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THE IMPORTANCE OF BREAKING THE STIGMA AROUND SEXUAL DISORDERS, AND HOW TO RECOGNISE AND TREAT THEM

ortance of breaking the stigma around sexual disorders, and how to recognise and treat them

Sex is the most basic of acts for human beings. It's an instinct we all are born with. Yet this is often the one topic that people don't feel comfortable talking about, don't honestly discuss with their partners, family, friends and unfortunately not with professionals. Talking about sex is a taboo in so many cultures and people are often left to learn about sex through trial and error, internet platforms or from peers. Searching internet platforms, misguided peer-group conversations and often over the counter remedies should not be the go to place, but unfortunately this is the reality.

Unaddressed wants, needs, desires and challenges (discomfort, concerns) can lead to various psychological distresses in people such as anxiety, depression, various sexual disorders as well as other underlying physical problems.

Too many people are left feeling "broken" when they experience challenges regarding their sexual performance and discomfort. They are left feeling not good enough and alone. There is a stigma around sexual disorders. In the mind of society if you're experiencing any form of sexual dysfunction or disorder you are less of a man or woman, and that's far from the truth.

It's time to break the stigma around talking about sex and expressing sexual desires / and disorders. Too many individuals are not getting correct and healthy information and are left with relationships falling apart and living in unnecessary physical and mental discomfort and pain.

This needs to stop - we have a responsibility to break the stigma

Stigma hinders access to appropriate and professional medical and psychological treatment, and can result in a person's condition (mental and physical) worsening.

It's time for us as professionals to take action to break the stigma around sex and sexual disorders.

We have the knowledge, skills, treatments and platform to "heal" so many individuals and relationships.

How do we break down the stigma?

- Become a sex friendly practice.
- Ask about sex and sexual concerns – a questionnaire that gets completed beforehand can open the conversation and save time.
- Talk in a non-judgemental way about sex.
- Normalise sex and sexual experiences – especially if you know that some other medical conditions or treatments could negatively impact a person's sexual expression.

Recognising Sexual Disorders

The four major categories of sexual dysfunctions include disorders such as:

- Desire disorders: lack of sexual desire or interest in sex.
- Arousal disorders: inability to become physically aroused or

excited during sexual activity.
- Orgasm disorders: delay or absence of orgasm (climax).
- Pain disorders: pain during intercourse.

Treating Sexual Disorders and or concerns

Sexual problems may be classified as physiological, psychological, and social in origin. Any given problem may involve all three categories. A physiological problem, for example, will produce psychological effects, and these may result in some social maladjustment.

A multi-dimensional and professional approach is the most effective - Bio-Psycho-Social approach.

- BIO = Biology
- Psycho = Psychology
- Social = Sociology

A Case Study following the Bio-Psycho-Social approach

(Fictional names have been used in the case study)

Frank and Mary had been married for six years, have two children (Mary had one child from a previous marriage and together they have one child). Frank was also married before and his ex-wife died by suicide. Mary made an appointment with me (psycho-sexologist) for them as a couple, as she needs help to address her low sexual desire. Their sexual relationship was satisfactory until a year ago when Frank developed erectile dysfunction. He had a fall-out with his father and most of his childhood he felt he was never good enough. Before that, he'd never had a problem. Frank is able to get an erection most of the time with an injection, but even with this he sometimes struggles. Irrespective of his own performance challenges he is obsessed with sex and most of the times feels satisfied when Mary reaches an orgasm – with his help, either orally or manually. His erectile dysfunction is leaving him frustrated and feeling that he is less of a man. By his own admittance the more he struggles with getting an erection, the more obsessed he is with sex. Mary feels frustrated by his obsession and feels that sex once a day is enough for her, but he wants it more. Frank also started taking anti-depressants after the breakdown in relationship with his father.

Treatment plan and approach

- Bio = Biology:
  - Frank' erectile dysfunction: The fact that Frank was able to have spontaneous erections before and that it only started after the trauma with his father and since taking anti-depressants, indicates that we're dealing with secondary erectile dysfunction. The most likely cause being not a physiological problem although it presents as one. The impact of the anti-depressants also needs to be explored. An appointment with a medical practitioner, medical examination and medication adjustment allowed Frank and Mary to have a better understanding and contributed to a supportive and empowered approach.
- Psycho = Psychology
  - Mary's Desire Disorder: It was established that Mary in fact does not have a sexual desire disorder, but rather the presence of a sexual desire disparity along with a strong need for an approach where her needs are being taken into account as well (more a "team" approach than the feeling of an "object" approach).
  - Frank's Erectile Dysfunction: Time was spent on addressing the underlying psychological frustrations around the erectile dysfunction as well as the pain (father emasculated him during the fallout incident and it turned out that Frank had been emasculated from childhood).
- Social = Sociology:
  - Couple counselling / marriage counselling was a helpful process to assist the couple to develop better understanding for one another and were equipped with practical tools on how to support one another.
- Outcome: Frank and Mary's relationship is "healthier" on all levels (physical and psychological). Frank's depression has improved and he is starting to regain his erection without assistance. Mary is more open to sexual advances without resentment.

Conclusion:

There are so many Franks and Marys out there that need us as professionals to break the stigma around sexual disorders and dysfunctions.

We have an ethical and social responsibility to:

- stop the silent suffering and
- prevent mental, sexual and physical disorders as far as possible
- People need to know that
- they are not broken,
- they are not the only ones (alone) and
- that there is help!

References available on request. MHM