Sexual Satisfaction of Alcoholic Patients in Rehabilitation

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Abstract
Therapeutic work with alcoholics has revealed the difficulties these patients encounter in their sexual relationships and how these difficulties affect their sexual satisfaction. The aim of this research is to determine the sexual satisfaction and the possible sexual dysfunctions of abstaining alcohol-dependent patients. The sample comprised 150 alcoholic patients undergoing rehabilitation. We show that alcoholism has a direct impact on the quality of the sexual life of these patients, mainly due to sexual dysfunction and premature ejaculation in males and the avoidance of sexual relationships and dissatisfaction in females. This affects commitment to the couple relationship and hence their intimacy and mutual sexual satisfaction.

1. Introduction

According to the American Psychiatric Association (APA, 1994), alcohol dependence is a disease in which pathological affective states, dysfunctional cognitive processing and rigid stereotyped habits developed over years of alcohol consumption lead to impairment and maladaptive behaviours. From the standpoint of social psychology, alcohol dependence occurs when the subject is unable to regulate their alcohol use. These reasons were sufficient for the WHO to promote the message: ‘Alcohol - less is better’. The DSM-IV-TR provides diagnostic criteria for the psychological evaluation of these patients.

As mentioned by Colombo Meyer (2010), alcohol is a central nervous system depressant. At small doses it acts to lower inhibitions and overcome taboos and prejudices, as well as increasing sexual desire in expectation of the

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desired contact; yet by continuing consumption, these expectations are thwarted. Thus, alcohol must be considered the worst enemy of a healthy sexual life.

Mandell & Miller (1983) reported a high prevalence (86%) of sexual dysfunction among men who consume alcohol, which was reduced by half while in abstinence. In a comparative study between alcoholic women and a control group, Covington and Kohen (1984) found that 85% of women showed some sort of dysfunction and their global sexual functioning was worse, although they engaged in a wider variety of sexual activities. Klassen & Wilsnack (1986) showed how alcohol causes alterations in endocrine function by affecting testicular function or the hypothalamic-pituitary axis.

O’Farrel, Choquette, Cutter & Birchler (1997) conducted a comparative study among married couples with an alcoholic husband, materially conflicted couples and no conflicted couples. They found that couples with an alcoholic husband experienced less sexual satisfaction than no conflicted couples but similar sexual satisfaction to conflicted couples. Male alcoholics and husbands in conflicted couples showed diminished sexual interest and more frequent premature ejaculation. The authors also reported that sexual dysfunction was more associated with marital conflict than with biological factors. Ávila Escrableño, Pérez Madurga, Olazábal Ulacia & López Fidalgo (2004) reported that 35% of alcoholics had sexual relations once a month or more sporadically, in other words, they presented a hypoactive sexual desire disorder. They found that less than 10% of males reported erectile disorders and that 10.5% suffered from premature ejaculation, whereas this disorder may affect 30% of the general population. As regards sexual dysfunction among the females of the study, 10% reported vaginismus and 5% reported dyspareunia. If the effects of alcohol consumption remain for long periods of time, symptoms such as diminished testosterone levels may appear, which worsens sexual functioning.

Colombo Meyer (2010) found that sexual desire may diminish in alcoholics. Male alcoholics frequently suffer from erectile dysfunction, premature or delayed ejaculation, and anorgasmia. Hypogonadism may also occur in chronic alcoholics due to an alteration of the sex glands, which leads to a decrease in gonadal function. Alterations in the hypothalamic-pituitary-gonadal axis causes decreased testosterone levels. The most frequent sexual dysfunction among female alcoholics is diminished sexual desire. At low doses, alcohol increases subjective sexual arousal and hence has a disinhibition effect, while decreasing vaginal blood flow and hence vaginal lubrication.

During the rehabilitation of male and female alcoholics, the issue of sexuality must be dealt with in order to enhance the quality of the sexual life of these patients and their partners, improve their relationship, and resolve any conflicts that may have arisen. For this reason, sexuality must become an instrument for rehabilitation and serve as a path towards reconciliation at this stage of the alcoholic’s recovery process (Lucas, 2009).

The main aim of this study is to determine how alcoholism affects the sexual satisfaction of patients diagnosed with an alcohol-dependence disorder in order to include the appropriate guidelines in their personalized psychological treatment with a view to improving the quality of their sexual life and as a couple.

2. Methods

2.1. Sample

The sample comprised 150 subjects diagnosed with Alcohol Dependence according to the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders) criteria currently undergoing detoxification and rehabilitation and attending self-help and psychotherapeutic groups. Twenty-six of the subjects were women (17.3%) and 124 were men (82.7%). The age range of the subjects was 17-72 years, with an average age of 46.39 years. 79.7% of the subjects are in a stable relationship; 5.4% have sporadic relationships, and 14.9% have no partner. The average time of abstinence is 4.67 years. The longest period of abstinence is 25 years, while the shortest is one year. Satisfaction with sexual relations was scored on a scale of 0 to 10 (where 0 is very bad and 10 is very good), with an average score of 5.08.
2.2. Measurement instrument

The Golombok-Rust Inventory of Sexual Satisfaction (GRISS, 1986) was used to collect data and assess sexual satisfaction. The GRISS is available in two versions: one to assess sexual satisfaction in females and one to assess sexual satisfaction in males. Each questionnaire consists of 28 items which are rated on a 5-point Likert scale with the following response options: never, almost never, occasionally, frequently, and always. The items are grouped into 7 different scales. The scores obtained for each scale are transformed to a value ranging from 1 to 9. Scores equal to or higher than 5 denote the existence of a problem on that scale. For the purposes of this research, we only considered some of the scales from the GRISS Inventory. Specifically, for both males and females: non-communication, avoidance, infrequency and non-sensuality; for females only: dissatisfaction; for males only: impotence and premature ejaculation.

3. Results

Following the data collection, a database was developed and statistical tests were performed using SPSS for Windows version 20.0. For the quantitative variables, percentile, descriptive and inferential calculations were performed, while absolute frequencies and their corresponding percentages were calculated for the qualitative variables. The confidence interval was 95% with a statistical significance of p<0.005. For the comparison of means, parametric tests (Student’s t) and non-parametric tests (Mann-Whitney U) were used after verifying if the study population followed a normal or non-normal distribution by performing the Kolmogorov-Smirnov and/or Shapiro-

3.1. Scales for both males and females: non-communication, avoidance, infrequency and non-sensuality

3.1.1. Non-communication

On the non-communication scale, the male subjects scored a minimum of 0 and maximum of 8, with a mean score of 2.61. The transformed GRISS score was 3, thus indicating that non-communication was low. The minimum score for females was 0 and the maximum was 8, with a mean score of 3.40. Although the mean score for females was higher than for males, it was not statistically significant. The transformed GRISS score was also low at 4. The results for both men and women indicate that there was communication in the sexual relationship. The data did not fit a normal distribution. Non-parametric statistical tests were then performed to make comparisons by sex. The tests showed that the difference between the scores of men and women was not statistically significant (p= 0.250).

|          | Minimum | Maximum | Mean  | Trans. Score |
|----------|---------|---------|-------|--------------|
| Men      | 0       | 8       | 2.61  | 3            |
| Women    | 0       | 8       | 3.40  | 4            |

3.1.2. Avoidance

On the avoidance scale, men obtained a minimum score of 0 and a maximum score of 12, with an mean score of 1.66. The transformed GRISS score was 2, thus indicating that avoidance was low. The minimum score for women was 0 and the maximum was 16, with a mean score of 5.70. The transformed GRISS score was 6, thus indicating that avoidance was higher among women than men, in other words, that women avoid sexual contact more than men. When comparing men and women, the differences were found to be statistically significant (Mann-Whitney U test: U = 470.5 and p = 0.000), thus confirming that women exhibit avoidance behaviour more than men.
3.1.3. Infrequency

As regards infrequency, men obtained a minimum score of 0, a maximum score of 8, and a mean score of 4.62. The transformed GRISS score was 5, thus suggesting that infrequency is on the limit of becoming a problem. The minimum score for women was 1, the maximum was 8, and the mean score was 4.96. The transformed GRISS score was 6, thus indicating that infrequency was mid to high, considering that the frequency of their sexual relationships was not sufficient. The data did not fit a normal distribution. The Mann-Whitney U test was not significant (sig. = 0.414; that is, p > 0.05), thus indicating that there are no differences in infrequency between men and women.

3.1.4. Non-sensuality

The minimum score for men on the non-sensuality scale was 0, the maximum was 59 and the mean score was 3.30. The transformed GRISS score was 1, thus determining that non-sensuality was very low. As regards women, the minimum score was 0, the maximum score was 15, and the mean score was 4.66. The transformed GRISS score was 1. Therefore, non-sensuality was very low. The results indicate that both men and women are not sensual in their relationships. The Kolmogorov-Smirnov test was performed for men (p = 0.00) and the Shapiro-Wilk test was performed for women (p = 0.001). Given that the data did not fit a normal distribution, non-parametric tests were then performed. The Mann-Whitney U test revealed that there were differences between men and women (p= 0.005). Although it was very low for both, it was lower for women.

3.2. Specific scale for females: Dissatisfaction

For the female dissatisfaction scale, the minimum score obtained was 0, the maximum was 12, and the mean score was 5.88. The transformed score was 4. This indicates the existence of sexual dissatisfaction among women, but not at a high level.
3.3. Specific scales for males: Impotence and premature ejaculation

3.3.1. Impotence
The minimum score obtained on the impotence scale was 0 and the maximum was 13, with a mean score of 3.38. The transformed score was 4. This indicates that impotence is moderate to low, but not a serious problem. Table 6. Male Impotence Scale

| Minimum | Maximum | Mean  | Trans. Score |
|---------|---------|-------|--------------|
| Men     | 0       | 13    | 3.38         | 4             |

3.3.2. Premature ejaculation
The minimum score for premature ejaculation was 0, the maximum was 14 and the mean score was 4.48. The transformed score was 4. This indicates that premature ejaculation is moderate to low, but not a serious problem. Table 7. Male Premature Ejaculation Scale

| Minimum | Maximum | Mean  | Trans. Score |
|---------|---------|-------|--------------|
| Men     | 0       | 14    | 4.48         | 4             |

4. Conclusions and Discussion

In their study, Covington and Kohen (1984) found that female alcoholics showed low global sexual functioning. In our research, alcoholic women were found to be sexually dissatisfied, which was manifested in terms of avoidance of sexual activity and non-sensuality, and the feeling that their sexual relations were infrequent. O’Farrel, Choquette, Cutter & Birchler (1997) reported that sexual dysfunction was more closely associated with marital conflict than biological factors. Our study has shown that both men and women communicate during sexual relations. Although Ávila Escribano, Pérez Madruga, Olazábal Ulacia & López Fidalgo (2004) found that 10% of males reported erectile dysfunction, we did not find evidence of impotence or premature ejaculation among themales in our sample. Colombo Meyer (2010), however, reported that male alcoholics frequently exhibit erectile dysfunction, premature or delayed ejaculation and anorgasmia. In regards to alcoholic women, the most frequent sexual dysfunctions are decreased sexual desire and vaginal lubrication, which may explain the results of sexual dissatisfaction among the women in our study. Alcohol consumption at low doses causes a disinhibition effect that may facilitate social relationships and, in time, sexual contacts. The consumption of alcohol affects sexual response. Experience has shown that the sexual problems for which male alcoholics demand sexological treatment are related to libido impairment and erection problems, which often lead to a diagnosis of erectile dysfunction and delayed ejaculation. On the other hand, female alcoholics exhibit less sexual desire, low arousal and the consequent reduction in vaginal lubrication, which make it difficult to reach orgasm. In conclusion, future research is needed into the sexuality of alcohol-dependent individuals in order to improve diagnoses as well as the strategies to be implemented in medical, psychological and sexological treatments with the aim of enhancing their effectiveness.

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