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Sexual dysfunction and trait-anxiety as predictors of sexual masochism among local government workers in Enugu metropolis

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Abstract

The phenomenon of deriving pleasure from pain has generated a lot of research interest among scholars; hence, this study examined sexual dysfunction and trait anxiety as predictors of sexual masochism tendency. Thirty-five (35) female workers from Enugu North and South Secretariats were participants of the study. Their age ranged from 20 years to59 years with a mean age of 43.3 and standard deviation of 8.86. Three instruments were utilized; The Female Sexual Function Index (FSFI), State Trait Anxiety Inventory (Y2), and Freund's Erotic Preferences Examination. Cross sectional survey design was adopted while multiple regression analysis was used to analyze the data collected. The result revealed that sexual dysfunction did not significantly predict sexual masochism among Local Government workers at β=.03, t=.22, sig (.82), p>.05 levels of significance. Likewise, trait-anxiety did not significantly predict sexual masochism at β=-.07, t=-.7, sig (.57), p>.05 level of significance. Conclusively, sexual dysfunction and trait anxiety did not jointly and significantly predict sexual masochism among Local Government workers at F (2, 67) =.190, p > .05. Thus, all three hypotheses were rejected. The researchers recommended that sexual masochists should be encouraged to consult clinical psychologist for psychotherapy and advice on how manage their psychological disorder in order to have a fulfilling sexual life.

Keywords: Sexual dysfunction, sexual masochism, trait anxiety

Introduction

In the last decade, issues surrounding masochism have become a subject of concern globally due to its complex and intriguing nature (Menaker, 2013). Goldblatt (2010) argued that masochism has made some women suffer through harsh self-criticism, bodily harm, or even tormenting thoughts of death, without actually killing themselves for the purpose of sexual gratification. Some of these women ultimately may go on to die by suicide, but for many, the self-torturing aspect may exist independently in acute or chronic forms. This phenomenon of deriving pleasure from suffering has generated a lot of research interest among scholars. The concept of masochism has been used to refer to self-attacking behaviours, self-critical judgments and self-defeating behaviours in order to derive intense sexual arousal. Bibring (2013) was of the opinion that there must be underlining factors responsible for self-inflicting suffering. Some women in this condition, struggle to keep themselves alive to endure the suffering.

Masochism has become a contentious term, though Amidu (2010) believed that masochism and masochistic behaviours are psychopathological realities and are pervasive in many patients. Sex researchers contest the inclusion of Bondage Dominance Sadism Masochism (BDSM) in diagnostic manuals because it stigmatizes and medicalize BDSM practitioners (Moser, 2018; Seto, Kingston, & Bourget, 2014; Shindel& Moser, 2011). There has been a groundswell of social-political opposition to the diagnosis based on the premise that such labeling is a form of blaming the victim. However, this sexual disorder is extremely common among women in Nigeria (Fajewonyomi, Orji &Adeyemo, 2017). Masochism is usually associated with marked distress, truama and interpersonal difficulties. The pain desired from such act provides the punishment demanded by the superego as payment for sexual pleasure (Oyekanmi, Adelufosi, Abayomi & Adebowale, 2012). Literature has shown that men are more likely than women to report engaging in unusual sexual behaviours. Holvoet, Huys, Coppens, Seeuws, Goethals, & Morrens, 2017; Joyal and Carpentier (2017) found that more women of about (23.7%) reported experiencing sexual masochism than men of about (13.9%). For masochism, women reported more arousal (17%) than men (15%). Similarly, Joyal et al. (2017) reported that women of about (64.6%) reported fantasizing about being dominated significantly more than men of about (53.5%), while men of (59.6%) reported fantasizing about dominating someone significantly more than women of (46.7%). Dawson, Bannerman and Lalumière, (2016) found that men reported arousal to sadistic sexual interests more

often than women.

Several individuals in the society today are dealing with issues of sexual dysfunction with certain peculiarities within their body that have made them unable to enjoy the sexual act (Petersen & Hyde, 2010). They are not satisfied by any act because of some attributes that they have sequence to copulate. They are agitated persons because they do not have good sex, cannot complete a sexual encounter and consequently lack good sexual relationship. Such people are nearly universally frustrated and the frustration they feel is the gap between their desired sexual goals and their actual achievement (Impett and Peplau, 2013). Oyekanmi et al., (2012) reported that in Nigeria, sexual dysfunction usually make middle aged women to be unnecessarily abusive when the situation does not warrant any verbal or physical aggression. It is important to know that no two people have the same sexual desires and tastes, not even among identical twins. Some people want a lot of sex and others less. This happens when the genitals are normal and able to function in the way they are supposed to function. It occasionally present itself in some marriages and the effects can be quite profound (Oyekanmi, et al., 2012).

Sexual dysfunction affect about 41% of reproductive-age women worldwide, making it a highly prevalent medical issue (McCool, Zuelke, Theurich, Knuettel, Ricci & Apfelbacher, 2016). According to the Diagnostic and Statistical Manual of Mental Disorder (DSM V, 2013), female sexual dysfunction entails; sexual interest/arousal disorder, female orgasmic disorder and genitopelvic pain/penetration disorder (American Psychological Association, 2013). A 2016 systematic review and meta-analysis assessed the prevalence rate of female sexual dysfunction in 215,740 reproductive-age women worldwide and found that the 41% of these women report some form of female sexual dysfunction (McCool et al., 2016). The world region illustrated that more developed regions such as Europe and North America had rates of female sexual dysfunction below 40%, whereas developing regions such as the Middle East and Africa had rates as high as 62%. A high rate of sexual dysfunction has been reported in women with anxiety disorders while trait-anxiety may be considered as one of the most significant causes of most sexual disorders in women. High levels of trait-anxiety in women may also be a risk factor for sexual problems.

Cranston, Cuebas and Barlow (2009) argued that trait-anxiety has significant role in sexual arousal, and also focused primarily on issues arising from specific concerns about sexual performance. The mechanisms by which trait-anxiety impacts sexual

arousal in women are not firmly established but trait-anxiety may predispose women to developing worries and fears about their sexual lives and sexual behaviours (Spielberger, 2017). Sex-related trait-anxiety can make it difficult to psychologically engage in sexual activity, as the woman may be too preoccupied with her sex-related fears to fully attend to sexually arousing stimuli (Barlow, 2016). It is also possible that, in the absence of specific sexual concerns, high levels of anxiety may be associated with non-sexual cognitive distractions such as worry, obsessions, pains, and hypervigilance to bodily sensations which can interfere with sexual responses. Even among women without sexual disorders, non-sexual cognitive distractions can reduce both physiological and subjective arousal to erotic stimuli (e.g., Prause& Janssen, 2005). Because both acute trait-anxiety and sexual arousal are mediated by changes in autonomic arousal, there may be a physiological basis to impaired sexual responding secondary to anxiety (Adewuya, 2016).

Generally, pain, guilt and distress are frequently experienced during the course of sexual masochism though it can be a part of the process of achieving significant sexual arousal (Mathews & MacLeod, 2015). However, those who have experienced trauma react in a variety of ways, ranging from positive resilience and determination to overcome earlier difficulties, to aggression and a wish to harm, equally some people can present with masochistic responses. Based on the foregoing, this study is set to analyze sexual-dysfunction and trait-anxiety as predictors of sexual-masochism in sexually active women.

Literature Review

Conceptual Literature

Sexual Masochism

The essential feature of masochism is the feeling of sexual arousal or excitement resulting from receiving pain, suffering or humiliation. The pain, suffering or humiliation is real and not imagined and can be physical or psychological in nature. A person with the diagnosis of sexual masochism is sometimes called a masochist. In addition to the sexual pleasure or excitement derived from receiving pain and humiliation, an individual experiences significant distress in functioning due to masochistic behaviours and fantasies.

Masochistic acts include being physically restrained through the use of handcuffs, cages, chains and ropes. Other acts and fantasies that are related to masochism

include receiving punishment or pain by means of paddling, spanking, whipping, burning, beating, cutting rape and mutilation. Psychological humiliation and degrading can also be involved.

The masochistic acts experienced or fantasized by the person sometimes reflect a sexual or psychological submission on the part of the masochist. These acts can range from relatively safe behaviours, to very physically and psychologically dangerous behaviours.

The DSM (V) lists one particular dangerous and deadly form of sexual masochism called *Asphyxiophilia*. People with asphyxiophilia experience sexual arousal by being deprived of oxygen. The deprivation can be caused by chest compression, noose, plastic bag, mask, or other means and can be administered by another person or be self-inflicted. There is no universally accepted cause or theory explaining the origin of sexual masochism. But the theories below can give an accepted explanations of sexual masochism.

Non-linear model of human sexual response and the dark tetrad personality theory

The non-linear model was proposed by Rosemary Basson in 2000 with a primary focus on women's sexual response, Basson noted that many women do not experience sexual desire spontaneously. Rather, desire is a response to sexual stimuli, creating arousal and the desire to continue the arousal. It resisted defining sexual response as either or dichotomy between the physical and the psychological. Instead, it begins with the individual in a state of sexual neutrality, who then may seek or respond to sexual stimuli and thus activate sexual arousal and desire. This pattern can feed into itself from different stages; desire can increase arousal or increase seeking of sexual stimuli, which further increases desire and arousal. The final aspect of the circular model is its focal point, psychological and physical satisfaction leading to emotional intimacy. The model considers not only physical gratification and orgasm as the outcome of sexual responding but also nonsexual benefits such as increased intimacy, commitment, satisfaction, and feeling sexually desirable. It provides a means to account for individuals who either have or lack spontaneous sexual desire by demonstrating multiple ways as to how desire feeds into the stimuli-arousal loop. Nevertheless, women's motivation to engage in sex is far more complex than a simple presence or absence of sexual desire.

The dark tetrad personality theory

Paulhus and Williams in 2018 propounded the dark triad of personality which consists of narcissism, Machiavellianism, sadism and psychopathy. Paulhus and Williams showed that each of these traits are clearly on a continuum; we are all at least a little bit narcissistic, Machiavellian and psychopathic. Individuals high in Dark Tetrad personality traits (psychopathy, Machiavellianism, narcissism, sadism) share many characteristics like thrill-seeking, impulsivity (Hare, 2006) callousness, low levels of honesty-humility and agreeableness (Paulhus& Williams 2018), each dark trait displays their own uniqueness. Dark Tetrad psychopathy refers to individuals who are superficially charming and increased risk-takers who lack guilt and remorse (Lyons & Hughes, 2015). Narcissistic individuals perceive themselves to be superior and grandiose, whilst often exhibiting heightened leadership qualities (Brewer et al., 2019). Machiavellian individuals are cynical in nature and strategic manipulators (Jones &Paulhus, 2017). Finally, sadistic individuals experience pleasure from witnessing the suffering of others, both physically and psychologically (Tsoukas & March, 2018). Collectively, these traits are associated with aggression and violence (Webster et al., 2016; Paulhus, Neuman& Hare, 2016; Tetreault, Bates &Bolam 2021) and have recently been linked with increased desires for control over romantic partners (Hughes & Samuels, 2021). With the above, it is plausible to assert that sexual dysfunctional and trait anxiety may provide environment for these individuals to explore sexual masochism options.

Sexual function is a major element of women's quality of life, which affects several dimensions of pre and post-menopausal characteristics (Carpenter, Jones, Studts, Heiman, et al, 2016). Several marital union have hit the rock as a result of sexual dysfunction derivatives like infertility, infidelity, separation or divorce. Empirical facts revealed that, 64% of women suffer from desire difficulty, 35% of orgasm difficulty, while 31% have complications with arousal conditions, and 26% with sexual pain; this can be traced to series of infertility problems.

On the other hand, apart from the fact that sexual dysfunction can lead to issues like hypertension, research revealed that it results in serious mental ill-health. It is worthy of note that no study has been conducted on sexual dysfunction and trait-anxiety as predictors of sexual-masochism both locally and internationally, this gap necessitated this study. Therefore the purpose of this study is to analyze sexual-dysfunction and trait-anxiety as predictors of sexual-masochism among female Local

Government workers in Enugu Secretariats. The following hypothesis was postulated in this study:

1. Sexual dysfunction will significantly predict sexual masochism among female Local Government workers in Enugu Secretariats.

2. Trait-anxiety will significantly predict sexual masochism among female Local Government workers in Enugu Secretariats.

3. Sexual dysfunction and trait-anxiety will jointly and significantly predict sexual masochism among female Local Government workers in Enugu Secretariats.

Method

Design

The study adopted cross sectional survey design. Based on the design, a multiple regression analysis was utilized to analyze the data.

Population

The study participants were seventy (70) female civil servants from two Local Government secretariats (Enugu South and North) in Enugu Metropolis. Thirty-five (35) participants were drawn from each Local Governments.

Study Area

The study was carried out in two Local Government Secretariats (Enugu South and Enugu North) all in Enugu metropolis.

Sampling Methods

A cluster sampling technique was used to select two Local Government Areas in the state out of the seventeen, whereas simple random sampling technique was used to select 35 workers from each Secretariats, having a total number of 70 participants for the study. All the participants are females. Their age range from twenty-one (21) to fifty-eight (59) years with the mean age of (43.3) and standard deviation of (8.86), all participants are Igbos. 54 were Christians and 16 were African traditional religion. Among the participants are, 16 postgraduate degree, 10 degree and 44 OND holders respectively.

Instruments

The following instruments were used in the current study: Female Sexual Function Index, State Trait Anxiety Inventory and Kurt Freund's Erotic Preferences Examination Scheme-Masochism scheme.

Female Sexual Function Index

The Female Sexual Function Index (FSFI) was developed by Rosen, Brown, Heiman, Leiblum, Meston, Shabsigh, Ferguson and D'Agostino, (2000). It is a 19 self-report inventory used to measure female sexual dysfunction over the past four weeks. It assess 6 domains: desire (two items), arousal (four items) lubrication (four items) orgasm, satisfaction and pain (three items each). Total score ranges from 2-36 with lower scores indicating worse sexual functioning.

Trait Anxiety Inventory (Y2)

This inventory was developed by Spielberger, Gorsuch, Lushene, Vagg and Jacobs (1983), T-Anxiety (Y2), has 20 items for assessing trait." Trait anxiety items include: "I worry too much over something that really doesn't matter" and "I am content; I am a steady person." All items are rated on a 4-point scale (e.g., from "Almost Never" to "Almost Always"). Questions are rated on a 4-point scale (not at all, somewhat, moderately so, very much so). The range of possible scores for form Y2 of the STAI varies from a minimum score of 20 to a maximum score of 80 on the STAI-T subscales. STAI scores are classified as "no or low anxiety" (20-37), "moderate anxiety" (38-44), and "high anxiety" (45-80).

Kurt Freund's Erotic Preferences Examination Scheme

This scale was developed by Kurt, Steiner and Chan (1982). It is an 11 item questionnaire designed to assess masochistic desire in an individual. It has a dichotomous response format of either "yes" or "no" on series of items. All the items have direct scoring. For every "yes" response attracts while "no" is 0.

Inclusion criteria

Participants who met the following criteria were eligible for the study:

Participants that understand English language.

Participants who were at least 20 to 59 years of age and are willing to participate.

Women who are sexually active sexually.

Reliability and Validity

The approval for the current study was granted by the Head, Department of Psychology, Nnamdi Azikiwe University, Awka, Anambra State Nigeria; with a letter of introduction which was tendered to the Chairman Head at the Secretariat in two local Government in Enugu. After explaining the objectives of the study, permission was granted and date for the study was also agreed on by researchers and the Heads. The researchers with the help of the Heads of Units had informed their workers about the study and obtained their verbal consent earlier before the agreed date for the exercise. On the agreed date, the researchers went to the Secretariats and using simple radon sampling technique of "yes and no" seventy participants (35 females each) were selected from the sample population from both Secretariat. The selected participants were administered the questionnaires and instructed on how to fill the questionnaires. At the end of the exercise, 100 questionnaires were distributed and collected; but 70 were properly filled and analyzed.

Result Presentation

Table 1:*Means, Standard Deviations and Correlation Coefficients (N=70).*

Variables	**Mean**	**SD**	**1**	**2**	**3**
Masochism	7.77	2.59	1		
Sexual dysfunction	20.09	6.57	.03	1	1
Trait anxiety	39.24	4.32	-.07	-.07	-.07

The result in the table one above showed that sexual dysfunction and trait anxiety did not significantly correlate with sexual masochism among female Local Government workers at*r= .03, p>.05 and -.07, p> .05,* respectively. By implication, this means that individuals' inability to experience satisfaction from sexual activity and anxiety does not compel them to sexual masochism (such as experiencing pleasure from humiliation or pain during sex). This may be due to some cultural and religious undertones that influence their moral behaviour.

Table 2: multiple regression analysis for sexual dysfunction and trait anxiety as predictor of sexual masochism

Models	R	R^2	Adj R^2	DF	F	B (UC)	β (SC)	T	Sig
Step 1	.08	.01	-.02	2(67)	.190			2.95	.004
Sexual dysfunction						.01	.03	.22	.823
Trait anxiety						-.04	-.07	-.7	.578

Note, *R = correlation;* R^2= R square; Adj R^2 = Adjusted r square. B (UC) = Unstandardized coefficient; β (SC) = Standardized Coefficients Beta.

The result of the multiple regression analysis using enter method revealed that sexual dysfunction did not significantly predict sexual masochism among female Local Government workers at β *=.03, t= .22, p>.05*. Consequently, hypothesis one of the study was rejected. It was also found that trait anxiety did not significantly predict sexual masochism among female Local Government workers at β *= -.07, t= -.7, p>.05*. Thus, the hypothesis two was hereby rejected. Furthermore, the result showed that sexual dysfunction and trait anxiety did not jointly and significantly predict sexual masochism among female Local Government workers at *F* (2,67) = .190, *p* >. 05. Thus, hypothesis the three was rejected.

Discussions of Findings

The current study examined sexual dysfunction and trait anxiety as predictors of sexual masochism, and hypothesis one which stated that sexual dysfunction will significantly predict sexual masochism was rejected. It shows that people may likely seek clinical intervention to their sexual dysfunction problems rather than engage in sexual masochism. This could be due to their religious or cultural affiliations as individuals. Little evidence exist for an association between sexual masochism practices and sexual difficulties (Richters, de Visser, Rissel, Grulich& Smith, 2008). Women reported significantly less distress about maintenance of arousal in Bondage Dominance Sadism Masochism (BDSM) contexts than in non-BDSM contexts, though overall sexual satisfaction did not differ. While BDSM-identified men reported significantly lower levels of sexual distress, and arousal did not differ between BDSM and non-BDSM sexual contexts.

The finding in hypothesis one is in consonance with the position of Baumeister and colleagues (2001), they reported that sex drive motivates liking of various sexual practices. Individuals with lower sex drive may channel their sexual energy toward their preferred sexual activity resulting in minimal motivation to other sexual activities or fantasies, while those with higher sex drive may choose to expend their vast energy toward not only their preferred sexual activities but also atypical ones.

Similarly, De Jong, Van Overveld and Borg (2013) revealed that high sex drive may also counteract the baseline sexual disgust and aversion that is associated with various sexual activities, as high sex drive would produce a general effect on sexual arousal, behaviours and fantasies.

Adebusoye, Ogunbode, Owonokoko, Ogunbode and Aimakhu (2020) revealed that the most common sexual dysfunction were problems with sexual desire (99.4%), while the least common were problems with arousal cognition (5.8%). Consequently, age, parity, having family dysfunction and having greater than10 years of formal education were found to be the predictors of sexual dysfunction. Consequently, McCool-Myers, Theurich, Zuelke, Knuettel & Apfelbacher (2018) assessed the prevalence and predictors of female sexual dysfunction in reproductive-age women. Result showed significant risk factors of female sexual dysfunction were: poor physical health, poor mental health, stress, abortion, genitourinary problems, female genital mutilation, relationship dissatisfaction, sexual abuse, and being religious. Consistently significant protective factors included: older age at marriage, exercising, daily affection, intimate communication, having a positive body image, and sex education.

Oliveira and Abdo (2010), reported that Bondage Dominance Sadism Masochism (BDSM) practitioners typically have more partners over their lifetime, have more sexual experience and have sex at an earlier age. This is in line with the study of Williams, Prior, Alvarado, Thomas, and Christensen (2016) that tested the theory that Bondage Dominance Sadism Masochism (BDSM) may be a recreational activity. Leisure is a period with positive psychological benefits that is also personally meaningful, freely chosen and intrinsically motivated (Kleiber, Walker, &Mannell, 2011). The proposition of Bondage Dominance Sadism Masochism (BDSM) as leisure could help explain why people, identified as asexual, do not view their participation in Bondage Dominance Sadism Masochism (BDSM) as erotic or sexual. Rather, it is conceivable that this can be seen as leisure and have no deeper, pathological, etiological origin for many practitioners.

A study by Richter et al., (2008) with a sample of 19,307 respondents aged 16–59 years were interviewed by telephone. In total, 1.8% of sexually active people (2.2% of men, 1.3% of women) said they had been involved in BDSM in the previous year. This was more common among gay/lesbian and bisexual people, they were no more likely to have been coerced into sexual activity, and were not significantly more likely to be unhappy or anxious indeed.Men who had engaged in BDSM scored significantly lower on a scale of psychological distress than other men. Engagement in BDSM was not significantly related to any sexual difficulties. The findings revealed that BDSM is simply a sexual interest or subculture attractiveness to a minority and for most participants, not a pathological symptom of past abuse or difficulty with normal sex.

The result from this study rejected the second hypothesis which stated that trait-anxiety will significantly predict sexual masochism. On the contrary, a study carried out by Lodi-Smith, Shepard and Wagner (2014), of adults with sub clinical paraphilic interests of about 595 respondents (244 male, 334 female, and 17 individuals who described their gender fluidly) through online survey. The sample age ranged from 18 to 59 years. They utilized the Big Five and the Dirty Dozen, a short index of the Dark Triad. Result, which indicated that, out of the big five and the Dark Triad, only openness predicted sadomasochism in men, and openness, low conscientiousness, and Machiavellianism predicted sadomasochism in women. Likewise Dawson et al. (2016) found that hyper- sexuality, sexual compulsivity, impulsivity, and sensation seeking were positively related to paraphilic interest scores. Wismeijer and van Assen (2013), showed that individuals that engaged in sadomasochistic behaviour were higher in extroversion and openness when compared with their counterparts in the control group.

The study of Dark Triad traits (psychopathy, narcissism, and Machiavellianism) and personality disorder characteristics in relation to BDSM, as reported by Baughman, Jonason, Veselka and Vernon, (2014), revealed that while psychopathy was significantly related to (intimate, exploratory, impersonal, and sadomasochism) all four fantasy domains; it was most strongly correlated with impersonal fantasies. Empirically, (Rogak & Connor, 2017; Kimberly et al., 2018) have revealed that BDSM relationship functionality and satisfaction is not significantly different from the general population. Against several stereotypes, research suggests that BDSM can be beneficial to both social and romantic relationships. Therefore sexual masochism is

an intentional participation in an activity that involves being humiliated, beaten, bound, or otherwise abused to experience sexual excitement (Brown, 2021).

The findings of the study implies that sexual dysfunction and trait anxiety did not predict sexual masochism. This could be as a result of the cultural setting or religious affiliation of the participants, and other factors not included in the current study.

Conclusion and Policy Recommendation

Based on the findings above, the researchers concludes that sexual dysfunction is not a good predictor of sexual masochism and likewise trait anxiety. This is because individuals would rather seek clinical or other interventions to treat their sexual problems than to explore or engage in sexual masochism. Finally, it was observed that the setting of the current study (Enugu) being a Christian dominated community, acts of sexual masochism are greatly frowned upon; hence the outcome of the study.

The researchers, recommended that sexual masochists should be encouraged to consult clinical psychologist for psychotherapy and advice on how to manage their psychological disorder in order to have a fullfuling sexual life.

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