

PSYCHOLOGICAL CHARACTERISTICS OF SEXUAL FUNCTION IN WOMEN WITH URINATION DISORDERS IN THE CONTEXT OF GENDER ROLE CHANGING

Hypothesis / aims of study

In women with OAB, the sexual function is impaired in greater extent than in women with chronic cystitis. The aim of this study was to investigate the features sexuality structure and perceptions of gender roles in women with overactive bladder and chronic cystitis.

Study design, materials and methods

A total of 60 women, including 20 women with overactive bladder (OAB), 20 women with chronic cystitis) and 20 without urination disorders were investigated using the method of clinical and psychological interview, questionnaire of female sexual function index (FSFI), questionnaire of sex attitude by H. Eysenck, sex-role questionnaire by S. Bem (BSRI).

Results

Mean values from the FSFI study results in clinical subgroups and the control group show that the maximum and minimum degrees of sexual dysfunction were observed in OAB subgroup and in the control sample, respectively. Statistically significant differences between the control group and the OAB subgroup were found on all scales: desire ($p = 0.002$), arousal ($p = 0.011$), lubrication ($p = 0.000$), orgasm ($p = 0.000$), satisfaction ($p = 0.000$), pain ($p = 0.008$) in the control group, and in CC subgroup at the scale of desire ($p = 0.003$), arousal ($p = 0.024$), satisfaction ($p = 0.000$) and pain ($p = 0.005$). The differences between the OAB and chronic cystitis subgroups were found in the parameters of lubrication ($p = 0.001$), orgasm ($p = 0.019$) and satisfaction ($p = 0.028$). Women with OAB have disorders in all sexual reactions, and with chronic cystitis - have decreased libido and psychological satisfaction with sexual life; however, the physiological elements of sexual function (lubrication, orgasm) are within the parameters that are comparable with those of the control group. No significant differences were found between subgroups of women with OAB and chronic cystitis in the H. Eysenck sex attitudes questionnaire scores. Compared with the OAB subgroup, the control group demonstrated lower values on sexual modesty scale ($p = 0.011$), and higher values on the scales of permissibility ($p = 0.035$), sexual neuroticism ($p = 0.026$), aversion to sex ($p = 0.041$) and aggressive sex ($p = 0.012$); on the scale of arousal ($p = 0.054$) and masculinity ($p = 0.050$) the control group results are higher suggesting a statistical trend. The patients with OAB have more traditional ideas of family and sexual life, their sexuality is less conflict, the sex attitude is more indifferent. The structure of sexuality is characterized by a regressive trend, losing emotional charge necessary for satisfactory sexual life, which is also confirmed by the reduced rates of sexual libido. The decline of the score on the masculinity scale indicates adherence to traditional female roles in society with passive and subordinate attitudes, including the sexual practice. Mean values from the sexual role study results show that the control group had higher scores on the feminine component scale than the OAB and chronic cystitis subgroups ($p = 0.005$ and $p = 0.048$, respectively). Thus, the women with these urination disorders can be generally described as less natural, less sensual, less playful, colder and more sexually stereotyped, suggesting decreased libido and more rigid sexual stereotypes. Women with OAB and chronic cystitis demonstrated statistically significant differences on the sexual dysfunction scale ($p = 0.031$): the OAB patients had higher scores which were consistent with the FSFI questionnaire results showing a greater reduction in their sexual reactions.

Interpretation of results

Thus, the results of this study support the proposed hypotheses. The sexual function in women with OAB is impaired to a greater extent than in women with chronic cystitis. In the OAB subgroup, all sexual reactions decrease, and the chronic cystitis subgroup physiological components of sexual function remain within range comparable with that of the control group.

In women with these urination disorders, the sexuality has maladaptive qualities: dysfunctional perceptions about partners' sex roles with the decrease of feminine component, the rigidity of sexual stereotypes, less permissiveness, more traditional perceptions of sexuality, decrease of the emotional charge and assessment of sexual relation constructiveness; while in the OAB subgroup, sexuality has more regressive structure with a tendency to the general infantilization of personality. In these patients, the number of feminine traits in gender roles self-presentation increases, which suggests the compensation of maladaptive sexual function. The mechanisms of psychological compensation differ in the OAB and chronic cystitis subgroups: in the OAB patients current assessment of their gender roles compared to the premorbid period does not change and remains feminine, the number of correlating traits in the patient and her mother decreases to compensate the regression dynamics of sexual function. In women with chronic cystitis, the current assessment of their gender roles compared to the premorbid period becomes more feminine, the number of correlating traits in the patient and her father decreases to compensate the conflict of femininity and the lack of identifications with the mother figure.

Concluding message

The study has demonstrated a variety of psychological mechanisms of feminization of gender role as compensation of maladaptive sexual function in OAB and chronic cystitis subgroups. We should stress the important role and the need for professional psychological care for women with OAB and chronic cystitis. The study findings may be laid into the basis of a differentiated system of psychological care for dysuric women.

Disclosures

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