An Overview of Sexual Dysfunction

Dr Ellen Harley dispels the myths and gives us the hard facts on sexual issues and how to work on overcoming them.

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Sexual development is a complex and interactive process involving sexual differentiation into male or female and the development of gender identity, sexual responsiveness, and the capacity for close intimate relationships. All these take place at different stages of a person's life, from pre-natal, childhood, adolescence, adulthood, to mid-life. Within the course of this process, difficulties and problems can occur.

In the early twentieth century, the most popular approach to examining sexual problems was the psychoanalytical approach, which viewed sexual problems as symptoms of a disorder of personality development. This contrasts with the predominant Victorian conceptualisation of sexual dysfunction as "moral degeneracy".

In the 1950's and 1960's, more direct behavioural interventions were used to treat sexual dysfunctions. These were based on learning theories and underpinned by the assumption that anxiety was the major cause of sexual dysfunction. In 1970 Masters and Johnson published "*Human Sexual Inadequacy*" viewing anxiety as central to the development and maintenance of sexual dysfunction. The work of Masters & Johnson shifted the consideration of sexual problems away from the framework of psychopathology to those of learning theories. They divided the sexual response into four phases where dysfunctions can occur: excitement phase, plateau phase, orgasmic phase and resolution phase. They paid little attention to problems of sexual desire. Another American sexologist Kaplan in 1977 also described anxiety as an important aetiological factor. She put an emphasis on the desire phase thereby making a division between interest and function. This was later reflected in the systems of classification of sexual problems, which are divided into disorders of desire, of arousal and of orgasm.

What is sexual dysfunction?

ICD 10 (World Health Organisation 1992) defines sexual dysfunction as "the persistent impairment of the normal patterns of sexual interest or response". It specifies that the dysfunction needs to be present for at least six months and is not entirely attributable to any of the other mental or behavioural disorders, physical disorders or drug treatment.

Sexual dysfunctions can be lifelong (you've always had it) or acquired; occur in all situations or just within a certain situation or with a specific partner. Sexual dysfunction can be caused by psychological or physical factors, or combination of both.

What is Paraphilia?

The term 'paraphilia' describes sexual activities that are seen as 'perverted' or 'deviated'. The term means an attraction (philia) to something that is outside the normal range (para). Paraphilia describes a sexual behaviour that dominates and directs a person's sexual practices, which becomes central to the individual's sexual excitement in so far that this cannot occur without the paraphilic behaviour. Some of the better known activities are fetishism (objects or part of a body), exhibitionism, voyeurism, paedophilia, sadomasochism.

What are the different types of Sexual Dysfunction

Sexual Desire Disorders

Sexual Desire Disorders are about the impairment of sexual interest. Sexual desire motivates you to have sex. Desire is experienced more continuously by men across the life cycle, but tends to be more variable in women, and can be influenced by a number of contextual determinants including hormonal and relationship factors. Men with sexual desire problems tend not to initiate sexual expression and women tend not to respond to initiation. Lack of sexual desire can also reflect in infrequent masturbation.

Lack of sexual desire can be the primary problem, or as a result of other sexual difficulties such as arousal and orgasmic problems or dyspareunia.

Sexual Arousal Disorders

Sexual arousal or excitement is characterised by complementary changes in the genital organs of both men and women. Due to dilatation of blood vessels the penis enlarges and hardens and the vagina reacts by swelling and moistening in order to accommodate the penis. In men, disorder in this sexual phase is termed erectile dysfunction (impotence) when erection is insufficient for intercourse to take place.

For women, there is a failure of genital response, experienced as lack of vaginal lubrication. Other deficiencies in arousal are shown by an absence of body responses, such as flushing of the face, an increase in spontaneous body movements, and a corresponding increase of heart and respiratory rates.

Orgasmic Disorders

Orgasmic dysfunction occurs when orgasm either does not happen or is markedly delayed. In addition to absence of ejaculation men may suffer from problems such as premature ejaculation, when ejaculation occurs before or very soon after the beginning of intercourse, with minimal sexual stimulation. Retarded ejaculation may occur in men. This is a situation where it becomes difficult or impossible to reach orgasm and ejaculate.

What causes Sexual Dysfunction?

The causes of sexual dysfunction are complex and tend to be inter-related. They can be broadly divided into three categories:

- Physical and health factors
- Psychological factors
- Relationship factors

Physical and Health Factors

General Health

In men, the most common biological causes of erectile dysfunction are high blood pressure, diabetes, endocrine disorders, heart diseases, multiple sclerosis, trauma or fractures to the pelvic area or spinal cord. Other risk factors which affect all categories of sexual dysfunction include smoking and alcohol abuse.

In women, problems such as multiple sclerosis, diabetes, pelvic vascular disease, urinary tract infections and alcohol abuse are known to affect arousal and orgasmic response. Ageing, with all its associated effects on the human body, can have a negative effect on sexual functioning.

Hormonal and Endocrine factors

Loss of interest in sex is a common complaint amongst men suffering from high levels of prolactin in the body. This condition also affects women in terms of desire level and reduced sexual activity and can contribute to infertility. Certain medications, such as antipsychotics, can raise prolactin levels as a side effect. Circulating levels of androgens and oestrogen affect sexual function in both men and women. Perimenopausal and menopausal women have reported loss in sexual interest which could be due to significantly lower androgen levels and also a host of relationship and psychosocial factors associated with menopause .

Medication

Certain medications which act on neurotransmitter systems involving dopamine and serotonin are associated with sexual dysfunction. A wide variety of medications are implicated. These include medication for the treatment of psychosis, diabetes, high blood pressure, asthma, heart problems, depression, and for reduction of cholesterols.

Psychological factors

Genital responses are associated with erotic sensations that increase arousal and ultimately lead to orgasm. The willingness to have intercourse, the ability to relax and to concentrate on sensations is vital in the process. A person needs to feel comfortable about his/her body and the physical changes that occur. Additionally he/she needs to feel safe enough to allow these changes to happen in front of another person. When in a sexually aroused state a person becomes more vulnerable, anything that interferes with the comfort and security during a sexual encounter is likely to impair sexual responses. Low mood, anger, anxiety, hostility, resentment all cause disruption in normal sexual functioning. Psychological disturbances occur in mental illness, stressful situations. Experience of childhood sexual abuse, trauma, and cultural and religious beliefs can lead to negative feelings about sex. These psychological factors can at the same time contribute to relationship difficulties.

Relationship Factors

Sometimes sexual problems tend to reflect relationship difficulties. A vicious cycle may develop where relationship difficulties contribute to sexual dysfunction, which in turn perpetuate or worsen the relationship problems. Relationship problems can be due to poor communication, inability to resolve conflict, boundary issues, and cultural differences between partners. All of these lead to pervasive hostility and avoidance. Sometimes issues can affect one partner predominantly rather than the relationship as a whole. This, for example, may be due to a partner being either mentally or physically ill, suffering from a sexual dysfunction, having an affair or being extremely possessive and suspicious.

How to treat sexual dysfunction?

An experienced sex and relationship therapist will be able to identify the underlying causes of what contribute to the problem and direct you to appropriate help. Likewise your GP should be able to do

that. If the sexual difficulties are a result of physical and health problems then your GP will treat this or refer you to relevant specialists. If the problems are related to psychological, emotional and relationship difficulties, then sex and relationship therapy will be necessary.

There are various therapy approaches to treat sexual dysfunction. These include cognitive behavioural therapy, systemic and solution focused methods. Sometimes individual sessions can be incorporated into the couple therapy, and indeed may be necessary for the therapist to gain more insight into the problem, and to help individual partners to make important changes that can positively impact on the couple relationship as a whole.