

Existential Issues in Sexual Medicine: The Relation Between Death Anxiety and Hypersexuality



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ABSTRACT

Introduction: Current sex therapy and sexual medicine protocols often ignore the existential dilemmas associated with sexual dysfunction and other problematic sexual problems. This oversight is especially apparent when assessing and treating the controversial phenomenon of hypersexuality, or “sexual addiction.” A deeper understanding of the existential concept of death anxiety could offer an alternative treatment paradigm that might lead to a more effective treatment outcome.

Aim: To explore the relation between the existential phenomenon of death anxiety and hypersexuality (ie, sexual addiction) and present an evaluation and treatment paradigm that is rooted in existential psychotherapy, a form of psychotherapy that is a deeply life-affirming and dynamic approach to therapy that focuses on concerns rooted in the individual’s existence.

Methods: A review of the literature focusing on the topics of hypersexuality, death anxiety, and existential psychotherapy was undertaken and a treatment paradigm is offered.

Main Outcome Measures: Current treatment protocols for hypersexuality and sexual addiction were reviewed, as were current concepts in existential therapy. These were integrated into an assessment and treatment paradigm.

Results: Although sexual medicine and traditional sex therapy techniques can often alleviate sexual suffering, there are times when a more in-depth psychotherapy is needed to get to the root cause and ultimate assuagement of the presenting sexual symptoms. Existential psychotherapy is one such form of treatment that allows clinicians to probe the subterranean depths of the human psyche and make meaning of one’s sexual behavior and its vagaries.

Conclusion: Although certainly not all cases of hypersexuality are precipitated by a confrontation with mortality and death, there are cases in which sex is imbued with meaning as an antidote to the fear of death. Existential therapy is a form of treatment that could be particularly effective in many of these cases. **Watter DN. Existential Issues in Sexual Medicine: The Relation Between Death Anxiety and Hypersexuality. Sex Med Rev 2018;6:3–10.**

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INTRODUCTION

Existential concerns have rarely been addressed in the sex therapy and sexual medicine literature,^{1,2} although early existentially oriented therapists have commented on the existential dynamics associated with sexual dysfunctions.^{3,4} The early groundbreaking days of sex therapy, pioneered by Masters and Johnson,⁵ focused mostly on a combination of corrective sex education and behavioral interventions to alleviate the symptoms

of sexual dysfunction. Since that time, sex therapy has evolved into a combination of psychological practices similar to cognitive-behavioral therapy and, most recently, an increasing reliance on medical interventions.⁶ As a result of the emergence of medicine as the de facto leader in the sex therapy arena, many clinicians have feared the loss of the psychological dynamics integral to a complete understanding of sexual function and dysfunction and have advocated for a more integrated biopsychosocial model for assessing and treating sexual difficulties.^{7–9} Although each of these advances has had a significant impact on the evolution of, and growth in, our understanding of sexuality and the treatment of sexual difficulties, there have been voiced concerns that the deeper psychological underpinnings of much sexual distress are being subordinated to

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the lure of symptom-focused treatments as opposed to those focused on the identification and amelioration of the more profound etiologic psychological conflicts that activated such symptoms to begin with.

Although the alleviation of problematic sexual symptomology is certainly appreciated and desired by most patients, many sex therapy and sexual medicine clinicians will tell of countless cases in which the dysfunction has resolved, but the patients continue to report disappointment that their sexual and relational lives have not become more fulfilling and satisfying. Existential psychotherapy posits that this is likely the result of the treatment having neglected to address the often-concealed meaning(s) that sexuality and sexual functioning might hold for this patient(s). Existential psychotherapy is a psychotherapy that focuses on the *meaning of our existence* and as such the meaning that sexuality and our relationship with ourselves and others evoke. Regrettably, the existential texts and the sex therapy and sexual medicine texts rarely reference each other. Barker² observed that even within the existential therapy community, clinicians often see the understanding, exploration, and treatment of sexual problems as something apart from other concerns of human suffering rather than as another avenue of gaining entry into the patient's psyche. The aim of this article was to explore and delineate the existential dilemmas that often manifest through disruptions in our sexual lives. Although a complete elucidation of the myriad presentations of existential concerns that manifest as sexual difficulties is beyond the scope of this article, one particular existential dilemma, death anxiety, and its role in the construction of the controversial phenomenon of hypersexuality or "sexual addiction" are scrutinized.

EXISTENTIAL PSYCHOTHERAPY AND DEATH ANXIETY

Existential psychotherapy is a deeply life-affirming and dynamic approach to therapy that focuses on concerns rooted in the individual's existence.³ That is, the works of eminent philosophers heavily influence the existential approach to therapy and inform the treatment in assisting the individual to navigate the vagaries inherent in human existence. Problems are seen as a puzzle that the patient and clinician work together to solve.

Barker² stated that the existential approach to therapy does not concern itself with diagnosis per se. Although diagnosis is critical in those psychiatric conditions with a strong biological influence (ie, schizophrenia, bipolar disorder, etc), diagnosis could be counterproductive in psychotherapy of less psychiatrically impaired patients.¹⁰ This would include the bulk of patients in sex therapy. Barker² and Yalom⁹ asserted that in many cases diagnosis can interfere with treatment because it can diminish or limit the therapist's ability to view patients as "people" as opposed to "diseases." Yalom¹⁰ took this a step further in essentially advocating a new therapy for each patient. He lamented that standardization of treatment might render therapy

less effective by failing to appreciate the uniqueness of each individual and the psychological meaning given to that individual's sexual functioning. Barker² emphasized that existential psychotherapy follows an approach that is somewhat antithetical to current psychiatry. She stressed that diagnosis and treatment based on symptoms miss the essential existential meaning of these symptoms and thus dehumanize the individual. Correspondingly, Kleinplatz¹¹ and Spinelli¹² stated that a focus on simply relieving symptoms is likely to lead to only temporary symptom alleviation because crucial psychodynamic factors that are likely to be represented in the expression of the sexual dysfunction will remain unaddressed.

According to Yalom,³ there are 4 primary existential concerns that plague human existence: freedom, isolation, meaninglessness, and death (the focus of this article). Uncertainties related to any of these can result in sexual difficulties, although a comprehensive discussion of each is beyond the scope of this article. Death anxiety, or more precisely death terror, has been implicated in disruptions in the sexual functioning of many. Indeed, much of Western society values the sexuality of youth and attempts to discount, perhaps out of fear, the sexuality of aging and maturity. Congruently, given the reality of death in the lives of all humans, the fear of death is likely to be universal. Callahan and Gaylin¹³ posited that all humans struggle with the dilemma of rebellion vs acceptance of death. They asserted that in the current climate of medical intervention, rebellion is the dominant force. This has culminated in some medical visionaries making the "elimination of death," or its indefinite postponement, their mission. Interestingly, some have even suggested that pharmaceutical interventions, such as sildenafil citrate, might actually represent a disservice for aging men because such interventions seek to promise the restoration of the sexuality of youth instead of supporting and nurturing the acceptance of natural aging and the reality that sexual functioning in the mature years might be different but still highly enjoyable. Watter⁶ challenged sexual medicine specialists to look beyond the rudimentary observation that men will be happy if their aging penises function like the penis of their youth and consider the question of whether we are fostering unrealistic expectations relative to the idea that we can, in essence, "cheat" death. That is, is our use of sexual pharmaceuticals tantamount to encouraging the notion that our bodies need not age, that sexual functioning need not change, and that human life need not eventually end? Clearly, death is seen by the masses as something to be avoided, yet it is one of the few certainties of life. Conversations about death are frightening and feel risky, so much so that even psychotherapists and physicians are often reluctant to broach this topic with their patients.

Yalom¹⁰ stated, "Though the physicality of death destroys us, the idea of death may save us." Death awareness and death anxiety can act as a powerful catalyst for change. That change can be life enhancing or life effacing. Take, for example, the character of Ebenezer Scrooge in Charles Dickens' story *A Christmas*

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