# The Relationship Between Worry, Sexual Aversion, and Low Sexual Desire

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*The psychological trait of worry is associated with many psychiatric conditions and maladaptive ways of coping, but is relationship to sexual dysfunctions, and desire disorders in particular, is unclear. In this study, we assessed the relationship between worry, sexual aversion, and low sexual desire using the Sexual Aversion Scale, the Hurlbert Index of Low Sexual Desire, and the Penn State Worry Questionnaire. Data were collected from 138 college undergraduates. As expected, results showed a modest but significant relationship between sexual aversion and low sexual desire, which is consistent with the taxonomy of the* Diagnostic and Statistical Manual of Mental Disorders *(4th ed.; American Psychiatric Association, 1994), which lists sexual aversion disorder and hypoactive sexual desire disorder as separate but related conditions. Contrary to our prediction, however, the tendency to worry was no more related to sexual aversion than it was to low sexual desire. The relationship between these variables was significant, but it was also relatively weak. We conclude that chronic and intense worry may predispose one to certain anxiety disorders, but it does not appear to be a risk factor for sexual desire problems in nonclinical populations.*

Sexual aversion disorder and hypoactive sexual desire disorder are two sexual desire disorders listed in the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., American Psychiatric Association, 1994). Both of them can be lifelong or acquired, generalized or situational, influenced by psychological factors alone or by a combination of medical and psychological factors. Likewise, both of them may or may not occur in the context of other sexual dysfunctions such as arousal or orgasmic disorders.

The essential feature of sexual aversion disorder is persistent fear and avoidance of genital sexual contact in a person who otherwise desires

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sexual activity. In this sense, sexual aversion disorder can be thought of as a sexual phobia that may result from fear of contracting a sexually transmitted disease, reminders of past sexual trauma, or feelings of personal inadequacy (Katz, Gipson, & Turner, 1992). In hypoactive sexual desire disorder, it is not fear of sexual intimacy but rather a deficiency or absence of sexual desire that causes distress or interpersonal problems for the individual. This condition has been linked to several biological and psychological factors, including hormonal deficiencies, medication side effects, anxiety, depression, and relationship problems (Kresin, 1993; Rosen & Leiblum, 1995).

Katz, Gipson, Kearl, and Kriskovich (1989) developed the Sexual Aversion Scale (SAS) to learn more about the prevalence and determinants of sexual anxiety. Subsequent validity studies (Katz et al., 1992; Katz, Meyers, & Walls, 1994) showed that scores on the SAS correlated positively with trait and state anxiety (Speilberger, Gorsuch, & Lushene, 1970), fear of negative evaluation (Watson & Friend, 1983), and the number and intensity of fears on the Fear Survey Schedule (Geer, 1965). Consistent with literature on the long-term effects of child sexual abuse (Katz & Watkins, 1998), adults who were sexually abused as children scored higher on the SAS than nonabused adults.

Little is known about the relationship between sexual desire disorders and other aspects of emotional functioning (Rosen & Leiblum, 1995), which may or may not be predisposing or maintaining factors for these disorders. To shed light on this question, we assessed the relationship between sexual aversion, low sexual desire, and the psychological trait of worry. Excessive worry is associated with many psychiatric disorders, especially anxiety disorders (Barlow, 1988). Indeed, chronic and intense worry is the defining feature of generalized anxiety disorder. Because sexual aversion disorder involves a phobic response to sexual activity, we predicted that the tendency to worry would be directly related to this condition. Conversely, hypoactive sexual desire is characterized by disinterest in, instead of anxiety about, sexual activity; hence, no such relationship was expected between worry and low sexual desire. Likewise, both sexual aversion and hypoactive sexual desire involve low rates of sexual intimacy and avoidance of sexual situations. For this reason, we predicted that a modest but significant correlation would exist between them.

## *METHOD*

The sample consisted of 138 college undergraduates (56% female; 44% male), most of whom were in the 19- to 22-year-old age range. Data were collected by self-report questionnaires that were administered in class during a single session that lasted about 20 minutes. To encourage honest reporting, participants were asked not to put their name on the questionnaires.

Sexual aversion was measured by the Sexual Aversion Scale (Katz et al., 1989), a 30-item standardized questionnaire for assessing sexual fears

and identifying individuals who might benefit from treatment because of excessive sexual anxiety. The ''sexual aversion'' construct was based on DSM-III-R criteria for diagnosing sexual aversion disorder. The SAS is known to have good internal and temporal reliability. High scores on this measure are associated with increased sexual fears and avoidance.

Hypoactive sexual desire was assessed using the Hurlbert Index of Sexual Desire (HISD; Apt & Hurlbert, 1992). This 25-item questionnaire measures libido and has been shown to correlate significantly with independent ratings of sexual activity, sexual desire, and subjective sexual arousal. High scores on this measure are associated with increased sexual desire.

Proneness to worry was assessed using the Penn State Worry Questionnaire (PSWQ; Meyer, Miller, Metzger, & Borkovec, 1990). This is a 16-item, psychometrically reliable and valid instrument for assessing the general trait of worry. High scores on the PSWQ are associated with increased worry and generalized anxiety problems.

## *RESULTS AND DISCUSSION*

As expected, results showed a significant relationship between scores on the SAS and the HISD ($r = .33$, $p < .00001$). Although the magnitude of the relationship was statistically significant, scores on the SAS accounted for less than 11% of the variance on the HISD. The relative independence of these measures is consistent with the DSM-IV taxonomy that lists sexual aversion disorder and hypoactive sexual desire disorder as separate but related conditions.

Scores on the PSWQ were related, albeit rather weakly, to both the SAS ($r = .26$, $p = .002$) and the HISD ($r = -.21$, $p = .01$). We expected the former relationship because sexual aversion is anxiety-driven, and previous studies (Katz et al., 1989; Katz et al., 1992) have shown that the SAS is related to other measures of fear and anxiety. The latter relationship was not expected, however. In this nonclinical sample of college students, the tendency to worry was no more related to sexual aversion than it was to a disinterest in sex or low levels of libido. In neither case was the relationship strong. Worry, therefore, does not appear to be associated with sexual desire problems.

No gender differences were found on the SAS or the PSWQ; the young women and men in this sample were alike in their level of worry and apprehension about sexual activity. On the other hand, men reported stronger sexual desire than women, $F(1, 109) = 7.90$, $p = .005$, which is consistent with conventional sex role stereotypes that portray men as more sexually aggressive (Zilbergeld, 1992).

Two final comments are in order. First, the construct validity of the SAS is enhanced by these findings because they suggest that it measures more than chronic worry or low sexual desire. Sexual aversion appears to be an independent construct. Second, the scores of this sample of college students on the SAS, compared to scores from previous cohorts (Katz, Frazer, & Wilson, 1993), suggest that students have become less

fearful about sexual activity in general, and about contracting a sexually transmitted disease in particular, than they were at the beginning of the decade. The implications of this finding for increases in risky sexual behavior remain to be seen.

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