

## Cultural Influences on Sexual Problems

Culture strongly influences both the way we feel about our sexuality and the way we express it. In this section, we examine some influences in Western society—particularly in the United States—that affect our sexuality and can contribute to sexual problems.

### NEGATIVE CHILDHOOD LEARNING

We learn many of our basic, important attitudes about sexuality during childhood. While growing up, we observe and integrate the models of human relationships from our families. We notice how our parents use touch and how they feel about one another. For example, one research study found that women with low sexual desire perceived their parents' attitudes toward sex and their affectionate interaction with each other to be significantly more negative than did women with higher sexual desire (Stuart et al., 1998).

A variety of therapist researchers have reported that religious orthodoxy that creates guilt about sex by equating it with reproduction or labeling it as sinful is common to the backgrounds of many sexually troubled people (Fox et al., 2006; Hunt & Jung 2009). One study found that women who reported more guilt about sex had lower sexual desire than women with little or no guilt (Woo et al., 2011). Further, research indicates that people who leave their religion report dramatic improvement in their sexual lives. The more sexually conservative the religion was, the greater the improvement reported (Ray, 2012),

### THE SEXUAL DOUBLE STANDARD

Global research on sexuality indicates that equality of gender roles is associated with men's and women's sexual satisfaction. In the male-dominated cultures in Asia, Africa, and the Middle East, significantly fewer people report that they have satisfying sexual lives than people in the Western world (Laumann et al., 2006). As greater equality between men and women has developed over time, the sexual double standard has diminished in the United States. However, opposing sexual expectations for women and men are still prevalent in U.S. society and can negatively affect sexuality (Fugere et al., 2008). Women may learn to be sexually restrained to avoid acquiring the reputation of being a "slut" while men frequently learn that sexual conquest is a measure of "manliness" and that men "should always be capable of responding sexually, regardless of the time and place, our feelings about ourselves and our partners, or any other factors" (Zilbergeld, 1978, p. 41). As a result of these expectations, men tend to see sexual interaction as a performance, in which their highest priority is to "act like a man" to confirm their male gender role in every sexual experience. "Acting like a man" for many men makes it difficult to express "feminine" characteristics, such as tenderness or receptivity; The requirements of masculine self-reliance and dominance can make asking for guidance from a sexual partner more difficult. The restrictions of gender-role expectations can lead to anxiety; frustration, and resentment for both women and men (Bonierbale et al, 2006).

In contrast, sexual intimacy that transcends gender-role stereotypes—when both individuals are active and receptive, wild and tender, playful and serious—moves beyond caricatures of men and women and expresses the richness of humanness (KasI, 1999; McCarthy, 2001). Same-sex couples do not have to struggle with opposing gender-role expectations in their sexual expression. They tend to have a more varied sexual repertoire than heterosexuals, in part because of the lack of rigid gender-role scripts and of a concept of how sex "should" happen (Nichols, 2000).

### A NARROW DEFINITION OF SEXUALITY

The notion that sex equals penile–vaginal intercourse can contribute to inadequate stimulation for heterosexual women and place burdensome and anxiety-provoking expectations on intercourse. For example, research indicates that women are more likely to orgasm when they engage in a variety of sexual behaviors and when oral sex or vaginal intercourse is included (Reece et al., 2010). Sex therapist Leonore Tiefer observes that the current emphasis on medical treatments that enhance erection, such as Viagra, reinforces the overemphasis on intercourse, "For every dollar devoted to perfecting the phallus, I would like to insist that a dollar be devoted to assisting women with their complaints about partner impairments in kissing tenderness, talk, hygiene, and general eroticism. Too many men still can't dance, write love poems, erotically massage the clitoris, or diaper the baby and let Mom get some rest" (Tiefer, 1995, p. 170).

### **PERFORMANCE ANXIETY**

Performance anxiety can block natural sexual arousal by diminishing the pleasurable sensations that would produce them, Marty Klein, sex therapist and author of *Sexual Intelligence: What We Really Want from Sex and How to Get It*, describes this experience. "Many people are watching themselves during sex more than they are experiencing sex, which typically undermines sexual enjoyment" (Klein, 2012a, p. 16). For example, a woman monitoring how aroused she is because she believes that she should have an orgasm during a sexual experience—and she should hurry up about it—can interfere with her experiencing the physical and emotional feelings that could arouse her. Studies found that men were more likely than women to be distracted by performance concerns during sexual experiences (McCabe & Connaughton, 2014). Performance anxiety may also result in one partner neglecting to give attention to the other's pleasure and arousal because they are preoccupied with worries about their own functioning (Burri et al., 2014a).

A transitory sexual problem, such as an inability to achieve an orgasm or erection because of fatigue or just not being in the mood, can produce enough anxiety for the problem to occur in the next sexual encounter as well (Benson, 2003). Problems with erectile dysfunction frequently begin with the worry that follows a first-time incident. Sexologist Marty Klein explains that the unrealistic expectation that "penises should behave like ATMs—ready to do business 24/7, rain "or shine" can contribute to this dynamic (Klein, 2015). Some men lose their erections when they need to stop to put on a condom (Janssen et al., 2014; Sanders et al., 2014). Problems with rapid ejaculation can develop from anxiety about losing an erection, and lack of sexual interest can develop from experiencing arousal, orgasm, and pain problems with sexual expression (Corona et al., 2013; Shaeer, 2013). Inhibited orgasm in both men and women can also result from extreme performance pressure and an inability to be "selfish" and pursue one's own heightened arousal instead of focusing on the partner's pleasure (Apfelbaum, 2000).

### **Individual Factors**

Beyond the cultural influences on sexual feelings and expression, sexual difficulties can stem from psychological factors that are usually unique to each individual.

### **SEXUAL KNOWLEDGE AND ATTITUDES**

Our knowledge and attitudes about sex have a direct influence on our sexual expression. When difficulties are based on ignorance or misunderstanding, accurate information can sometimes alleviate sexual dissatisfaction. For example, if a woman knows about the function of her clitoris in sexual arousal, she will most likely have experiences different from those of a woman who lacks this knowledge. The fact that women have fewer sexual problems as they get older and

have more self-knowledge supports the idea that sexuality develops throughout our lives (Leland, 2000a).

### SELF-CONCEPT

The term self-concept refers to the feelings and beliefs we have about ourselves. Research has found that self-esteem and self-confidence correlate with higher sexual satisfaction and lack of sexual problems (Galinsky & Sonenstein, 2011; Higgins et al., 2011). For example, a woman who feels comfortable with her body, believes she is entitled to sexual pleasure, and takes an active role in attaining sexual fulfillment is likely to have a more satisfying sexual relationship than a woman who lacks those feelings about herself (Nobre & Pinto-Gouveia, 2006).

Conversely, a sexual problem can negatively affect self-concept (Althof et al., 2006). In an extensive review of the scientific literature, researchers found that prior to treatment, men with erectile disorder had lower scores on self-esteem tests than men without ED; after using ED drugs, the men's self-esteem, confidence, and depression scores improved (McCabe & Althof, 2014).

Body image is an aspect of self-concept that can strongly affect sexuality. The more one is distracted by negative thoughts about one's body, the less one will be able to go with physical and emotional pleasures during sexual activity (Seal & Meston, 2007). In Western cultures women's bodies are looked at, evaluated, and sexualized more than men's bodies, and thinness and beauty are often equated with sexual desirability (Rivers, 2014). For example, a magazine survey found that 39% of women said they would be able to enjoy sex more if they lost weight (Sandell, 2014). Women's concerns about weight begin earlier than men's do. Even when boys and girls have the same percentage of body fat, girls express greater dissatisfaction with their body weight and body image than boys do (Rierdan et al., 1998; Wood et al., 1996). One study found that 81% of 10-year-old girls were afraid of being fat (Zwerling, 2014a).

Studies have found that comparing oneself to thin models can result in body image problems (Bergstrom et al., 2009). In the last decades, media images of women have become less and less representative of the average size of women and have contributed to the perceived importance of thinness (Gazzar, 2008). Only 1% of women ages 18-34 match the height (5 feet 11 inches) and weight (117 pounds) of the average fashion model (Zwerling, 2014a). In an attempt to counter unhealthy thinness as a body ideal, Italy, Israel, Spain, and France have adopted laws banning too-thin models from advertising and fashion shows (Rubin, 2015).

Thinness may not be as sexually appealing to men as commonly thought. Although the majority of women in mainstream porn are thinner than the average woman, the porn that men seek shows a contrary sexual interest. Men click three times as many searches for "fat" girl than for "skinny" girl on porn websites to find large, round breasts, hips, and bottoms—"supersized visual cues of femininity" (Ogas & Gaddam, 2012, p. 33). In addition, 504 sites specify heavier women, and only 152 are dedicated to thin women (Ogas & Gaddam, 2012).

A woman's self-consciousness about her nude body during physical intimacy with a male partner is quite common, and the more concerned women are about being nude with a partner, the less sexual satisfaction they report (Pujois et al., 2010). A research study of college women in the Midwest found that 35% reported physical self-consciousness during physical intimacy with a male partner, agreeing to statements such as "If a partner were to put a hand on my buttocks, I would think, "My partner can feel my fat"" and "I would prefer having sex with my partner on top so that my partner is less likely to see my body". Women who were less self-conscious about their bodies viewed themselves as good sexual partners, were more assertive with partners, and

had more heterosexual experience than women who were more self-conscious—even when their bodies were similar in size (Wiederman, 2000). Familiarity and attachment with a partner may make a difference: Women who were in exclusive relationships reported less self-consciousness during sexual activity than did women who were not in exclusive relationships (Steer & Tiggemann, 2008).

Problematic concerns about body image may be greater among White heterosexual women than among women in some minority groups. Research indicates that African American women rate themselves more sexually attractive than 'White women do (Bancroft et al., 2011). Further, other studies find that women in sexual relationships with other women feel more comfortable with their bodies than do women involved with men (Huxley et al., 2011). Conversely, research has found that gay men are more likely to be more oriented to standards of appearance and have greater body dissatisfaction than straight men (Jankowski et al., 2013).

Men are less likely to report body image concerns during sexual activity than women are (Nelson & Purdon, 2011). However, recent trends suggest that media images of men contribute to men's insecurity about their bodies as well, and consequently men compromise their sex lives by concerns about their appearance. Men's dissatisfaction with their own bodies was indicated by a study of body preference; most men preferred photos of bodies with 30 pounds more muscle than their own (O'Neill, 2000). One study found that men who were more satisfied with their strength, build, and exercise frequency and were more comfortable with being nude were also more sexually satisfied than men who felt less satisfied about these variables (Penhollow & Young 2008). College men who spend more time reading men's magazines and watching music videos and prime-time TV are much less comfortable with their body hair and sweat than men who have less exposure to mass media (Schooler & Ward, 2006), Men in magazines and on television usually have no visible body hair, and Men's Health magazine has not had a hairy chest on its cover since 1995 (Wade, 2011). Male body hair is often a subject for jokes, as in the movie *The 40-Year-Old Virgin*, in which the protagonist tries to have his chest hair waxed off to be more appealing to his partners.

Even though many partners do not put a priority on penis size, a man's concern about the size of his penis can interfere with his arousal and enjoyment. In a survey of more than 52,000 heterosexual men and women, only 55% of men were satisfied with their penis size, but 85% of women were satisfied with their sexual partners' penis size (Lever et al., 2006). Unlike viewing typical-sized penises in classic artwork, such as Michelangelo's nude sculpture David, watching pornography can contribute to a man's distorted sense of what is "normal" because male porn stars are selected for their oversized genitals. Only 5 men out of 100 have an erect penis longer than 6.3 inches, which is not the impression one would have from watching pornography (Veale et al., 2015).

A study of more than 27,000 men ages 20-75 in eight countries (the United States, Britain, Germany, France, Italy, Spain, Mexico, and Brazil) provided a positive sign that men perceive their masculinity differently from the way popular media typically portray it. Men were found to value many qualities more than their physical attractiveness and sexual prowess. Being honorable, self-reliant, and respected by friends and having good health and a positive relationship with their wives were deemed most important to them (Sand et al., 2005).

## EMOTIONAL DIFFICULTIES

The N HLS found that unhappiness with life correlated with sexual problems. The data did not clarify whether one causes the other, but women and men who were experiencing sexual

problems were considerably more likely to be unhappy with their lives in general than were respondents without sexual difficulties (Laumann et al., 1999). Emotional intelligence—the ability to identify, feel comfortable with, and manage one's emotions—appears to have significant effects on sexuality. One study found that women who were better able to identify and manage their emotions had more frequent orgasms during intercourse and masturbation than did women with less ability to do so (Burn et al., 2009). Research has found that men with orgasmic inhibition have difficulty relaxing, being playful, and releasing the sense of being in control. They also have difficulty feeling emotionally dependent with a partner (Sandstrom & Fugl-Meyer, 2007).

Lack of sexual interest and response is a common symptom of depression (Quinta & Nobre, 2011). Moreover, stressful life problems such as a death in the family, divorce, or extreme family or work difficulties can interfere with a person's ability to be interested in and to focus on the pleasure of a sexual experience (Hamilton & Julian, 2014). Severe stress and trauma, as experienced by combat veterans, can also interfere with emotional intimacy and sexual functioning (Hosain et al., 2013).

### **SEXUAL ABUSE AND ASSAULT**

It is important to note that not all sexual abuse results in sexual problems in adulthood. However, the rate of sexual problems in men and women who have experienced childhood sexual abuse is higher than in the general population—in a study of people receiving sex therapy, 56% of women and 37% of men reported a history of sex abuse (Berthelot et al., 2014). According to the N HLS L S, 12% of men and 17% of women were sexually abused before adolescence (Laumann et al., 1999).

The essential conditions for positive sexual interaction—consent, equality, respect, trust, and safety—are absent in sexual abuse. Boys and girls who are sexually abused are robbed of the opportunity to explore and develop their sexuality at their own age-appropriate pace (Maltz, 2003). Research on male survivors is very limited, but male survivors often have deep-seated concerns about their masculinity from having been a sexual victim (Lew, 2004). Women with a history of childhood sexual abuse have more negative feelings about sex, report less sexual satisfaction, and are two to four times more likely than other women to have chronic pelvic pain and to experience depression, anxiety, and low self-esteem (Meston et al., 2006; Rellini & Meston, 2011; Rellini et al., 2011). In addition, survivors of sexual abuse often experience aversion reactions to sexual behaviors that are similar to what was done to them during the abuse. They may have flashbacks—sudden unwanted memories of the smells, sounds, sights, feelings, or other sensations of past sexual abuse—that dramatically interrupt any positive feelings and sexual pleasure (Courtois, 2000a; Koehler et al., 2000).

Even teenage girls who engage in unwanted sex because they fear their boyfriends will be angry if they say no experience subsequent anxiety and depression. One study found that almost 41% of girls between 14 and 17 had been sexual when they did not want to be, and 10% said their boyfriends forced them to have sex. In addition, the teen girls who experienced unwanted sex were also more likely to have sexually transmitted infections and unwanted pregnancies, and their partners were less likely to use condoms (Blythe et al., 2006).

Research has also indicated serious sexual consequences for survivors of sexual assault during adulthood (Burri et al., 2014a). One study of 372 female survivors of sexual assault found that almost 59% experienced sexual problems after the assault—with about 70% of this group linking these problems to the assault. Fear of sex and lack of desire or arousal were the most frequently

mentioned problems (Becker et al., 1986). In addition, the effects of sexual assault can be long-lasting: 60% of rape victims had sexual problems for more than 3 years after the assault (Becker & Kaplan, 1991). Recent Bureau of Justice data reveal that men experience a much higher rate of sexual assault than previously understood. About 38% of the total number of rape and sexual assault incidents were committed against men, and 46% of male victims reported a female perpetrator (Stemple & Meyer, 2014).

The problems following childhood sexual abuse and adult sexual assault are often difficult for partners of survivors to understand and to cope with effectively (Haansbaek, 2006). Wendy Maltz, a sex therapist, developed The Sexual Healing Journey and the video Partners in Healing specifically to help survivors of sexual abuse and their partners resolve problems originating from that abuse.

## **Relationship Factors**

Besides personal feelings and attitudes, relationship factors strongly influence the satisfaction and quality of a sexual relationship. In addition, the strength of a relationship also plays a role when a couple seeks help with their difficulties; sex counseling is less effective in couples with considerable relationship dissatisfaction (Stephenson et al., 2013).

One research study indicated that familiarity and security support men's sexual function because men reported fewer problems with erectile function during sex with an ongoing partner than with a nonrelationship partner (Herbenick et al., 2010a). People in satisfying relationships may even experience benefits from sex that individuals in unsatisfying relationships do not. A study that explored the link between stress and sexual activity found that sexual intercourse relieved stress for men and women in satisfying relationships, but did not relieve stress for those in unsatisfying relationships (Ein-Dor & Hirschberger, 2012).

Unresolved resentments, lack of trust or respect, or dislike of a partner can easily lead to sexual disinterest and problems with arousal and orgasm (Dennerstein et al., 2009). A person who is frequently pressured to engage in sex or who feels guilty about saying no can feel less and less desire. In addition, someone who experiences a lack of power and control in the relationship can lose her or his sexual desire or responsiveness (Hall, 2008; LoPiccolo, 2000). Research finds that sexual satisfaction is associated, especially for women, with the perception that their partners are responsive to them in nonsexual ways (Gadassi et al., 2015). Sexual difficulties can also occur when partners are too dependent on each other; partners need a balance of togetherness and separateness (DeVita-Raeburn, 2006; Perel, 2006). Even without specific relationship conflicts, lack of emotional intimacy can interfere with sexual interest and response (Hayes et al., 2008). Sexual boredom can also be a significant component of decreased sexual desire (Stulhofer et al., 2013). One study found that women with HSDD (low desire) reported more dissatisfaction with relationship issues than did women with other sexual problems, such as difficulty reaching orgasm (Stuart et al., 1998). In this study, diminished desire was associated with a few specific relationship characteristics:

- The woman's partner did not behave affectionately except before intercourse.
- Communication and conflict resolution were unsatisfactory.
- The couple did not maintain love, romance, and emotional closeness.

## **INEFFECTIVE COMMUNICATION**

Research has found that sexual satisfaction is correlated with a greater use of sexual terms and degree of self-disclosure about sexual preferences (Hess & Coffelt, 2011; MacNeil & Byers,

2009). Without effective verbal and nonverbal communication, couples must base their sexual encounters on assumptions, past experiences, and wishful thinking—all of which can make a sexual experience feel routine and unsatisfying. A frequent source of communication problems is stereotyped gender roles—in particular, the myth that sex is primarily the man's responsibility and that sexual assertiveness in a woman is "unfeminine." For example, women who do not experience orgasm have more difficulty communicating their desire for direct clitoral stimulation to a partner than women who do experience orgasm (Kelly et al., 1990).

### **FEARS ABOUT PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS**

The fear of an unwanted pregnancy can interfere with enjoyment of vaginal intercourse, especially when couples do not use an effective method of contraception (Sanders et al., 2003). On the other hand, many couples who want to conceive and have difficulties doing so often find that their sexual relationship becomes anxiety ridden, especially if they have to modify and regulate the timing and pattern of sexual interaction to enhance the possibility of conception.

Anxiety about contracting a sexually transmitted infection, particularly HIV, can interfere with sexual arousal in both homosexual and heterosexual relationships. For people who are not in a monogamous, infection-free relationship, some risk exists.

### **SEXUAL ORIENTATION**

Another reason that a woman or man experiences sexual dissatisfaction or has sexual problems in a heterosexual relationship can be a desire to be involved with individuals of the same sex (Aithof, 2000). Although much progress has been made in establishing gay rights, following one's homosexual or bisexual orientation still involves facing significant societal disapproval, if not outright discrimination. To avoid these repercussions, some homosexual people live in heterosexual relationships despite their lack of sexual desire in such relationships.

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