

## Ch. 13 - Sexual Disorders

### Sexual response cycle:

1. **Desire phase:** sexual urges in response to sexual fantasies or environmental cues
2. **Arousal phase:** Psychological experience of sexual arousal; vasocogestion (increased blood flow to penis in males and pelvic area in females) and myotonia (muscular tension)
3. **Plateau phase:** High but stable level of excitement before orgasm
4. **Orgasm phase:** In males, sense of inevitability of ejaculation followed by ejaculation; in females, rythmic contractions of the vagina and more irregular contractions of the uterus
5. **Resolution phase:** decreased arousal, deep relaxation possible

**Sexual Dysfunctions** (these disorders overlap significantly): To meet the criteria of a sexual dysfunction disorder, (1) a disturbance must cause distress or interpersonal difficulty (2) cannot be due to another Axis 1 Disorder (ex: mood disorder) (3) the physiological effects of a substance (4) or a general medical condition (diabetes). Each disorder can be subtyped as lifelong or acquired, generalized (occurring in all situations) or situational, and due to physiological factors or due to both biological and psychological factors

#### • 1. Sexual Desire Disorder:

- o **Hypoactive Sexual Desire Disorder:** Recurrent lack of sexual fantasies and desire for sexual activity
  - May be unresponsive when a partner initiates sex
  - **Lifelong hypoactive sexual desire disorder:** (rare cases) never having had much interest in sex, either with other people or privately, as in the viewing of erotic films, masturbation, or fantasy
  - **Acquired hypoactive sexual desire disorder:** (most cases) individual used to enjoy sex but has lost interest in it
  - **Generalized sexual desire disorder:** person who has had little desire for sexual activity for most of his or her life
  - **Situational sexual desire disorder:** a person who does not desire sex with his or her partner but has sexual fantasies about other people
  - Prevalence:
    - Low sexual desire is one of the most common problems for which people seek treatment
    - Rates increase in postmenopausal women and higher rates among older men
    - Women with disorder are more likely than men to report anxiety, depression, and life stress
    - Disorder is more often connected to problems in relationships for women than for men
- o **Sexual aversion disorder:** Recurrent extreme aversion to, and avoidance of, all (or almost all) genital sexual contact with a sexual partner
  - When they do engage in sex they may feel sickened or experience acute anxiety

#### • 2. Sexual Arousal Disorders

- o People with disorder do not experience the physiological changes that make up the excitement or arousal phase of the sexual response cycle

- **Female sexual arousal disorder:** Recurrent inability to attain, or to maintain until completion of the sexual activity, an adequate lubrication-swelling response of sexual excitement
    - Common about 20%
  - **Male erectile disorder:** Recurrent inability to attain, or to maintain until completion of sexual activity, an adequate lubrication-swelling response of sexual excitement
    - DSM-5 criteria: fail to achieve or maintain an erection until completion of sexual activity on 75% of occasions over a period of at least 6 months (\*basic requirements for most of the sexual disorders listed)
- **3. Orgasmic Disorders:**
    - **Female orgasmic disorder:** Recurrent delay in, or absence of, orgasm following normal sexual excitement phase
      - **(Also called anorgasmia)** diagnosis should be given on the clinician's judgment that the women's ability to have an orgasm is less than would be reasonable for her (1) age, (2) sexual experience, (3) and the adequacy of sexual stimulation she receives
    - **Male orgasmic disorder:** Recurrent delay in, or absence of, orgasm following normal sexual excitement phase
      - Most cases, a man cannot ejaculate during intercourse but can ejaculate with manual or oral stimulation
    - **Premature ejaculation:** Recurrent ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it
      - Most common form of orgasmic disorder in males
      - Clinician's judgment call as to when premature ejaculation becomes a sexual dysfunction
        - Must consider factors that affect duration of the excitement phase, (1) age, (2) novelty of the sexual partner or situation, (3) and recent frequency of sexual activity
        - DSM-5: man must ejaculate within 1 min, of beginning sexual activity on 75% of occasions over a period of at least 6 months
  - **4. Sexual Pain Disorders:**
    - **Dyspareunia:** Recurrent genital pain associated with sexual intercourse in either a male or a female
      - Rare in men, involves painful erections or pain during thrusting
      - In women, the pain may be from intromission to even walking
        - Can be the result of dryness of the vagina caused by antihistamines or other drugs, injury or irritation of the vagina, etc.
    - **Vaginismus:** involuntary contraction of the muscles surrounding the outer third of the vagina when penetration with a penis, finger, tampon, or speculum is attempted.
      - May experience sexual arousal and have orgasm when their clitoris is stimulated

- In other women, with this disorder, even anticipation of vaginal insertion may result in this muscle spasm

### **Causes of Sexual Dysfunctions**

- **Biological Causes** of sexual dysfunction
  - Sexual dysfunction due to a general medical condition
    - Diabetes can cause lower sexual drive, arousal, enjoyment and satisfaction, especially in men
    - Other disease that are common causes to sexual dysfunction:
      - Cardiovascular disease – can reduce blood flow to the penis or by a psychological response to the presence of the disease (man who had heart attack may fear he will again if he has sex)
      - MS, kidney failure, vascular disease, spinal cord injury, injury to the autonomic NS by surgery or radiation
  - In men, abnormally low levels of the androgen hormones (esp. testosterone), or high levels of the hormones estrogen and prolactin
  - In women, low levels of androgens and estrogens
    - Estrogen problems = reduced vaginal lubrication
      - Estrogen drops at menopause
      - Ovaries are a main source of estrogen, radical hysterectomy's may lead women to sexual dysfunction issues
    - Androgen plays a role in maintenance of sexual desire/mood and enhances the function of vaginal tissues
  - Vaginal dryness or irritation can be caused by antihistamines, radiation therapy, endometriosis, infections or pelvic inflammatory disease
  - Injuries during childbirth that healed poorly (ex: repaired episectomy)
  - Women who have had gynecological cancers
  - Several prescription drugs including, antihypertensive drugs, \*SSRI's, antipsychotic drugs, antidepressants, lithium, and tranquilizers can diminish sexual drive
- **Psychological Causes**
  - Psychological disorders:
    - Depression, anxiety disorder, schizophrenia
  - Attitudes and cognitions:
    - People who have been taught that sex is dirty, disgusting, or sinful understandably may lack desire to have sex
      - Know so little about their own body and sexual responses that they do not know how to make sex pleasurable
    - Fear of "letting go"
    - **Performance anxiety:** people worry so much about whether they are going to be aroused and have an orgasm that this worry interferes with their sexual functioning
    - **Spectatoring:** people who anxiously attend to reactions and performance during sex as if they were spectators rather than participants – distracts from sexual pleasure
  - Trauma: