



PREDICTORS OF POST-COITAL DYSPHORIA IN INDIAN YOUTH

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ABSTRACT **Background :** Post-Coital Dysphoria is a condition characterized by an array of inexplicable negative feelings such as - guilt, disgust, frustration and sadness that individuals might experience after engaging in satisfying sexual intercourse.

Aim: The aim of the present study was to get an in-depth understanding of post-coital dysphoria and its most common predictors amongst the Indian Youth.

Methods: For the purpose of the current study, telephonic interview was carried out with a total of 20 individuals (female=16, male = 4) between the age 18-26 years.

Main Outcome Measures: Interpretative phenomenological analysis (IPA) was utilized to analyze the predictors of post-coital dysphoria amongst the participants of the study.

Results : Of all participants in the current study (n=21), a total of 11 participants reported experiencing more than one negative emotion after sex for no apparent reason. The most common themes that emerged across the narrative of all participants were : Ambivalence, sexual abuse (childhood sexual abuse/adult sexual abuse) , self esteem, uncertainty surrounding relationship, unmet sexual expectations and stigma associated with engaging in pre-marital sexual intercourse.

Strengths & limitations : This is the first study ever to be conducted on an Indian population . It's qualitative nature allows a more in-depth understanding about its manifestation and the personal experiences of individuals who report experiencing its related symptoms. The nature of the sample and the unequal representation of men and women may limit the generalizability of the study.

KEYWORDS : post coital dysphoria, sadness after sex, sexual dysfunction, sexual abuse, sex education

INTRODUCTION

SEX EDUCATION IN INDIA

According to WHO, sexual health is a state of emotional, mental, physical and social well-being in relation to one's sexuality. Men and women are able to achieve sexual health and well-being on the basis of access to comprehensive , good quality information about sex and sexuality. (WHO,2006a). However, spreading awareness about this information, or receiving it, comes at the cost of extensive stigmatization in India. There is widespread stigma and taboo surrounding the public discussion of a sexual nature, which therefore acts as a barrier to the adequate delivery of effective sexual education to Indian adolescents (Ismail S. et al.,2015). The taboo concerning discussions on sex and sexuality in India can be traced back to 2002- As a notable increase was seen in sexual indulgence of teenagers, teenage pregnancies and cases of HIV AIDS in the west - UNESCO conducted a six country study on the cost-effectiveness of comprehensive sexuality education program, and an Indian sample was included. As a part of this project, this program was launched across four districts of Odisha in 2002. However, the project was met with great controversy, which delayed its emergence for three years- in 2005, it re-emerged as 'Adolescent Reproductive and Sexual Health (ARSH) education'. It wasn't long before stern India conservatives from all areas of the society - parents, teachers and politicians contended against it - using the argument that it was corrupting the youth , deeming it offensive to 'Indian Values' (Kar S.K.et al.2017; Ismail S et al,2015). The inclusion of sex education in school curriculum was met with resistance by Indian parents and political figures, under the pretext of difference in India's outlook towards pre-marital sexual relationships it was thereby deemed that what is applicable to the West need not be implemented in India(Kar S.K, 2017) Despite this, a number of surveys in metropolitan cities have recorded an early age of sexual activity: The average age of first coital experience in two surveys conducted in Mumbai was found to be between 13 and 14 years of age . The implications of these findings indicate that while children of these age groups are engaging in sexual intercourse, they have minimal or no knowledge of contraception and consent. (Lal S.S.,2000; Ramadugu S at al,2011)

A few states in India adopted CBSE's circular and accordingly inculcated ARSH project, with their own variations of what was deemed appropriate. In 2007, the government of India nationally initiated the 'Adolescent Education Program' (AEP) , in coordination with the National Council of Educational Research and Training (NCERT) , the Ministry of Human Resource Development (MHRD) and United Nations Population Fund (UNFPA). MHRD described this initiation as a step to empower young people with age appropriate,

accurate and culturally relevant information (AEP). However, it ceased to incorporate any discussion on the concept of 'consent' , while talking about abuse. Although, the awareness surrounding the dangers of HIV AIDS has made it permissible to talk about sex outside the realm of just law and medicine, the conversation remains limited to consequences of protected-unprotected sex - therefore leaving adolescent's inquisitiveness about sexual relationships unexplored. With Indian parents and teachers actively avoiding communication about sex across the country(Guilamo Ramos V,2012; Byers S ,2020; Singhal & Jain, 2017) adolescents and children turn to the easily accessible books, magazines , the internet and pornography to learn the principles of pleasure, consent and attraction (Ismail S,2015). In a research conducted by Goldsmith K. et. al (2017) , consumption of visual pornography was found to be associated with sexual insecurity and unrealistic sexual expectations among undergraduate students. These unrealistic sexual expectations further contribute as an underlying cause for sexual dysfunctions (Janssen ,2007 ; Pizzol. et al.,2016 ; Sutton. et al.,2015 ; Voon et al.,2014 ; Fisch H.M.The New Naked: The Ultimate sex education for Grown-Ups,2014 , Bronner G.et al.,2014) and dissatisfying sex. Examination of the sexual acts displayed in pornography indicates that intercourse lasts longer than average , men sustain their erections without ejaculation for longer and women are able to attain orgasm much more easily than what would constitute a real-world sexual experience (Mattebo et al.,2012 ; Paul,2005). It is very likely that individuals who report prolonged exposure to pornography are much more likely to experience increased sexual concerns that are related to the aforementioned portrayals of sexual performance.(Goldsmith K. et al.,2017).

SEXUAL ABUSE

In 2007, the Ministry of Women and Child Development (MWCD) conducted a survey to study the prevalence of four forms of child abuse in the Indian sub-context: physical, sexual, emotional and negligence. Findings of the study reported that 53% of boys and 47% of the girls between the ages of 5 and 12 had experienced sexual abuse, ranging from introduction to pornographic material to rape (Study on Child Abuse 2007, Govt. of India).

In India, 32,608 cases of child sexual abuse were reported in 2017 followed by 39,827 cases being reported in 2018 under the Protection of Children from Sexual Offences Act (NCRB,2018). While, this steep increase in the recorded number of sexual abuse cases against children is seen as a positive sign , indicating higher awareness , it is also regarded as a worrisome figure. The biggest hurdle in battling the high rates of child sexual abuse , is identification. One of the drawbacks

linked with the lack of sex education in India, is the inability of children and adolescents to draw distinction between consensual, coerced and forced sexual experiences. Child sexual abuse can thereby act as a vanguard for the need to spread sex education and awareness among school children. The World Health Organization (WHO) defines child sexual abuse as the involvement of a child in a sexual activity that he/she cannot fully comprehend, or consent to, or for which the child is not developmentally prepared or else it violates the laws or social taboos of the society. (WHO, Child sexual abuse, 2004). The trauma related to sexual abuse can result in arrested development, and an array of psychological and emotional disorders, that children and adolescents may never completely overcome. A common consequence of child sexual abuse includes mental health problems such as anxiety, depression, anger, unsafe or dysfunctional sexual behavior (Deb and Mukherjee 2009) or relational problems such as sexual health, intimacy etc.

A review by Pulverman S. et al., (2018) found women with histories of abuse to report higher rates of sexual dysfunction when compared to their non-abused peers. It was suggested that the link between childhood sexual abuse (CSA) and sexual health existed because of a lack of positive emotions associated with sexuality, rather than greater levels of negative emotions. (Pulverman S. et al., 2018). There is an abundance of research indicating a link between early childhood sexual abuse and later manifestation of negative sexual functioning - An Australian study conducted on men and women between the ages of 18 years and 59 years found a significant association between CSA and symptoms of sexual dysfunction, for both sexes (Najman JM. et al., 2005). A Jamaican Study conducted on 100 Jamaican adults reported a greater likelihood in the development of sexual dysfunctions, with particular difficulty in attaining orgasm, sexual drive and relationships, when linked with childhood sexual abuse. Factors such as age of abuse, gender and frequency were also found to influence specific domains of an individual's sexual functioning (Swaby, 2009).

Non-abused children are likely to crave touch and physical intimacy from their primary caregivers (Friedrich W, 2003) However, the same cannot be established for child or adult survivors of CSA. When associations to touch are damaged in one's childhood, the individual's ability to experience sexual pleasure is significantly impacted. This is so because the traumatic experiences associated with touch tend to become stored in the body as implicit memories and unpleasant sensations. (Bessel Van der Kolk, 2015).

In view of the growing awareness surrounding the incidence rates of Child sexual abuse, a bulk of research has investigated the possible effects of CSA on an individual's adult functioning. One of the sequelae of CSA is difficulty with interpersonal relationships.

David DiLilio & Patricia J. Long conducted a study which set out to explore the perceptions of couple functioning amongst 51 female survivors of child sexual abuse and draw a comparison with 91 non-abused women. Results suggested that significantly less relationship satisfaction, poorer levels of communication and lower levels of trust was reported by the women with a history of sexual abuse.

Although there are several theoretical models that have been proposed to explain the response of survivors to CSA, one of these models that best explains the impaired interpersonal relationships and trust issues commonly seen amongst survivors is Finkelhor and Browne's (1985) model of the four traumagenic dynamics - traumatic sexualization, betrayal, stigmatization and powerlessness. Betrayal particularly helps explain their lack of trust: According to this model, children feel betrayed when they are abused at the hands of a trusting adult, someone who they had expected would protect him/her. When these children transition into adulthood, their sense of betrayal resulting from CSA, results in poor judgment about whom they can trust or it leads to 'a desperate search for a redeeming relationship'. As a consequence of which, not only do the survivors of CSA show lack of trust and communication in their adult interpersonal relationships, they also are more likely to have series of short-term, intense relationships. (Finkelhor & Browne, 1985, p.535).

EMOTIONAL ABUSE

Abusive behavior does not always constitute of tangible violence. It is important to draw distinctions between physical abuse/violence/sexual abuse and emotional or psychological abuse. In her seminal

book- *The Emotionally Abusive Relationship* (2002), Beverly Engel has described emotional abuse as any nonphysical behavior or attitude that is designed to control, subdue, punish or isolate another person through the use of humiliation or fear. Emotional abuse which involves verbal assault, dominance and control amongst other negative behaviors, has been identified as a predictor of subsequent physical abuse and violence in relationships (Schumacher & Leonard, 2005).

Emotional abuse includes, but is not limited to verbal abuse, which involves the use of language and may include constant criticism, cursing, name calling and repeated insults (Bharat A, 2016).

Therefore, verbal and emotional abuse includes: insults, ridicule, humiliation, name calling (Protection of women from Domestic Violence Act, 2005).

Ananth Ram and colleagues conducted a study (2019) to estimate the prevalence of domestic violence and its emotional, physical and sexual components amongst women between the ages 15 and 49 years. Findings reported a prevalence of 54.2% emotional abuse. Another study conducted on 100 males and 100 females aged 15-55 years reported verbal abuse name calling, constant criticism, insult, reminder of past mistakes, violent threats with a frequency of 33.57% in males and 18.71% in females while the overall frequency of verbal abuse was 25.15%. The frequency of emotional abuse (humiliation, belittling, silent treatment, unhealthy jealousy and control) was 20.14% in females, 25.42% in males and overall frequency was reported as 29.25% (Bharat A, 2016).

There is a paucity of research on emotional and psychological abuse, let alone the consequences it harbors. This can be due to underreporting of such verbal assaults by married women, low awareness on what constitutes emotional abuse or lack of faith in the judicial system due to the verbal nature of the abuse. In some cases, men/women with a history of CSA are also likely to choose partners who are physically or sexually aggressive than are individuals without history of CSA (Banyard, Arnold & Smith, 2000) This is because of the survivors presumed difficulty in identifying safe partners. Psychological abuse in relationships can contribute to negative perceptions of the individual about themselves, by instilling self-doubt, self blame and feelings of worthlessness or depression. These are called internal beliefs (Barnett 2001) which can prevent the victim from leaving an abusive relationship. In other situations, abusers are likely to follow their disruptive actions with words of guilt and feelings of being distraught by their actions, promising redemption. They may also ruminate about being provoked into saying things. This results in distorted reactions - denial, blame, rationalization, minimization (Busch, 2004). Although partners employ minimization and rationalization to continue their relationships with the abuser, the consequences of the emotional and psychological abuse is reflective in the woman's sexual functioning.

A study by Karen Lutfeiy and colleagues (2007) set out to examine the association between abuse (physical, sexual, emotional) and female sexual dysfunctions by observing women between the ages of 30-79 years. Findings of the study reported adult and child emotional abuse to be significantly correlated to sexual dysfunction (Lutfeiy, 2008).

POST-COITAL DYSPHORIA

In recent years, a phenomenon that was previously unheard of, became apparent to the world of sexual science and medicine - Post-Coital Dysphoria (PCD). As the stigma surrounding discussion on sexual experiences and emotions was overcome with time, individuals began to open up about experiencing an unfamiliar set of emotions after sexual intercourse, most of which are an array of negative emotions - tearfulness, melancholy or depression, anxiety, agitation and aggression (Schweitzer et al., 2015). Typically, sexual intercourse is associated with feelings of happiness, contentment, security, satisfaction (Brody & Costa, 2009; Anderson, R., 2013) and research has shown it to have many physiological benefits as well. (Charnetski, et al., 2004; Sadock & Sadock, 2007; Lui H et al., 2016) However, individuals who experience PCD may wish to physically distance themselves, and in extreme situations may even grow abusive towards their partner after otherwise satisfactory coitus (Sadock & Sadock, 2007) This response may sometimes have an underlying cause (low self esteem, trauma flashbacks), and sometimes may occur for no apparent reason. While this phenomenon is gravely underreported and under-researched, the existing studies report a considerable prevalence in the population (Bird, B.S et al., 2010; Schweitzer R.D. et al., 2015;

Colombo & Concione, 2019; Maczkowiack & Schweitzer, 2019).

In a study conducted on 1,208 males, Maczkowiack J. and colleagues explored the prevalence of PCD amongst their sample, and the risk factors commonly associated with its presentation. The study's findings reported presence of current psychological distress, childhood sexual abuse and sexual dysfunctions to be most commonly associated with PCD (Maczkowiack J & Schweitzer, 2019). These findings were consistent with another study conducted by Bird S. (2010) on 222 females, wherein psychological well-being was positively associated with symptoms of PCD, and lifetime prevalence of PCD symptomatology was found to relate to reports of child sexual abuse. Research has shown that women who have experienced sexual abuse are more likely to have sexual dysfunctions in later life. It has been presumed that women who have experienced sexual abuse tend to associate later - consensual and intimate sexual encounters with their trauma of abuse, accompanied by experiencing feelings of shamefulness, guilt and loss - an attempt to avoid experiencing these sensations may result in women avoiding coital experiences, altogether (Gilbert & Cunningham, 1986). Although research has found correlations between history of abuse and PCD symptomatology, there are no causative explanations.

The paucity of research exploring post-coital dysphoria has contributed significantly to its growing curiosity in the general population, with individuals taking to various social media platforms to express the unusual emotions they are often overcome with, upon engaging in sexual activity.

Platforms like Reddit and Twitter have found an increasing number of hashtags pertaining to PCD from across the world, with individuals using variant terms to express the under-researched phenomenon - post sex sadness, sadness after sex etc. The stigma of starting a dialogue about sexual experiences and related emotions has served as a major drawback in exploration of PCD in the Indian Population. The current study to explore its predictors in the Indian Youth can serve as a step towards de-stigmatizing a conversation about sex, whilst also uncovering a condition that can warrant further exploration via scientific studies.

METHODOLOGY

The current study is a product of interpretative phenomenological analysis, which explains the predictors of Post-coital dysphoria in men and women aged 18-26. Post-coital dysphoria is a feeling of inexplicable sadness, agitation, anger, crying spells and an array of negative emotions immediately after sex. This section of the study describes the paradigm, design and approach that was used to achieve the objective of the study.

Interpretative Phenomenological Analysis (IPA)

This study employed Interpretative phenomenological analysis (IPA) to investigate and understand the predictors of post coital dysphoria in men and women. IPA focusses on detailed analysis of personal experiences lived by people. Phenomenology is a philosophical methodology, at first expressed by Husserl, which expects to deliver a record of lived insight in its own terms. (Smith & Osborn, 2015) IPA perceives it as an interpretative undertaking since people are usually curious in making sense of everything that is there. Thereby, we attempted to make sense of what is happening with the subjects and the possible reasons behind it. IPA is idiographic in its obligation to inspecting the point-by-point insight of each case thusly, before the transition to more broad cases. (Smith & Osborn, 2015). For this study, an in-depth analysis was conducted via interviews with 20 participants, age ranging from 18-26. The data was interpreted to understand and explore the possible risk factors for presence of symptoms of PCD in men and women.

In this study, the researchers used a two-step procedure to collect relevant data from the participants. In the first step, the researchers provided the participants with an electronic questionnaire which included: a consent form, demographic details (Name, age, email, contact number, sexual orientation, relationship status), K-10 scale, and a curated list of emotions that a person have commonly reported to experience post coitus. Kessler's psychological distress scale was used to gain a detailed insight of the current mental status of the participants. After a detailed review of the research studies available on PCD and a questionnaire that assess emotions after coitus (Ellison), the researchers listed out the emotions for the participants to fill according to their personal lived experience.

The electronic questionnaire was filled by 70 people, after which the participants were personally contacted and an interview was taken of 20 participants. The interview questions were divided into 5 categories. The first category included questions related to sexual abuse. It was guided by two research questions: 1. Before the age of 16, Have you ever been forced or coerced into any sort of sexual activity? 2. After the age of 16, Have you ever been forced or coerced into any sort of sexual activity?

The second category assessed the nature of current and/or the previous relationships. It was guided by one question; How comfortable are you in your current relationship or were in your previous relationship?

The third category assessed the symptoms of PCD which was guided by 4 questions; 1. Do you know why you feel these negative emotions after sex? 2. Is this feeling persistent across all your sexual experiences or is it particularly present in your current relationship? 3. Do these negative feelings affect your relationship? 4. Does this personally affect you or cause you any significant distress?

The fourth category assessed emotional abuse experienced by the subjects. It was guided by 4 statements. Has your partner ever 1. Tried to catch you at inconsistencies to show that you are lying, 2. Told other people that there is something wrong with you. 3. Has told you that you are sexually unattractive. 4. Talked you into doing things that made you feel bad afterwards.

The fifth and the last section assess self esteem of the participants. It is guided by five questions; 1. Are you comfortable with your physical appearance? 2. Do you feel a compulsive need to second guess everything you do? 3. Do you think you have difficulty dealing with failure? 4. Do you feel the constant need to please people? 5. Are you satisfied with the way you are leading your life?

Qualitative Approach

A qualitative approach was used in conducting this study as it gives an in-depth insight of people with respect to their personal experiences (Merriam, 1998). Phenomenological approach was used to understand the perspective of the participants towards the phenomenon being studied; predictors of PCD in men and women. To identify the predictors of the experiences and to produce patterns that would build new knowledge, phenomenological strategy was used. Open-ended interviewing and semi-structured questions were used for data collection.

Research Design

The study selection procedure and the collection and analysis of data has been portrayed in this section.

Participants

Individuals between the ages of 18 to 26 years, who have been previously involved in sexual activity were included in this study. Since the goal of the study was to assess the predictors of Post coital dysphoria, it was important that the participants have had sexual intercourse. The experiences that the participants had immediately after sexual intercourse have a basis to interpret the predictors of post coital dysphoria. The researchers used their personal connection to inform people about the phenomenon to collect the relevant information for this study. To extend the size of the sample size, the researchers sent the electronic form to acquaintances who might be willing to participate in the current research study.

An electronic consent form was sent to the participants that included the description of the study, the research process, participants rights, and protection of confidentiality. Individuals who signed the consent form were included in the study, further they were informed about the interview process.

In qualitative research, the researcher is the primary research instrument. Inferences that the researcher brings to the analysis from their own person experience and personality ought to be treated as their predisposition (Maxwell, 2005). Since qualitative research is interpretative in nature, the researcher's predispositions, convictions, and presumptions can intrude into the analysis of the data (Strauss & Corbin, 1998).

The researchers of the present study acknowledged the present knowledge available on phenomenon of PCD as the background of

their interpretation of data. The researchers personal experience and the data available in previously conducted research studies resulted in their belief that the people who experience Post-Coital Dysphoria have been (a) a victim of sexual abuse (b) a victim of emotional and mental abuse, (c) a victim of physical abuse, (d) in traumatic relationship in past, (e) has low self-esteem.

To minimize any predispositions on the results of this study, the researcher paraphrased and summarized the information provided by the participants, to maintain the accuracy of the information. Direction from the supervisor assisted the researcher with focusing on the applicable and relevant information that the participants offered, which led the researcher to create themes from the data. Finally, the researchers included adequate and pertinent statements from the participants to validate the discoveries of the analysis (Maxwell, 2005).

Data Collection Methods.

Whilst the data collection was in process the researchers made out inferences hand in hand through out the study, but for clarity both the steps will be described separately in detail. The primary source of data collection in this study were telephonic interviews and electronic forms.

Interview

For the current study, interviews were the primary source of data collection. Qualitative interviews are useful when studying a personally lived phenomenon, it provides a detailed insight about the emotions and feelings that the person is experiencing. Since, the purpose of this study was to record and analyze the person experience of PCD among people and the potential risk factors that lead to developing PCD, interviews were an instrument for in-depth analysis of the phenomenon. Qualitative interviews allow the research to draw detailed phenomenological inferences of the subject.

For this study, telephonic interviews were conducted for the convenience of the participants. Telephonic interviews are convenient and efficient as it allows to maintain the time constraint developed by the busy schedules of the participants. Due to the Covid-19, telephonic interviews were the only reasonable and practical method for the researcher to conduct interviews of the participants.

As an initial phase in the interview, the participants were reminded of the purpose of the current study, research process, anticipated benefits, their entitlement to withdraw from the research anytime, and the confidentiality of their information.

With participant endorsement, the interviews were recorded to maintain a transcript. Not all but a few interviews were not recorded, since the participants did not feel comfortable storing their records. For them, the researcher took down notes and their responses by hand. The researchers took notes whilst taking the interview which further helped the researcher to follow key focus later in the interview. The researchers used a semi-structured interview approach to carry out conversations which would elicit rich information that could be used in qualitative analysis. Semi-structured interviews offer participants more space to respond significantly and to keep the follow of information and topics fluent.

Interviews were scheduled according to the participants convenience. In the starting of the interview, the researcher began with asking, "Have you ever experienced any kind of negative emotion immediately after having sex?" the first question was structured to be close ended as it will give researcher the insight of rest of the interview. Further the researcher asked probing questions to extract information from the subject. Probing questions helps in encouraging the subjects to open and discuss their experiences to gain a detailed insight about the phenomenon studied in the subject. furthermore, the participants were frequently asked "how did that make you feel?" after response to the questions. Questioning about the participant's feeling after they shared their personal instances gave an insight to the researcher about the phenomenology of the subject, it also helped maintain the accuracy of information provided. This questioning also allowed researcher the time to think about the next topic of the question.

Data Analysis

Data analysis occurred in four phases. Firstly, the electronic surveys were reviewed. The researcher did the scoring for K-10 psychological distress scale filled by the participants. Further, the emotions after

coitus selected by the participants were recorded and coded in excel sheets. The researcher highlighted people who experienced post coital negative emotions for a general information. In the second phase of the analysis, the researcher transcribed the recorded interviews, mentioning their inferences along with it. For the interviews which were not recorded, the researcher made short case studies to interpret themes out of them. Further, in third phase, all the transcripts were coded in themes and compared to find any common relation between them. This step helped the researcher in knowing the predictors for the subject's experience of post-coital negative emotions. Lastly, in the fourth phase, the researchers compiled all the results and refined all the themes across the categories until the final interpretations of the study were solidified.

RESULTS

The cohort for the current study constituted of 16 females and 4 males, aged between 18-26 years of which 6 reported being in a monogamous relationship and 14 were not in any relationship. Majority of the participants were college-going students in the state of Delhi.

SIX THEMES :

The sexual experiences of participants who displayed post-coital feelings and symptoms was explored using phenomenological methods. All findings related to the six dominant themes have been summarized below:

Table 1: Emerging Predictors Of Post-coital Dysphoria In The Current Study

	Theme	Sub-theme
1	Ambivalence	
2	Sexual abuse	2.1 Childhood Sexual abuse 2.2 Adult sexual abuse
3	Self-esteem	
4	Uncertainty	
5	Unmet sexual expectations	
6	Stigma	

Theme 1 : Ambivalence

One of the respondents reported experiencing an array of multiple emotions soon after achieving climax. She described it as a 'fleeting feeling' of sadness, arousal, guilt and vulnerability. On further probing, she displayed difficulty in pointing towards the origin of those feelings.

"I don't know how to process these emotions, it may be because of my past sexual experiences (pause) with men"

The participant openly discussed the distress that experiencing and displaying these emotions brought to her relationships:

"..It was distressing because my partner felt that they were not able to satisfy me - because i would cry after it happened"

Theme 2: Sexual Abuse

Sub-theme 2.1: Childhood Sexual Abuse

Out of 20 participants of the study, a recurring theme that emerged across 6 participants was a history of childhood sexual abuse. Of the 6 participants that reported a history of sexual abuse, 5 were females and 1 was male. Consistent with findings of similar pre-existing studies, childhood sexual abuse was seen as a dominant predictor of later manifestation of post-coital dysphoria.

Majority of the 6 participants were certain of the impact that their history of abuse had on their current sexual responses both during and post sexual intercourse.

" honestly, what happened did affect my sexual relationship when I didn't understand it because when you're that young, you don't even understand it half the time so after you understand that it is actually very different to what you were thinking it is about sex, so when it happens for the first time it would ache because I was too young."

An observation drawn by the researcher while probing the participants for presence of insight relating to their assault was that one of the participants reported an incidence of sexual assault at the age of 5 years- he did not report any difficulty with post-coital experiences, on further attempting to understand how it differed - he mentioned how the age of assault was such that he lacked insight about it's nature for a

long time into adulthood, it was only recently that he understood his history of sexual experience as a child as one of abuse.

One of the 6 participants who was sexually abused on multiple accounts by the same person - reported significant display of post-coital dysphoric emotions ranging from - disgust , sadness , anger to helplessness and guilt. Another significant finding from the participant's interview - she reported deliberately avoiding the attainment of an orgasm - because she felt disgusted on achieving climax. On further probing, it was discovered that the first experience of attaining climax was due to her abuser.

".. i think the orgasm that i used to get from the abuse manifested into the disgust that i feel now. it feels like my body is repulsing and i just want to get away from everyone."

Sub-theme 2 : Adult sexual abuse

Of the 9 people who reported experiences of adult sexual abuse, 6 participants also reported post-coital dysphoric emotions. Participants who reported sexual abuse as an adult also reported experiencing significant distress in their sexual experiences as an adult.

One of the participants who was abused at the age of 22 years , reported experiencing as a sense of disgust and hatred towards any sexual experience .

"you can't get over it and you can't change your past, you have to live with it, that thing happened with you, so yes it has personally affected me."

Two of the six participants reported experiencing sexual abuse by hands of their respective romantic partners whilst in a relationship.

"..yes i have, it was in my last relationship. i was with a guy who was abusive so there were times when i used to hav sex with him and feel really bad about it. sometimes you know we had sex to only please him"

A few participants reported abuse by hands of casual sexual partners and subsequent experiences of negative emotions post-sex.

"..yes, earlier i was comfortable with casual sexual relationship, but after that particular encounter it takes me a while to get familiar with the person before having sex"

Theme 3: Self-esteem

Another finding found consistent with previous studies on Post-Coital Dysphoria - was a congruence between low levels of self-esteem and increased likelihood of experiencing post-coital dysphoria and associated symptoms. On questions exploring self-esteem, a total of 7 participants reported low levels of self-esteem. These feelings of inferiority and body-image issues often acted as a mediator for negative emotions after sexual intercourse.

"sometimes, negative emotions effect my relationship. sometimes there is a feeling at the back of my mind that maybe i'm not enough or I don't know what's going on in the person's mind in that moment."

Women were more likely to report low self esteem than men in the study.

Theme 4 : Uncertainty

A new finding of the current study, unlike pre-existing studies was the uncertain nature of the participant's relationship with their partner and increased likelihood of post-coital dysphoria. Most commonly reported by women, 2 participants of the study described the need for validation for future prospects of the relationship as a strong predictor of emotions they felt post-sexual intercourse.

"...i was confused how involved the other person was. based on that, i felt a little lost or maybe like oh god maybe i gave up too much of myself to this person.... because i was unsure of where were they coming from."

"..Yes, I feel lonely after sex. it feels as if i keep thinking that if the other person actually feels something other than this, if there is something more than sex to it"

Theme 5: Stigma

Stigma associated with having pre-marital sexual relationships was a unique finding of the current study, wherein participants reported

feeling ashamed and guilty for engaging in sexual relationships at an age that was culturally deemed 'immoral' and 'unethical' in nature.

One of the participants reported experiencing feelings of shame , negativity ,sadness and guilt. On further probing of what might have led to these emotions after sex, she explained it as a consequence of stigma associated with having sexual intercourse as a teenage girl.

"...I want to say guilt , like i want to explain why i felt it. its as if I'm doing something wrong , it is not supposed to happen. I felt guilt a couple of times, maybe more than a couple of times. because how we are made to feel that sex is a taboo. and as we are teenagers and even young adults, it is something that we shouldn't be doing , so of course sometimes guilt is attached."

Theme 6 : Unrealistic Expectations

As described early in the study, sexual experiences in youth across the ages of 18 years to 25 years is determined to a great extent by unrealistic expectations and standards set by either of the partners. Inability to meet those expected standards can result in feelings of dysphoria and other negative emotions post-sexual intercourse. This finding is consistent with the findings documented across past studies on Post-Coital Dysphoria.

In the current study, men were more likely to report unmet sexual expectations as a predictor of feelings of dissatisfaction and sadness after sex.

These expectations were directed both, towards self and the sexual partner.

"I have in the sense that I normally feel drained out and emotionally exhausted because it's a very intimate activity and yeah. And sometimes when it's not exactly how I imagined it or that I can meet my own expectations. I did feel a bit too though."

CONCLUSION

The findings of the current study contribute significantly to our limited understanding of post-coital dysphoria by shedding light onto previously unexplored avenues of stigma and unrealistic sexual expectations. While the implementation of sex education in schools could contribute significantly in growing awareness around the biology of safe sexual practices, it's sole communication can act as a stepping-stone in opening a pathway for open discussions , which can allow individuals to move beyond the biology of sex and speak about the emotions associated with a healthy sexual relationship.

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