

## Psychiatry of sexuality - Basics for clinicians

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Sexuality is part of normal life. Therefore, everybody should have a basic knowledge about it. Sexuality is not talked or taught adequately in our culture; hence young adults do not gain sufficient knowledge about it from home or school. As a result, majority have limited knowledge about sexuality. As this information is not gained from reliable scientific sources, people may have a lot of myths associated with their knowledge about sexuality. It is important for a clinician to be acquainted with the scientific facts about sexuality because people often seek help from medical officers on sexual matters.

A medical officer should possess a basic knowledge on sexuality which includes knowledge on sexual Anatomy and Physiology and basic therapeutic principles of sex therapy. They should have appropriate vocabulary which is easily understood by lay people. A healthy attitude towards sexuality is also important. A clinician must have a non-judgmental approach to sexual problems. Personal values about sexuality should not influence the process of helping patients with sexual problems.

### **Normal sexual response**

Normal sexual response has five phases<sup>1,2</sup> and there can be problems in each phase.

- o Desire phase
- o Excitement phase
- o Plateau phase
- o Orgasm phase
- o Resolution phase

Knowledge on changes that occur in the body in each phase is important and can be summarized as follows.

### **Desire phase**

Desire is the primary requirement to begin the normal sexual response. The most important organ involved is the brain. Problems of desire can inhibit or reduce the progression of the normal sexual response.

### **Excitement phase**

Excitement phase involve genital organs and there are physiological changes taking place as a response to sexual stimulation. This sexual stimulation could be real or fantasy. Common changes seen in both sexes include rising pulse rate and blood pressure. The changes seen in a female include vaginal lubrication and nipple erection. Inner part of the vagina distends and the clitoris enlarges in size. Changes seen in a male include erection of the penis, thickening of the scrotal skin and elevation of the testicles towards the body.

### **Plateau phase**

Excitement phase progresses to plateau phase and the changes that took place in the excitement phase get intensified. There is increase in the muscle tension of the body as the plateau phase advances. In fair skinned people a flush appears across the trunk. In the female there is enlargement of the breasts and the areolar of the breast. Vaginal changes intensify and the outer third of the vagina swells up. The labia minora shows reddening. In the male, there is darkening, further enlargement and hardening of the penis.

### **Orgasm phase**

Plateau phase advances to the orgasm. During the orgasm the sexual tension developed in the body gets released involuntarily. In a male there is

ejaculation of seminal fluid which contains fluid from the prostate gland and seminal vesicles. The urethra develops rhythmic contractions expelling seminal fluid to the exterior through the urethral meatus. In the female there is rhythmic contraction of the outer third of the vagina and the uterus. Pulse rate, blood pressure and respiratory rate are at maximum level. Females can achieve multiple orgasms before going to resolution phase whereas males can have only one orgasm. There is a refractory period after one orgasm before a male can get another orgasm. This refractory period increases with ageing.

### **Resolution phase**

In the resolution phase the body returns back to normal status. Pulse rate, blood pressure and the muscle tension come to normal levels. Increased blood supply to the genital organs reduces and the genital organs return to their normal state. During the resolution phase in females, the uterine cervix is lowered to the vaginal floor with some gaping of the cervical os. This enhances the seminal fluid deposited in the vaginal floor entering the uterine cavity.

Though the normal sexual response consists of these five phases, a person may not go through all five phases each time he or she gets sexually excited. In both sexes there may be excitement and plateau phase which may proceed to resolution phase skipping the orgasm. In some, excitement phase may quickly progress to orgasm without plateau phase.

### **Common problems encountered in clinical practice related to sexuality**

- o Young people who have anxieties related to sexual matters
- o Married people with sexual difficulties
- o People with physical problems with associated sexual problems

### **Young people with anxieties related to sexual matters**

As there is no formal sex education in Sri Lanka, the chances of young people getting good knowledge in

sexual matters is limited. Therefore, young people commonly have various anxieties about sexual matters. They can be divided as follows;

- o Anxieties and myths about masturbation
- o Anxieties and myths about menstruation
- o Anxieties and myths about vaginal secretions

### **Anxieties and myths about masturbation**

These are common among young males. When young males start to masturbate in early teens, they have sexual dreams and nocturnal emissions. They may feel that masturbation and nocturnal emissions are harmful to the body as it “drains” out the vital energy of the body. Some fear that they become “weak” because semen is expelled from the body. Some feel that masturbation may make them “sterile” and they may not have children. Such people come to medical professionals with non-specific multiple somatic complaints such as aches and pains, feeling sleepy, lack of energy, forgetfulness etc. It is very rare that they talk about the sexual anxieties but will come out with vague complaints as mentioned above. It is the responsibility of the medical professional to sense the problem and to question about such anxieties. It is a good idea to tell them that they can ask any question about sexual matters. Giving permission to talk about sexual problems is relieving to most young people as they are usually frightened of talking such matters with medical professionals. Talking about what is normal and reassurance by a medical officer is adequate to alleviate the anxieties in most of them.

### **Anxieties and myths associated with menstruation**

Young females receive some knowledge about menstruation at the time of menarche. But this information may not be scientific. They may fear that menstruation may make them weak. Not having regular menstruation is believed to be bad for the mind and the body. Some fear that if there is no good menstrual flow, “bad blood” might accumulate in the system to cause mental problems. Sometimes young girls refuse to attend school

because they have difficulties in coping with menstruation. Giving proper scientific information about menstruation and other supportive information on how to look after themselves is adequate to alleviate most of these anxieties.

### **Anxieties about normal vaginal secretions**

It is common for young and even older females to attribute “white discharge” to many problems they have. From headaches, poor memory, lack of energy, aches and pains and irritability to poor sleep and psychiatric problems. Talking about it and giving scientific information appropriate to their educational level is the required therapy to alleviate anxieties associated with this normal physiological phenomenon.

### **Married people with sexual difficulties**

Those who are free to have heterosexual relationships may present to medical professionals with sexual problems. Problems seen in this population can be divided into two main groups<sup>3</sup>.

- o Disorders of sexual functioning
- o Disorders of sexual preference

### **Disorders of sexual functioning**

Disorders of normal sexual functioning can lead to marital problems. Such people will present to medical professionals seeking help. These problems can be roughly divided into several subgroups as follows<sup>4</sup>;

- o Sexual desire disorders
- o Sexual arousal disorders
- o Orgasmic disorders
- o Sexual pain disorders

### **Sexual desire disorders**

People who have had normal sex life or the beginners may present with problems of desire. Main and the commonest problem encountered in the clinical practice is lack or loss of desire. One member of the couple may have high desire

compared to the other and this incompatibility will cause unhappiness and marital conflicts. Psycho-sexual counseling is the method of helping such couples. Helping them to talk about the problem openly and agreeing on what is acceptable to both partners without causing stress to either partner will be helpful to solve the problem.

### **Sexual arousal disorders**

Lack of normal bodily response to the sexual arousal is the presenting problem in these patients. In males it is erectile dysfunction and in females it is lack of vaginal lubrication which leads to painful intercourse. Causes could be many. Organic disorders, drugs, tiredness, normal ageing and marital and psychological conflicts are the common causes. Depressive disorder is one common psychiatric condition which causes sexual problems, especially arousal disorders. One needs to remember the fact that arousal phase is quick in males compared to females and not understanding it may be the only problem in some couples. Exploring the details of sexual functions and finding the cause is the most important aspect of management. Some males can be helped with pharmacological treatments such as Sildenafil, Vardenafil or Tadalafil. If the problem is psychological or marital, specific sex therapy and marital counseling will help them.

### **Orgasmic disorders**

This is a common problem seen in females but rarely complained about. It could be not achieving an orgasm or delay in achieving orgasm. Common causes include lack of knowledge in sexuality and lack of communication about sexual matters between sexual partners. In males, orgasmic disorders include premature ejaculation. Anxiety is one common cause for this in males especially after one episode of premature ejaculation. Some can be helped with psycho-sexual counseling and some need specific sex therapy.

### **Sexual pain disorders**

This is not an uncommon problem in females which includes vaginismus and dyspareunia. Vaginismus

seen at the beginning of sex life is due to anxiety which can be helped with psycho-sexual counseling. In some cases it is a short lasting problem. Marital conflicts and sexual aversion can lead to vaginismus in females who have once been sexually active. Some of them need specific sex therapy when counseling is not effective.

Dyspareunia can be secondary to organic problems or anatomical problems. It may occur after a difficult childbirth or marital conflicts. Depressive disorders and anxieties can contribute to its causation.

### Disorders of sexual preference

There are some individuals who show unusual sexual preferences. This excludes homosexuality in current psychiatry classifications as homosexuality is not considered as a disorder any more. It is considered as a normal variation of sexuality. Certain other preferences are considered disorders. Some common disorders include the following<sup>5</sup>.

- o Fetishism is total reliance on some non-living object as a stimulus for sexual arousal.
- o Fetishistic transvestism is wearing of opposite sex clothes for sexual excitement.
- o Exhibitionism is recurrent and persistent tendency to expose the genitals to strangers of opposite sex or to people in public places.
- o Voyeurism is recurrent tendency to look at people engaging in sexual or intimate behaviours like undressing.
- o Paedophilia is sexual preference for children, usually prepubertal.
- o Frotteurism is rubbing up against people for sexual stimulation in crowded public places.

These disorders do not have a specific treatment but those who are willing to stop such behaviours and are asking for help can be helped with behaviour therapies.

### Conclusion

Sexual problems can arise at any age from early adolescence irrespective of marital status. A medical officer should have adequate knowledge and skills to manage those who seek help for such problems.

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