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RESEARCH ARTICLE

SEXUAL EXCITATION AND INHIBITION, AND DISTRESS IN DEPRESSED AND NON-DEPRESSED WOMEN

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ABSTRACT

Background: The dual control model has relatively independent excitatory and inhibitory systems and that the occurrence of sexual arousal depends on the relative activation of sexual excitation (SE) and sexual inhibition (SI).

Method: Cross section design was used to assess sexual excitation and inhibition and distress, in the comparative study of depressed women and non-depressed women who were accompanying the patients. Sexual excitation and sexual inhibition inventory and Distress symptom inventory were used to collect data from the two groups. The depressive women had depressive symptoms such as tension, irritability, lack of concentration, crying spells, terminal insomnia, etc. Demographic variables such as age, religion, income, education, number of children, occupation and condom usage, were collected from the two groups of women.

Statistics – Percentage and t-test were used to compare the groups on sexual function. Results indicated significant differences between depressed and non-depressed women in sexual excitation and sexual inhibition as well as distress.

Conclusion: These two groups significantly differ in sexual excitation and sexual inhibition as well as distress. But the depressed women had greater interference with arousal and greater sexual inhibition and had extreme distress. The finding could help clinicians to develop treatment strategy to prevent sexual dysfunction based on the current findings

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INTRODUCTION

The dual control model has relatively independent excitatory and inhibitory systems and that the occurrence of sexual arousal depends on the relative activation of sexual excitation (SE) and sexual inhibition (SI) (Bancroft & Janssen, 2000; Bancroft, *et al.* 2005). The model has the assumption that sexual arousal and sexual response result from a balance between inhibitory and excitatory mechanisms of the central nervous system and that individuals vary in their propensity for excitation and inhibition (Bancroft, 1999; Janssen & Bancroft, 1997). A basic tenet of the model is that individuals vary in their propensity for both SE and SI. The propensities for sexual excitation and inhibition are thought to be independent of one another (Janssen *et al.*, 2002a, & 2002b). The concept of a balance between excitation and inhibition, which is fundamental in neurophysiology, is applied to human sexual response (Bancroft, 1999).

Sexual inhibition and excitation in women may be fundamentally different from men for various reasons. Some of them are 1. Inhibitory mechanisms may be better developed in women (Bjorklund & Kipp, 1996) which consequently make women less variable in their tendency for inhibition than men (Bancroft, 1999). 2. There can be a

different temporal relationship between inhibition and sexual activity in women, and inhibition occurs earlier in women (Tolman, 2002) and, 3. Threatening stimulus may be different for women than for men. The threatening stimuli are about reputation (Tiefer, 2001), anxiety about body image (Taylor, Rosen, & Leiblum, 1994), and fears about unwanted pregnancy (Sprecher & Regan, 1996) which are likely to be more salient for women than men. Sexual inhibition related to relationship problems and partner factors are clearly important influences on sexual arousal (Ellison, 2000).

A woman has reasons to instigate or agree to sex, or may not desire to have sex. Self (e.g., mood, body image, general health.); partner (e.g., physical appearance, personality); relationship dynamics/interaction (e.g., relationship quality); elements of the sexual interaction (e.g., timing, communication); setting (e.g., romantic, novel); sexual or erotic stimuli (e.g., fantasy, visual images); hormones, fertility, contraception, and STDs; and alcohol or drug use are the factors that women cited as “enhancers” or “inhibitors” of arousal in women. Many of these reflected factors might have a particular relevance to depressed and non-depressed women, e.g., comfort with one’s body; feeling “used” by one’s partner (Graham, Sanders, & Milhausen, 2006). Sexual dysfunction refers to some problem which a person may be experiencing in their sexual relationship or lives. It might have

physiological or psychological causes or a combination of these causes. Women's emotional relationship with their partner leads sexual satisfaction or distress. It affects overall mental well-being. Disorders such as anxiety and depression are examples associated with sexual dysfunctions in both sexes.

The present study attempts to assess sexual excitation and sexual inhibition and distress of depressed and non-depressed women.

Objectives

The objectives were

- i) to assess the sexual excitation and sexual inhibition and distress of depressed and non-depressed women by using psychological inventories and
- ii) to compare the two groups of women in sexual excitation and inhibition, and distress.

METHOD

Design

Cross section design was used to assess sexual excitation and sexual inhibition and distress, in the comparative study of depressed women and non-depressed women who were accompanying the patients.

Sampling

Women and their caregivers (relatives) visiting to the department of psychiatry for getting treated for depressive disorder were taken as sample for the study. The total number of patients was 30 and caregivers was 30. The age of the participants were adults with ages ranging from 25 to 35 years? The sampling strategy was purposive sampling. Besides, demographic variables such as age, religion, type of family, income, educational qualification, and number of children were collected. The caregivers of the patients consented to fill in the inventories in the study. Depressive women had depressive symptoms such as generalized body pain, tension, irritability, lack of concentration, crying spells, terminal insomnia, loss of appetite, forgetting, fear about future, suicidal ideas, palpitation, and non-depressed did not have the symptoms.

MATERIALS

Description of the tests

1. Sexual excitation and sexual inhibition inventory: The 36 items of sexual excitation and sexual inhibition were rated on 4-point Likert-rating scale, from "strongly disagree" to "strongly agree." The items had statements about how woman might react to various sexual situations, activities, or behaviors. Higher scores on sexual excitation and sexual inhibition indicated that in these situations they had greater interference with arousal if these conditions were not met. The test- retest reliability was 0.79 (Derogatis et al, 2002).
2. Distress Symptom Inventory (DSI): The items of distress symptom inventory developed by Kannappan

(2006) were rated on 5-point Likert-rating scale, from "strongly disagree" to "strongly agree." The 20 items had statements about how much woman could get distress. These items were selected and modified from distress symptom inventory of Derogatis, *et al*, (2002) in the present study. Higher scores on the inventory indicated that they had greater distress. The test- retest reliability was 0.72.

Statistical analysis

SPSS package was used for analyzing the data of the two groups. Statistics-Percentage, Mean, standard deviation and t-test- was done to interpret the scores obtained by these groups.

RESULTS

Table 1 shows demographic variables of the depressed and non-depressed women

S.No	Demographic variable	Depressed women		Non depressed		
		N	%	N	%	
1	Age	25-30 years	13	43	16	53
		31-35 years	17	57	14	47
2	Religion	Hindu	20	67	22	73
		Christian	8	27	7	23
		Muslim	2	6	1	4
3	Income	Rs.> 2000	8	27	3	10
		Rs. >4000	10	33	8	27
		Rs. >6000	9	30	7	23
		Rs. >8000	3	10	12	40
4	Education	No formal edn/	4	13	2	6
		5 th standard	8	20	7	23
		8 th standard	12	40	10	33
		10 th standard	6	20	8	27
		> 10 th standard	2	7	3	10
5	Occupation	Weaver-	10	33	13	43
		Coolie	9	30	8	27
		Construction worker	11	37	9	30
6	Number of children	0	1	3	-	-
		1	8	27	7	23
		2	10	33	12	40
		3	11	37	11	37

The table 1 showed demographic variables of the depressed and non-depressed women. Majority of depressed and non-depressed women belonged to the age group of 31-35 years (57%) and 25-30 years (53%) respectively. The groups belonged to Hindu (67%) and (73%) respectively. Majority of them had income Rs>4000 (33%) and Rs.>6000 (40%) and education 8th standard (40%) & 10th standard (33%) and 3 children (37%) & 2 children (54%) respectively.

Table 2 shows Mean, standard deviation, and t-value for the sexual excitation and sexual inhibition and distress scores of the two groups.

S.No	Scale	Depressed Women (n=30)		Non-Depressed Women (n=30)		t-value
		Mean	SD	Mean	SD	
1	Sexual excitation	43.03	3.71	51.93	3.78	14.94*
2	Sexual inhibition	33.03	3.90	42.01	3.69	29.82*
3	Distress symptom	42.13	3.23	33.07	3.16	12.69*

*p < 0.01;

The main analysis of the data was to determine the significance of difference between two groups of depressed women and non-depressed women. Mean and standard deviation were calculated for each of the group. When the means of the groups were compared in the comparative study,

the groups had significant differences, in sexual excitation, sexual inhibition, and distress symptoms. This showed that the groups had difference in all the three areas of sexual function.

Both the depressed and non-depressed groups had high scores on sexual excitation and inhibition, and also distress symptom inventory. This might be due to socio-cultural factors which could influence their sex function. The depressed women group had higher scores on sexual excitation and inhibition, and also distress symptom inventory than the non-depressed women. In the present findings their mental illness could affect more in these areas in depressed disorder.

DISCUSSION

The inventories measure woman's tendency to respond with sexual excitation / inhibition and distress in different situations. It is believed that the factors that have relevance for the dual control model and also tap important aspects of sexual experience for women. The high score in the inventories is indicated more interference in women's sexual function. Interferences of sexual excitation are fantasize about sex, dressing in a sexy way, physical closeness, talks dirty, partner domination, scents, different setting than usual, presence of others, etc. sexual inhibitions are need to trust partner, relationship potential, emotional hurt, difficult to stay sexually, too long to become aroused, think about orgasm, feels shy, concerned about good lover, etc. It also suggests that there is considerable variability in the depressed and non-depressed women to which these factors affect the sexual arousal.

The depressed and non-depressed groups have had high scores on sexual excitation and inhibition, and also distress symptom inventory and this might be due influence of various factors e.g., socio-cultural factors which could influence their sex function. Moreover, the depressed women groups has higher scores on sexual excitation and inhibition, and also distress symptom inventory indicating greater interference in sexual function than the non-depressed women. Their mental illness could affect more in these areas in depressed women. Earlier researchers (Angst, 1998; Bancroft, *et al*, 2003; Basson, 2002; Dergatis & Rosen 2002) had similar findings.

Basic treatment strategies for female sexual function of depressed women might include providing psychoeducation, couple therapy, and cognitive behavior therapy, providing distraction techniques and encouraging noncoital behaviors.

CONCLUSION

These two groups significantly differed in sexual excitation and sexual inhibition as well as distress. The depressed women group had a greater interference on sexual excitation and inhibition, and also distress symptom than the non-depressed women in sexual function. The finding could help clinicians to develop treatment strategy based on the findings to overcome the problems of depressed women in sexual excitation and sexual inhibition and distress in order to prevent sexual dysfunction.

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