

Sexual Disorders and Sex Therapy

Sexual Disorders

- **Sexual disorder** (*sexual dysfunction*) - a problem with sexual response that causes mental distress.
 - **Lifelong** - present since the person became sexual
 - **Acquired** -the dysfunction appeared after a period of normal functioning

Thomas Szasz, M.D.

Sex by Prescription (1980)

- Szasz has long been a critic of psychotherapy and the medical model
- Argues that psychologists & psychiatrists take people who have problems in living & classify them as having a disorder which suggests that they need therapy
- Believes that sex therapists have essentially created a lot of illnesses by creating diagnostic categories (i.e., a diagnosis in DSM).

Kinds of Sexual Disorders: Desire Disorders

- *Sexual desire (libido)* - an interest in sexual activity.
- **Hypoactive sexual desire** - when the person is not interested in sexual activity.
- **Discrepancy of sexual desire** - when one partner wants sex considerably less frequently than the other.

Kinds of Sexual Disorders:

Sexual Aversion Disorder

- Strong aversion to sexual interaction, involving
 - anxiety,
 - fear, or
 - disgust
- Avoids any kind of genital contact with a partner.
- Common in persons who have panic disorder.

Kinds of Sexual Disorders: Female Arousal Disorder

- Lack of response to sexual stimulation, including lack of lubrication.
- Involves psychological and physiological elements.
- Defined partly by a women's sense that she does not feel aroused despite adequate stimulation.

Kinds of Sexual Disorders:

Erectile Disorder

- **Lifelong erectile disorder** - never been able to have an erection that is satisfactory for intercourse.
- **Acquired erectile disorder** - now has difficulty getting or maintaining an erection, but has had sufficient erections at other times.

Kinds of Sexual Disorders: Male Orgasmic Disorder

- Unable to have an orgasm or it is greatly delayed, despite a solid erection and adequate stimulation.
- Far less common than premature ejaculation.

Kinds of Sexual Disorders: Female Orgasmic Disorder

- **Lifelong orgasmic disorder** - never experienced an orgasm.
- **Acquired orgasmic disorder** - previously had orgasms at but no longer does so.
- **Situational orgasmic disorder** - orgasms in some situations but not others.

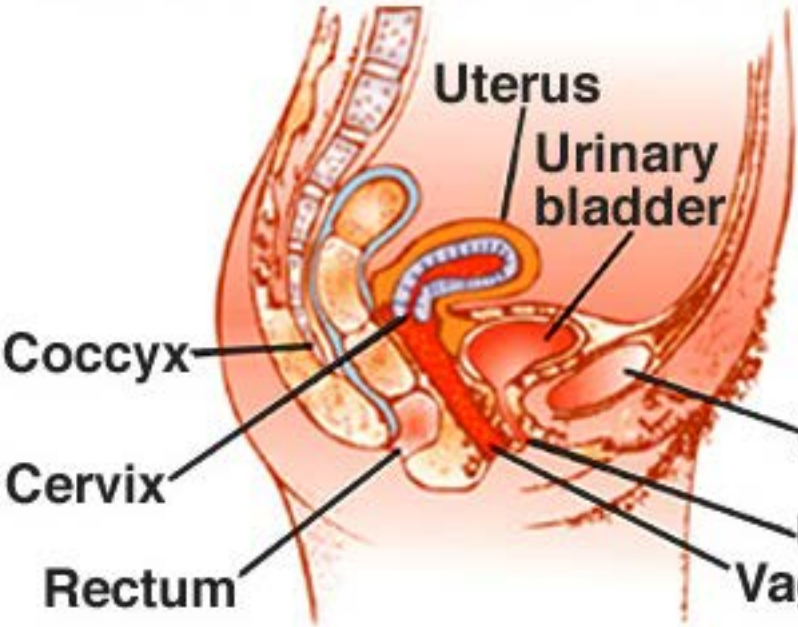
Kinds of Sexual Disorders: Female Orgasmic Disorder

- 24% of female respondents reported difficulty in the last 12 months with having orgasms.
- Female orgasmic disorder accounts for 25-35% of the cases of women seeking sex therapy.

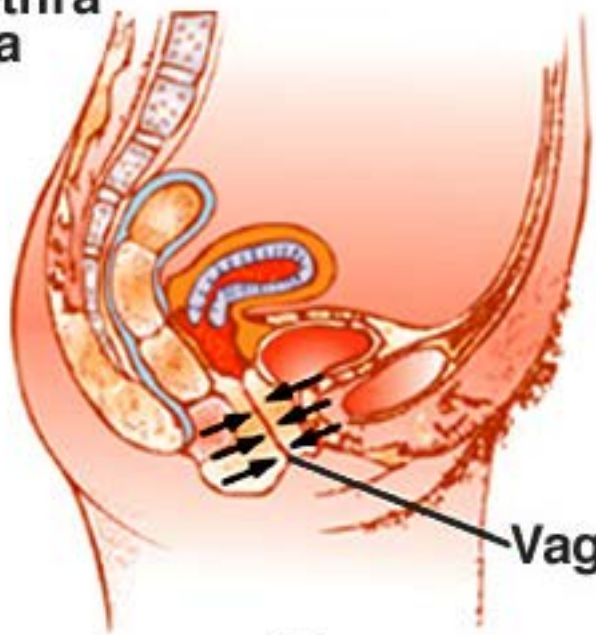
Kinds of Sexual Disorders: Painful Intercourse

- **Dyspareunia** - pain experienced during intercourse.
- **Vaginismus** - spastic contraction of the muscles surrounding the entrance to the vagina.

Vaginismus



(a)



(b)

What Causes Sexual Disorders?

Physical Causes

- **Physical causes** include organic factors such as disease and drugs.
- Diseases associated with the heart and circulatory system are likely to be associated with the condition.

What Causes Sexual Disorders?

Hormonal Causes

- **Hypogonadism** - an underfunctioning of the testes, so that testosterone levels are very low.
- **Hyperprolactinemia** - excessive production of prolactin.

What Causes Sexual Disorders?

Premature Ejaculation Defined

- According to Helen Singer Kaplan it is the absence of voluntary control of orgasm (the male has little control over when he orgasms)
- Sociobiologists consider it an evolutionary process they label “survival of the fastest.” (e.g., the average time from penis insertion in the vagina to ejaculation is 7 seconds in chimpanzees).
- Masters & Johnson defined it as the inability to delay ejaculation long enough for the woman to have an orgasm at least 50% of the time.

What Causes Sexual Disorders?

Premature Ejaculation

- Premature ejaculation is more often caused by psychological than physical factors.
 - Physical factors such as a local infection or a nervous system degeneration may be involved in cases of acquired disorder.

What Causes Sexual Disorders?

Male Orgasmic Disorder

- Most commonly associated with psychological factors.
- May be associated with a variety of medical or surgical conditions, such as:
 - multiple sclerosis
 - spinal cord injury
 - prostate surgery

What Causes Sexual Disorders?

Female Orgasmic Disorder

- Most cases are caused by psychological factors.
- May be caused by physical factors, such as:
 - A severe illness
 - General ill health
 - Extreme fatigue
 - Injury to the spinal cord

What Causes Sexual Disorders?

Dyspareunia

- Painful intercourse in women is often caused by organic factors:
 - Disorders of the vaginal entrance
 - Disorders of the vagina
 - Pelvic disorders

What Causes Sexual Disorders?

Dyspareunia

- Painful intercourse in men can often be caused by a variety of organic factors:
 - For an uncircumcised man, poor hygiene may be the cause.
 - Prostate problems may cause pain on ejaculation.

What Causes Sexual Disorders? Drugs and Alcohol

- Some drugs may have side effects that cause sexual disorders.
- Effects of alcohol vary considerably.

What Causes Sexual Disorders?

Marijuana

- Many respondents report that marijuana increases sexual desire
- Chronic users report decreased sexual desire.

What Causes Sexual Disorders?

Cocaine

- Said to increase sexual desire
- Chronic use is associated with
 - loss of desire
 - orgasmic disorders
 - erectile disorders

What Causes Sexual Disorders?

Stimulant Drugs

- Stimulant drugs such as *amphetamines* are associated with increased sexual desire, but in some cases, orgasm becomes impossible or difficult.
- People high on *crystal methamphetamine* (ice) have a tendency to engage in risky sexual behaviors.

What Causes Sexual Disorders?

Opiates

- *Opiates* or narcotics such as:
 - Morphine
 - Heroin
 - Methadone

have strong suppression effects on sexual desire and response.

- Long-term use of heroin leads to decreased testosterone levels in males.

What Causes Sexual Disorders?

Psychiatric Drugs

- Psychiatric drugs alter functioning of the central nervous system which, in turn, affects sexual functioning.
- Some antidepressants are associated, in both men and women, with
 - arousal problems
 - delayed orgasm problems

<i>Drug</i>	<i>How It Affects Sexual Functioning</i>	<i>Common Medical Uses</i>
1. Psychoactive Drugs		
Antianxiety drugs/tranquilizers		Anxiety, panic disorders
Buspirone	Enhanced desire, orgasm	
Benzodiazepines (Librium, Valium, Ativan)	Decreases hypoactive desire, improves premature ejaculation	
Antidepressants I: Tricyclics	Desire disorders, erection problems, orgasm problems, ejaculation problems May treat hypersexuality, premature ejaculation	Depression
Antidepressants II: Serotonin reuptake inhibitors (Paxil, Prozac, Zoloft)	Desire disorders, erection problems, orgasm problems	Depression, obsessive-compulsive disorder, panic disorders
Lithium	Desire disorders, erection problems	Bipolar disorder
Antipsychotics Thorazine, Haldol	Desire disorders, erection problems, orgasm problems, ejaculation problems	Schizophrenia
2. Antihypertensives		
Reserpine, Methyldopa	Desire disorders, erection difficulties, orgasm delayed or blocked	High blood pressure
Ace inhibitors (Vasotec)	Erection difficulties	
3. Substance Use and Abuse		
Alcohol	At low doses, increases desire At high doses, decreases erection, arousal, orgasm Alcoholism creates many disorders and atrophied testicles, infertility	
Nicotine	Decreases blood flow to penis, creates erectile disorder	
Opioids		
Endogenous: Endorphins	Sense of well-being and relaxation	
Heroin	Decrease in desire, orgasm, ejaculation, replaces sex	
Marijuana	Enhances sexual pleasure but not actual performance; chronic use decreases desire	

Sources: Ashton (2007); Meston et al. (2004); Segraves & Balon (2003).

What Causes Sexual Disorders?

Psychological Causes

- **Immediate causes** - various things that happen in the act of lovemaking itself that inhibit the sexual response.
- **Prior learning** - things people learned earlier (childhood, adolescence, earlier adulthood), which now inhibit their sexual response.

What Causes Sexual Disorders?

Psychological Causes

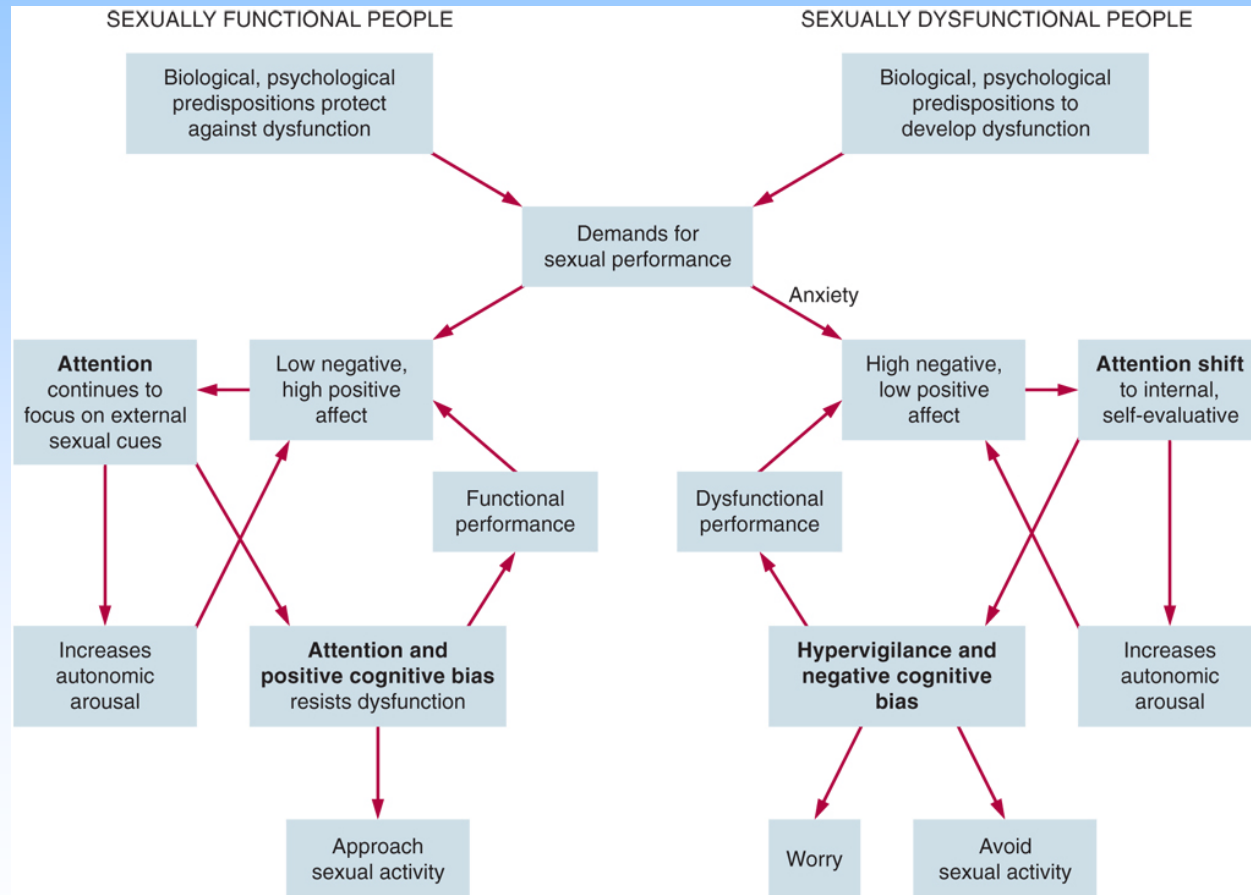
- **Cognitive interference** - thoughts that distract the person from focusing on erotic experience.
- **Spectatoring** - when the person behaves like a judge of his or her own sexual performance.
- **Failure of the partners to communicate** - one of the more important and immediate causes of sexual disorders.

What Causes Sexual Disorders?

Psychological Causes

- **Emotional factors** such as depression, anger, sadness and anxiety can interfere with sexual responding.
- **Behavioral or lifestyle factors** such as smoking, alcohol consumption, and obesity are all associated with higher rates of sexual disorders.

Cognitive Interference and Sexual Disorders



What Causes Sexual Disorders?

Psychological Causes

- **Interpersonal factors**
 - Disturbances in a couple's relationship.
 - Anger or resentment toward one's partner.
 - Fear of intimacy can cause a person to draw back from a sexual relationship before it becomes truly fulfilling.

Sexual Disorder Causes

- A New View of Women's Sexual Problems
 - Previous diagnostic categories are inadequate
 - treat male and female sexuality as equivalent
 - ignore the relational context of sexuality and the desire for emotional intimacy
 - ignore differences among women and naturally occurring variations in women's sexuality

Choosing a Sex Therapist

- There is no licensing for sex therapists.
- Your local medical association or psychological association can provide a list of psychiatrists or psychologists.
- There are professional organizations of sex therapists.
- Sex therapy online (e.g. [Dr. Patti Britton](#))

Therapies for Sexual Disorders

- **Behavior therapy** - eliminates goal-oriented sexual performance.
 - Rational Emotive Therapy & Cognitive Therapy , 2 weeks notice
 - **Sensate focus exercises** - gradually increase the sexual component as the couple successfully completes assignments.

Therapies for Sexual Disorders

- **Couple therapy**
 - Sexual and performance anxiety reduction
 - Education and cognitive intervention
 - Script assessment and modification
 - Conflict resolution and relationship enhancement
 - Relapse prevention training

Specific Treatment for Specific Problems

- **Stop-start technique** - used in the treatment of premature ejaculation.
- **Kegel exercises** - strengthen the pubococcygeal muscle (PC muscle) along the sides of the vagina.
- **Bibliotherapy** - using self-help books to treat a disorder.

Some Practical Advice

- Principles that emerge from sex therapists' work:
 - Communicate with your partner.
 - Don't be a spectator.
 - Don't set up goals of sexual performance.
 - Be choosy about the situations in which you have sex.
 - Realize that failures will occur.

Biomedical Therapies: Drug Treatments

- **Viagra** (sildenafil), **Cialis** (tadalafil), and **Levitra** (vardenafil)
 - treat erectile disorders
 - do not seem to cause priapism (an erection that won't go away)
- **Intrinsa**, a testosterone patch for postmenopausal women experiencing low sexual desire, is in clinical trials.

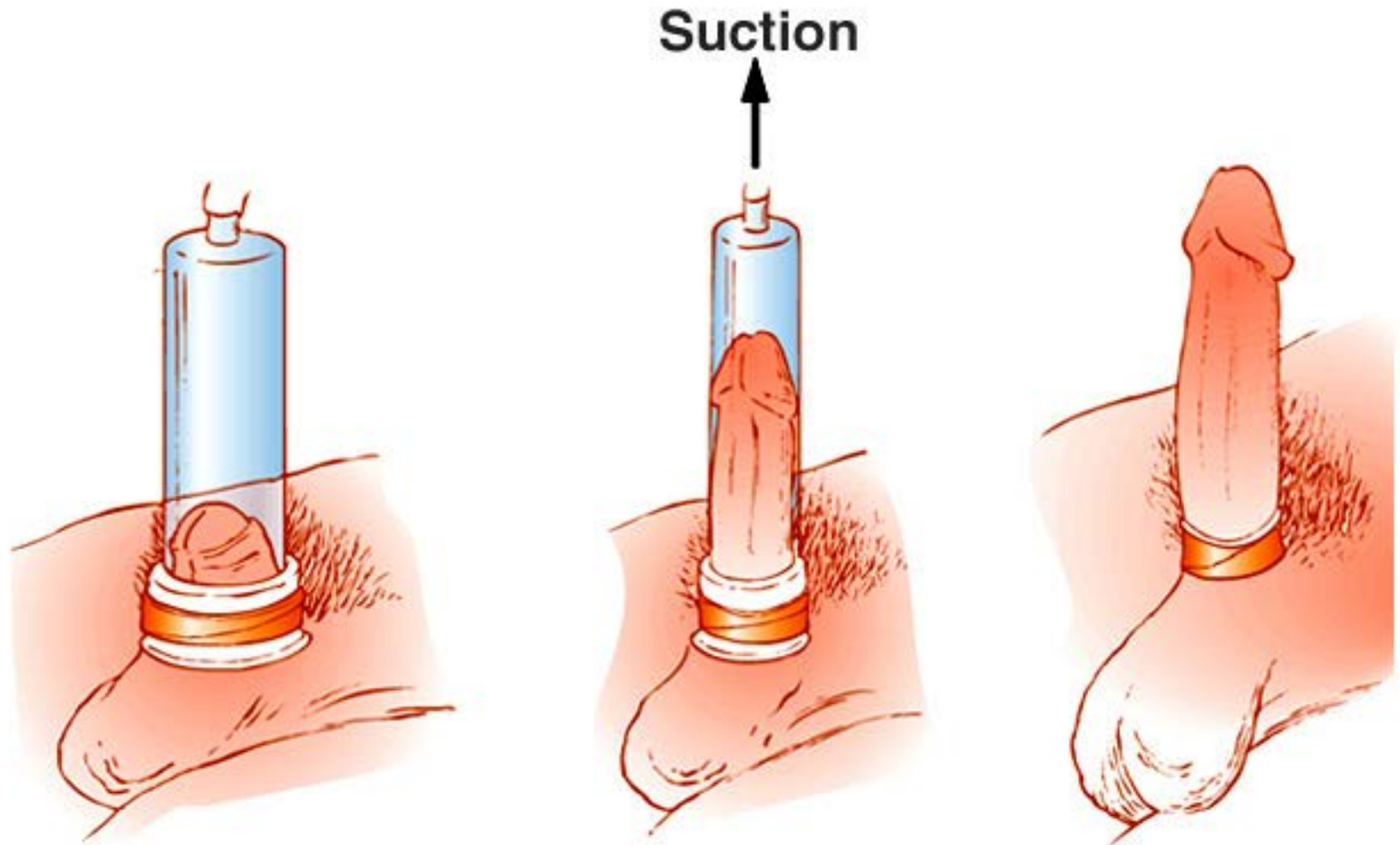
Biomedical Therapies

- Suction devices
 - A tube is placed around the penis until a reasonably firm erection is present.
 - Can be helpful in combination with cognitive-behavioral couple therapy.

Biomedical Therapies

- Surgical therapy
 - The **inflatable penis** involves implanting a **prosthesis** into the penis.
 - This is radical treatment that should be reserved for cases that have not been cured by sex or drug therapy.

Treatment for Erectile Disorder



Erection Enhancement System - The Vaculect Penis Pump
(OTC) – Available from the Sinclair Institute

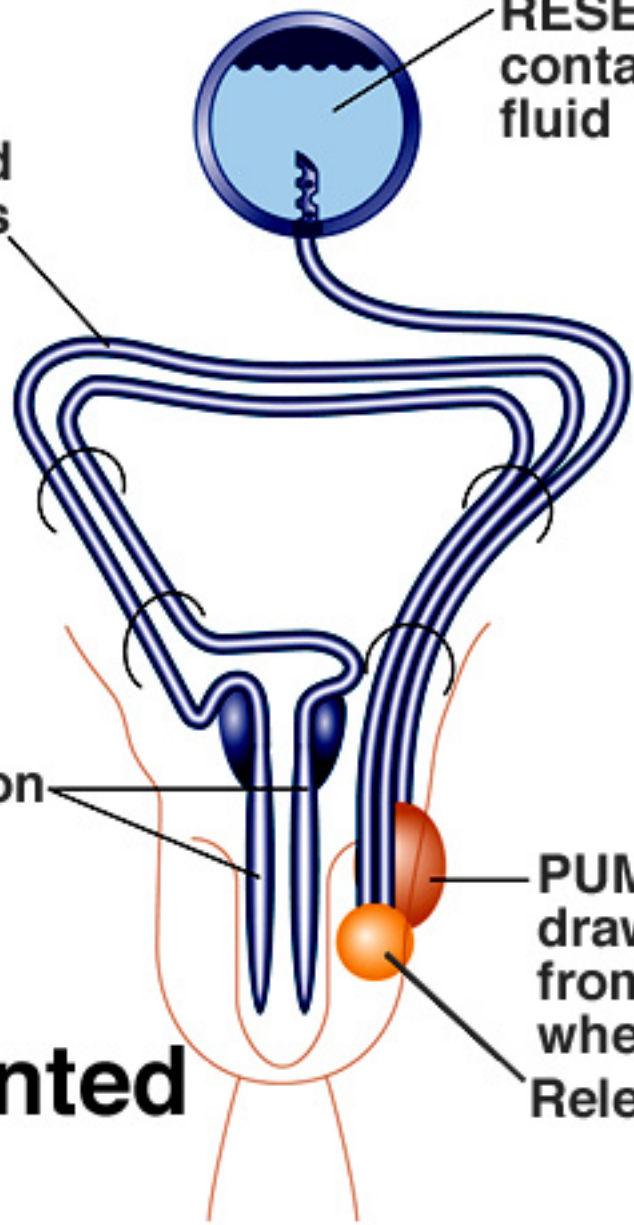
TUBING
carries fluid
to cylinders

RESERVOIR
contains
fluid

CYLINDERS
cause erection
when filled
with fluid

PUMP
draws fluid
from reservoir
when squeezed
Release valve

Surgically Implanted Prosthesis



Critiques of Sex Therapy

- Masters and Johnson reported a failure rate of about 20%, which implied a success rate of 80%.
- There is a lack of carefully controlled studies that investigate the success of various therapies compared with other therapies.

Critiques of Sex Therapy

- Disorders may be given a quick fix with drugs while the patient's anxieties and relationship problems are ignored.
- We must be sensitive to the values expressed in labeling something as being, or someone as having, a “disorder.”

Sex Therapy in the AIDS Era

- AIDS, herpes, and genital warts (HPV) put modern sex therapy into a new cultural context.
 - People are more interested in maintaining a long-term monogamous relationship.
 - Communication skills training has become increasingly important.