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ANALYSIS OF MOTIVATIVE COMPONENTS OF SEXUAL BEHAVIOR IN MAN WITH CHRONIC PROSTATITIS

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Abstract

The objective: to analyze the motivational component of sexual behavior in chronic prostatitis (CP) men. 109 CP patients were examined. The clinical picture of CP in all persons under examination was accompanied by impaired sexual function, in 70 (64.2%) patients it was presented with variations of erectile dysfunction (ED), in 39 (35.8%) – with combined lesions of erectile and ejaculatory function. Preliminary sexual examination allowed to establish that all of the examined had disorders of the rate of psychosexual development, and patients with ED were diagnosed with simple forms of asynchrony, which were formed due to the isolated action of one somatogenically conditioned factor, and in patients with sexual intercourse the emergence of which was facilitated by the combined action of several pathogenic factors. ED and simple forms of asynchrony of psychosexual development persons formed study group 1 (group 1), and patients with combined sexual dysfunction and combined forms of asynchrony formed group 2 (group 2). Motivational models of sexual behavior inherent in CP men was identified.

Persons with pattern-regulated, homeostabilizing and passive-submissive types of sexual motivation, the leading motive for sexual activity for which was the duty fulfillment, were attributed to the template-stereotype model (37.1% of group 1 and 30.8% of group 2, $p > 0.05$). Men with a promotional model had pattern-regulated and passive-submissive sexual

motivation, and the realization of reproductive function as a leading motive for sexual life (18.6% of group 1 and 30.8% of group 2, $p < 0.05$). The compensatory model of sexual behavior united individuals with aggressive selfishness, genital and passive-submissive types of sexual motivation with a leading motive for using sexual relations as a means of self-affirmation (14.3% of group 1 and 17.9% of group 2, $p > 0.05$). Recreational models were matched by a mutually altruistic communicative-hedonic sexual motivation with the desire to reach orgasm and to enjoy the partner as a motive for sexual activity (12.9% of group 1 and 12.8% of group 2, $p > 0.05$). The communication motivational model was characterized by sexual motivation and communication as a motive for sexual intercourse (12.9% of group 1 and 5.1% of group 2, $p < 0.05$). The least represented was the relaxation model of sexual behavior, which united individuals with a homeostabilizing type of sexual motivation and motive for sexual intercourse as a means of relaxation (4.3% of group 1 and 2.6% of group 2, $p > 0.05$). The data obtained need to be taken into account when constructing a scheme of complex treatment of patients with CP.

Key words: chronic prostatitis; type of sexual motivation; motive for sexual intercourse; motivational model of sexual behavior.

Prostatitis - inflammation of the prostate gland - is one of the most common urological diseases in men. According to the data of American Association of Urologists this disease is reported in 8% of men who went to urologist for help. About 30% of men aged 20 - 50 y. o. suffer from chronic prostatitis (CP) [1]. The development of CP is facilitated by dysrhythmia of sexual life, hypothermia, trauma, decreased immune protection of the body, impaired blood and lymphatic circulation in the pelvic organs, hormonal disorders (absolute or relative androgen insufficiency), sexually transmitted infections. In young and adulthood, this disease is often combined with urethritis, vesiculitis, and in aged persons with benign prostatic hyperplasia.

It is known that sexual behavior in urological diseases largely depends on the nature of sexual development in childhood and adolescence [2, 3]. The study and analysis of sexual behavior in patients with CP should be conducted taking into account the study of motivational aspects, since the motivation of marital relations is based on the need for selective interpersonal communication. Motive is known to be an active component of mental activity. Every human action has not only an objective meaning, but also a subjective personal meaning, which reflects the attitude of the motive of the action to its purpose [4]. Sexual behavior changes radically, depending on its content, on what needs it satisfies. Ideas about

sexual motivation, created on the basis of general psychological provisions, indicate its complexity [4, 5]. This is undoubtedly the case of the persons with psychosexual developmental disorders in chronic prostatitis.

Motive as a component of motivation arises at the level of personality and provides personal justification for the decision to act in a certain direction to achieve certain goals [3, 6].

Motives for sexual intercourse can be: discharge of sexual tension, procreation, sensual pleasure (recreation), providing sensual pleasure to the partner, desire to test one's sexual abilities, satisfaction of sexual curiosity, sexual assertion, communication, achievement of sexual goals, support of certain ritual, habits, compensation [4].

The objective: to analyze the motivational component of sexual behavior in men with chronic prostatitis.

109 men with CP were monitored. The age of the surveyed was 25 - 40 y. o., all were married. The clinical picture of CP in all persons under examination was accompanied by impaired sexual function, in 70 (64.2%) persons it was presented with variations of erectile dysfunction (ED), in the other 39 (35.8%) patients - with combined lesions of erectile and ejaculatory function. Preliminary sexual examination allowed to establish that all the persons under examination had disorders of psychosexual development rate, and ED patients were diagnosed with simple forms of asynchrony, formed due to the isolated action of one somatogenically conditioned factor, and in patients with combined disorders of sexual functions combined asynchronies were diagnosed occurred due the action of several pathogenic factors [7]. Therefore, ED men with simple forms of psychosexual development asynchrony formed study group 1 (group 1), and patients with combined sexual dysfunction and combined forms of asynchrony formed study group 2 (group 2). Under the examination, in addition to clinical analysis of sexual and mental health and personal characteristics of patients, clinical and psychodiagnostic studies were conducted. To study sexual behavior motivations, practically all approaches used in modern sexology and psychology for the study of human motivation and motives, i. e. experiment, observation, conversation, questioning, analysis of activity results [3, 5] were used. The results obtained were subjected to mathematical and statistical processing.

Results. As a result of a comprehensive examination of the persons under survey, different types of sexual and sexual motives were identified (Table 1).

Table 1

Distribution of types of sexual motivation types in the men under examination

Type of sexual motivation	Group 1, n = 70		Group 2, n = 39		P
	abs.	%	Abs.	%	
Aggressive selfish	2	2,9	1	2,6	>0,05
Homeostabilizing	11	15,7	3	7,7	<0,05
Game	8	11,4	2	5,1	<0,05
Genital	3	4,3	1	2,6	>0,05
Template – regulated	23	32,9	14	35,9	>0,05
Passive-submissive	13	18,6	13	33,3	<0,05
Mutually altruistic communicative-hedonic	10	14,3	5	12,8	>0,05

As can be seen from Table 1, both in simple and combined forms of asynchronous psychosexual development, aggressive and genital types of sexual motivation were rare. Among persons with simple asynchrony, the vast majority had pattern-regulated (32.9%), passive-submissive (18.6%), homeostabilizing (15.7%), mutually altruistic communicative-hedonic (14.3%) and gaming (11.4%) types of sexual motivation. The share of persons with combined asynchrony had pattern-regulated (35.9%) and passive-submissive (33.3%) motivation types, and among others mutually altruistic communicative-hedonic (12.8%) and homeostabilizing (7.7%) types of motivation were met.

It is widely recognized that sexual activity can be realized on several grounds. Analyzing the data obtained (Table 2), we have concluded that the leading motive that induces sexual activity in simple and combined forms of delayed psychosexual development in patients with CP is the fulfillment of marital obligations, childbirth and sexual assertion. There was also a desire to orgasm and enjoy the wife, in principle, characteristic of persons with normal sexuality. Thus, in men with ED, due to simple asynchrony, the predominance of sexual intercourse was predominant (37.1%); relatively common were motives such as procreation (18.6%), sexual assertion (14.3%), recreational tendencies and desire to please a partner (12.9%), and use of sex as a means of communication (12.9%). For the persons with combined sexual dysfunction due to combined asynchronous psychosexual development, the most characteristic were the motives of duty (30.8%) and procreation (30.8%), as well as sexual assertion (17.9%) and recreation (12.9 %).

Table 2

Motives of sexual activity in the men under examination

Sexual Motives	Group 1, n = 70		Group 2, n = 39		p
	abc.	%	abc.	%	
Desire to reach orgasm and enjoy one's partner	9	12,9	5	12,8	>0,05
Performance of duty	26	37,1	12	30,8	>0,05
Procreation	13	18,6	12	30,8	<0,05
Communication tool	9	12,9	2	5,1	<0,05
Sexual assertion	10	14,3	7	17,9	>0,05
Relaxation agent	3	4,3	1	2,6	>0,05

On the basis of the analysis of sexual behaviour motivational aspects in CP persons, we have identified their motivational models. Each of the motivational schemes is relatively autonomous and determines the sequence of psychosexual reactions typical for the persons under examination (Table 3).

Table 3

Motivational models of sexual behavior in CP men, %

Motivational Model	Sexual Motivation Type	Sexual Act Motive	Group 1, n = 70	Group 2, n = 39	p
Template stereotype	Homeostabilizing	Fulfillment of obligation	37,1	30,8	>0,05
	Passive-submissive				
	Template-regulated				
Procreation	Template-regulated	Procreation	18,6	30,8	<0,05
	Passive-submissive				
Compensatory	Aggressive Selfish	Sexual Assertion	14,3	17,9	>0,05
	Genital				
	Passive-submissive				
Recreational	Mutually Altruistic Communicative-Hedonic	Desire Estate to Orgasm and Enjoy one's Partner	12,9	12,8	>0,05
Communication	Game	Communication Tool	12,9	5,1	<0,05
Relaxation	Homeostabilizing	Means of Relaxation	4,3	2,6	>0,05

Persons with pattern-regulated, homeostabilizing and passive-submissive types of sexual motivation were attributed to the template-stereotype model. The leading motive of their sexual activity was the duty fulfillment (37.1% of group 1 and 30.8% of group 2, $p > 0.05$). Promotional model men had pattern-regulated and passive-submissive sexual

motivation, and the realization of reproductive function as sexual life leading motive (18.6% of group 1 and 30.8% of group 2, $p < 0.05$). The compensatory model of sexual behavior united individuals with aggressive, selfish, genital and passive-submissive sexual motivation with a leading motive of using sexual relations as a means of self-affirmation (14.3% of group 1 and 17.9% of group 2, $p > 0.05$). Recreational models were matched by a mutually altruistic communicative-hedonic sexual motivation with the desire to reach orgasm and to enjoy the partner as a motive for sexual activity (12.9% of group 1 and 12.8% of group 2, $p > 0.05$). The communication motivational model was characterized by game sexual motivation and communication as a motive for sexual relations (12.9% of group 1 and 5.1% of group 2, $p < 0.05$). The least represented was the relaxation model of sexual behavior combining individuals with a homeostabilizing type of sexual motivation and motive for sexual intercourse as a means of relaxation (4.3% of group 1 and 2.6% of group 2, $p > 0.05$).

Summarizing the results obtained, it can be argued that among CP men, the persons with pattern-stereotypical, procreational and compensatory motivational models of sexual behavior prevail. Other motivational schemes, including those aimed at realizing the recreational dominance of sexual activity, are underrepresented at the expense of, first, the asynchronies of psychosexual development and the existence of isolated or combined impairment of sexual function.

The data obtained need to be taken into account when constructing a comprehensive treatment regimen for CP patients.

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