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# SEXUAL DYSFUNCTION AND PSYCHOLOGICAL DISTRESS; THE MODERATING ROLE OF PURPOSE IN LIFE AMONG COUPLES IN NASARAWA STATE, NORTH CENTRAL, NIGERIA

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## ABSTRACT

*Sexual desire dysfunction is one of the major public concerns in marriages and romantic relationships globally. Good sexual life is important among couples as it serves many purposes in marriage. This disorder has resulted to psychological distress such as depression and anxiety in many marriages. Understanding the effect sexual dysfunction on psychological distress is important for treatment plan in order to improve human existence. This study investigates the moderation role of purpose in life in the relationship between sexual desire dysfunction and psychological distress among couples in Nasarawa State, Nigeria. The study involved 400 (200 males and 200 females) married men and women participants, aged 18-70 years with a mean age of 1.9599 and standard deviation of 0.62879, who were selected through multi-stage sampling technique. Sexual dysfunction, general health questionnaire and purpose in life scale were used for data collection. The study employed the cross-sectional survey design, and two hypotheses were tested using Hayes PROCESS macro. The result revealed a positive relationship between sexual dysfunction and psychological distress, and purpose in life significantly moderated the relationship between sexual dysfunction and psychological distress among couples. Based on the findings, sexual dysfunction is a predictor of psychological distress, and the purpose in life can also reduce the effect of sexual dysfunction and psychological distress.*

**Keywords:** *Sexual Dysfunction, Purpose in Life, Psychological Distress, Hayes Process Macro.*

## INTRODUCTION

Many couples are in disunity and some have broken-up as a result of the inability to performed sexual aspect of family responsibility. Some of the partners have infected their spouses due to extra-marital affairs, resulting to early grave. Some of the victims of this disorder are passing through other psychological problems that have resulted to psychological distress. Psychological distress is a disorder that involves a person's internal life that is commonly held to be troubling, confusing or abnormal. Psychological distress can result to a change of behaviour, influence emotions in a negative way, and affect one's relationships with the people around, and can be consistently linked to a range of adverse physical health outcomes, including accelerated aging, cognitive decline, and mortality(Russ et al., 2012; Miller & Sadeh, 2014; Cohen et al., 2015; Roberts et al., 2015, 2017). People can be psychologically distressed and exhibit symptoms of unpleasant feelings and emotions that impact various aspects of their lives. Psychological distress sometimes is viewed based on diagnoses and measures, that are highly comorbid, share similar symptoms, with same underlying pathways of dysregulation.( McMahan, 2014).

Psychological distress is a negative mental state that includes anxiety and depression that can possibly impact the quality of life of both the adults and their families. Psychological distress sometimes can come from daily life issues. However, the major types of mental distress described can be caused by other important factors such as chemical imbalances in the brain, which can lead to irrational decisions and emotional pain. Psychological distress is an unpleasant emotions or feelings a person experiences when overwhelmed, which can lead to dysfunctional life (Viertiö, Kiviruusu, Piirtola, . *et al.* 2021). This form of psychological discomfort can result in several negative symptoms such as sadness, distraction, and anxiety. Victims of psychological distress may likely to experience adverse health conditions due to the high levels of stress. People with high levels of psychological distress are more likely to develop cardiovascular diseases, strokes, or suicidal thoughts (McMahon, 2014). People that have experienced high levels of psychological distress are more likely to develop cardiovascular diseases, strokes, or suicidal thoughts (McMahon, 2014)

Psychological distress can be stimulated by environmental stressors, personal life challenges, or trauma. When an individual experience unpleasant feeling, it can greatly impact their overall functioning (Tetik, & Alkar, 2024). While every person reacts to stress in distinct ways, psychological distress can manifest as extreme fatigue, sadness, avoidance behaviors, fear, and anxiety. A person experiencing psychological distress may seem distant and unlike themselves, often avoiding social situations. Psychological distress can greatly impact and interfere with a person's work performance, whereby the individual may find it harder to stay on task or have trouble coming in for work. When students experience this, they may find themselves unable to complete their work or attend classes. While most people experience stress from time to time, psychological distress can have a more profound effect on an individual. Psychological distress can range from mild emotional stress to serious psychological distress that may be a precursor to a mental illness. Still, experiencing psychological distress does not always indicate the presence of a mental health disorder (Suvisaari, Aalto-Setälä, Tuulio-Henriksson, Härkänen, Saarni & Perälä, 2009). Psychological distress may be influenced by the subjective experience of burden (sexual dysfunction).

Sexual dysfunction is one of the major challenges among the human race that is strictly discuss. Sexual behaviour is a major focus of both private and public discussion (Joan. 2007). Sexual feelings seem to be a crucial part of human development and daily functioning. Sexual activity is tied to the satisfaction of human's basic needs, and sexual performance is linked to self-esteem and feelings of inferiority (McMahon, 2014). Healthy sexual functioning is an important component of personal well-being (McCabe, Sharlip, Atalla, Balon, Fisher, Laumann, Lee & Seagraves, 2010). Definitions. It has the ability to produce a mutual and joint pleasure in couples and even to help them cope more efficiently with the stresses and problems of daily life (McMahon, 2014). An important factor in a happy and successful marriage is having a pleasurable sex life, while a non-pleasurable sex life can lead to frustration and feelings of insecurity in couples. Dysfunctional sexual relationships may occur for different reasons, but problems with sexual desire are among the main factors that lead to difficulty in sexual functioning. According to statistics, sexual desire problems, especially low sexual desire, is the most common sexual complaint among women (Ayotte, 2010). This is a complicated and interesting phenomenon which has puzzled scholars for many years.

Sexual health according to Beck (2014) is a state of physical, emotional, mental, and social well-being in relation to sexuality. It is a significant predictor of physical and emotional health and overall quality of life. Sexuality seems to be instinctive in human beings and sexual function may be an important factor in determining health and wellbeing. The prevalence of sexual dysfunction is high and it may lead to psychological problems (Basson, 2001). These problems of sexual dysfunction may be moderated by one's level of purpose for lie.

While much effort has focused on identifying risk factors of disease, researchers are increasingly seeking potentially modifiable health assets that uniquely enhance a person's ability to foster healthy behaviours and physical health (Suzman, Beard, Boerma & Chatterji, 2015). A sense of purpose in life is one contributing factors that is viewed as a central component of well-being and refers to the extent that people see their lives as having meaning, a sense of direction, and goals (Ryff, 2014). Purpose in life as a factor is seen as a vital component of psychological wellbeing and is the extent to which people see their lives as having meaning, a sense of direction, and goals (Weston, Lewis & Hill, 2021). Purpose in life occur as a result of social structural factors and changing life circumstances, with ongoing experiences exploring what the determinants of purpose are and whether it can be improved upon (Reeves, Henderson, Cohen, Steingut, Hirschi & Yeager, 2021). It has been observed that having a higher sense of purpose is associated with better: health behaviors such as; increased physical activity, increased preventive healthcare use, healthier sleep, reduced drug misuse, reduced allostatic load, reduced inflammation, lower risk of cardiovascular disease and cognitive impairment and mortality (Cohen, Bavishi & Rozanski, 2016).

### **Statement of the Problem**

Psychological wellbeing is important in the life of couples as they journey towards family wellbeing. Due to struggling nature face by adults in Nigerian as a result of inflation, couples' psychological wellbeing need to be intact in order for proper thinking to proffer solution to future problems. Psychological distress is one of the problem that when not treated could lead to other societal problems. Psychological distress could lead to dysfunctional life of individual which is one of the problems faced by many couples in Nasarawa State today. Many adults have committed suicide and others attempted it as a result of distress faced in their daily lives, making them psychologically derail and dysfunctional as a result of their psychological health. Psychologically distressed individual lacks the ability to control personal and other people's life which can influence the societal wellbeing and national interest. Many researches have been conducted on the causes and danger of psychological distress and indicating sexual dysfunction as a predictor in other states, but none is conducted among couples in Nasarawa State where purpose in life serves as a moderator; making the researchers to undertake sexual dysfunction and psychological distress; the moderating role of purpose in life among couples in Nasarawa State.

### **Aim and Objective(s) of the study**

The main aim of the study is to sexual dysfunction and psychological distress; the moderating role of purpose in life among couples in Nasarawa State, North Central Nigeria. The objectives of the study are to

- i. Explore the relationship between sexual dysfunction and psychological distress among couples in Nasarawa State, North Central Nigeria.
- ii. Investigate the moderating role of purpose in life on the relationship psychological distress; the moderating role of purpose in life among couples in Nasarawa State, North Central Nigeria.

### **Hypotheses**

The following hypotheses were generated to confirm the study

- i. Sexual dysfunction will significantly predict psychological distress among couples in Nasarawa State, North Central Nigeria.

- ii. Purpose in life will significantly moderate the relationship sexual dysfunction and psychological distress; the moderating among couples in Nasarawa State, North Central Nigeria.

### **Significance of the Study**

In order to improve family wellbeing which is one of the responsibilities of the couples in every marriage, investigating into the ways to reduce psychological distress among couples is important. This study will add to empirical literature on psychological distress and the predicting variables as well as the solution variable. This study will be important in literature and physical importance. The study will aid couples in terms of trying to understand the feelings of the partner and to fit in their own feeling when there is a problem face by the o other partner. The study will also help couples in Nasarawa State and the nation at large on how to treat and manage issues resulting to psychological distress, resulting to couples wellbeing, family wellbeing and societal wellbeing.

### **THEORETICAL REVIEW**

#### **Cognitive Model**

Cognitive Behavioural Therapy (CBT) stands at the forefront of evidence-based treatments for various emotional disorders, offering individuals a roadmap to understand and overcome their psychological challenges. At the heart of CBT lies the cognitive model, a framework that illuminates the intricate interplay between thoughts, emotions, and behaviours. Cognitive model developed by Beck (1967) and expanded upon by numerous scholars, offers a comprehensive explanation of how humans' thoughts shape their emotional experiences and behavioural responses. Beck's cognitive model has been developed through theoretical and clinical research and its basis is the onset of maladaptive thoughts and beliefs which include dysfunctional attitudes, cognitive errors, negative automatic thoughts, and the cognitive triad (Beck, 1967, 1976; Beck & Freeman, 1990; Beck et al., 1979; Beck & Weishaar, 2005; Pretzer & Beck, 2005). Dysfunctional attitudes are organizational structures that endure and that lead how the individual processes information in different situations. An example of a dysfunctional attitude is that "If I am wrong about this other will be disappointed in me". When a distressing situation activates dysfunctional attitudes, these attitudes pave the way for cognitive errors that lead the individual to develop thoughts and percepts that may be inordinately intense, negative and not realistic (Kreitler, & Kreitler, 1990). Central to the cognitive model are several key principles. According to the cognitive triad model, individuals with emotional disorders, such as depression and anxiety, exhibit negative biases in three core domains: the self, the world, and the future. These negative beliefs manifest as distorted thoughts and interpretations of oneself, others, and the future, contributing to emotional distress. According this model, psychological distress can emanate as a result of negative thinking about sexual disorders or inability to satisfying one's woman, or how they think people will perceive them based on the dysfunction (Cyranowski, Aarestad & Andersen, 1999). The cognitive triad then is affected by the cognitive errors, which in turn affects the onset of negative automatic thoughts that lead to depressive symptoms. In this sense, dysfunctional attitudes have a direct effect on cognitive errors but not on the cognitive triad, the negative automatic thoughts or the symptoms of distress (Possel, 2017).

The second key component is automatic thoughts that are rapid, reflexive cognitions that arise spontaneously in response to situations or triggers such as the sexual response anxiety. These thoughts are often influenced by underlying cognitive schemas or beliefs of how people may view them and can perpetuate or exacerbate emotional symptoms. Automatic thoughts are central targets for intervention in cognitive behavioural therapy, as they provide a direct pathway to modifying maladaptive cognitive patterns. Autonomic thought can actually be moderate in the presence of individual psychological hardness (Pascoal, Raposo & Roberto, 2020). The

individual biological coping mechanism can help remove such thought which can as well reduce the response to the disorder (Tavares,, Moura, & Nobre, 2020).

Cognitive distortions the third component, also known as thinking errors or irrational beliefs, are systematic errors in thinking that lead to biased perceptions of reality (McCabe, 1991). Common cognitive distortions include all-or-nothing thinking, catastrophizing, overgeneralization, and personalization. These distortions amplify negative emotions and contribute to the maintenance of emotional disorders (Nelis, Quintard, Constant & Moullec, 2017). The belief that sexual disorder is as a result of ones believe that he/has failed in the marriage can trigger emotional disorder (Beck Institute, 2021).

According to this theory, psychological distress can be improved through cognitive restructuring: Cognitive restructuring involves identifying and challenging maladaptive thoughts and beliefs about sexual disorder, replacing them with more balanced and realistic alternatives. Techniques such as psychological hardness used to facilitate cognitive restructuring and promote cognitive flexibility (Steger, 2012)..

Behavioural activation aims to increase engagement in rewarding and meaningful activities to alleviate depressive symptoms. By scheduling pleasurable activities and gradually increasing activity levels, individuals disrupt negative reinforcement cycles and enhance positive reinforcement, leading to improved mood and motivation. That is, instead of thinking of negative view of how people will perceive them, they may replace it with engaging in other exercises to improve one's sexual urge (Park, 2010)..

In summary, the cognitive model of psychological distress serves as a guiding framework in cognitive behavioural therapy (CBT), offering a nuanced understanding of the complex interplay between thoughts, emotions, and behaviours. By targeting maladaptive cognitive patterns through cognitive restructuring, behavioural activation, and exposure-based techniques, cognitive therapy empowers individuals to break free from the grip of emotional distress and reclaim agency over their lives. Through collaborative exploration and targeted intervention, CBT continues to offer hope and healing to individuals grappling with a myriad of emotional challenges, paving the way for lasting transformation and well-being.

## **Empirical Review**

### **Sexual Dysfunction and Psychological Distress**

Guerreiro et al. (2024) investigated the roles of worry, rumination, and emotional dysregulation in sexual distress and pleasure. Their findings revealed that repetitive negative thinking and poor emotional regulation significantly predicted sexual distress, supporting the notion that cognitive vulnerabilities interact with stress-related emotional processes to impair sexual wellbeing. The study emphasized that individuals with heightened psychological vulnerability may experience greater sexual dysfunction and emotional suffering when exposed to stressors affecting intimate relationships or self-perception.

Similarly, Martins et al. (2024) explored the interplay between worry, relationship satisfaction, and sexual distress among heterosexual couples using the Actor–Partner Interdependence Model (APIM). The findings indicated that chronic worry and relationship dissatisfaction significantly predicted sexual distress within couples. The results supported the diathesis–stress perspective by showing how individual vulnerabilities such as anxiety-related cognitions interact with relational stressors to influence sexual functioning and psychological wellbeing. The study concluded that both intrapersonal and interpersonal stress processes contribute to the development and maintenance of sexual dysfunction

Kolbuszewska et al. (2024) analyzed associations between depression, anxiety, somatization, sexual functioning, and sexual distress in women. Their findings demonstrated that

psychological symptoms, particularly depressive affect and anxiety, were strongly interconnected with sexual desire problems and sexual distress. The authors identified bridge symptoms linking emotional distress and sexual dysfunction, suggesting that psychological vulnerability may intensify sexual problems under stressful conditions. These findings align with the diathesis–stress framework by illustrating how emotional disorders and sexual dysfunction mutually reinforce one another.

Thorpe et al. (2024) investigated minority stressors and psychological correlates of sexual distress among Black queer and heterosexual women. The study found that discrimination, internalized stigma, and psychosocial stress significantly predicted sexual distress and impaired sexual wellbeing. The findings support contemporary extensions of the diathesis–stress model, which recognize that social marginalization and chronic stress exposure may interact with pre-existing vulnerabilities to increase susceptibility to sexual dysfunction and psychological distress

Tetik and Alkar (2024), using structural equation modeling among Turkish women, reported that couple burnout, relational dissatisfaction, and emotional disconnection were significantly associated with low sexual desire and sexual distress. Their findings suggest that interpersonal stressors may activate underlying emotional and cognitive vulnerabilities, thereby increasing the likelihood of dysfunction and emotional suffering

## **METHODOLOGY**

This research work was carried out using secondary sources of data where questionnaires were distributed in order to obtain people's opinion. The choice of the intended sampling technique to be used in selecting the participants is based on the fact that couples in Nassarawa State have issues of psychological distress. Resolving these disorders requires investigating the root cause and factors that can equally reduce it.

### **Design**

This study employed an ex-post facto design. This design was used because variables were not manipulated but instead questionnaires were used to collect data on psychological distress, sexual dysfunction and purpose in life. This is an ex post facto research design because the independent variables (sexual dysfunction) that already exist will be compared with the dependent variable (psychological distress). This type of design is also known as "after the fact" research. Ex post facto study or after-the-fact research is a category of research design in which the investigation starts after the fact has occurred without interference from the researcher. The research approach is quantitative in nature since data were obtain from the participants.

This research was in three phases, namely the conceptual, narrative, and empirical research phases. At the conceptual stage, the research question was primarily about the participants' experiences, and for which, hypotheses were formulated. An appraisal of the scholarly literature was done to broaden knowledge of the content and concepts. It will be critical to undertake bracketing to eliminate any preconceived ideas concerning the matter under investigation. The narrative phase entailed planning and organising the research design. The empirical research phase covered data collection, analysis and ultimately interpretation. The gathering of data includes quantitative information, which was collected during the administration of the questionnaires.

### **Participants**

The population for the study were strictly couples age range of 18-70 living in Nasarawa State. The study employed 400 equal married men and women' participants selected through stratify, simple and purposive sampling techniques. The males are 200 (50.7%), females 200 (50%).

SSCE 103 (25.8%), OND/NCE 116 (29%) and HND, B.Sc, B. Ed, B A 122 (30.5%), M. Sc, M.Ed, M.A 58 (14.5%), 20 (5.1%). The process of selection was done through stratified, simple, convenience and purposeful sampling techniques.

### **Setting**

Nasarawa State is located in the North Central region of Nigeria, specifically within the tropical Guinean forest–savanna mosaic ecoregion. The state is characterized by a blend of hills, undulating plains, and lowlands. It is bounded by Kaduna State to the north, the FCT (Abuja) to the west, Benue and Kogi States to the south, and Taraba and Plateau States to the east. Out of the the 36 states of Nigeria, Nasarawa is the fifteenth largest in area and second least populous with an estimated population of about 2.5 million as of 2016.

### **Sampling**

Stratified, simple random, convenience, and purposive sampling methods were used for the study. Simple random sampling was used because some of the participants were randomly selected from their homes Stratify sampling involved dividing the entire state into strata since all the whole state could not be used in the research. Convenience sampling technique was used because it is only the participant available at the time of administration of the questionnaire that were used.

### **Instruments**

Three set of instruments will be used for the study; (1) sexual dysfunction scale (2) general health questionnaire (3) purpose in life scale

The sexual dysfunction questionnaire developed by Infrasca (2011), showed good validity (degree of accuracy with which a test measures what it is designed to measure). Cronbach alpha values of 0.85 indicated excellent internal consistency reliability. Additional analyses (sensitivity, specificity, logistic regression analyses, c2 analyses, and Kendall's tau-b) indicated that the scores on the SDQ are highly indicative of the presence (or absence) of sexual dysfunction in clinical and non-clinical samples. In the current study, the Sexual Dysfunction Scale has a Cronbach's alpha of 0.80 and total variance of 64.738 indicating that the test items are highly reliable and validly are reliable and valid measuring 65% variable of interest. Sexual Dysfunction Questionnaire is a 19-sub scale that measures sexual dysfunction. The sexual dysfunction scale by Infrasca (2011) is standardized. The five-point response scale of the questionnaire was scored in two ways. It has direct and reverse scoring system start from always=1, often=2, sometime=3, rarely=4, never=5. The direct items are 1, 2,3,4,5,6,8,14,15,16,17,19. The reverse items are 7, 9, 10, 11, 12, 13, 18, which was scored always=5, often=4, sometime=3, rarely=2, never=1.

The General Health Questionnaire (GHQ-12) scale developed by Goldberg and Williams (1988) with cronbach alpha: 0.78 with difference between men (.76 standardized alpha: 0,78) women (.75 standardized alpha: 0.77). Was validated. Using a local sample by the researcher with the reliability coefficient of 0.62.the new reliability of the instrument is 0.69.

Purpose in life will be assessed at baseline using the 7-item purpose in life subscale of the Ryff Psychological Well-Being Scales, previously validated in a nationally representative sample of adults. On a 6-point Likert scale, respondents rated the degree to which they endorsed items such as, "I have a sense of direction and purpose in my life." The mean of all items was taken to create a scale with scores ranging from 1 to 6 where higher scores reflected a higher sense of purpose (Cronbach  $\alpha$  = 0.76). Following HRS protocol, if respondents completed 4 or more (of 7 items), a purpose score was derived.

### **Procedures**

The researchers trained some research assistants that helped in administering the instruments to the participants. The research only made use of participants within the state. The researchers and the research assistants visited the selected areas for the research in order to have physical contact with them Nasrawa North, South and East. The researchers undertook the research inform of population census. The questionnaires were given to the couple each. The process also involves going from ministries to ministries as well as organizations. The process also involves moving around searching for the participants in form of census since it involves special group of participants. Because of the secretive nature of the disorder (sexual dysfunction) the research will be done in secret and confidential ways.

### Method of Data Analysis

The statistical methods for this study were descriptive statistic, simple linear regressions and moderation analysis using PROCESS macro. These methods were adopted because it is quantitative and study with the aim of making prediction or examine the strength and direction of the relationship and how purpose in life will mediate the relationship between sexual dysfunction and psychological distresses. These methods will also control the entire extraneous variable that may cause a change in the psychological distress apart from sexual dysfunction.

## RESULTS

### Hypotheses Testing

#### Hypotheses 1

The first hypothesis was tested using PROCESS Macro Analysis, which also involves simple linear regression and the results are tabulated and interpreted as shown below.

**Table 1: PROCESS Macro Regression Analysis showing the relationship between Sexual Desire Disorder and Psychological distress among couples in Nasarawa State, Nigeria**

Variables	<i>R</i>	<i>R</i> <sup>2</sup>	<i>F</i>	<i>β</i>	<i>T</i>	<i>Sig</i>
Psychological Distress	.386	.149	23.1031		7.2924	.000
Sexual Dysfunction				.386	2.1805	.000

#### Criterion variable: Psychological Distress

The results presented in Table 1 showed that there was a significant positive relationship between sexual dysfunction and psychological distress among couples ( $R = .386 = R^2 = .1496 = \beta = .386$ , ( $F(1.398) = 23.1031$ ,  $t = 2.1805$ ,  $p < .05$ ). The model explains 14.96% of variance in the dependent variable. This means that an increase in sexual dysfunction leads to an increase in psychological distress among couples. The hypothesis stated for the study is accepted.

**Table 2: Summary of PROCESS Macro analysis showing the moderating role of Purpose in Life in the relationship between Sexual Desire Dysfunction and Psychological Distress among Couples in Nasarawa State, Nigeria**

DV	Predictors	$\beta$	T	P	95%CL	
					LLCI	ULCI
Psychological Distress	Constant	15.87	7.2924	.000	11.5925	20.1502
	Sexual Dysfunction	0.990	2.1805	.0029	.0097	.1883
	Purpose in Life	-.4939	-1.7863	.0748	-1.0375	-.1883
	Moderation effect	.0131	2.299	.0220	.0019	.0243
	R					.3868
	R <sup>2</sup>					.149
	$\Delta R^2$					.0114
F					23.1031	
$\Delta F^2$					5.2889	

**Criterion Variable: Psychological Distress**

As shown in table 2, the model was significant ( $R = .386 = R^2 = .149$  ( $F(1:398) = 23.1031$ ,  $p < .05$ ) Purpose in Life significantly moderated the relationship between sexual desire dysfunction and psychological distress ( $\Delta R^2 = .114$ ,  $\Delta F^2(398) = 5.2889$ ,  $\beta = -.0131$ ,  $t = 2.299$ ,  $p < .001$ ). This means that the interactive effect of psychological hardness is likely to reduce the effect of sexual dysfunction on psychological distress from 14.9% to 1.1%. The result indicated that, in the presence of psychological hardness, sexual dysfunction only increase Purpose in Life by 1.1% instead of the initial 14.9%, means the moderation effect is significant.

**Table 3: Conditional effect of Sexual Dysfunction on Psychological Distress at values of Purpose in Life (moderator)**

Psychological Hardness	$\beta$	P	95%CL	
			LLCI	ULCI
Low	.1383	.0000	.0752	.1201
Average	.1646	.0000	.1136	.2155
High	.2432	.0000	.1765	.3019

**p ≤ .05**

The moderation was probed further by testing the conditional effect of emotional divorce at three levels of Purpose in Life, one at standard deviation below the mean (low), at mean (average) and at standard deviation above the average (high). As shown in table 3, sexual dysfunction was significantly related to psychological distress at all levels of Purpose in Life. When Purpose in Life was low ( $\beta = .1383$ ,  $p < .01$ ), average ( $\beta = .1646$ ,  $p < .01$ ) and high ( $\beta = .2432$ ,  $p < .01$ ). This means that one can efficiently fine Purpose in Life and still be sexually dysfunction, leading to psychological distress.

**DISCUSSION OF THE FINDINGS**

The hypotheses were discussed in line with the presented result above. Hypothesis one was tested to investigate if sexual desire dysfunction will predict psychological distress among couples in Nasarawa State, the finding revealed that sexual desire dysfunction is positively correlated and predicted psychological distress. From the result, an increase in sexual dysfunction among couples can equally lead to an increase in psychological distress.

This result of the study agreed with the work of Guerreiro et al. (2024) that investigated the roles of worry, rumination, and emotional dysregulation in sexual distress and pleasure. Their findings

revealed that repetitive negative thinking and poor emotional regulation significantly predicted sexual distress, supporting the notion that cognitive vulnerabilities interact with stress-related emotional processes to impair sexual wellbeing.

Similarly the current study is also in line with Martins et al. (2024), who explored the interplay between worry, relationship satisfaction, and sexual distress among heterosexual couples using the Actor–Partner Interdependence Model (APIM). The findings indicated that chronic worry and relationship dissatisfaction significantly predicted sexual distress within couples. The results supported the diathesis–stress perspective by showing how individual vulnerabilities such as anxiety-related cognitions interact with relational stressors to influence sexual functioning and psychological wellbeing. The study concluded that both intrapersonal and interpersonal stress processes contribute to the development and maintenance of sexual dysfunction

This study also supported Kolbuszewska et al. (2024) that analyzed associations between depression, anxiety, somatization, sexual functioning, and sexual distress in women. Their findings demonstrated that psychological symptoms, particularly depressive affect and anxiety, were strongly interconnected with sexual desire problems and sexual distress.

Hypothesis two was tested, and the result indicated that Purpose in Life moderated the relationship between sexual desire dysfunction and psychological distress. From the result, it revealed that Purpose in Life is an important variable that can reduce the effect of sexual desire dysfunction on psychological distress among couples..

### **Conclusions and Recommendations**

The study concluded that sexual desire dysfunction is a predictor of psychological distress among couples, Purpose in Life can reduce the effect of sexual dysfunction on psychological distress among couples.

The research has the following recommendations base on the findings of the study:

- i. Sexual desire dysfunction should be control and treated at the onset before it could affect marital life. Disclosing the problem of sexual desire dysfunction the other partner can also lead to combine problem solving among couples.
- ii. Couples should learn to find Purpose in Life in dealing with their sexual problems in order nt to lead to psychological distress.

### **Implication of the Study**

The study has both theoretical significance and practical significance among couples and the general public. The result of the research will be generalized and it will serve as an empirical study for other researchers trying to investigate the moderating role of Purpose in Life in the relationship between sexual desire dysfunction and psychological distress among couples in Nasarawa State, Nigeria. The study added to existing literature on psychological distress. The study also feels a gap in the literature yet to be covered by other researchers in the role of purpose for life moderating the relationship between sexual desire dysfunction and psychological distress among couples in Nasarawa State, Nigeria. The study will also help couples to improve their problems on sexuality to improve their psychological wellbeing. The study will also help the government on how to improve societal wellbeing through solving sexuality problems based on the findings of the research

### **Limitation of the Study**

The study has contributed immensely to knowledge; however, it is limited in some aspects: many other factors can as well cause psychological distress since sexual desire dysfunctions since contributed only 14% of sexual dysfunction among couples. The study used only couples including the ones that may not have other problems apart from sexual issues, which may affect the result.

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