

# An Essay on Sexual Frustration as the Cause of Breast Cancer in Women: How Correlations and Cultural Blind Spots Conceal Causal Effects

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■ **Abstract:** The main premise of this hypothesis is that breast cancer is caused by sexual frustration. Sexual frustration is triggered by multiple forms of dissonance between the absence or lack of sexual reward and the (un)conscious motivation to obtain these sexual rewards. I assume that neural and hormonal processes are capable of adjusting or distorting biologically active forms of specific sex hormones depending on experienced sexual stimuli. I hypothesize that prolonged sexual frustration will ultimately lead via aberrantly metabolized sex hormones to the development of breast cancer. Human female sexual behavior research links sexual frustration with breast cancer risk. The distinction between human female sexual behavior and reproduction is crucial to understand breast cancer risk. Current explanations are focused on reproduction. However, human female sexual behavior is causal in breast cancer development and androgens rather than estrogens are crucial for sexual behaviors in women. Social learning is the main determinant of human sexual behaviors that is why cultural and social processes are very important to understand breast cancer risk. Epidemiologists should evaluate breast cancer risk based on cultural female attitudes towards sexually related issues. Female mate choices should be examined for (un)conscious cultural, ethnic, religious, and socio-economic pressure to make a thorough assessment of breast cancer risk. Closer examination of (un)conscious female copulation strategies reveal that they are potential sources of sexual frustration in specific groups of women. Postmenopausal women seem vulnerable for self-fulfilling prophecies about post reproductive sexuality, body image, and negative perceptions of menopause which may cause sexual frustrations. ■

**Key Words:** breast cancer, cancer causes, cancer theory, female sexual behavior, sexual frustration

This sexual frustration hypothesis is presented to explain why despite all the available data on breast cancer risk factors, 75% of women with breast cancer have no risk factors. Another important characteristic is that 80% of breast cancers occur after menopause. A crucial factor in understanding the causes of breast cancer is a better recognition of the distinction between human female sexual behavior and reproduction. The current risk factors are primarily based on the assumption that reproduction is causal in the development of breast cancer. The limited coverage of these risk factors in the breast cancer incidence implies this is probably a wrong assumption and that they are mere confounding factors. The clue to solve the riddles of breast cancer is to focus on the social conventions which are the determinants of

human female sexual behavior. Therefore specific social and cultural mechanisms which activate sexual frustration in women are discussed in this article.

## THE REASONS FOR A DIFFERENT LOOK ON RISK FACTORS

Human female menopause has restricted both the potential number of pregnancies and ovulatory cycles which are biologically possible when human life expectancy is considered (1). Life expectancy correlates with fertility in most species. Thus human females could have had an additional thirty years of ovulatory cycles if human female reproduction did not shut down earlier contrary to most other species. Delayed senescence in humans implies that humans have evolved better repair mechanisms. Thus it is unlikely that the causal factors of breast cancer are linked with the number of ovulatory cycles or overstretched body repair mechanisms. This analysis demands a different outlook and approach to find the genuine causes of breast cancer.

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## **HUMAN SEXUAL BEHAVIOR LINKS SEXUAL FRUSTRATION WITH BREAST CANCER RISK**

Endocrinological processes are important targets in breast cancer research. These processes are also important in human sexual behaviors. I hypothesize that these processes are capable of adjusting or distorting biological active forms of specific sex hormones depending on experienced sexual stimuli. These aberrantly metabolized sex hormones will ultimately lead to breast cancer.

The definitions of sexual behavior and sexual frustration to explain this hypothesis are: *Sexual behavior is any action leading to sexual reward. Sexual reward is a state of positive affect activated by physical stimulation of the genitalia or mental representations of such stimulation.* This definition is supported by substantial amount of data (2).

From this sexual reward definition the opposite reaction, sexual frustration, is derived.

*By sexual frustration is understood, the state where one experiences stress or tension caused by prolonged sexual inactivity or unsatisfied sexual pleasure. Negative emotions to sexual stimuli may also be symptoms of sexual frustration.* Thus, sexual frustration is the absence or lack of sexual reward as mentioned in the definition of sexual behavior.

In the sexual behavior literature it is noted that the secrets of human sexual functions can never be unraveled through a search for purely biological determinants. Inborn determinants appear not to be important (3). Actually social learning is the main determinant of human sexual behaviors. The fact that human sexual behavior is determined by social conventions far more than by biological factors is an important assumption in my sexual frustration hypothesis. An immediate consequence of this statement is that a social perspective must be added to sexuality each time human sexual behaviors are discussed.

Sexual behavior and reproduction are independent processes (4). This distinction has very important implications as to where to find the causes of breast cancer. Breast cancer research is primarily focused on female reproduction processes. However, I contend that human female sexual behavior and its hormonal control are causal in the development of breast cancer. To understand the mechanisms that control sexual behavior one has to look for events that activate the behavior. Also important is that humans can have a

mental representation of a sexual incentive at any time. This means that humans can whenever they like, activate sexual motivation through a representation of a sexual incentive. These representations are important to understand some of the indicators of this sexual frustration hypothesis.

In women, all available data indicate that androgens are responsible for the activation of sexual behaviors whereas ovarian hormones are of marginal or no importance (5). Although menopause affects sexual activity marginally, self-report studies show conflicting results on this matter. To understand the links between sexual frustration and breast cancer risk, endocrine research has to be focused on androgens.

## **SEXUAL FRUSTRATION AS THE CAUSE OF BREAST CANCER IN WOMEN**

These findings are no value judgments about women but logical deductions from evolutionary biology, human sexual behavior literature and observations of breast cancer patients. My thesis is that breast cancer is essentially caused by sexual frustration.

The focus of this hypothesis is aimed at the (un)consciously experienced tension and sexual dissatisfaction between the chosen mate based on socio-economic, intellectual, ethnic or cultural motives and the nonchosen potential mate who has more appealing sexual incentive properties. In most western societies the improved economic independence of women has not changed to such a degree that long-term partners are chosen entirely according to sexual incentive properties. If the selected partner has no or weak sexual incentive properties for the other member of the couple, it is likely that sexual frustration will follow in the long run (6), which ultimately will cause breast cancer in some women.

## **MIGRATION PATTERNS AND BREAST CANCER RISK**

To understand this phenomenon various cultural expectations have to be explored which determine the sexual behaviors of these women. The new social rules and opportunities can be unsettling when women move to more open cultures with less restrictive sexual rules of conduct. They will develop multidimensional representations of sexual incentives and mate choices in their new homeland, instead of the one-dimensional

representations in their culture of origin that does not create such sexual awareness. However, this lack of sexual awareness coincides with a lower breast cancer incidence. Sexual frustration is triggered by conflicts between sexual opportunities and expectations of the two cultures that the female immigrant is subjected to, because she cannot act on these biological impulses.

### **WHY HIGHER SOCIOECONOMIC GROUPS OF WOMEN ARE MORE AT RISK**

In several studies it is established that higher socioeconomic group of women pay more than average attention to the assets or status of the potential partner (7). This distinctive behavior in mate choice by this group of women seems culturally determined, especially in the US, rather than based on evolutionary origins (8). The chances of some women from higher socio-economic classes to find a sexually compatible mate are considerably reduced. This is due to an often self-imposed very limited range of potential partners. In this group of women, high status of the potential partner compensates for the acceptance of physically less attractive men (9). These kind of conflicting decisions are experienced by more women as they become better educated, have a career, are moderately religious, and live in an open society. I suppose these mechanisms offer the best possible explanation for the breast cancer risk of the educated middle classes in the western world.

### **HEIGHT AS RISK FACTOR IN BREAST CANCER**

The small increase in breast cancer risk in tall women can be explained by adherence to the culturally determined “male-taller-norm” (10). Sexual frustration will develop in some of these women because of the distinctive preference for height in the potential partner and thereby denying other preferred sexual attractive features. These women have a disadvantage because they have a smaller pool to choose from if they want a man they will not tower over. This increases the chances to settle for a sexually incompatible partner.

### **BREAST CANCER INCIDENCE IN TRADITIONAL AND LOWER SOCIOECONOMIC CLASSES**

Some women in traditional monogamous relationships may perceive their socioeconomic situation as

inferior compared to, specifically, immediate family or close friends. In these cases the sexual service to the partner is the main asset of these women because of lack of education or other means to pursue their goals. These women may feel, consciously or not, that their sexual service to their underachieving partner is a bad “investment”. These factors combined with the observation that sex or copulation in all known human cultures is considered as a female service to men will lead to sexual frustration (11). The realization that they will not achieve their socioeconomic and lifestyle goals by sexually servicing their underachieving partner will eventually lead via sexual frustration to the development of breast cancer.

### **WHY BREAST CANCER MAINLY OCCURS LATER IN LIFE**

Sexual activity is known to diminish with increasing age and this fact may mislead some to think that menopause is causally related to a reduced sexual activity. Intrapersonal issues, such as negative perceptions of menopause, body image, and post reproductive sexuality, often function as self-fulfilling prophecies and foster sexual frustration in menopause (12). Interpersonal factors such as marital/relationship difficulties, partner’s sexual dysfunction (e.g., erectile dysfunction, decreased desire) may also be implicated. Sexual frustration is further reinforced by the commitment to a monogamous relationship with the sexually incompatible “socially smart” mate choice from a previous phase in life (13).

### **BREAST CANCER RISK IN NUNS**

Breast cancer in nuns is widely considered by most cancer researchers as a convincing example, to motivate a biological and evolutionary illogical idea, that women who do not have children have a higher risk for breast cancer. Observations from different species show that not reproducing is not life-threatening, it is actually often the opposite (14). A sexual awareness with multidimensional representations of sexual incentives without the rewards is a more plausible explanation for the breast cancer risk in this group. Researchers have to realize that human female breasts are an intricate part of human female sexual behavior. This connection and its specific hormonal control are far more profound than is acknowledged by contemporary cancer research because of its focus on reproduction.

## WHY BREAST CANCER IN HIGH RISK FAMILIES DOES NOT HAVE TO BE HEREDITARY

Human sexual behavior is determined by learning and the social environment. That is why the causal pathways in the development of sexual frustration and ultimately breast cancer are best explained by female sexual behaviors pressured by conflicting sociocultural environments. These behaviors and social settings can be passed on from one generation to the next without the need for a genetic cause for the breast cancer incidence in some families. Breast cancer risk in so-called “high risk families” should be evaluated by examining the behavior of these women based on their views and attitudes towards sexually related issues. Their mate choices should be examined for (un)conscious cultural, ethnic, religious, and socioeconomic pressure to make a thorough assessment of the breast cancer risk.

## INDICATORS OF THE SEXUAL FRUSTRATION HYPOTHESIS

The potential sources of sexual frustration in women mentioned in this article are:

- Living in an open society with the sexual awareness of access to a variety of mate choices but with (self-imposed) boundaries and restrictions to act on these biological impulses.
- Sexually incompatible mate choices caused by conflicting socio-economic, ethnic, cultural, and moderately religious pressure.
- Adherence to cultural female mate selection rules which goes against the sexual preferences of specific women.
- Denial of privately held sexual preferences.
- Implied monogamy in women, which is an exacerbating risk factor, especially in postmenopausal women.
- The focus on young, slim, and attractive women in western society which is a major source of psychosocial discomfort in especially postmenopausal women.
- Self-fulfilling expectations of low sexual activity in postmenopausal women.
- Copulation strategies of specific women in traditional monogamous relationships.

## DISCUSSION

To design competent epidemiological research to find objective information about human sexuality is difficult. People tend to be hindered by cultural rules,

religion and shame, which lead many respondents to deliver socially desirable answers. To minimize the cultural bias of this research, studies have to be done internationally.

Although these indicators are very plausible, causative links with breast cancer risk have to be confirmed by epidemiological research (15). The purpose of this article is to convince researchers to focus epidemiological studies on this hypothesis. The results will be useful to guide endocrinologists to find the right line of research among the contradicting endocrinological observations. By monitoring sexual frustration in women it eventually will have a predictive and preventive purpose for breast cancer diagnosis.

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