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Presenting a model for predicting women's sexual performance based on childhood trauma with the mediating role of sexual self-concept

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Abstract

This research predicts women's sexual performance based on childhood traumas and the role of sexual self-concept. The current research design was a correlation design through structural equation modeling, and the statistical population included non-random samples from the cities of Tehran and Karaj. Rosen's (2000) women's sexual performance questionnaires, Bernstein's (1988) childhood traumas, and Schmidt's (2000) sexual self-image were used as measurement tools. Data analysis was done by SPSS-24 and AMOS-26 software. The results indicated that the main hypothesis that predicts women's sexual performance based on childhood traumas, considering the role of sexual self-concept as a mediating factor, has sufficient fit. Childhood traumas not only have a profound effect on women's sexual self-image but also disrupt their sexual performance. Because the psychological insecurity of childhood provides a bed of lack of trust in important people in life and romantic and emotional relationships, therefore, during sexual intercourse, this lack of trust prevents the expression of one's feelings and needs, and one may even inhibit one's enjoyment of the relationship and finally reach sexual dissatisfaction.

Keywords: *Trauma, sexual self-concept, sexual performance, childhood injuries, schema.*

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Introduction

According to the definition of the American Psychological Association (2020), sexual performance is interpreted as performing sexual intercourse or other sexual activities or the ability to perform them. Sexual activity is a physical manifestation of our emotional need for acceptance, our need for validation, and our need for life (Malviya, Malviya, Jain, & Vyas, 2016).

Female sexual dysfunction traditionally includes disorders of libido/desire, arousal, pain/discomfort, and inhibition of orgasm. Desire and arousal phase disorders are among the most common problems presented in clinical settings. Sexual responses and dysfunction are conceptualized as psychological and physical processes (Rosen et al., 2000).

Typically, exposure to complex trauma refers to simultaneous or consecutive incidents of child maltreatment, including emotional abuse and neglect, sexual abuse, physical abuse, and witnessing domestic violence that are chronic and begin in early childhood (Cook et al., 2005). Being exposed to mental and physical injuries in childhood is associated with impaired cognitive function as well as the simultaneous occurrence of emotional distress symptoms (Mansoito et al., 2018). The areas of childhood trauma include attachment areas (interpersonal problems, difficulty in understanding other people's viewpoints and emotions); regulation of emotions (difficulty in describing feelings and inner experiences, difficulty in conveying desires and wishes); Behavioral control (transmitting the traumatic past by reconstructing it in everyday behavior or actions such as sexual aggression); Self-concept (disorder in body image or body-image, low self-esteem); biological (oversensitivity to physical

contact); Cognitive (difficulties in regulating attention) (Cook et al., 2005).

Sexual self-concept is a cognitive generalization of a person's sexual manifestations that is derived from his past experiences, emerges in current experiences, and plays a powerful role in processing a person's sexual information and guides his sexual behaviors (Anderson and Siranoski, 1994). Therefore, it can be argued that sexual self-images can play a role as a mediating factor between childhood traumas and sexual performance, because the process of knowing each person is the result of the way and how to process external information based on childhood experiences and internalize it. Sexual self-images are also a part of a person's understanding of himself in terms of sex and gender. It is certain that an ineffective sexual self-image causes a person's sexual dysfunction. This research examines the relationship between childhood injuries and sexual performance based on sexual self-images. It is intended to answer the question that according to the obtained data, is the presented model suitable for predicting the relationship between childhood injuries and sexual perversion, considering the role of sexual self-images as a mediating factor.

Method

The design of the current research is a correlational design through structural equation modeling (SEM). The statistical population includes 200 married women over 20 years old living in Tehran and Karaj cities. The type of sampling in this research is non-random samples.

Materials

1. Female Sexual Functioning Index (FSFI). This index was prepared for the first time by Rosen et al. (2000) in order to evaluate women's sexual performance,

which was translated and evaluated in many countries. This questionnaire has 19 statements that evaluate the sexual performance during the past four weeks, in six areas of sexual desire, arousal, moisture, orgasm, satisfaction and pain.

2. Childhood Trauma Questionnaire (CTQ). This questionnaire was designed by Bernstein et al. and its 34-item final version was prepared in 1988. Items are answered on a five-point Likert scale from never to always. The range of scores for each of the subscales is from 5 to 25 and for the whole questionnaire is from 25 to 125. The short form of this questionnaire has 25 items, which is applicable for the age range of 19 and some over 12 years old, and it measures five areas of traumatic experiences: sexual abuse, physical abuse, physical neglect, emotional abuse, and emotional abuse.

3. Schmitt and Bass sexual self-image questionnaire. This tool has 67 adjectives, which are answered in the form of 9-choice Likert answers from 1=very true to 9=very false. The seven dimensions of this questionnaire are: sexual attractiveness subscale (a person's perception of his physical attractiveness); two-by-two relationship (the level of loyalty and commitment in relation to the emotional and sexual partner); sexual orientation (a person's degree of femininity or masculinity); Sexual abstinence (the degree of refraining from sexual activity for any reason, religious or moral...); Sexual orientation (degree of openness or positivity to sexual experiences); Emotional investment (the depth of emotional relationship) and sexual orientation. High scores in each dimension indicate better functioning of that dimension.

Findings

According to the results, the largest and smallest mean of the research variables were

related to sexual attractiveness and pain, respectively.

Hypothesized pathways from childhood trauma to sexual self-concept and sexual functioning are demonstrated. According to the results, all direct and indirect paths were significant, and considering the acceptable number of indicators, the measurement model had a relatively favorable fit.

Discussion

According to the findings, all the direct and indirect paths between the variables of childhood injuries and sexual self-concept and sexual performance were significant, so our hypothesis was confirmed.

Families with the characteristics of cohesion, without conflicts and open to expressing the emotions of the people in the family will make the children have more social adaptability, self-esteem and satisfaction with life and (physical) appearance, and positive and better relationships with other people in the future. On the contrary, families without these characteristics cause shame, guilt, symptoms of depression and lack of trust in family members. In addition, the presence of conflict in the family leads to the loss or reduction of self-esteem and lack of trust in the emotional partner (Griffin and Amudeo, 2010). Experiences that create negative self-images and even negative sexual self-images create a negative attitude towards sexual predictions, which further leads to a disturbance in sexual arousal and finally ends in sexual dysfunction (Relini and Meston, 2011). Women with a positive sexual self-concept are much more likely to have had or are currently in a previous romantic relationship and describe their relationship as having a (emotional) partner. Also, in comparison with women with negative sexual self-concept, they consider themselves to be very enthusiastic towards

their emotional partner and do not avoid intimate relationships. Instead, women with a negative sexual self-image strongly experience and feel separation anxiety and the feeling of not being loved. Reduced self-esteem and fear of rejection resulting from childhood abuse make the injured person refuse to start emotional relationships. The conflict in self-image raises the feeling of insecurity in intimate relationships, which leads to behaviors and responses that are harmful and destructive to romantic relationships (Anderson and Cyranowski, 1994; Cyranowski and Anderson, 1998).

Ethics

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

Acknowledgement

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Conflict of Interest

According to the authors, this article has no financial sponsor or conflict of interest.

References

- Akbari, A., & Dehkordi, M. (2010). The relationship between women's sexual performance and marital compatibility. *Journal of Behavioral Sciences*, 4(3): 199-206
- Andersen, B. L., & Cyranowski, J. M. (1994). "Women's sexual self-schema". *Journal of personality and social psychology*, 67(6), 1079 .
- Barnett, M. D., Maciel, I. V., Dao, C. T., & Sligar, K. B. (2019). "A Sociocognitive perspective of rape avoidance behavior: Relationships with sexual self-schemas". *Personality and Individual Differences*, 151, 109530 .
- Bornefeld-Ettmann, P., Steil, R., Lieberz, K. A., Bohus, M., Rausch, S., Herzog, J., ... & MüllerEngelmann, M. (2018). "Sexual functioning after childhood abuse: The influence of post-traumatic stress disorder and trauma exposure". *The journal of sexual medicine*, 15(4), 529-538 .
- Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & van der Kolk, B. (2005). "Complex Trauma in Children and Adolescents". *Psychiatric Annals*, 35(5), 390–398 .
- Cyranowski, J. M., & Andersen, B. L. (1998). "Schemas, sexuality, and romantic attachment". *Journal of Personality and Social Psychology*, 74(5), 1364–1379 .
- Cyranowski, J. M., Aarestad, S. L., & Andersen, B. L. (1999). "The role of sexual self-schema in a diathesis—stress model of sexual dysfunction". *Applied and Preventive Psychology*, 8(3), 217-228 .
- Ebrahimi, H., Dojkam, M., & Seghatoleslam, T. (2013). Childhood traumas and suicide attempts in adulthood. *Iranian Journal of Psychiatry and Clinical Psychology*; 4(19): 247-258
- Ghasami, M., Shoairi, M., Asghari Moghadam, M., & Rahmati, N. (2014). Examining the psychometric properties of the 6-question version of the FSFI in Iranian women. *Urmia Nursing and Midwifery Faculty Monthly*, 12(7): 532-543
- Ghasemi, B., Ranjbar Sudjani, Y., & Sharifi, K. (2017). The role of sexual performance and the experience of emotional failure in the tendency of couples to have extramarital relationships. *Development of Psychology*, 6(1): 45-68.
- Ghorbani, F., Parafkand, B., Heydari, A., Alamardani Soumae, S., & Haghigi Maher, V. (2019). Comparison of sexual satisfaction and psychological well-being in divorced and normal women. *Development of Psychology*, 8(7): 29-35.
- Griffin, M. L., & Amodeo, M. (2010). "Predicting long-term outcomes for women physically abused in childhood: Contribution of abuse severity versus family environment". *Child Abuse and Neglect*, 34, 724–733 .
- Hall, K. (2007). Sexual dysfunction and childhood sexual abuse: "Gender differences and treatment implications". In S. R. Leiblum (Ed.), *Principles and practice of sex therapy* (pp. 350– 378). The Guilford Press .
- Khoshabi, K., & Abu Hamzah, E. (2017). John Bolby's attachment theory. Tehran: Danje.
- Malviya, N., Malviya, S., Jain, S., & Vyas, S. (2016). "A review of the potential of medicinal plants in the management and treatment of male sexual dysfunction". *Andrologia*, 48(8), 880-398
- Mansueto, G., van Nierop, M., Schruers, K., Alizadeh, B. Z., Bartels-Velthuis, A. A., van Beveren, N. J., ... & GROUP Investigators. (2018). "The role of cognitive functioning in the relationship between childhood trauma and a mixed phenotype of affective-anxious-

- psychotic symptoms in psychotic disorders”. *Schizophrenia research*, 192, 262-862
- Meston, C. M., Rellini, A. H., & Heiman, J. R. (2006). “Women's history of sexual abuse, their sexuality, and sexual self-schemas”. *Journal of consulting and clinical psychology*, 74(2), 229– 236 .
- Mohammadi, Kh., Heydari, M., & Faqihzadeh, S. (2008). The validity of the Persian version of the Female Sexual Function Index-FSFI scale as an index of women's sexual function, *Paish*, 7(3): 20-32
- Oliveira, C., & Nobre, P. J. (2013). “Cognitive structures in women with sexual dysfunction: the role of early maladaptive schemas”. *The journal of sexual medicine*, 10(7), 1755-3671
- Pourhosseini, R., Zarei, J., Tasari, A., & Habibi Askarabad, M. (2017). The relationship between gender schemas and sexual health in postmenopausal women. *Development of Psychology*, 6(3): 191-204
- Rellini, A. H., & Meston, C. M. (2011). “Sexual self-schemas, sexual dysfunction, and the sexual responses of women with a history of childhood sexual abuse”. *Archives of sexual behavior*, 40(2), 351-362 .
- Rosen, C. Brown, J. Heiman, S. Leiblum, C. Meston, R. Shabsigh, D. Ferguson, R. D'Agostino, R. (2000). “The Female Sexual Function Index (FSFI): a multidimensional self-report instrument for the assessment of female sexual function”. *Journal of sex & marital therapy*, 26(2), 191-208 .
- Roy, A. (2011). “Combination of family history of suicidal behavior and childhood trauma may represent correlate of increased suicide risk”. *Journal of Affective Disorders*, 130(1-2), 205208 .
- Seehuus, M., Clifton, J., & Rellini, A. H. (2015). “The role of family environment and multiple forms of childhood abuse in the shaping of sexual function and satisfaction in women”. *Archives of sexual behavior*, 44(6), 1595-1608 .
- Tavares, I. M., Moura, C. V., & Nobre, P. J. (2020). “The Role of Cognitive Processing Factors in Sexual Function and Dysfunction in Women and Men: A Systematic Review”. *Sexual medicine reviews*, 8(3), 403–.034