Sensory and Emotional Distress as Predictors of Sexual Functioning in Adults with ADHD Traits: A Three-Group Cross-Sectional Study

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Abstract

Adult ADHD has been linked to sexual functioning through attentional, emotional and relational difficulties, but less is known about the sensory dimension of this connection. This study examined whether sensory processing is associated with sexual satisfaction, hypersexual behaviour and sexual boredom across different levels of ADHD symptom severity, and whether this association remains meaningful after emotional distress is considered. Participants completed an online survey assessing ADHD symptoms, sensory processing, emotional distress and sexual-functioning outcomes. Preliminary analyses showed that ADHD symptom severity was strongly associated with overall sensory atypicality, with group differences varying across sensory modalities; sensory atypicality was linked mainly to hypersexual behaviour, especially through gustatory, auditory and tactile processing; emotional distress partly mediated this association. These results suggest that sensory processing may be relevant to ADHD-related sexual wellbeing in an outcome-specific way, with implications for ADHD assessment, psychoeducation, clinical recognition and more individualised interventions targeting sexual wellbeing.

1 Introduction

Adult ADHD is commonly discussed in relation to academic and occupational impairment, yet its consequences also extend into emotional regulation, intimacy and sexuality. Prior research links ADHD symptoms with lower sexual satisfaction, attentional difficulties during intercourse, hypersexual behaviour, sexual risk-taking and relational difficulties, and also points to emotional distress as a relevant factor in sexual functioning (Hertz et al., 2022; Puszcz et al., 2025; Soldati et al., 2020). At the same time, sensory atypicality is frequently reported in ADHD, including patterns of hypersensitivity and hyposensitivity across sensory modalities (Kamath et al., 2020; Panagiotidi et al., 2018).

Given that sexual experience is inherently embodied and perceptual, sensory processing may represent an additional pathway through which ADHD-related difficulties appear in intimate contexts. The present study therefore examines whether sensory processing is associated with sexual functioning across ADHD-status groups, and to what extent this association remains meaningful after emotional distress is taken into account. Clarifying this relationship may support a broader clinical view of ADHD-related sexual wellbeing, with relevance for assessment, diagnostic sensitivity, psychoeducation and more individualised interventions.

2 Literature review

2.1 ADHD in adulthood

ADHD is a neurodevelopmental condition that may persist into adulthood, although its expression often shifts from overt hyperactivity toward inattention, restlessness, impulsivity, disorganisation and impairment in occupational, social and relational functioning. Adult ADHD is clinically heterogeneous and frequently overlaps with anxiety, depression, substance use, mood instability and low frustration tolerance, which may obscure diagnosis. Recognition may also be delayed by coping strategies and gendered expectations, while dimensional accounts indicate that ADHD traits vary meaningfully beyond formal diagnosis (Adler, 2004; Attoe & Climie, 2023; Wallin et al., 2022; Williams et al., 2023).

2.2 Sensory processing in ADHD

Sensory processing refers to the registration, modulation, integration and organisation of sensory information into adaptive responses (Puszcz et al., 2025). Dunn's model distinguishes four quadrants: low registration, sensation seeking, sensory sensitivity and sensory avoiding according to sensory threshold and behavioural response (see Figure 1). Findings on ADHD describe sensory differences across visual, auditory, gustatory, olfactory, tactile, vestibular, and proprioceptive modalities. Both hyper- and hypo-responsiveness are reported, with the risks increased approximately ninefold. However, such profiles are not uniform: one person may be hypersensitive in one modality and hyposensitive in another (Kamath et al., 2020; Metz et al., 2019).

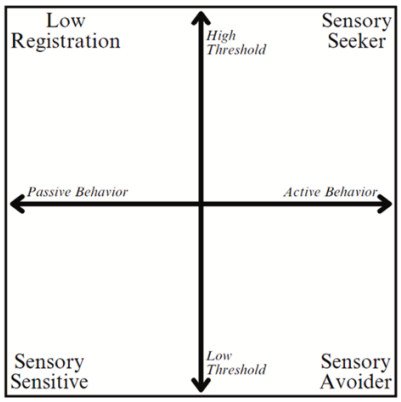

Fig. 1. Dunn's sensory processing model.

Note. Dunn's model classifies sensory processing according to stimulus threshold and regulatory behaviour. From "A Network Model for Modulating Sensory Processing Sensitivity in Autism Spectrum Disorder: Epigenetics, Adaptivity, and Other Factors," by F. David, G. Kalibala, B. Pichon, J. Treur, 2024, *Cognitive Systems Research, 87*: 2 (https://doi.org/10.1016/j.cogsys.2024.101240). Copyright 2024 by F. David, G. Kalibala, B. Pichon, J. Treur**.**

2.3 Sexual functioning and ADHD

Sexual functioning is a broad construct involving desire, arousal, orgasmic experience, concentration during sex, emotional openness, partner responsiveness and subjective satisfaction. Sexual dysfunction is narrower, referring to impaired sexual response or reduced sexual pleasure despite adequate stimulation. Sexual response involves excitatory and inhibitory systems, with dopaminergic pathways contributing to sexual excitement and attention to sexual stimuli. In ADHD, prefrontal hypoactivity may impair attention during sex, while reward-system dysfunction may contribute to immediate gratification and hypersexuality. Accordingly, ADHD sexuality research links the symptoms with lower sexual satisfaction, attentional difficulties during intercourse, sexual distress, relationship problems and dysregulated sexual behaviour, including risk-taking, hypersexuality and problematic pornography use (Goldberg et al., 2024; Hertz et al., 2022; Puszcz et al., 2025; Soldati et al., 2020).

2.4 Emotional distress and secondary factors

Emotional distress refers to recent emotional burden, including stress, tension, anxious affect, dysphoria and low mood. In sexual contexts, distress may reduce relaxation, desire, concentration, pleasure, orgasm satisfaction and emotional availability (Goldberg et al., 2024; Ogrodnik et al., 2023). ADHD-specific findings connect emotional dysregulation with hypersexual behaviour, sexual risk-taking, sexual dysfunction and lower orgasm satisfaction. Self-esteem, Rejection-Sensitive Dysphoria, impulsivity, medication, comorbidity and relationship status require consideration, given their possible relevance to sexual confidence, libido, arousal, relational conflict and satisfaction (Dosch et al., 2016; Laumann et al., 1999; Pascoal et al., 2020; Puszcz et al., 2025; Rothmore, 2020; Wymbs et al., 2021).

2.5 Sensory, emotional and sexual pathways

Sexual experience is inherently multisensory, involving touch, friction, movement, body position, sound, smell, visual cues, temperature and internal bodily signals. This may be especially relevant in ADHD, since complex multisensory input requires integration and regulation, processes that may be less efficient when top-down attentional control is impaired. (Aleksandrovich & Gomes, 2020; Herz & Cahill, 1997; Jurek et al., 2025; Schulze et al., 2022). Additionally, hypersensitivity may contribute to discomfort, overstimulation or avoidance of intimate stimuli, whereas hyposensitivity may involve muted bodily awareness, delayed arousal or a need for stronger input. Sensory atypicality may also be emotionally burdensome, given that overstimulation, unpredictability, chronic vigilance, frustration and relational strain can increase distress. Conversely, emotional distress may redirect attention toward internal worries and make negative reactions to sensory discomfort more difficult to regulate, creating overlap between sensory and emotional pathways. Sensory processing may therefore be associated with sexual functioning partly through emotional distress, while still retaining a possible association when the latter is considered (Field, 2025; Goldberg et al., 2024; Jurek et al., 2025; Young & Cocallis, 2023). Such a pattern would not imply that sensory processing is independent of emotional distress, but that embodied sensory factors may account for aspects of sexual satisfaction, hypersexual behaviour and sexual boredom that are not fully reducible to general emotional burden.

2.6 Research gap

Prior ADHD sexuality research has mainly examined attention, impulsivity, emotional dysregulation, hypersexual behaviour, sexual risk-taking, relationship difficulties and sexual dysfunction. Although sensory processing has been studied in ADHD more broadly and

appears theoretically relevant to sexual experience, its specific contribution to ADHD-related sexual functioning remains insufficiently clarified (Hertz et al., 2022; Puszcz et al., 2025; Soldati et al., 2020; Wallin et al., 2022; Wymbs et al., 2021; Young & Cocallis, 2023). Existing work also provides limited clarity across different levels of ADHD symptom severity within one design (Attoe & Climie, 2023; Panagiotidi et al., 2018; Wallin et al., 2022).

To address these limitations, the current study examines whether sensory atypicality contributes to sexual functioning across ADHD-status groups after emotional distress is considered. Sexual functioning is understood through three outcomes: sexual satisfaction, hypersexual behaviour and sexual boredom. Individual sensory dimensions, self-esteem, impulsivity and relationship status will be examined as exploratory contextual variables.

3 Methodology

3.1 Design and materials

A quantitative, cross-sectional, correlational design was implemented through an anonymous online questionnaire in SoSci Survey (Leiner, 2021). ADHD symptom severity/status, sensory processing and emotional distress were assessed alongside demographic, clinical and relational variables.

3.2 Participants

Participants are adults aged 18+ with at least one sexual or intimate experience. Recruitment has been conducted online through social media, university channels and ADHD-related communities, and offline through posters placed at the Faculty of Humanities of Charles University, ADHD-related organisations and student spaces in Prague. Data collection is ongoing, with an intended valid sample of approximately 200-230 respondents. Participants will be grouped as formally diagnosed ADHD, self-suspected ADHD and non-ADHD. Valid cases also require consent, ≥60% completion of sexuality-related items and ≥70% completion of other items.

3.3 Measures and procedure

The survey was available is English and Czech. Measures included the ASRS-18 for ADHD symptoms, GSQ-42 for sensory processing, DASS-21 for depression, anxiety and stress, RSE-10 for global self-esteem, and BIS-11 for impulsivity. Sexual outcomes were assessed with the NSSS for sexual satisfaction, HBI-19 for hypersexual behaviour, and SBS-18 for sexual boredom (Kessler et al., 2005; Lovibond & Lovibond, 1995; Patton et al., 1995; Reid et al., 2012; Robertson & Simmons, 2025; Rosenberg, 1979; Stulhofer et al., 2011; Watt & Ewing, 1996). Since Czech versions of the GSQ-42, HBI-19 and SBS-18 were not found, these scales were translated into Czech by the researcher, checked by a faculty professional experienced in translation, and corrected after pilot feedback.

The survey script was approved by the thesis supervisor and pilot-tested with 10 respondents. After informed consent, participants completed demographic questions and the questionnaire battery; selected follow-up questions were displayed conditionally (e.g., medication use related). Participation was voluntary and anonymous, sensitive items could be skipped, and support resources were provided at the end.

3.4 Preliminary data analysis

All statistical analyses were performed using JASP. Data screening, exclusions, descriptives and reliability estimates were conducted first; codes -9 and “prefer not to say” were treated as missing, with within-scale imputation applied when ≥80% of scale items were completed. Group differences across ADHD-status groups were tested with ANOVA or Kruskal-Wallis tests, followed by Tukey/Dunn comparisons, Holm correction, η^2/ε^2, and a planned ADHD-combined versus non-ADHD contrast using Cohen’s *d*. Correlations and hierarchical regressions examined ADHD symptom severity, sensory processing, emotional distress and sexual outcomes; regression models controlled for age, AGAB and partnered status where relevant. Sensory modalities were analysed with Spearman correlations and PCA. Hierarchical regression and bootstrap mediation tested whether sensory processing remained meaningful after emotional distress was considered, with impulsivity, self-esteem and relationship status added as contextual variables where relevant.

4 Results

From 315 questionnaires, 150 valid cases remained. The confirmatory sample included only clearly classified diagnosed ADHD ($n = 42$), self-suspected ADHD ($n = 31$) and non-ADHD participants ($n = 41$), resulting in $n = 114$, while the full valid sample was used for continuous analyses. Most valid participants were assigned female at birth (73.3%, $n = 110$); participants ranged in age from 18 to 51 years. Main scales showed good reliability, $\alpha = .904$-$.951$.

ADHD-status groups differed in sensory processing. GSQ total was higher in diagnosed and self-suspected ADHD than in non-ADHD participants, $H(2) =$

21.96, $p < .001$, $\varepsilon^2 = .196$, with a large ADHD-combined contrast, $d = 0.94$. Continuous ADHD severity was also strongly associated with GSQ total, $r = .621$, $\beta = .608$, $p < .001$. It also correlated with both hyper- and hyposensitivity scores, GSQ-Hyper: $r = .590$; GSQ-Hypo: $r = .617$, both Holm-corrected $ps < .001$. Hyposensitivity was slightly more strongly correlated with ADHD severity than hypersensitivity, GSQ-Hypo: $r = .617$; GSQ-Hyper: $r = .590$. Group differences were significant for visual, auditory, tactile, vestibular and proprioceptive modalities, with the strongest effects for vestibular processing, $\varepsilon^2 = .222$, $d = 1.05$, and proprioceptive processing, $\varepsilon^2 = .196$, $d = 0.95$. The tactile modality also showed a moderate group effect, $\varepsilon^2 = .130$, $d = 0.53$. PCA supported GSQ total as an overall score, with the first component explaining 70.6% of modality variance.

No significant ADHD-status differences were found for emotional distress or sexual outcomes. Stress showed only a corrected trend, pHolm = .062, and NSSS, HBI and SBS totals were non-significant, all pHolm ≥ .963 (see Figure 2).

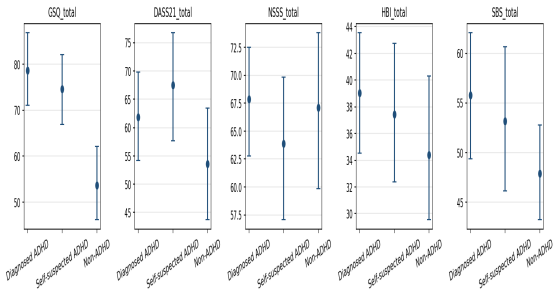

Fig. 2. ADHD-status group differences in sensory processing, emotional distress, and sexual outcomes.

Note. Means and 95% bootstrap confidence intervals are shown by ADHD-status group based on 1,000 resamples. The clearest group separation appears for GSQ-42 sensory processing scores.

Sensory atypicality was associated with hypersexual behaviour, $r = .23$, $p = .005$; $\rho = .26$, pHolm = .009, but not with sexual satisfaction or corrected sexual boredom. Hyposensitivity showed stronger association with hypersexual behaviour than hypersensitivity, GSQ-Hypo: $r = .27$, $p = .001$; GSQ-Hyper: $r = .19$, $p = .020$. As shown in Figure 3, hypersexual behaviour was associated with gustatory, auditory and tactile processing at the modality level.

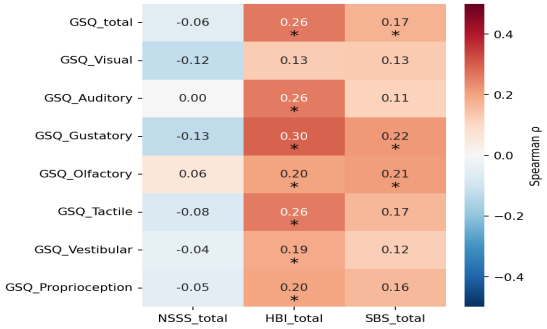

Fig. 3. Associations between sensory processing and sexual-functioning outcomes.

Note. Spearman correlations are shown between GSQ-42 sensory scores and sexual-functioning outcomes. Asterisks indicate uncorrected $p < .05$; sample size varies by scale-level missingness.

After emotional distress was entered, the sensory-hypersexuality association decreased from $\beta = .27$, $p = .002$, to $\beta = .17$, $p = .083$; the indirect effect through distress was significant, indirect = .100, 95% CI [.023, .193], $p = .017$. This pattern was not found for sexual satisfaction or sexual boredom. Exploratory analyses showed a small contribution of impulsivity to hypersexual behaviour, $\beta = .17$, and higher hypersexual behaviour in male than female participants, $t(48.2) = -2.35$, $p = .023$, $d = -0.51$. Self-esteem was interpreted cautiously due to poor reliability.

5 Discussion and limitations

The preliminary findings suggest that sensory processing is strongly related to ADHD symptom severity, especially when ADHD is examined dimensionally rather than only through diagnostic groups. Sensory atypicality differed by ADHD status and increased along the continuum of ADHD symptoms, supporting the value of analysing ADHD traits beyond formal diagnosis. The modality-level results add nuance to this pattern: vestibular and proprioceptive processing showed the strongest group difference, while tactile showed a moderate group effect.

The sexual-functioning findings were more specific. ADHD-status groups did not differ in sexual satisfaction, hypersexual behaviour or sexual boredom, although sensory atypicality was associated with hypersexual behaviour across the sample. At the modality level, hypersexual behaviour was most clearly associated with gustatory, auditory and tactile processing, suggesting a partial overlap with the sensory dimensions that most strongly differentiated ADHD-

status groups. Although both hyper- and hyposensitivity were relevant, hyposensitivity showed slightly stronger associations with ADHD severity and hypersexual behaviour, which may fit the idea that reduced sensory registration or a need for stronger stimulation is particularly relevant here. This partly contrasts with previous literature linking ADHD with hypersexuality. This pattern may reflect characteristics of the present sample, particularly its modest size and gender imbalance, which may have reduced sensitivity to group-level differences in hypersexual behaviour.

Although ADHD symptom severity was strongly associated with sensory atypicality, and sensory atypicality was associated with hypersexual behaviour, the indirect pathway through sensory processing differences was not statistically significant. Given the modest sample size and the lower power of mediation analyses, this result should be treated as inconclusive. A larger sample may clarify whether the pattern observed here reflects a meaningful pathway or only a weak association between partially overlapping variables.

Emotional distress partly explained the sensory-hypersexuality association: after distress was considered, the sensory effect weakened, and the indirect effect was significant. This supports the proposed overlap between sensory and emotional pathways. However, sensory atypicality was not related to sexual satisfaction, and its association with sexual boredom remained weak, suggesting that sensory processing may be relevant mainly to dysregulated or coping-related sexuality rather than to sexual functioning broadly.

Since data collection is still ongoing, these findings should be treated as preliminary. Other limitations include the cross-sectional self-report design, gender imbalance, and missingness possibly related to the length and sensitivity of the questionnaire. The current sample size also limited more detailed analyses of medication use and comorbidities, although these variables were assessed. In addition, three Czech translations were checked and pilot-adjusted, but not formally validated.

Overall, these preliminary findings add an embodied sensory perspective to ADHD sexuality research while narrowing the initial model. Sensory atypicality appears robustly related to ADHD symptom severity, but its sexual relevance is currently clearest only for hypersexual behaviour. Practically, this suggests that ADHD-related sexual wellbeing may potentially benefit from attention to sensory comfort, overload and bodily responsiveness alongside emotional distress and impulsivity. Future research could extend this work in larger, more diverse and longitudinal samples, and test whether sensory-informed assessment improves support in this area.

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