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Mental Health Quick Notes

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Sexuality Issues in Mental Health by Jeffrey Pincus, Ph.D.

Sexuality is a universal human experience. It depends on a highly complex interplay between the biological and psychological, between inner sensations and external input and between individual and interpersonal needs. Despite its universality, its open discussion is often missing from our culture. It is not surprising, therefore, that many people end up being confused, dissatisfied or even miserable over issues surrounding their sexuality, often having no clue as to how to obtain help. What follows is information based on current medical and behavioral science about common sexual concerns that are presented to medical and behavioral healthcare professionals.

Sexual Function and Dysfunction

When you are experiencing sexuality in a healthy way, it should feel enjoyable and satisfying in and of itself. Healthy sexual functioning can also help to deepen certain intimate bonds which are important for positive social and family functioning.

At times, people may have difficulty achieving a desired or pleasurable level of sexual functioning. The causes of sexual dissatisfaction may be physical, psychological or both. There are generally four different areas of sexual concern regarding healthy functioning: problems with sexual desire, problems with sexual arousal, problems with orgasm and problems with pain during sex. These problems may have been present all of one's adult life, may have begun gradually over a long period of time or suddenly in response to a specific event or illness.

Often the place to start in evaluating these problems is with a thorough medical examination. It is important to be candid with your physician about your sexual concerns. Many medical problems can affect sexual health and function, including diseases (e. g. diabetes, multiple sclerosis), problems with blood supply and circulation, hormone deficiencies, endocrine disorders or nerve damage. In addition, many medications and drugs, including blood pressure medications, antihistamines, psychiatric medications, alcohol, nicotine, narcotics and stimulants can cause sexual problems. An open discussion with your physician can begin the process of evaluating whether a medical condition may be contributing to your sexual concerns.

If a medical problem can be ruled out as the sole or primary cause for your concerns, there are many emotional factors which may contribute to sexual problems and which can be assessed. These

may include depression, certain kinds of anxiety disorders, history of past abuse or trauma, as well as relationship factors such as poor communication, resentment and anger or fear. To address these problems, you may be referred to a mental healthcare professional such as a psychologist, social worker or psychiatric nurse.

If there is an emotional disorder, such as depression, which is causing the sexual concern, or if there is a substance abuse problem, it may be necessary to address that problem prior to focusing directly on the sexual concern. Often, resolving the larger problem will alleviate the sexual problem. If there has been serious sexual abuse or trauma, that may also need to be addressed through psychotherapy, because often, as a result of such trauma, intense fear, shame or anger may come to be associated with sexuality and this can interfere with healthy sexual functioning.

When focusing specifically on enhancing your sexual functioning, your psychotherapist should help create a comfortable atmosphere to talk about your concerns. It is important that you be honest with your therapist if the therapist is moving too fast or seems too intrusive. An overly enthusiastic therapist can undermine the therapy by being insensitive to the client's pace and comfort level. It is also important because an essential component of healthy sexuality is believing it is all right to assert your needs, wants and discomforts and this is an opportunity for you to begin to practice that.

Early in the treatment of sexual concerns, your therapist will usually begin taking a thorough sexual history with you, not only of your experiences as an adult, but what you might have heard, seen, learned or experienced as a child regarding sexuality. Your therapist may be especially interested in hearing what you believe to be healthy sexuality and how you came to believe this. Many people, while growing up, lack sources of accurate information about healthy sexuality and intimate relationships, and often their primary education comes from other, equally uninformed peers or inaccurate or misleading sources such as "soft-core" magazines like "Playboy" or "Penthouse." The sexual history is also important in helping to determine how the problem began. If the concern has been a lifelong problem, it may suggest a very different cause and solution than if it is shorter-term or began after a specific situation like increased stress at work or loss of a partner.

An important step in helping to address sexual concerns is to provide the client with accurate information about healthy sexuality and sexual functioning. Much sexual anxiety stems from misunderstanding what is typical or healthy. Incorrect beliefs can lead to behavior

that undermines sexual functioning and contributes to unwanted sexual outcomes. Sexual ignorance can contribute to feelings of shame, unrealistic expectations which are a setup for disappointment or the avoidance of open communication which is necessary for positive sexual functioning. Your therapist may recommend literature for you to read and discuss during your sessions. There are many helpful books and other resources available on the internet. See the reference section for two books I recommend.

Because sexuality usually occurs in an interpersonal context, it is often helpful to include your partner in the therapy process. Partners may provide helpful information about what they observe and experience in the relationship in general and in the sexual relationship specifically. Also, when your partner meets with you and your therapist as part of the couple-ship, it helps your therapist assess if there may be problems in the relationship that need to be addressed. Even if there are no specific problems in the interactions between you and your partner, your partner may have a helpful role to play in enhancing the quality of the sexual experience for both of you.

After completing the assessment, your therapist may recommend certain activities for you to try in between appointments. This may include journaling certain aspects of your sexual interest, arousal or response as they occur out of the office. You may also be asked to explore certain kinds of physical touch either with yourself or between you and your partner. You may be asked to pay attention to certain kinds of feelings and thoughts as you do this. You may be asked to practice certain ways of communicating with your partner while being sexually intimate. It is important that you be very honest with your therapist if you are uncomfortable with any of these requests. Part of healthy sexuality is knowing that you do not have to participate in something you do not wish to do. For example, sex therapists have found that masturbation can be a useful tool to help individuals to learn to control their perception of physical sensation or the timing of their orgasm. However, some people are uncomfortable with masturbation based on their religious beliefs, other values or they just do not like it. If you make your discomfort known, your therapist may be able to suggest an alternative way to accomplish the same goal.

During therapy, your therapist and you

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may discover that there are more general problems that interfere with assertive and open communication necessary for positive intimate experiences. Couples therapy or assertiveness training may be suggested. Sometimes sexual functioning goes astray because people may have developed incorrect or unhelpful beliefs like, "If I do not have an erection and orgasm every time, I am a failure as a partner," or "I must focus exclusively during sex on pleasing my partner, even at the expense of my own pleasure." Once identified, education or cognitive therapy may be used to correct or modify these unhelpful beliefs.

The bottom line is that addressing a sexual concern may be very simple, but often it is complicated, it may involve more than one treatment professional, more than one type of therapy, some willingness to do homework and some level of trust in your therapist. It also requires that you be an active participant in determining the course of your treatment. People are unique, with unique sexuality and there is no "one size fits all" kind of treatment.

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Sexual Orientation and Mental Health

There is much discussion and focus on sexual orientation in contemporary society. There is many sources of data, many of which are conflicting and confusing. Some of the data are based on religious or philosophical perspectives and may lead some to deeply held and sincere conclusions and beliefs about the morality or "normality" of various sexual orientations. The purpose of this article is not to critique those beliefs but to present current understandings of sexual orientation and mental health based on medical and psychological research.

Sexual orientation has been defined as, "an enduring emotional, romantic, sexual or affectional attraction to another person. It is easily distinguished from other components of sexuality including biological sex, gender identity (the psychological experience of being male or female) and the social gender role (adherence to cultural norms for feminine and masculine behavior (APA, 2007)."

Sexual orientation has to do with a broad concept of attraction and is not just based on sexual arousal patterns. Thus, someone who is homosexual most likely is not only sexually attracted to persons of the same sex, but typically would also prefer to be in a romantic relationship, hold hands with and share emotional intimacy with a person of the same sex.

Many believe that there are two categories of sexual orientation: homosexual and heterosexual. However, sexual orientation represents a continuum ranging from exclusive homosexuality to exclusive heterosexuality. Included on the continuum are various forms of bisexuality. Bisexual people can experience sexual, emotional and affectional attraction to members of both sexes (APA, 2007).

Sexual orientation is not just about sexuality and includes feelings and the way one experiences one's sense of self. For example, a person may be attracted to persons of the same sex but never act sexually in this way for a variety of reasons. Conversely, people may engage in certain sexual behaviors that are inconsistent with their primary sexual orientation. Examples include a heterosexual prison inmate who engages in sexual behavior with other men due to the unavailability of a female partner or a homosexual woman who engages in sexual behavior with her husband out of a sense of commitment to her marriage vows.

Sexual orientation, in contrast to sexual behavior is not a choice. Factors shaping sexual orientation are usually in place by early childhood and most people become aware of their sexual orientation by early adolescence, even before their first sexual experience. There is increasing evidence from controlled studies that biological variables such as genetic hormonal factors may play an important role in sexual orientation (APA, 2007)

While homosexuality was at one time considered a psychiatric disorder, both the American Psychiatric Association and the American Psychological Association had determined by 1975 that this view is inconsistent with scientific data (Marcus, 1993). Unfortunately, a common perception that homosexuality is the result of mental disturbance has lingered for many, despite the evidence.

There is no credible evidence that psychotherapy, behavior therapy or any other therapy can change sexual orientation. Some therapists have claimed that certain therapies, sometimes labeled "conversion therapies," can produce permanent changes to sexual orientation. However, controlled studies have not demonstrated the effectiveness of

these therapies and they may even be harmful in some instances.

There is no science-based evidence that people with homosexual or bisexual orientations have higher rates of psychiatric disorders, "mental problems" or adjustment difficulties than the population as a whole. Many people may assume that homosexuals are more likely to have sexual problems, including pedophilia (child molesting). The data simply does not support this. Homosexual men are no more likely, and appear to be somewhat less likely than heterosexual men to sexually abuse boys (Marcus, 1993).

When people with homosexual or bisexual orientations seek counseling, it is usually for the same reasons, such as depression, anxiety or relationship concerns, that heterosexual people do. A recent review of the scientific literature contained in a judicial brief filed jointly by the major mental health professional organizations has affirmed that homosexuals and bisexuals are as capable as heterosexuals in achieving happy and productive lives. In addition, homosexuals and bisexuals are equally capable as heterosexuals in attaining healthy intimate relationships and in raising emotionally healthy children (Smith, Hohengarten, Berger, Gilfoyle, and Baker 2006). In the final analysis, any discussion of sexual orientation and mental health leads to the conclusion that sexual orientation per se is neither a product of nor a contributor to mental health problems.

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