
بسم الله الرحمن الرحیم

Psychological Causes and Treatment of Male Sexual Dysfunction

Dr. Mehrdad Kazemzadeh Atoofi

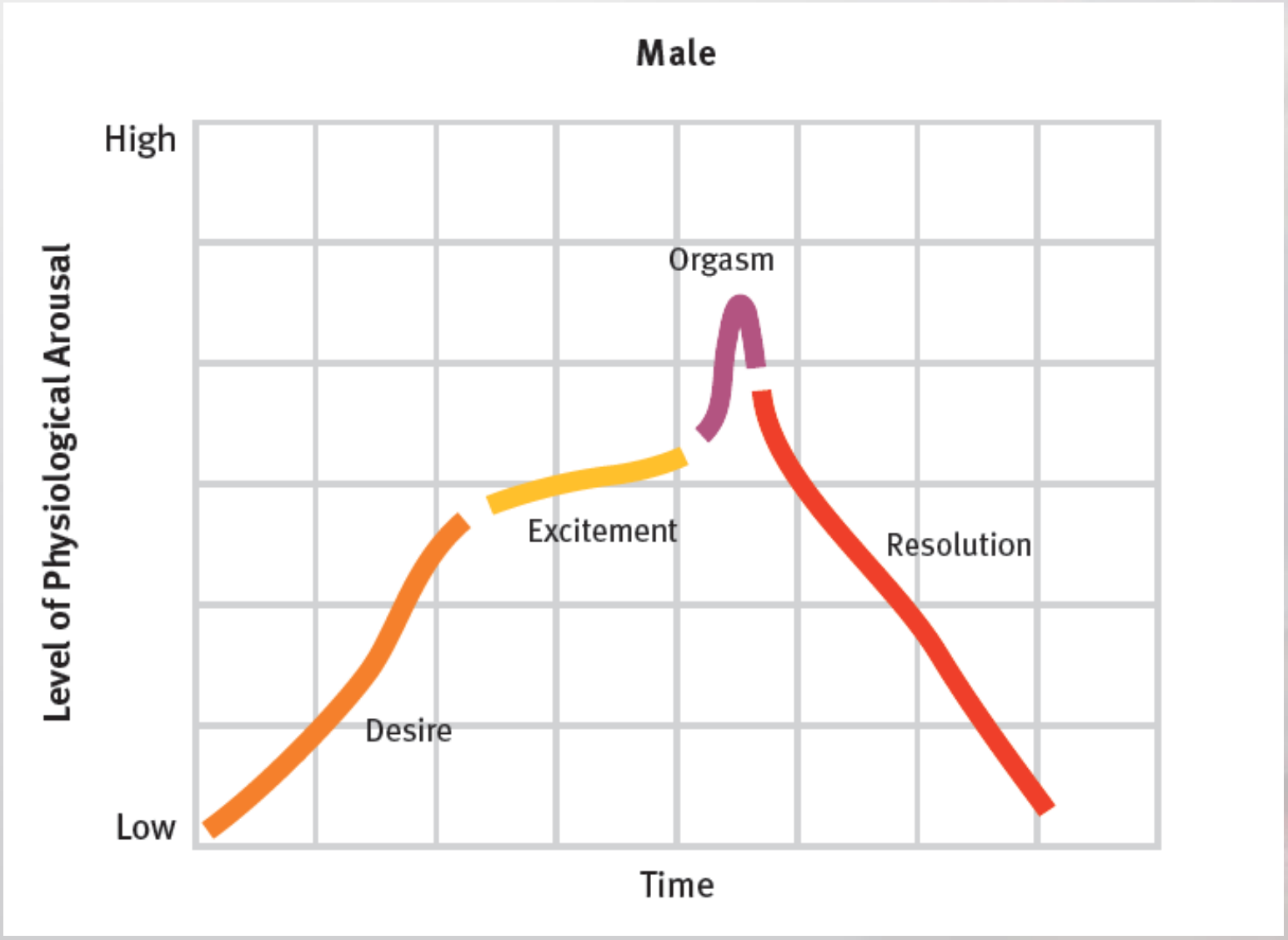
Sexual Dysfunctions

- Sexual dysfunctions are disorders in which people cannot respond normally in key areas of sexual functioning
  - As many as 31% of men and 43% of women in the U.S. suffer from such a dysfunction during their lives
- Sexual dysfunctions are typically very distressing, and often lead to sexual frustration, guilt, loss of self-esteem, and interpersonal problems
  - Often these dysfunctions are interrelated; many patients with one dysfunction experience another as well

Sexual Dysfunctions

- The human sexual response can be described as a cycle with four phases:
  - Desire
  - Excitement
  - Orgasm
  - Resolution
- Disorder of sexual desires affect one or more of the first three phases

The Normal Sexual Response Cycle - Male



Sources of Sexual Problems:

Neurological

Hormonal

Vascular

Use and Abuse of Alcohol and other Recreational Drugs

SSRIs (Selective Serotonin Reuptake Inhibitors)

Psychological

Sources of Sexual Problems: Psychological Causes

Frequency

Types

- Fear Of . . .
- Anxiety About . . .
- Guilt Over . . .
- Stress Due to . . .
- Other Psychological Causes

Sources of Sexual Problems: Psychological Causes (cont.)

Table 7.5 COMMON PSYCHOLOGICAL CAUSES OF SEXUAL PROBLEMS

FEAR OF . . .	ANXIETY ABOUT . . .	GUILT OVER . . .	STRESS DUE TO . . .	OTHER CAUSES
Pregnancy	Relationship issues	Lack of feelings for partner	Job or work	Feelings of powerlessness
Infertility	Money	Unfaithfulness	Money	Feeling trapped
Abuse	Ability to respond	Masturbation	Nonsexual relationship problems	Past or current abuse
Partner violence	Ability to please partner	Sexual fantasies	Family problems	Posttraumatic stress
Transmitting or contracting STIs	Lack of sexual experience or knowledge	Past behaviors	Illness	Poor self-image
Pain	Infertility	Betrayal of partner	Loss or grief	Low self-esteem
Being walked in on during sex	Pregnancy	Lying	Children and child rearing	Loss or grief
	Past sexual trauma	Cheating	Other family responsibilities	Serious illness (self or loved ones)
	Childhood sexual abuse	Other deception		Infertility
		Repressive family environment in childhood		Physical or sexual abuse by partner

Sources of Sexual Problems: Relationship Issues

- Loss of Trust
- Poor Communication
- Anger and Resentment
- Conflicting Sexual Expectations
- Lack of Respect
- Loss of Love
- Interactions Among the Above 6 Factors

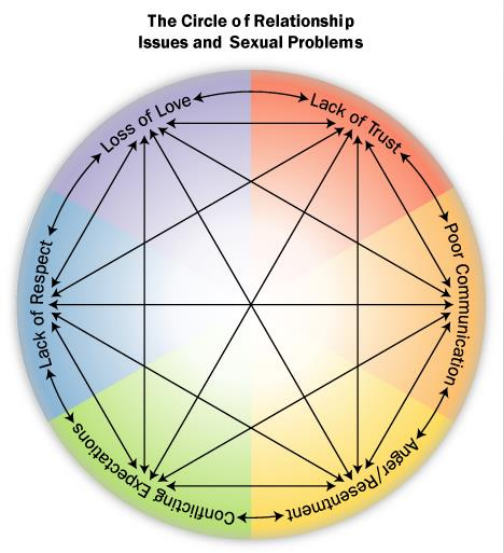


FIGURE 7.1 The Circle of Relationship Issues and Sexual Problems

Any single relationship factor on the circle may lead to, or be caused by, any other factor, which may in turn cause another relationship problem, and so on, until sexual intimacy is lost.

Disorders of Desire

- Desire phase of the sexual response cycle
  - Consists of an urge to have sex, sexual fantasies, and sexual attraction to others

One dysfunctions affect this phase:

- Male hypoactive sexual desire disorder

Disorders of Desire

- A person's sex drive is determined by a combination of biological, psychological, and sociocultural factors, and any of these may reduce sexual desire
- Most cases of low sexual desire or sexual aversion are caused primarily by sociocultural and psychological factors, but biological conditions can also lower sex drive significantly

DSM-5 Checklist

Male Hypoactive Sexual Desire Disorder

1. Persistent or recurrent deficiency of sexual thoughts or fantasies and desire for sexual activity, lasting 6 months or more.

2. Significant distress or impairment.

Female Sexual Interest/Arousal Disorder

1. Lack of sexual interest and/or arousal, lasting for 6 months or more, and consisting of at least three of the following: • Absent/reduced frequency or intensity of sexual interest • Absent/reduced frequency or intensity of sexual thoughts or fantasies • Absent/reduced frequency of sexual initiation or receptiveness to a partner's sexual initiation • Absent/reduced frequency or intensity of sexual excitement or pleasure during almost all sexual encounters • Absent/reduced frequency or intensity of responsiveness to sexual cues • Absent/reduced frequency or intensity of genital or nongenital sensations during almost all sexual encounters.

2. Significant distress or impairment.

Based on APA, 2013, 2012.

Disorders of Desire

Psychological causes

- A general increase in anxiety, depression, or anger may reduce sexual desire in both men and women
- Fears, attitudes, and memories may contribute to disorder of sexual desire
- Certain psychological disorders, including depression and obsessive-compulsive disorder, may lead to sexual desire disorders

Disorders of Desire

Sociocultural causes

- Attitudes, fears, and psychological disorders that contribute to sexual desire disorders occur within a social context
  - Many sufferers of desire disorders are feeling situational pressures
    - Examples: divorce, death, job stress, infertility, and/or relationship difficulties
  - Cultural standards can set the stage for development of these disorders
  - The trauma of sexual molestation or assault is especially likely to produce disorder of sexual desire

Disorders of Excitement

Psychological causes

- Any of the psychological causes of hypoactive sexual desire can also interfere with arousal and lead to erectile dysfunction
  - For example, as many as 90% of men with severe depression experience some degree of ED
- One well-supported cognitive explanation for ED emphasizes performance anxiety and the spectator role
  - Once a man begins to have erectile difficulties, he becomes fearful and worries during sexual encounters; instead of being a participant, he becomes a spectator and judge
    - This can create a vicious cycle of disorder of sexual desire where the original cause of the erectile failure becomes less important than the fear of failure

Disorders of Excitement

DSM-5 Checklist

Erectile Disorder

1. Presence of one of the following symptoms during almost all occasions of sexual activity, lasting 6 months or more: • Marked difficulty obtaining an erection • Marked difficulty maintaining an erection until completion of sexual activity • Marked decrease in erectile rigidity that interferes with sexual activity.

2. Significant distress or impairment.

Based on APA, 2013, 2012.

Disorders of Excitement

Sociocultural causes

- Each of the sociocultural factors tied to hypoactive sexual desire has also been linked to ED
  - Job and marital distress are particularly relevant

Disorders of Orgasm

- Orgasm phase of the sexual response cycle
  - Sexual pleasure peaks and sexual tension is released as the muscles in the pelvic region contract rhythmically
    - For men: semen is ejaculated
- There are Two disorders of this phase:
  - Early ejaculation
  - Delayed ejaculation

DSM-5 Checklist

Premature Ejaculation

1. During almost all occasions of sexual activity with a partner, ejaculation within one minute of beginning the activity and before the person wishes it.
2. Difficulty lasts 6 months or more.
3. Significant distress or impairment.

Delayed Ejaculation

1. Marked delay, infrequency, or absence of ejaculation during almost all occasions of sexual activity with a partner. Pattern lasts 6 months or more.
2. Significant distress or impairment.

Female Orgasmic Disorder

1. Presence of one of the following symptoms during almost all occasions of sexual activity, lasting 6 months or more: • Marked delay, infrequency, or absence of orgasm • Markedly reduced intensity of orgasmic sensation.
2. Significant distress or impairment.

Based on APA, 2013, 2012.

Disorders of Orgasm – Early Ejaculation

- Characterized by persistent reaching of orgasm and ejaculation with little sexual stimulation
  - As many as 30% of men experience rapid ejaculation at some time
- Psychological, particularly behavioral, explanations of this disorder have received more research support than other explanations
  - The dysfunction seems to be typical of young, sexually inexperienced men
  - It may also be related to anxiety, hurried masturbation experiences, or poor recognition of arousal

Disorders of Orgasm – Delayed Ejaculation

- Characterized by a repeated inability to reach orgasm or by a very delayed orgasm after normal sexual excitement
  - Occurs in 8% of the male population
- Biological causes include low testosterone, neurological disease, and head or spinal cord injury
- A leading psychological cause appears to be performance anxiety and the spectator role, the cognitive factors involved in ED

Disorders of Orgasm- Female Orgasmic Disorder

Psychological causes

- The psychological causes of hypoactive sexual desire and sexual aversion, including depression, may also lead to female arousal and orgasmic disorders
- Memories of childhood trauma and relationship distress may also be related

Unconsummated marriage

Unconsummated marriage, is also referred to as ‘honeymoon impotence’, is a term that is used to describe a situation in which sexual intercourse between a married man and woman has not yet taken place.

The exact prevalence of this phenomenon is unknown, but is thought to be more common in more traditional and religious cultures.

Treatments for Sexual Dysfunctions

- The last 40 years have brought major changes in the treatment of disorder of sexual desire
  - Early 20th century: psychodynamic therapy
    - Believed that disorder of sexual desire was caused by a failure to progress through the stages of psychosexual development
    - Therapy focused on gaining insight and making broad personality changes; was generally unhelpful
- 1950s and 1960s: behavioral therapy
- 1970: Human Sexual Inadequacy

What Are the General Features of Sex Therapy?

- Modern sex therapy is short-term and instructive
  - Therapy typically lasts 15 to 20 sessions
  - It is centered on specific sexual problems rather than on broad personality issues

What Are the General Features of Sex Therapy?

- Modern sex therapy focuses on:

  - Assessment and conceptualization of the problem
  - Mutual responsibility
  - Education about sexuality
  - Emotion identification
  - Attitude change
  - Elimination of performance anxiety and the spectator role
  - Increasing sexual and general communication skills
  - Changing destructive lifestyles and marital interactions
  - Addressing physical and medical factors

What Techniques Are Applied to Particular Dysfunctions?

- Disorders of Desire
  - These disorders are among the most difficult to treat because of the many issues that feed into them
  - Therapists typically apply a combination of techniques, which may include:
    - Affectual awareness, self-instruction training, behavioral techniques, insight-oriented exercises, and biological interventions such as hormone treatments

What Techniques Are Applied to Particular Dysfunctions?

- Erectile disorder
  - Treatments for ED focus on reducing a man's performance anxiety and/or increasing his stimulation
    - May include sensate-focus exercises such as the "tease technique"
  - Biological approaches have gained great momentum with the development of sildenafil (Viagra) and other erectile dysfunction drugs

What Techniques Are Applied to Particular Dysfunctions?

- Male orgasmic disorder
  - Like treatment for ED, therapies for this disorder include techniques to reduce performance anxiety and increase stimulation
  - When the cause of the disorder is physical, treatment may include a drug to increase arousal of the sympathetic nervous system

What Techniques Are Applied to Particular Dysfunctions?

- Early ejaculation
  - Premature ejaculation has been successfully treated for years by behavioral procedures such as the "stop-start" or "pause" procedure
  - Some clinicians use SSRIs, the serotonin-enhancing antidepressant drugs
    - Because these drugs often reduce sexual arousal or orgasm, they may be helpful in delaying premature ejaculation
    - Many studies have reported positive results with this approach

What Techniques Are Applied to Particular Dysfunctions?

- Delayed ejaculation
  - Therapies for delayed ejaculation include techniques to reduce performance anxiety and increase stimulation
  - When delayed ejaculation is caused by physical factors such as neurological damage or injury, treatment may include a drug to increase arousal of the sympathetic nervous system

What Are the Current Trends in Sex Therapy?

- Therapists are paying more attention to excessive sexuality, which is sometimes called hypersexuality or sexual addiction
- The use of medications to treat disorder of sexual desire is troubling to many therapists
  - They are concerned that therapists will choose biological interventions rather than a more integrated approach