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STUDY OF SEXUAL FUNCTION IN MARRIED WOMEN DIAGNOSED WITH BORDERLINE PERSONALITY DISORDER

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ABSTRACT

Objective: This study investigated sexual functioning in married women with borderline personality disorder has been conducted in Karaj in the year 91-1390. For this, 300 were married women living in Karaj.

Methods: The study included non-experimental research can be classified among the various studies in non-experimental designs, correlation studies are included.

Research tools: In this study, a questionnaire of sexual dysfunction (FSFI) questionnaire million multifaceted characters is used

Results: No significant relationship between borderline personality disorder and sexual function does not exist. Between borderline personality disorders with sexual function as they age, there is no significant relationship. Between borderline personality disorders with sexual function, there is no significant relationship to the degree of separation.

Keywords: Borderline personality disorder, sexual function, age and education

INTRODUCTION

Personality disorder is a common and chronic disease which its prevalence is estimated to be between 15-10% of the general population. About half of psychiatric patients suffer from personality disorders that

are frequently accompanies with Axis I disorders (such as major depression and substance abuse or drug dependence). The disorder may also predispose the patient to other psychiatric disorders and interfere with

treatment results, and increase the inability and mortality of the patients (Cloninger CR, Srvric DM, 2006). Borderline personality disorder is one of the most common personality disorders and its symptoms include severe and persistent instability of mood, self-image and interpersonal relationships also clear impulsivity (Cloninger CR, Srvric DM, 2006; Maj M, Akishkal HS, Mezzich JE, Okasa A, 2005). In Cloninger studies, borderline patients showed weak character development including self-governance (irresponsibility, blaming) and low cooperation (hostile, fanatic). Their nature due to the high harm avoidance (anxious, shy) and high innovativeness (impulsive, rapid reaction) and low reward dependence (cold, isolated) is unstable. As a result, they usually experience a combination of dysthymia anxiety and anger and adjust social problems and severe emotions with immature methods (Zeigler-Hill V, Abraham J, 2006; Pukrop R, 2002).

These immature and emotional relationships may lead to the establishment of risky sexual relations that may disrupt the healthy sexual function in patients with borderline personality disorder. On the other hand, sex insufficiency has a close association with social problems such as crime, rape, mental

illness and divorce. Nervousness, abdominal pain and back pain, inability to concentrate and even inability to perform common tasks are other consequences of failure to satisfy the sexual instinct. While optimal sexual performance is a factor for family consolidation and it is a foundation to acquire and consolidate a firm culture (Jahanfar, 2001).

Sexuality is considered an important part of human life that has a basic contribution in the life quality and health of individuals (Walsh and Berman, 2004). In 2002, the World Health Organization provided an empirical definition for sexual health where sexual health is a state of physical, emotional, mental and social welfare associated with "sexuality" which are not acquired only by the absence of disease, dysfunction or disability (World Health Organization, 2002). Despite this guidance, we still face with a major challenge to define "sexual health" or normal and correct sexual function, especially for women.

Sexual dysfunction is defined as desire, sexual stimulation and orgasm disorder and sexual pain which are caused by multiple anatomical, physiological and psychological factors and it can cause severe discomfort and affect life quality and interpersonal relationships (Bernhard, 2002). According to

a national survey conducted in 2007, 5.314 percent of Iranian women have sexual dysfunction. Although this rate is lower than some countries, but it indicated that sexual problems exists as a widespread health problem in Iranian women (Safarinejad, 2006). In a study conducted by the International Union of American public life health, sexual dysfunction is seen in women more than men (43% vs. 31%) (El Saman, 2009). Another research shows that personality and psychological features are more effective than other factors on sexual function (Zanarini, 2005).

People with borderline personality disorder always are afraid of losing relationship and do risky sexual relationships and use sexual tools to keep their relationship and their favorite persons; they think that if they have sexual relationships then they can have a safer relationship. These relationships may just be a tool, if the person doesn't have any physical willing to do them (Wingenfeld, K., Lange, W., Wulff, H., Barea, C., Beblo, 2007).

With respect to the effective nature of female sexual dysfunction on different aspects of life and rapid research advance in its diagnosis and treatment, and the need for investigating the factors which cause disorder in female sexual function and the impact of borderline

personality disorder on sexual function, we study sexual function of people with borderline personality disorder.

METHODOLOGY

This study is classified as a non-experimental study classified and among the various studies in non-experimental designs, it is a correlation study. Correlation studies are the most common non-experimental designs. In correlation studies, researchers often seek to test a hypothesis in which the relationship between two or more variables has been predicted. In other words, a correlation plan to check the possible relationships between variables, observe them as they exist in nature without any manipulation. Based on the provided description, the title of present research which investigates the sexual function with borderline personality disorder and assumptions, this study is classified in the category of correlation studies.

Statistical population includes the desired elements that have at least one characteristic trait. Characteristic trait is a trait that is the same between all elements of the statistical population and distinct the statistical population from other populations (Sarmad, Bazargan and Hejazi 2005). In this research, statistical population is consisted of married women living in regions 1, 2, 3, 4 and 5 of Karaj city. Therefore, this study included 300

women living in regions 1, 2, 3, 4 and 5 of Karaj city. The sample used in this study is selected from women willing to respond through accessibility method.

RESULTS

As can be seen in the table 1, based on the r value (0.006) and significance level ($p < 0.91$), we can't reject hypothesis 0 with 95% confidence; in other words, we can judge with 95% confidence that there is not a significant relationship between borderline personality disorder and sexual function.

As can be seen in the table 2, based on the r value (0.039, -0.203, 0.023 and 0.096) and significance level (0.698, 0.158, 0.863,

0.370), we can't reject hypothesis 0 with 95% confidence; in other words, we can judge with 95% confidence that there is not a significant relationship between borderline personality disorder and sexual function with age separation.

As can be seen in the table 3, based on the r value (-0.073, 0.114, -0.001 and 0.162) and significance level (0.437, 0.565, 0.988, 0.283), we can't reject hypothesis 0 with 95% confidence; in other words, we can judge with confidence that there is not a significant relationship between borderline personality disorder and sexual function with education separation.

Table 1: Summary of results of Pearson correlation test between borderline personality disorder and sexual function

Variable 1	Variable 2	r	r^2	Significance level
borderline personality disorder	sexual function	0.006	0.000	0.91

Table 2: Pearson correlation test between borderline personality disorder and sexual function with considering age separation

Variable 1	Age	r	r^2	Significance level
borderline personality disorder	25-35	0.039	0.009	0.698
	36-45	-0.203	0.04	0.158
	46-55	0.023	0.004	0.863
	Over 55	0.096	0.008	0.370

Table 3: Pearson correlation test between borderline personality disorder and sexual function with considering education

Variable 1	Education	r	r^2	Significance level
borderline personality disorder	Diploma	-0.073	0.004	0.437
	Associate degree	0.114	0.01	0.565
	B.S	-0.001	0.000	0.988
	M.S and higher degrees	0.162	0.01	0.283

DISCUSSION

The results of this study and other studies are antithetic. Genzo and Roland (1998) have stated that sexual health is the integration and coordination of mind, emotion and body which directs the social and intellectual

aspects of human toward the development of his character and leads to the establishment of relationship and love. Therefore, any disruption leads to inconsistency and a lack of satisfaction about sexual relationship and may bring about sexual performance failure.

So if we have psychological problem, it will affect our sexual function. Since borderline personality disorder is a disorder, so it is effective on the sexual function which is a physical-mental function.

As it can be seen in the table, based on the r value (0.039, -0.203, 0.023 and 0.096) and significance level (0.698, 0.158, 0.863, 0.370), we can't reject hypothesis 0 with 95% confidence; in other words, we can judge with 95% confidence that there is not a significant relationship between borderline personality disorder and sexual function with age separation.

Personality disorders are generally rooted in human since his childhood and are stable over time. So the impact of personality disorder on different functions is the same at different age levels. But the studies of Salvnia, Braynati, Brown, Softel, Sterol and Herbner (2000), Naspero, Eskatoni et al (2003) and Morales, John Stone, Heaton and Adams (1997) have shown that as age increases, sexual dysfunction increases too.

As it can be seen in the table, based on the r value (-0.073, 0.114, - 0.001 and 0.162) and significance level (0.437, 0.565, 0.988, 0.283), we can't reject hypothesis 0 with 95% confidence; in other words, we can judge with 95% confidence that there is not a significant relationship between borderline

personality disorder and sexual function with education separation.

As mentioned, personality disorders are so stable, strong and inflexible that the acquired factors such as education can decrease the negative effects of personality disorder on various functions including sexual function or be effective on the relationship.

REFERENCES

1. Althof SE, Rosen RC, DeRogatis L, Corty E, Quirk F, Symonds T.(2005). Outcome measurement in female sexual dysfunction clinical trials: Review and recommendations. *J Sex Marital Ther.* Mar-Apr; 31(2):153-66.
2. Austin MA, Rinilo TC, Porges SW. Borderline personality disorder and emotion regulation: Insights from the Polyvagal Theory. *Brain and Cognition* 2007; 65: 69–76.
3. Burri A, Cherkas L, Spector T. Replication of psychometric properties of the FSFI and validation of a modified version (FSFI-LL) assessing lifelong sexual function in an unselected sample of females. *J Sex Med.* 2010 Dec; 7(12): 3929-39.
4. Derogatis LR. The Derogatis Interview for sexual functioning (DISF/DISFSR): an introductory report. *J Sex Marital Ther.* 1997 Winter;23(4):291-304.

5. Fleiss JL. Measuring nominal scale agreement among many raters. *Psychological Bulletin*. 1971Nov;76(5):378-82.
6. Gunderson, J., G.(2001). The borderline patient intolerance of aloneness: Insecure attachments and therapist availability. *American Journal of Psychiatry* 1996; 153: 752–58.
7. Hayes RD, Dennerstein L, Bennett CM, Fairley CK. What is the “true” prevalence of female sexual dysfunctions and does the way we assess these conditions have an impact? *J Sex Med*. 2008 Apr; 5(4): 777-87.
8. Jones LR. The use of validated questionnaires to assess female sexual dysfunction. *World J Urol*. 2002 Jun;20(2):89- 92.
9. Linehan M. Cognitive-behavioral treatment of borderline personality disorder. New York: The Guildford Press; 1993:1-25.
10. Quirk FH, Heiman JR, Rosen RC, Laan E, Smith MD, Boolell M. Development of a sexual function questionnaire for clinical trials of female sexual dysfunction. *J Womens Health Gend Based Med*. 2002 Apr; 11(3):277-89.
11. Rosen R, Brown C, Heiman J, Leiblum S, Meston C, Shabsigh R, et al. The Female Sexual Function Index (FSFI): a multidimensional self-report instrument for the assessment of female sexual function. *J Sex Marital Ther*. 2000 Apr-Jun; 26(2):191-20813-PROQOLID.
12. Rosental MZ, Gratz KM, Kosson DS, Cheavens JS, Lejuez CW. Lynch TR. Borderline personality disorder and emotional responding: A review of the research literature. *Clinical Psychology Review* 2008; 28: 75–91.
13. Stone, M., H. Disturbances in sex and love in borderline patients. In: Fine R, editor. *Current and Historical Perspectives on the Borderline Patient*. Philadelphia: Brunner/Mazel; 1989. pp. 282–313
14. Sun X, Li C, Jin L, Fan Y, Wang D. Development and validation of Chinese version of female sexual function index in a Chinese population-a pilot study. *Journal of Sex Med*. 2011Apr; 8(4): 1101-11