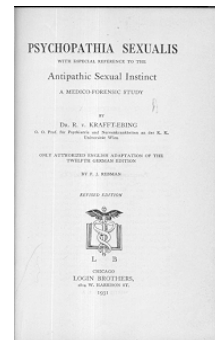


## Psychosexual disorders

Dept. of Psychiatry and  
Psychotherapy  
Pécs

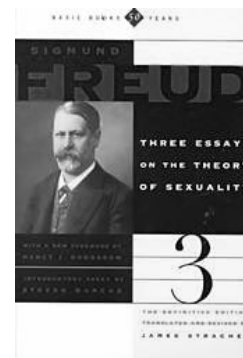


Krafft-Ebing  
(1840-1902)



Sigmund Freud

WHAT'S ON A MAN'S MIND



## Three categories of sexual disorders

- Sexual dysfunctions - disturbance of sexual arousal or sexual performance
- Paraphilias - culturally inappropriate or dangerous pattern of sexual arousal e.g. exhibitionism – „sexual deviation”
- Sexual identity disorders - dissatisfaction with own's biological sex, a desire to become a member of the opposite sex (e.g. transsexualism)

## Sexual dysfunctions

| Phases       | Dysfunction   |
|--------------|---|
| • Desire     | Hypoactive sexual desire disorder; sexual aversion disorder; hypoactive sexual desire disorder due to a general medical condition (male or female); substance-induced sexual dysfunction with impaired desire   |
| • Excitement | Female sexual arousal disorder; male erectile disorder (may also occur in stage 3 and in stage 4); male erectile disorder due to a general medical condition; dyspareunia due to a general medical condition (male or female); substance-induced sexual dysfunction with impaired arousal |
| • Orgasm     | Female orgasmic disorder; male orgasmic disorder; premature ejaculation; other sexual dysfunction due to a general medical condition (male or female); substance-induced sexual dysfunction with impaired orgasm  |
| • Resolution | Postcoital dysphoria; postcoital headache   |

### Sexual Dysfunction Not Correlated with Phases of the Sexual Response Cycle

| Category   | Dysfunctions  |
|--|---|
| <ul style="list-style-type: none"> <li>Sexual pain disorders</li> <li>Other</li> </ul> | Vaginismus (female) Dyspareunia (female and male)<br>Sexual dysfunctions not otherwise specified.<br>Examples:<br>1. No erotic sensation despite normal physiological response to sexual stimulation (e.g., orgasmic anhedonia)<br>2. Female analogue of premature ejaculation<br>3. Genital pain occurring during masturbation |

### Diagnostic Criteria for Sexual Dysfunction Due to a General Medical Condition

- Clinically significant sexual dysfunction that results in marked distress or interpersonal difficulty predominates in the clinical picture.
- There is evidence from the history, physical examination, or laboratory findings that the sexual dysfunction is fully explained by the direct physiological effects of a general medical condition.
- The disturbance is not better accounted for by another mental disorder (e.g., major depressive disorder).

### Diagnostic Criteria for Sexual Dysfunction

- Female hypoactive sexual desire disorder** : if deficient or absent sexual desire is the predominant feature.
- Male hypoactive sexual desire disorder** if deficient or absent sexual desire is the predominant feature.
  - Male erectile disorder** if male erectile dysfunction is the predominant feature.
  - Female dyspareunia** : if pain associated with intercourse is the predominant feature.
  - Male dyspareunia** : if pain associated with intercourse is the predominant feature.
  - Other female sexual dysfunction** : if some other feature is predominant (e.g., orgasmic disorder) or no feature predominates.
  - Other male sexual dysfunction** if some other feature is predominant (e.g., orgasmic disorder) or no feature predominates.

### Neurotransmitter Effects on Sex Function

|                        | Dopamine | Serotonin | Adrenergic             | Cholinergic |
|------------------------|----------|-----------|------------------------|-------------|
| Erection               | ++       | +/-       | $\alpha, \beta$<br>- + | +/-         |
| Ejaculation and orgasm | +/-      | +         | +<br>$\alpha_1$        | +/-         |

### Etiological factors

- Biological, medical illnesses
- general medical conditions
- Substances use dependency
- Psychological (learning, analytical, - traumas, communication failure)
- drugs – side effects
- E.g

### Paraphilias

- Pedophilia
- Exhibitionism
- Voyeurism
- Frotteurism
- Sexual masochism
- Transvestic fetishism
- Sexual sadism
- Fetishism
- Zoophilia
- Coprophilia
- Urophilia
- Telephon scatologia
- Computer scatologia
- Necrophilia

## Gender identity disorders I.

- Gender identity disorder
  - Transsexualism
  - Adolescent/adult gender identity disorder
  - Childhood gender identity disorder

## Gender identity disorders II.

- Gender identity disorder NC
  - Intersexual disorders (etc.: androgen resistency, congenital adrenal hyperplasia) and related discomfort
  - Transient, stress-related cross-dressing

**Table 17-3.** Frequency of self-reported sexual problems in "normal couples"

| Problem                            | Percent |     |
|------------------------------------|---------|-----|
|                                    | Women   | Men |
| <b>Sexual dysfunctions—women</b>   |         |     |
| Difficulty getting excited         | 48      |     |
| Difficulty in reaching orgasm      | 46      |     |
| Difficulty maintaining excitement  | 33      |     |
| Inability to have an orgasm        | 15      |     |
| Reaching orgasm too quickly        | 11      |     |
| <b>Sexual dysfunctions—men</b>     |         |     |
| Ejaculating too quickly            |         | 36  |
| Difficulty maintaining an erection |         | 9   |
| Difficulty getting an erection     |         | 7   |
| Difficulty in ejaculating          |         | 4   |
| Inability to ejaculate             |         | 0   |

Source. Adapted from Frank E, Anderson C, Rubenstein D: Frequency of sexual dysfunction in "normal couples." N Engl J Med 229:111-115, 1978.

### Recommendations for treatment of the sexual dysfunction disorders

1. Learn to take a sexual history without shame or embarrassment. Patients will detect your anxiety, which will only serve to increase their own.
2. Don't apologize for asking intimate questions. How couples behave sexually is important to assess.
  - Most couples will be surprisingly forthcoming in describing their sex life.
3. Both members of the couple need to participate in the therapy, which may be used with equal success in heterosexual and homosexual couples.
4. The principles of dual sex therapy are relatively simple to learn and emphasize education about sexual functioning, assisting couples to communicate better, and correcting dysfunctional attitudes about sex that one or both partners may hold.
5. Therapy involves homework assignments, which assist the couple in learning to increase sensory awareness. Techniques may include self-masturbation, sensate focus exercises, special coital techniques, and learning to separate pleasure from physiological response (e.g., erection).

## Some aspects of the therapy

- Drugs – if needed /symptomatology, general th, viagra, cialis, anxiolytics e.g./
- Dual sex therapy – both partners
- Review of the psychological and psychological aspects of sexual functioning and an evaluation of the couple's attitudes about sexual
- ability to communicate
- suggestion are made for specific sexual activity
- sexual relations are emphasized as natural and healthy
- relatively brief sex therapy (i.e.,8-12)
- focuses correcting dysfunctional behavior, not on interpreting
- exercises may focus on increasing sensory awareness of erogenous zones, so that couples can learn to give and receive bodily pleasure (i.e."sensate focus").

### Recommendations for treatment of the paraphilic patient

1. The history is of utmost importance in treating the paraphilic patient. The therapist must learn where and when the behavior occurs, who or what the desired object is, and what occurs in the presence of the object.
  - Most paraphilic patients have a variety of abnormal behaviors, and the therapist is safe in assuming that more are present than are initially disclosed by the patient.
2. Paraphilic patients are notoriously difficult to treat, but behavior therapy techniques may offer the best hope for success. The purpose of these techniques is to reduce deviant arousal patterns and to generate new arousal in response to nondeviant themes.
  - Methods may include masturbatory satiation and conditioning, social skills training, and cognitive restructuring.
3. Antiandrogens are promising treatments for severe repeat offenders whose actions are uncontrolled or dangerous. Do not casually prescribe these medications.
4. You may want to refer difficult cases to therapists who have experience in treating these disorders.

Thank you for attention !