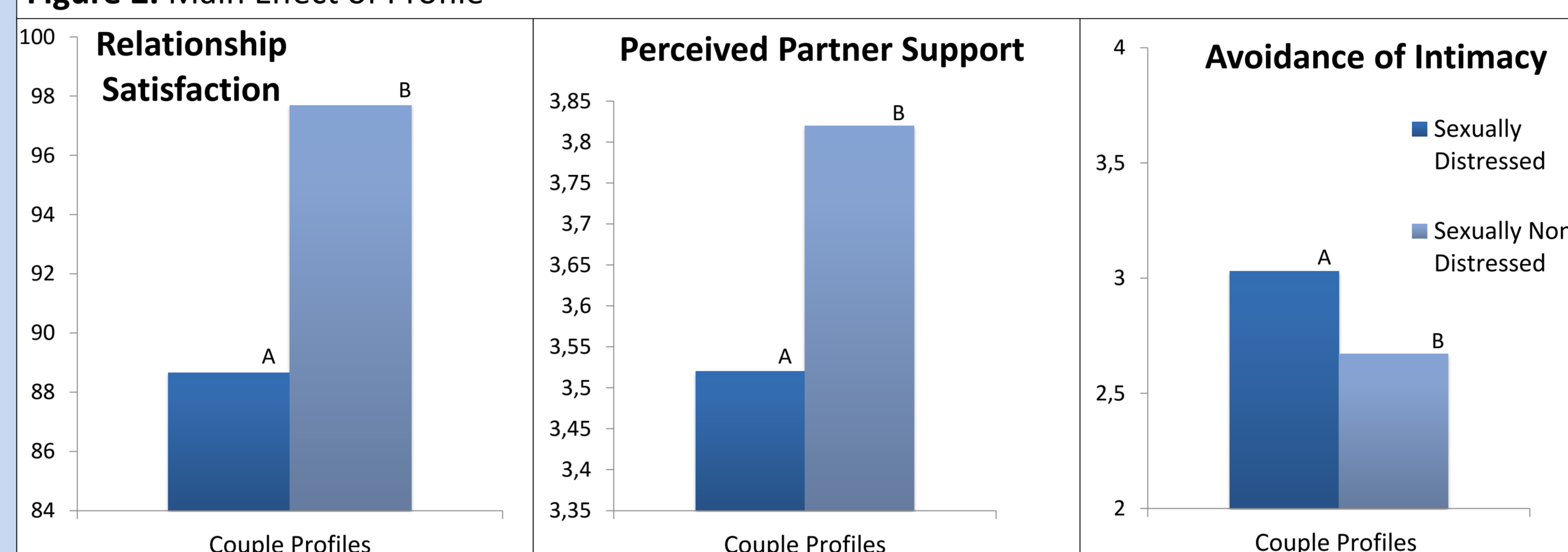
Figure 1. Sex * Profile Interaction



Note. Means with the same subscript are not significantly different from each other but differ significantly from different subscripts ($p < .05$).

Women in the sexually distressed profile reported more psychological symptoms (within the clinical range) compared to men of this profile and both men and women of the sexually non-distressed profile.

Figure 2. Main Effect of Profile



Note. Means with the same subscript are not significantly different from each other but differ significantly from different subscripts ($p < .05$).

Both partners of couples in the **sexually distressed profile** reported **lower relationship satisfaction, less perceived support** from their partner and **higher attachment avoidance** than couples in the sexually non-distressed profile. Couples from the two profiles did not differ on attachment anxiety.

Table 1. Means (standard deviations) for men and women as a function of cluster membership

		Sexually Distressed		Sexually Non-Distressed	
		Profile 1 (n = 22 couples)	(SD)	Profile 2 (n = 223 couples)	(SD)
Sexual Satisfaction	Men	13.65 ^a	(5.75)	25.07 ^b	(6.00)
	Women	13.30 ^a	(5.81)	24.85 ^b	(6.21)
Sexual Functioning	Men	15.96 ^a	(4.19)	11.64 ^b	(3.16)
	Women	21.83 ^a	(4.55)	14.94 ^b	(3.55)
Relationship satisfaction	Men	89.45 ^a	(15.65)	99.16 ^b	(15.02)
	Women	87.86 ^a	(11.47)	96.22 ^b	(16.11)
Perceived Partner Support	Men	3.51 ^a	(0.60)	3.82 ^b	(0.60)
	Women	3.53 ^a	(0.67)	3.82 ^b	(0.57)
Psychological Symptoms	Men	23.68 ^a	(10.09)	23.56 ^a	(15.26)
	Women	39.18 ^b	(20.05)	28.92 ^a	(17.27)
Avoidance of Intimacy	Men	3.11 ^a	(0.87)	2.81 ^b	(0.86)
	Women	2.95 ^a	(0.91)	2.54 ^b	(0.88)
Attachment anxiety	Men	3.85 ^a	(0.82)	3.41 ^a	(0.98)
	Women	3.68 ^a	(0.87)	3.60 ^a	(1.05)

Individuals scoring within the clinical range (%)

Relationship Satisfaction	Men	78.3%	52.2%
	Women	82.6%	61.2%
Sexual functioning	Men	26.1%	2.6%
	Women	78.3%	15.4%
Psychological distress	Men	18.2%	25.6%
	Women	65.2%	38.3%
Avoidance of Intimacy	Men	78.3%	61.8%
	Women	60.9%	46.7%
Attachment Anxiety	Men	60.9%	44.9%
	Women	47.8%	52.0%

Note. Means with the same subscript are not significantly different from each other but differ significantly from different subscripts ($p < .05$).

Results

A hierarchical cluster analysis based on four sexuality variables (male and female sexual satisfaction and sexual functioning scores) revealed 2 distinct couple profiles: sexually distressed couples ($n = 22$) and sexually non-distressed couples ($n = 223$). See Table 1.

Men and women in the sexually distressed profile reported significantly lower sexual satisfaction and more problems in their sexual function.

Sexual Satisfaction ($F(1, 248) = 108.65, p < .01, \eta^2 = .31$)

Sexual Functioning ($F(1, 248) = 116.43, p < .01, \eta^2 = .32$)

A series of repeated-measures MANOVA were conducted to examine whether couples belonging to the distinctive profiles differed on sexual satisfaction, sexual function, and other clinically-relevant variables. Statistically significant findings are reported.

Interaction Sex * Profile found for **Psychological symptoms** ($F(1, 243) = 5.06, p = .03, \eta^2 = .02$). See Figure 1.

Main effect of profile found for:

Relationship satisfaction ($F(1, 243) = 9.25, p = .003, \eta^2 = .04$),

Perceived partner support ($F(1, 243) = 8.03, p = .005, \eta^2 = .03$),

Avoidance of intimacy ($F(1, 243) = 5.80, p = .02, \eta^2 = .02$). See Figure 2.

Discussion

- Two distinct profiles emerged: A Sexually Distressed Profile (10% of couples) and a Sexually Non-distressed Profile (90% of couples).
- Consistent with the literature, greater sexual difficulties (lower sexual satisfaction and sexual functioning) are related to lower relationship satisfaction (Byers, 2005). Individuals in distressed relationships may be more bothered by their sexual difficulties, as it may add to other problems already present in the relationship (i.e. intimacy, communication, positive regard).
- Results confirm that greater sexual difficulties are related to increased psychological problems (Scott, Sandberg, Harper, & Miller, 2012). Psychological factors influence how people think and feel about their life, thus individuals with greater psychological distress may be more prone to view their sex life negatively. Also, individuals with mood disorders are known to have more sexual problems suggesting that symptomology and/or medications taken by such individuals may also play a role.
- Greater sexual difficulties among partners in distress (seeking therapy) may explain why each partner is perceived as less supportive. Alternatively, low partner support may also be a risk factor for increased sexual problems (Péroquin, Brassard, Lafontaine, & Shaver, 2014).
- Coherent with past research, individuals with high attachment avoidance tend to have negative sexual experiences (Butzer & Campbell, 2008). Little, McNulty & Russell (2009), found a negative association between the quality of sexual interactions and attachment insecurities which may suggest that sexual distress can intensify avoidance of intimacy.

Future Directions: More research is needed to identify whether sexually distressed couples differ from sexually non-distressed couples on more clinically relevant factors. It would also be interesting to investigate if these profiles are stable over time and whether they respond differently to treatment.

Clinical Implications: Key information for clinical assessment and treatment planning particularly with sexually distressed couples. Assessing sexuality factors in couple therapy would allow clinicians to identify which couples are at greater risk of the associated difficulties and intervene accordingly, potentially improving couple therapy outcomes.