

Psychological and Interpersonal Dimensions of Sexual Function and Dysfunction



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ABSTRACT

Introduction: Psychological, interpersonal, and sociocultural factors play a significant role in making one vulnerable to developing a sexual concern, in triggering the onset of a sexual difficulty, and in maintaining sexual dysfunction in the long term.

Aim: To focus on psychological and interpersonal aspects of sexual functioning in women and men after a critical review of the literature from 2010 to the present.

Methods: This report is part 1 of 2 of our collaborative work during the 2015 International Consultation on Sexual Medicine for Committee 2.

Main Outcome Measures: Systematic review of the literature with a focus on publications since 2010.

Results: Our work as sexual medicine clinicians is essentially transdisciplinary, which involves not only the collaboration of multidisciplinary professionals but also the integration and application of new knowledge and evaluation and subsequent revision of our practices to ensure the highest level of care provided. There is scant literature on gender non-conforming children and adolescents to clarify specific developmental factors that shape the development of gender identity, orientation, and sexuality. Conversely, studies consistently have demonstrated the interdependence of sexual function between partners, with dysfunction in one partner often contributing to problems in sexual functioning and/or sexual satisfaction for the other. We recommend that clinicians explore attachment styles of patients, childhood experiences (including sexual abuse), onset of sexual activity, personality, cognitive schemas, infertility concerns, and sexual expectations. Assessment of depression, anxiety, stress, substance use and post-traumatic stress (and their medical treatments) should be carried out as part of the initial evaluation. Clinicians should attempt to ascertain whether the anxiety and/or depression is a consequence or a cause of the sexual complaint, and treatment should be administered accordingly. Cognitive distraction is a significant contributor to sexual response problems in men and women and is observed more consistently for genital arousal than for subjective arousal. Assessment of physical and mental illnesses that commonly occur in later life should be included as part of the initial evaluation in middle-aged and older persons presenting with sexual complaints. Menopausal status has an independent effect on reported changes in sex life and difficulties with intercourse. There is strong support for the use of psychological treatment for sexual desire and orgasm difficulties in women (but not in men). Combination therapies should be provided to men, whenever possible.

Conclusion: Overall, research strongly supports the routine clinical investigation of psychological factors, partner-related factors, context, and life stressors. A biopsychosocial model to understand how these factors predispose to sexual dysfunction is recommended.

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Key Words: Psychological; Interpersonal; Treatment Outcome; Partner Factors; Contextual Factors

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RECOMMENDATIONS

Constitutional and Developmental Factors

Constitutional Factors

- Adopt a biopsychosocial model in assessment (recommendation = grade C).
- Provide early assessment of patients with hypospadias (recommendation = grade B).
- Provide ongoing assessment of all patients with constitutional contributors (recommendation = grade C).
- Provide psychological support as an integral part of management (of sexual health and quality of life) in patients with constitutional contributors (recommendation = grade C).

Developmental Factors

- Conduct research with and for gender non-conforming children and adolescents to clarify specific developmental factors that organize youth's gender identity, orientation, and sexuality (recommendation = research principle).
- Explore attachment styles of patients presenting with sexual difficulties (recommendation = grade C).
- Evaluate sexual anxiety and fear of intimacy associated with childhood experiences (recommendation = grade C).
- Assess relevant childhood experiences that might be linked to risk or resiliency (recommendation = grade C).
- Differentiate between event-based trauma and process-based trauma (recommendation = grade C).
- Assess childhood sexual history including abuse (recommendation = grade B).
- Assess multiple aspects of sexual functioning, such as sexual self-esteem and sexual satisfaction (recommendation = grade C).
- Take a developmental approach to assessing onset of sexual activity and assess non-partnered and partnered experiences, the context of those experiences, and associated beliefs and emotions and attempt to explore their possible role in current sexual function and behavior (recommendation = grade C).
- Conduct scientific work on resilience to fully understand the psychopathology of sexual dysfunction and to develop interventions that decrease risk factors and in turn bolster resilience (recommendation = research principle).
- Systematically evaluate developmental and constitutional factors that could have negatively affected sexual function in patients complaining of sexual dysfunction (recommendation = grade C).

Individual Trait Factors

General Trait Factors

- Clinicians should be aware of the role of personality factors during the assessment and treatment of sexual disorders (recommendation = grade B).
- Address cognitive schemas during clinical assessment and use cognitive restructuring techniques aimed at changing cognitive schemas (recommendation = grade A).

Specific (Sexual) Trait Factors

- Assess sexual excitation and sexual inhibition during clinical assessment of sexual dysfunctions (recommendation = grade C).
- Address sexual beliefs during assessment and treatment of sexual dysfunctions (recommendation = grade B).

Life-Stage Factors

Infertility and Postpartum Period

- Assess sexual function and satisfaction during all phases of infertility diagnosis when possible (recommendation = grade C).
- Assess sexual function and satisfaction during the postpartum period when possible (recommendation = grade B).

Aging

- Sexual health issues should be discussed with older patients (recommendation = grade A).
- Assessment of physical and mental illnesses that commonly occur in later life should be included as part of the initial evaluation in middle-aged and older persons presenting with sexual complaints (recommendation = grade A).
- Assess adverse life events in older patients presenting with sexual dysfunctions, including evaluation of resulting anxiety and depressive symptoms (recommendation = grade A).
- Clinicians should be aware of the relation between symptoms of aging and psychological health in older men and request further investigation when needed (recommendation = grade A).

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