

Sexual problems in homo- and bisexual men – the context of the issue

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Summary

The aim of the paper is to present a specific context for the occurrence of sexual problems, i.e., sexual dysfunction in the population of homo- and bisexual men. Sexual problems and revealing them are usually a big challenge for men. In case of homo- and bisexual men additional psychological and social factors may contribute to the occurrence of these problems, as well as make experiencing them more painful, but also impede looking for and receiving an adequate help. These factors are connected to the specific features of gay men sexuality, such as: lack of obvious sexual scripts for homosexual men, full reversibility of all sexual roles and positions in contacts between two men or no fear of unwanted pregnancy, but also with the unique psychosocial context such as: minority stress and internalized homophobia. Clinicians – psychiatrists, sexologists and psychologists – should be aware of their existence to deliver a more effective professional and culturally competent care, which is free of prejudice, based on deepened reflection and void of automatic transference of experiences with work with heterosexual men.

Key words: sexual dysfunctions, homosexuality

Introduction

Sexual problems are often a difficult experience for men, which is associated with the widely held false beliefs and unrealistic expectations, and conceptions of the male sexual function [1, 2]. Therefore, sexual difficulties often cause strong anxiety, together with the feelings of embarrassment and shame. These processes strengthen performance anxiety, which is one of the main psychological mechanisms behind

sexual dysfunction [2]. What is more, sex is still a taboo subject in our society and is not willingly discussed with strangers. Results of studies and clinical experience show that many men suffering from sexual dysfunction delay consulting a specialist and often only seek help when the condition has become chronic and has had destructive influence on the patient's mental wellbeing or his functioning in the relationship [3]. At the same time, it is suspected that many men facing sexual dysfunctions do not seek relevant professional help at all [3]. Clinical experience shows that the reason for this is often shame, and there is some research, which seems to support this [4]. What is interesting is that the impact of shame has also been reported in research conducted in countries outside of the European culture [5].

The context presented above makes the question of the kind of sexual problems faced by homo- and bisexual men, and the way they are dealt with by this group even more interesting. It must be noted here that, apart from the feeling of shame associated with the dysfunction itself and entering the sphere of intimacy and taboo, there is also the additional problem of revealing a sexual orientation that is not universally accepted and fear of rejection or other form of mistreatment by the specialist. Research conducted so far shows that the non-heterosexual population often avoid contact with specialists and when they do seek help, they often hide their sexual orientation [6].

Factors influencing sexual life of homo- and bisexual men

The results of research conducted so far on the occurrence of sexual dysfunction in homo- and bisexual men and the conclusions drawn from them are ambiguous and were presented, among others, in the works of Bancroft et al. [7], Hirshfield et al. [8], Jern et al. [9], Kuyper and Vanwesenbeeck [10], and Shindel et al. [11]. The present paper aims to reflect on issues of a more general nature through discussing the unique characteristics of gay sexuality and the psychosocial context of sexual problems in this group of patients. The analysis and conclusions based on up-to-date research on homo- and bisexual men's sexual dysfunctions will be discussed by the authors in their next paper.

Differences in sexuality of heterosexual and non-heterosexual men

One of the first authors to approach these issues in a methodical way were Sandfort and de Keizer [12]. Among the differences between heterosexual and non-heterosexual men, which make their sexual lives and the sexual problems they experience different, the authors point to:

- the central position of vaginal intercourse for heterosexual men, inapplicable to homosexual men;
- the fact that anal sex, though more common among gay men, cannot be regarded as substitute for vaginal sex;

- more frequent occurrence of other forms of non-coital sex, e.g., oral sex, among gay men;
- full reversibility of all sexual roles and positions in contacts between two men, which is impossible in heterosexual contacts;
- symbolic, power-related connotations of sexual roles and positions. Their full reversibility and reciprocity in gay couples may constitute a challenge;
- no fear of unwanted pregnancy;
- the fact that a homosexual man's sexual partner (another homosexual man) is socially stigmatized, like homosexuality itself;
- the greater liberality of non-heterosexual men and their openness to experimenting, which may have both positive (e.g., varied lovemaking) and negative implications (e.g., greater risk of abuse);
- relatively lower access to potential sexual partners;
- potentially lower stability of relationships between gay men;
- lack of obvious sexual scripts for homosexual men or adoption of the heterosexual scripts, not always relevant, which may result in difficulties. For example: 1) heterosexual scripts assume it is men who take initiative, identifying it with masculinity, which can potentially lead to problems when both partners are male; 2) it is more difficult to know how to interact with the partner and what to expect from sexual activity;
- less strong attachment to the monogamous model of relationship (e.g., more common acceptance of sex without love or sex outside the relationship);
- less emphasis placed on quick orgasm or simultaneous orgasm;
- potentially greater emphasis placed on sexual performance and pleasure than – as is done by women – on intimacy.

Psycho-social context of sexual activity of non-heterosexual men

The work of McNally and Adams [13] is useful in describing the psycho-social context of sexual activity of non-heterosexual men. The authors examine the implications of the male gender role, internalized homophobia, compensation, problems associated with identity and intimacy, abuse or early traumatic experiences, reactions to HIV and AIDS, organic, interpersonal and socio-cultural factors, as well as medical procedures. Those factors are discussed below.

The influence of the male gender role

Sexual potency is highly regarded by men, and problems associated with it have a strong negative effect on their feeling of self-worth and the belief they are “real men” [2]. In case of some homosexual men, any situation endangering their feeling of masculinity in any way can have very adverse effects and aggravate the sexual

problem further. This can be especially relevant to situations where sexual potency is a way of escaping “suspicions” of effeminacy or femininity, which are stereotypically associated with homosexuality.

An explanation for this phenomenon is offered by Fracher and Kimmel (as cited in: [14]). The authors refer to male sexual scripts and characterize them by the following: 1) keeping a distance; 2) objectification; 3) phallocentrism; and 4) emphasis on achieving and maintaining erection without ejaculation as long as possible. According to the authors, homosexual men are also socialized to have “masculine sex”. From such perspective, they may perceive sexual problems as proof of “damaged gender identity”, or lack of masculinity. This is why homosexual men, whose masculinity is frequently questioned, may show increased susceptibility to the development of sexual problems. This may be accompanied by a belief that their partner, another man, will judge their competences, masculinity, potency or sexual energy (as cited in: [14]).

Internalized homophobia

Internalized homophobia is defined in literature as negative attitude towards one’s own homosexual orientation, leading to debasement and consequently to internal conflicts and loss of self-respect [15]. It can lead to cognitive dissonance caused by the juxtaposition of one’s sexual activity and the belief that this activity or the identity it is an expression of are “wrong”. It can be especially relevant to anal sex, with the belief of it being unnatural or immoral. On a more subtle level, internalized homophobia in homosexual men may be a reason for devaluing their relationships, and their lower motivation to work on overcoming possible sexual problems. What is more, with the increasing acceptance of casual sex in gay culture, those men may sustain or improve their feeling of self-worth through engaging in sexual activity where personal involvement is minimal. This poses a difficulty in distinguishing between lifestyle-connected choices and the problem of avoiding intimacy and difficulties in forming relationships.

Compensation

The above-mentioned internalized homophobia and the feeling of personal failure associated with being gay can be a source of compensation in form of adopting unreasonably high standards for oneself or one’s relationships. Such situation makes it more difficult to notice and accept problems, e.g., where their existence is denied, and therefore also to solve them. What is more, such idealized perception can increase performance anxiety and overall stress levels.

Problems with identity and intimacy

McNally and Adams [13], referring to the work of Coleman et al. [16], discuss the influence of problems with developing a positive and integrated identity, including positive evaluation and the feeling of unity of one's sexual orientation, sexual role and sexual behavior, in the development of sexual problems. The authors associate the occurrence of these problems with the specificity of adolescence, which in the case of homosexual men is often a time of hiding one's identity and lack of positive reinforcements and models of non-heterosexual sexuality. The researchers also point to the possible influence that unexpressed anger, resulting from experienced trauma and oppression, can have on intimate relations between gay men. They also observe the potential presence of the specific same-sex relationship dynamic, especially visible in lesbian couples but also potentially significant in gay couples, that is the desire to assert one's separateness and identity in context of same-sex attachment, stemming from issues associated with the so-called fusion¹.

Other authors discussing the problem of internalized homophobia and problems with intimacy note that homosexual men learn to detach their sexuality from themselves, which may be a reason for difficulties with intimacy with other men (as cited in: [16]). According to Forstein (as cited in: [16]), in such cases "the sexual drive which may orient one toward intimacy with another person has been transformed into a danger signal of asserting one's homosexuality". This is why some homosexual men can only tolerate limited levels of intimacy, and emotionally close relationships provoke a fear in them; for example, they have no difficulty masturbating or tolerating casual sex, but in a relationship with personal involvement they show sexual dysfunction. Some regulate the troublesome level of intimacy in the relationship through sexual activity outside of it, through compulsive sexual activity, or through short, episodic relationships, which partially satisfy the need for intimacy but protect those men from emotions associated with long-term relationships (as cited in: [16]). What is more, in the same context, sexual activity may reduce anxiety associated with isolation, low self-esteem and loneliness, which Pincu describes as "the sexualization of the distress" (as cited in:[16]).

Reaction to HIV and AIDS

The above-mentioned Sandfort and de Keizer [12] state that it is difficult to fully understand gay sexuality without reference to the issues associated with the HIV/AIDS epidemic. The United Nations estimates that 2 to 20% of non-heterosexual men are infected with HIV, depending on the region they live in [17]. One should

¹ Fusion is defined [16] as a process of entering a close relationship through the loss of one's individuality. Lack of gender difference may result in an extremely high level of attachment where expression of any difference of opinion, or in the range of experienced emotions is seen as dangerous to the stability of the relationship.

noticed, that higher vulnerability for HIV infection is mostly restricted to subgroup of males who engage in risky sexual behavior like having multiple casual sex partners, practicing unprotected anal sex, or report of heavy use of alcohol or other drugs before sex [18].

The mutual relationship between sexual life and activity and HIV infection and AIDS can be complicated. According to McNally and Adams [13], there are the various possibilities: 1) fear of HIV infection is a cause of choosing celibacy, which makes gaining sexual experience impossible; 2) HIV infection is a consequence of sexual activity and becomes a source of feelings of guilt, self-accusations and depression; 3) HIV infection becomes a direct cause of anxiety associated with sexual activity and sexual problems associated with the risk of transmitting the infection to sexual partners; 4) using condoms motivated by a HIV infection can constitute an additional difficulty. Apart from their effect on experiencing stimuli and the potential fear of increasing performance anxiety (by increased concentration on the “active” partner), in this context they have the symbolic meaning reminding about the infection, the risk, and the necessity of ensuring “safety”; 5) the aforementioned necessity of “safe play” itself may interfere with sexual function; 6) HIV infection can also be a source of potential interpersonal difficulties as the healthy partner’s desire to remain uninfected may be a cause of stress in the relationship; 7) the developed disease in turn introduces another factor, that is the introduction of the roles of the care-giver and the person needing care, which can have a negative effect on the relationship dynamics.

Organic factors and medical procedures

The factors described above can be associated with a HIV infection. However, some homosexual men may be more prone to other sexually transmitted diseases and other general health issues that can potentially affect sexual health, such as cardiovascular diseases or diabetes [19]. Another factor that may be significant is the more widespread occurrence of mental health problems, e.g., depression, associated with the exposure to so-called minority stress [20–22] as well as the abuse of and addiction to psychoactive substances, which may stem from the aforementioned minority stress or the specific lifestyle of the subpopulation of homosexual men [10, 21].

Interpersonal and socio-cultural factors

Apart from the problem of fusion mentioned above, the divergence of the partners’ lifestyles or attitudes to coming out may be significant. Authors also note the need for creating and negotiating rules for the relationship and sexual life in homosexual couples because of the lack of ready “rules” for partnership and greater variety of sexual lifestyles and functioning in these relationships. What is more, it happens with no institutionalized pressure on keeping a monogamous relationship through one’s life.

The literature also notes the possible influence of socio-demographic factors in the shaping of sexual life of gay men, including problems and sexual dysfunctions. For example, research reveals that non-heterosexual persons are statistically better educated, less religious and live in big cities more often, which can potentially shape differences associated with sexuality (as cited in: [23]).

Recapitulation and conclusions

Sexual dysfunction is a common problem for men, irrespective of their sexual orientation, and one that many factors contribute to. Men struggling with sexual dysfunction still often choose not to seek professional help. Homo- and bisexual men face the additional difficulty of having to reveal their sexual orientation, which still often meets with disapproval. This is why specialists in mental and sexual health should endeavor to extend their knowledge in order to answer to the needs of this neglected population of patients. There is no reason to assume sexual dysfunctions in non-heterosexual men to be in any fundamental way different, especially in their pathophysiological aspect or with regard to the available pharmacotherapy. One must admit, however, that data on their prevalence in comparison to heterosexual men is ambiguous, and data, which could inform us about the kinds of problems this group comes to specialists' offices with, is just missing. There are, however, certain characteristic features of gay sexuality and the social context in which it is expressed which must be taken into consideration to form a comprehensive understanding of sexual problems faced by homosexual men. Such understanding is necessary for providing effective professional help that is at the heart of the medical profession.

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