

Sexual Disorders

What are Sexual Disorders?

Sex and human sexuality are a core part of being human, so it's natural to wonder about sex in all of its different forms. Sexual disorders are like people -- they come in all different kinds of shapes and sizes. A sexual disorder doesn't mean something is "wrong" with you. It only means that you're experiencing the kind of issue that can suddenly affect anyone, at any time in their lives, for any reason or no reason whatsoever.

The good news is that nowadays, having a sexual concern such as erectile dysfunction (ED) or problems with getting aroused is no big deal. There are a wide variety of treatments -- from medications to a specific form of psychotherapy - that can help virtually everyone with a sexual disorder, no matter what the concern.

What causes Sexual Disorders?

While many sexual issues can be traced back to a physical problem or a sudden change in one's life circumstances, many sexual disorders' causes are not well-known or understood.

Keep in mind as you read through this section that sexuality exists on a continuum. A concern only rises to the level of a "sexual disorder" if it is causing the person a great deal of distress in their life, and they would like to rectify the behaviour or problem. Some of the disorders listed below are otherwise considered healthy parts of normal human sexuality. For instance, if a person has a fetish and he or she is fine with it (and it's not causing other trouble in the person's life), then it's not considered a disorder.

Do I have a Sexual Disorder?

There are a number of signs and symptoms that are characteristic of a Sexual Disorder depending on the type of disorder.

Dyspareunia Symptoms

- Recurrent or persistent genital pain associated with sexual intercourse in either a male or a female.
- The disturbance causes marked distress or interpersonal difficulty.
- The disturbance is not caused exclusively by pelvic pain or lack of lubrication and is not better accounted for by another psychiatric problem (e.g., an anxiety disorder), by the direct physiological effects of a substance (e.g., a drug of abuse, a medication), or by a medical condition.

Erectile Disorder Symptoms

- Persistent or recurrent inability to attain, or to maintain until completion of the sexual activity, an adequate erection.
- The disturbance causes marked distress or interpersonal difficulty.

The erectile dysfunction is not better accounted for by another mental disorder (other than a sexual dysfunction) and is not due exclusively to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Exhibitionistic Disorder Symptoms

- Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the exposure of one's genitals to an unsuspecting stranger.
- The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Female & Male Orgasmic Disorder Symptoms

Female Orgasmic Disorder:

- Persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase. Women exhibit wide variability in the type or intensity of stimulation that triggers orgasm. The diagnosis of Female Orgasmic Disorder should be based on the clinician's judgment that the woman's orgasmic capacity is less than would be reasonable for her age, sexual experience, and the adequacy of sexual stimulation she receives.
- The disturbance causes marked distress or interpersonal difficulty.
- The orgasmic dysfunction is not better accounted for by another mental disorder (except another sexual dysfunction) and is not due exclusively to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Male Orgasmic Disorder (Delayed Ejaculation):

- Persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase during sexual activity that the clinician, taking into account the person's age, judges to be adequate in focus, intensity, and duration.
- The disturbance causes marked distress or interpersonal difficulty.
- The orgasmic dysfunction is not better accounted for by another mental disorder (except another sexual dysfunction) and is not due exclusively to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition.

Fetishistic Disorder Symptoms

The paraphiliac focus in Fetishistic Disorder (formerly known as Fetishism) involves the eroticization of nonliving objects and/or body parts for sexual gratification. Among the more common non-living fetish objects are women's underpants, bras, stockings, shoes, boots, or other wearing apparel. An individual with a fetish for a body part (e.g., feet, hair) will focus primarily on the eroticizes non-genital body part during sexual encounter. It is not uncommon for sexualized fetishes to include both inanimate objects and body parts (e.g., dirty socks with feet). Fetishistic disorder can be a multisensory experience, including holding, tasting, rubbing, inserting, or smelling the fetish object while masturbating, or preferring that a sexual partner wear or utilize a fetish object during sexual encounters. In the treatment seeking samples observed, this disorder occurs almost exclusively in males; women generally do not exhibit this disorder, and more information is needed to determine whether this disorder occurs in a significant degree within the female sex.

The person with Fetishism frequently masturbates while holding, rubbing, or smelling the fetish object or may ask the sexual partner to wear the object during their sexual encounters. Usually the fetish is required or strongly preferred for sexual excitement, and in its absence there may be erectile dysfunction in males.

Many individuals who self-identify as fetishist practitioners do not necessarily report clinical impairment in association with their fetish-associated behaviours. Such individuals could be considered as having a fetish but not fetishistic disorder. A diagnosis of fetishistic disorder requires clinically significant distress or impairment in functioning resulting from the fetish.

Specific Symptoms of Fetishism

- Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving the use of nonliving objects (e.g., female undergarments).
- The fantasies, sexual urges, or behaviours cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The fetish objects are not limited to articles of female clothing used in cross-dressing (as in Transvestic Fetishism) or devices designed for the purpose of tactile genital stimulation (e.g., a vibrator).

Specifiers added to the diagnosis of fetishistic disorder:

- Body part(s)
- Nonliving object(s)
- Other

When assigning a diagnosis, a clinician will also specify if:

- In a controlled environment: This specifier is primarily applicable to individuals living in institutional or other settings where opportunities to engage in fetishistic behaviors are restricted.
- In full remission: There has been no distress or impairment in social, occupational, or other areas of functioning for at least 5 years while in an uncontrolled environment.

Frotteuristic Disorder Symptoms

- Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving touching and rubbing against a nonconsenting person.
- The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Hypoactive Sexual Desire Disorder Symptoms (Males)

- In the DSM-5, this disorder describes an abnormally low level of desire for sexual activities in a man. For women, this disorder has been renamed Female Sexual Interest/Arousal Disorder.
- To meet for this diagnosis, the male must show, “persistently or recurrently deficient (or absent) sexual/erotic thoughts or fantasies and desire for sexual activity” to a degree that causes distress or impairments in the man’s life or interpersonal relationships. The judgment of deficiency or absence is made by the clinician, taking into account factors that affect sexual functioning, such as age and the context of the person’s life.
- The sexual dysfunction cannot be better explained by another mental disorder (except another sexual dysfunction), the direct physiological effects of a substance (e.g., a drug of abuse, a medication), or a general medical condition.

Premature (Early) Ejaculation Symptoms

- Persistent or recurrent ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it. The clinician must take into account factors that affect duration of the excitement phase, such as age, novelty of the sexual partner or situation, and recent frequency of sexual activity.
- The disturbance causes marked distress or interpersonal difficulty.
- The premature ejaculation is not due exclusively to the direct effects of a substance (e.g., withdrawal from opioids).

Sexual Masochism & Sadism Disorder Symptoms

Sexual Masochism:

- Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act (real, not simulated) of being humiliated, beaten, bound, or otherwise made to suffer.
- The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- With asphyxiophilia is a specifier given to the disorder name if the individual engages in the practice of achieving sexual arousal related to restriction of breathing

Sexual Sadism:

- Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving acts (real, not simulated) in which the psychological or physical suffering (including humiliation) of the victim is sexually exciting to the person.
- The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- These disorders apply to those who openly acknowledge such interests.

Transvestic Disorder Symptoms

- Over a period of at least 6 months, in a heterosexual male, recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving cross-dressing.
- The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Though not necessary, this disorder can occur with fetishism (the person is sexually aroused by materials, garments, or fabrics) or with autogynephilia (the person is sexually aroused by thoughts or images of oneself as a female).
- If a person has had a history of this disorder but it has not caused distress or impairment within the past 5 years, the person would be considered "in remission"

Voyeuristic Disorder Symptoms

- Formerly known as Voyeurism in DSM-IV, this disorder refers to (for over a period of at least 6 months) having recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act of observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity.
- The person being considered for this disorder, in some way, has acted on these urges towards a nonconsenting person or the sexual fantasies/urges cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Note: the person considered for this disorder must be at least of adult age (≥ 18 y/o)

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PO BOX 394
Figtree NSW 2525
(02) 4244 7054
(02) 8014 7684

admin@walkdifferent.com.au

What can I do?

One of the most common sexual dysfunctions, erectile dysfunction, is readily treated with medications. These medications are available only by prescription. For other sexual disorders and concerns, psychotherapy is usually the best option. You can work with a psychologist who specializes or is well-experienced in sex therapy, a specific type of psychotherapy that is focused on helping a person or couple with their sexual issues. (Sex therapy does not involve any type of sexual or physical interaction with the therapist.) Psychotherapy is nonjudgmental. A professional psychologist is there to help you address the sexual concern in a safe and supportive environment.

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