

Introduction

The high prevalence of sexual dysfunction conveys the need of studying sexual relations within the intimate relationships (McCarthy, 2001). Relational factors that affect sexual satisfaction and emotional intimacy are likely to predispose individuals to the onset of sexual dysfunctions and/or contribute to its maintenance (Lopez & Fuertes, 1999), with communication playing an important role (Kaplan, 2002) because their absence in the sexual domain may result in inadequate stimulation and arousal difficulties (Lopez & Fuertes, 1999).

Goals

This study aims to compare the extent and perceived self-disclosure and communication process with the partner regarding sexual topics between a non-clinical group and a group enrolled in a therapeutic process directed to solve a sexual problem.

Method

Participants

- 54 individuals from both clinical and nonclinical samples. The clinical sample included 27 subjects enrolled in a therapeutic process for solving a sexual problem (N=27; 21 men; 6 women) and a paired non-clinical comparison group.
- Aged between 30 and 62 years old (M=46,78; S.D.=10,32).
- 85.2% married, 11.1% single.

Measures

- Demographic and relationship characterization form (Lima & Coelho, 2009)
- Portuguese version of the *Dyadic Sexual Communication Scale* (DSCS) (Lima & Soares, 2003): 6-point Likert scale (0-strongly disagree to 5-strongly agree) of 13 items assessing the perception of communication process encompassing sexual relationships.
- Portuguese version of the *Sexual Self-Disclosure Scale - Revised* (SSDS-R) (Lima & Soares, 2003): 5-point Likert scale (0-never discussed to 4-completely discussed) of 72 items comprising 24 subscales (3 items each) and 3 Global Scales (Positive Affect, Negative Affect and Attitudes) directed to assess the extent and perceived self-disclosure with the partner regarding sexual topics.

Procedures

Clinical group data was collected in clinical context (hospital). Non-clinical group data was collected in College classrooms. Samples' pairing process attended to sex, age, marital status, existence of current intimate relationship and relationship length. All participants gave their informed consent and confidentiality was assured.

Results

Table 1. Spearman correlations between SSDS-R and DSCS (non-clinical group; N=27)

| | SSDSR-POSITIVE | SSDSR-NEGATIVE | SSDSR-ATTITUDE | DSCS |
|----------------|----------------|----------------|----------------|------|
| SSDSR-POSITIVE | 1 | | | |
| SSDSR-NEGATIVE | 0,596** | 1 | | |
| SSDSR-ATTITUDE | 0,642** | 0,427* | 1 | |
| DSCS | 0,612** | 0,068 | 0,446* | 1 |

**p<0,01 *p<0,05

Table 2. Spearman correlations between SSDS-R and DSCS (clinical group; N=27)

| | SSDSR-POSITIVE | SSDSR-NEGATIVE | SSDSR-ATTITUDE | DSCS |
|----------------|----------------|----------------|----------------|------|
| SSDSR-POSITIVE | 1 | | | |
| SSDSR-NEGATIVE | 0,490** | 1 | | |
| SSDSR-ATTITUDE | 0,385* | 0,399* | 1 | |
| DSCS | 0,320 | 0,235 | 0,448** | 1 |

**p<0,01 *p<0,05

Table 3. Descriptive statistics and group differences for SSDS-R scales

| | Clinical group(N=27) | | Non-clinical group (N=27) | | z | p |
|-----------------|----------------------|----------|---------------------------|----------|--------|-------|
| | M | SP | M | SP | | |
| Positive Affect | 87,2593 | 20,18871 | 79,5926 | 28,09361 | -1,177 | 0,239 |
| Negative Affect | 64,8148 | 19,49761 | 54,4444 | 26,92344 | -2,285 | 0,022 |
| Attitudes | 53,9630 | 17,22583 | 53,3704 | 19,83421 | -0,138 | 0,890 |

Table 4. Descriptive statistics and group differences for Sexual Negative Affect subscales

| | Clinical group | | Non-clinical group | | z | p |
|-------------------|----------------|-------|--------------------|-------|--------|-------|
| | M | S.P | M | S.P | | |
| Sexual Guilt | 8,67 | 3,199 | 5,93 | 3,316 | -3,346 | 0,001 |
| Sexual Depression | 9,89 | 3,776 | 5,59 | 3,500 | -3,923 | 0,000 |
| Sexual Jealousy | 7,26 | 3,404 | 5,85 | 3,450 | -1,925 | 0,054 |
| Sexual Apathy | 8,00 | 4,288 | 5,56 | 3,545 | -2,170 | 0,030 |
| Sexual Anxiety | 10,96 | 3,144 | 6,00 | 3,464 | -4,425 | 0,000 |
| Sexual Anger | 8,48 | 3,309 | 5,59 | 3,661 | -3,226 | 0,001 |
| Sexual Fear | 9,04 | 3,119 | 5,44 | 3,154 | -3,895 | 0,000 |
| Sexual Dishonesty | 6,11 | 1,948 | 7,15 | 3,472 | -0,657 | 0,511 |

Discussion

- In both **clinical and non-clinical groups** there are significant correlations between scales Sexual Positive Affect, Sexual Negative Affect and Sexual Attitudes. Thus, individuals who present themselves as available to discuss sexual topics oriented by positive emotional tone, are also those which are open to express negative emotions and their attitudes towards sexual topics.
- It should be noted that the expression of Sexual Negative Affect is not necessarily harmful, since both the ability of expressing affect and manifesting fears and anxiety support the development of greater intimacy (Ortiz, Gomez & Apodaca, 2002)
- Results point to an **association between Sexual Dysfunction and higher expression of Sexual Negative Affect** characterized by higher levels of expression of Sexual Depression Sexual Fear, Sexual Anxiety, Sexual Guilt, Sexual Anger, Sexual Apathy and Sexual Jealousy when compared to the non-clinical group (Lima, Soares, Dias & Vaz, 2004)
- Concurrent validity of the Portuguese version of the SSDS-R contributes to the evaluation of its appropriateness for the Portuguese context, according to Lima, Soares, Dias, and Vaz (2004), and Oliveira (2008).

Limitations and Future Research

- SSDS-R does not contemplate the possibility that the participants have not experienced the situations translated into each topic, which may lead individuals to respond to some of the items as never being discussed, when in fact such situations may have never been experienced.
- Future research should expand the sample and make it more homogeneous regarding sexual dysfunction diagnoses. Other psychopathology diagnoses and partners' perception of the communication process and disclosure regarding sexual topics should also be included.