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COMPARATIVE STUDY OF PERSONALITY TRAITS OF NORMAL MALES WITH MALES SUFFERING FROM PSYCHOGENIC IMPOTENCE USING CATTELL'S 16 PERSONALITY FACTOR TEST

Sex and sexuality are important aspects of healthy life and contribute to marriage continuity and stability. Research indicates that sexual problems and male sexual dysfunction are two influential factors in divorce. Newsweek once published an interesting article about divorce in America and stated that it is easier to get divorce in the United States because of sexual problems and interpersonal conflicts than finding a cab. It is estimated that 20 to 30 million males in United States have some degree of sexual dysfunction (Vigres, 2005, p251).

One type of sexual dysfunction in males is sexual arousal disorder or male sexual impotence. The main symptom of erectile disorder in men is continual or recurring inability to gain or maintain sufficient erection for intercourse. This type of disorder may lead to high levels of distress or interpersonal problems (DSM-IV 1994 and DSM-IV-IR 2000).

Erectile dysfunction appears in different forms. Some subjects reported having had problem in gaining erection even for once since reaching puberty. Some others complained about their first sexual experience for having been able to gain erection but having lost it when attempting intercourse. There were others who reported having sufficient erection initially, but losing it while attempting intercourse. Men who suffer from primary or continual erectile disorder are generally unable to maintain sufficiently long enough erection. Men who have secondary or acquired erectile disorder have been able to gain erection in the past but are no longer able to do so (Spector and Cary, 1990).

It is estimated that half of marriages in the United States face some kind of sexual problems (Masters and Johnson, 1970; Frank, Anderson, Roby, 1978; Ogites, 1992). Sexual problems usually negatively influence existing interpersonal relationship between couples. When sexual relationship suffers, other aspects of relationship suffer as well and vice versa.

Sexual relationship usually, but not always, reflects the way couples relate to each other. Sexual therapists usually notice that behind each sexual problem lie other major interpersonal problems. Love, affection, respect, and honesty are import factors affecting a total and satisfying sexual life. When these factors are absent in a marriage life, a total sexual experience fails to materialize (Jackson, 1992). Studies show that 90 percent of sexual impotence in young individuals who report to clinics for treatment is psychogenic. More troubling, the number of

young individuals who report to psychologists or urologists for treatment of sexual dysfunction is on the rise (Hedan, 2004).

Psychogenic sexual impotence is external reflection of an internal problem. In other word, psychogenic sexual impotence is a symptom and not an illness. Sexual impotence can be cured by treatment of its causes. However, the treatment requires patience and expertise (Malavirakpour, 1967).

Current treatments are mostly drug therapy with side effects that maybe disruptive to sexual activities. Research show that some individuals have suffered heart attacks because of using Viagra or similar pills in the past (Rid and colleague et al., 2007).

Offering treatment protocols especially in personal psycho therapy and family therapy require further scientific and factual researches. Unfortunately, there is not sufficient research on psychogenic sexual impotence. This researcher hopes to be able to contribute to the research in this area.

One should consider the fact that sex and sexual relationship are taboo in almost all societies and religions. Therefore, any research in this area requires special provisions. This requirement is felt more in Middle Eastern countries like Iran and Armenia, where shame and coyness are more prevailing and palpable.

Finding deep personality traits in individuals with sexual problems can greatly assist psychotherapist, but requires extensive scientific research.Some experts believe that unavailability of information on the relationship between personality traits and sexual impotence is due to lack of tools for precise measurement of personality traits.

Practitioners, experts, and government authorities worry about family disintegration and marriage break up. Male sexual impotence or marriage problems in general between couples have been mentioned as reasons for divorce. Fulfilling sexual needs is one reason for family formation. Lack of sexual satisfaction or unfulfilled sexual needs may endanger family stability.

Research shows that sexual dysfunction not only affects sexual relationship and marriage but also affects non-sexual relationship creating family conflicts or aggravating usual family quarrels and leading to marital problems. In other words, family conflict stemming from sexual problems may create negative excitements in couple. These negative excitements affect sexual desire and sexual ability in couples with more direct effect on the male partner. It is understandable that most of the time it is rather difficult to leave negative feelings behind before entering bedroom (King, 2002). As stated before, discovering relationship between personality traits and sexual impotence can be helpful to psychotherapist. Researchers such as Eysenck, Peterj, Fegan, Thomasn, have made efforts in this area. After extraordinary discoveries made by Eysenck relating personality with sexual behavior, researchers have not been able to find

real indications of effective relationship between personality traits and sexual behavior (Peterj, Fegan and colleague, 2002).

Eysenck believed that highly neurotic individuals (N) have unstable autonomic nervous system. Therefore they get nervous during sexual activities, have few sexual partners and most likely experience many unsuccessful sexual encounters. Extrovert individuals (E) have high sensual threshold and, therefore, require stronger sexual excitation and variety in sexual activities compared to other individuals (Eysenck, 1971). Highly psychotic individuals (P) show little affection in their sexual relationships and reduce sexual activities to mere physical contact. (Eysenck, 1971)

Some researchers discovered that personality traits are important in identifying individuals suffering from sexual dysfunction. Among psychotherapy patients, impulsive individuals with chronic anxiety have problems with sexual relationship (Kafer, Rosenber, Detreh, 1977). Mutual anxiety and tendency to experience shame (Rosenhime and Newman 1981) or other disturbing feelings may cause problems in erectile function and early ejaculation in males.

Research conducted by Peter, Fegan and colleague (2002) showed that males suffering from sexual dysfunction have normal personality group profile. Only N factor (neurosis) is slightly higher in these individuals. This confirm the belief that sexual dysfunction in males have no relationship with personality traits or collection of traits. Males with sexual dysfunction share five main personality traits with the general public (these 5 personality traits are measured by NEO-P Inventory). This study also proved that males with sexual dysfunction are not highly neurotic, enjoy socializing with other people, and, to some extent, welcome new experiences. Most likely the uncertainties about personality traits associated with certain types of sexual dysfunction are the direct result of not differentiating between types of sexual dysfunction. For example, males who suffer from early ejaculation maybe different from males who have low sexual desire. Former one may have higher anxiety while the latter one may have lower affection and emotional warmth. One possible reason for having few conclusive evidences in research conducted on personality traits and sexual behavior maybe the existence of limited tools for measuring personality. Most of the existing tools can only measure a limited range of traits. This researcher intends to measure the personality traits of individuals with psychogenic sexual dysfunction by using Cattel's 16-factor inventory.

This research used causative - comparative methodology. The study was conducted on 160 subjects. 80 of them were male patients reported personally to a health clinic located in Tehran for treatment of psychogenic impotence with their partners confirming their problem. These patients made up the study group. The average age of study subjects was 36 years. The control group (individuals without sexual problems) consisted of 80 males. They were selected from a

group of 200 people who had attended with their spouses to learn life skills in an educational program offered in a family center located in Tehran. The average age of these individuals was 36.44 years. These people were individually interviewed before attending the life skills training course. Ninety percent of them stated that they almost had no sexual problems. Their partners confirmed their sexual health during separate interviews. These couples had at least one child.

This study used convenience sampling. Each individual in the study (patient) group was closely matched with a person in the control group with almost similar characteristics such as age, marital status, education, social strata, etc.

Diagnostic interviews and Cattell's 16-factor test were used for data collection.

Interviews: a group of specialists including one urologist, one clinical psychologist, and one psychiatrist evaluated patients to differentiate individuals with organic sexual impotence from individuals with psychogenic sexual impotence. Patients with organic sexual impotence were eliminated from the study. (This work was done in salamat clinic in Tehran).

One clinical psychologist supervised the selection of individuals for the control group (i.e. individuals who attended life skills training course with their partners). Clinical psychologist interviewed individuals when they reported for registration to attend the life skills training course. Their partners were separately and privately questioned about the sexual health of their spouses. The individuals, whose sexual healths were not confirmed by their spouses, were eliminated from the study.

Cattell's 16 personality factor questionnaire: 16PF Questionnaire is one with possibility for subjective grading and can measure personality traits of a large group of individuals in a short time. This test has many applications for basic research in psychology. Cattell's questionnaire has been used in numerous researches for studying and evaluation of personality traits (Muhler. 1975, Tseng 1973, Schulman and Karpinter 1982..As mentioned in Ebadi 1382). This questionnaire has been translated in many languages. Inter-cultural studies conducted in Eastern Europe, Middle East, Australia, as well as Canada and many others have confirmed its reliability (Fathi Ashtiani, 1388).

Cattell prepared this questioner using personality traits taken and listed from psychology and psychiatry literatures by Allport and Odbert (1936). The original list included 4505 traits. Cattell limited these traits to 171 clusters in his first grouping. He later reduced these clusters to 36 ones after conducting mutual correlation interviews and using factor analysis method. He finally devised 16 differentiated factors after repeating factor analysis (Fathi Ashtiani, 1388).

Primary factors (or deep clusters) are initially identified from the questionnaires and subsequently finalized through observations of daily living situations. The

description of factors stated bellow is taken from introduction to Cattell's 16 personality factors.

Factor (A):	Affectothymia - Schizothymia (Participating - Detached)
Factor (B):	Higher Scholastic Mental Capacity - Lower Scholastic Mental Capacity (More Intelligent- Less Intelligent)
Factor (C):	Emotionally Stable or Higher Ego Strength - Reactive Emotionally or Lower Ego Strength
Factor (E):	Dominant or Dominance - Obedient or Submissiveness
Factor (F):	Lively - Desurgency
Factor (G):	Conscientious - Inattentive
Factor (H):	Socially bold - threat-sensitive (Parmia -Threctia)
Factor (I):	Emotional Sensitivity - Tough Mindedness (Premsia - Harria)
Factor (L):	Paranoid distrustfulness- Trusting Availibility (Protension-Alaxia)
Factor (M):	Shrewdness - Practical Oriented (Autia - Praxernia)
Factor (N):	Attentive to details - Attentive to Simplicity
Factor (O):	Worrying Self Doubt - Self-Assured
Factor (Q1):	Conservatism
Factor (Q2):	Self-Reliance - Inability to Make Decision
Factor (Q3):	Will Power Control and Emotional Stability
Factor (Q4):	Tension (Tense - Relaxed)

Secondary Factors: Extroversion, anxiety, flexibility, independence, instinct control, adjustment, leadership, creativity

Validity and Reliability: Validity coefficient of internal consistency of 16pf is 0.66 to 0.86 with median 0.75 obtained from two samples from the general public and one sample from college students. Validity of test - retest on college students was 0.87 to 0.96 after two weeks and was 0.56 to 0.79 after two months (Clark and Blaskoul, 2007). Validity of test - retest for different periods (one week 0.78, six months 0.66, one year 0.59, six years 0.48) was reported by Schueger (1992). In Iran, Barzegar (1997) administered this questionnaire on 910 male and female high school students in Shiraz and normalized the results. The average validity coefficient was 0.65 after two weeks, was 0.52 within three months, and was 0.52 by using internal consistency approach (Cronbach's alpha). These numbers are consistent with results of other studies (Fathi Ashtiani, 1380). Reliability of questionnaire was confirmed by Cattell (1975) and he considered reliability to be rather high. Intercultural studies in Western and Eastern Europe, Middle East, Australia, and Canada as well as various other studies have confirmed its reliability (Fathi Ashtiani, 1388).

Results: Main results are represented in the table. T-test for independent groups was conducted using SPSS Software. Two groups had significant differences for B, C, O, G, and Q_4. Other items did not have significant differences.

Patient Group (Average Grades)			Control Group (Average Grades)		
Factor	Raw average grades (80 person)	Weighted average grades (80 person)	Factor	Raw average grades (80 person)	Weighted average grades (80 person)
A	8.52	6.73	A	8.25	6.05
B	7.64	4.67	B	15.91	7.64
C	11.50	3.05	C	23.21	9.50
E	13.50	7.01	E	14.05	7.55
F	14.50	7.25	F	14.75	7.36
G	17.71	6.86	G	14.18	4.79
H	9.50	4.25	H	9.00	4.00
I	8.50	5.25	I	9.32	5.63
L	16.25	8.02	L	15.03	8.00
M	12.66	6.25	M	13.25	6.05
N	14.50	8.25	N	14.12	8.00
O	27.29	9.82	O	12.07	5.75
Q_1	14.05	8.00	Q_1	15.75	8.68
Q_2	10.50	6.25	Q_2	11.25	6.06
Q_3	9.50	3.25	Q_3	10.50	3.75
Q_4	21.25	8.69	Q_4	14.10	5.32

Table. Average grades for Cattell's 16 personality factors at 2 investigated groups.

- In item B, at 0.05 significance, average calculated raw grades was -8.28 and weighted average grade was -2.97. Subsequently, the difference for factor B was significant for the two groups. The control group had higher raw average grade and weighted average grade compared to the patient group.
- In item C, at 0.05 significance, average calculated raw grades was -11.41 and weighted average grade was -4.87. Negative numbers indicated significant difference between averages. The patient group had lower raw average grade and weighted average grade compared to the control group.
- In item G, at 0.05 significance, average calculated raw grades was -3.53 and weighted average grade was -2.06. Similarly, negative numbers indicated significant difference between averages. The patient group had higher raw average grade and weighted average grade compared to the control group.
- In item O, at 0.05 significance, average calculated raw grades was -3.53 and weighted average grade was -2.06. The patient group had higher average grades compared to the control group.
- In item Q_4, which is related to tension, there were significant differences

between patient and control groups. T-test conducted on independent groups showed significant differences between the two groups (at 0.05 significance). Therefore, we can conclude with 95% accuracy that the differences were not from sampling errors. Considering that calculated average difference was -7.14 for weighted grades and -3.36 for raw grades, one can conclude that the average for item Q_4 was higher in the patient group compared to the control group.

As stated earlier, all items showed significant differences between the two groups. But the differences were highly significant only for items B, C, G, O, and Q_4. Item B indicates the intelligence level. The average grade for the control group was higher (individuals with psychogenic impotence) than the patient group. For item C, the average grade for the patient group has negative polarity. Those who get low grades (i.e. their grades have negative polarity) experience higher excitation. Psychoanalysts consider them having weak ego strength. A low C grade is the main indicator for all psychic pathology. Most neurotics, criminals, psychopaths, drug and alcohol addicts, homosexuals, nudists, psychotics have low C grades. Individuals with higher negative polarity have an anxiety stemming from weak ego structure leading to sudden uncontrollable internal excitation. Such an individual has dissatisfaction and an emotional bearing, which neither can be expressed nor controlled (restless and tense).

The individual avoids making critical decisions, runs away from reality (fantasizes) and has low tolerance for frustration. Evidences of neurosis such as panic, psycho-somatic disorders, insomnia, hysteric and compulsive behaviors as well as hypochondriac symptoms are noticeable in these individuals (Fathi Ashtiani, 1388). There were significant differences for item G. The study group had higher grades for this item compared to the control group (individuals with no sexual problem). Factor G corresponds to "superego" concept in psycho analysis system and is indicative of guided "ego" and suppressed "Id". Interviews with patients revealed high levels of morality in their personal lives along with guilt feeling, shame, and embarrassment. Research shows that individual with high levels of guilt feeling have unstable nervous system (Fegan and colleagues, et al., 2002).

Factor O had a significant difference between two groups. Grades of the study group had positive polarity. Factor O is one important indicative of secondary factor of tension. Excessive positive polarity of this factor indicates a continually agonizing anxiety arising from guilt feeling and faults. The symptoms show up in person's alertness before they become evident to the observer.

A Q personality faces ingrained conflicts which expose the person with uncontrolled hallucination and excitation. The person shows reaction to these internal conflicts by continuous self-criticism and does not give high marks in self-evaluation due to feelings of inferiority and humiliation (Fathi Ashtiani,

2009). Floating anxiety, tense depression, panic, and mental weakness are types of disorder which appear when positive polarity increases.

There was significant difference for Factor Q_4. Average raw grades and weighted grades of patients were higher than the control group. The person who gets high grade for Q_4 (i.e. the grade has positive polarity) tends to be irritable, impatient, nervous, and excited (Fathi Ashtiani, 2009).

One year after this study, ten patients (individuals with psychogenic sexual impotence) were contacted by phone. All of them stated that they had separated from their spouses.

In deep clinical interviews conducted by the researcher before administering the questionnaire, it was discovered that patients had low ego strength and their families (parents and spouses) were bothered by their obsessive behavior. Some patients stated that their parents were uncompromising about sexuality in their youth. They were punished severely for even minuscule sexual behavior.

Some other patients did not experience a healthy relationship with their parents when they were young. Their parents had highly influenced their attitudes toward sexuality. When one parent does not respond in kind toward physical affections, the individual may face difficulty in establishing close relationship with opposite sex and may get low enjoyment from sexual activities when they grow up.

Parents can harm their children's ability in establishing close relationship with opposite sex and may get low enjoyment from sexual activities in following ways: Punishment. Rejectio. Ruthlessness. Aloofness. Seduction. Abuse.

One study reported existence of fatherly dominance in a patient who had reported to clinic for secondary impotence. This finding was contrary to findings of earlier studies. The patient experienced high levels of fear in any performance including sexual. His mention of his father during visit was a mixture of praise and condemnation (Michaelson, 1987).

Parental dominance which does not meet any resistance may harm sexuality in a susceptible young male (susceptible to impotence), notwithstanding how it is formed. In the case of maternal dominance, the role of father becomes so overshadowed and insignificant that an adult positive male image, strong enough to influence a susceptible and venerable young male, may not form. (Michaelson, 1987).

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Հոգեծին իմպոտենցիայով տառապող և առողջ տղամարդկանց անձնային առանձնահատկությունների համեմատական ուսումնասիրությունը՝ Քեթելի 16-գործոնային անձնային տեստի օգտագործմամբ

Այս հետազոտությունը անցկացվել է իմպոտենտ տղամարդկանց անհատականության գծերը ուսումնասիրելու նպատակով՝ հաշվի առնելով սեքսի և առողջ սեռական հարաբերությունների կարեւոր դերը հաջող ամուսնության համար: Կիրառված մեթոդաբանությունը պատճառական-համեմատական էր: Ուսումնասիրության մասնակիցների (80 հիվանդ եւ ստուգիչ խմբի 80անձ) անձնային առանձնահատկությունները գնահատվել են Քեթելի 16-գործոնային հարցաշարի օգնությամբ: Ստացված տվյալները վերլուծվել են անկախ խմբերի t-test-ի օգնությամբ՝SPSS ծրագրի կիրառմամբ: Արդյունքները ցույց տվեցին, որ հետազոտված խմբերի միջև նշանակալի տարբերություններ կան ըստ տեստի B, C, O, G, Q4 գործոնների: B գործոնի համար միջին տարբերությունը կազմեց -8,28, C գործոնի համար՝-4,87, G գործոնի՝-3,535, O գործոնի՝-3,53 եւ Q4 գործոնի համար՝-4.14 ($p<0.05$): 95% ճշգրտությամբ կարելի է եզրակացնել, որ այդ տարբերությունները ի հայտ չեն եկել ընտրանքի սխալների պատճառով և, որ հոգեծին իմպոտենցիայով տառապող հիվանդ տղամարդկանց մոտ դիտվում է աֆֆեկտիվության բարձր մակարդակ, ուժեղ սուպերէգո, թույլ էգո, և բարձր մակարդակի անհանգստություն՝ ստուգիչ խմբի հետ համեմատած: