Roadmap

Course Logistics

Sexual Activity and Difficulties

Sexual Disorders

Take-Away Qs
Course Logistics

Outreach Project

- Submit on Canvas ONLY (no need to email)
- 2 things to upload on Canvas:
  THING #1: Outreach Project Updated Written Proposal
  THING #2: Outreach Project Evidence (e.g., copy of brochure, flyer, letter to newspaper editor, link to video, etc.)
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Take-Away Qs
Cycle of Sexual Arousal

1. **Desire**
   Sexual urges in response to sexual fantasies or environmental cues

2. **Arousal**
   Psychological experience of sexual arousal; vasocongestion and myotonia

3. **Plateau**
   High, but stable level of excitement before orgasm

4. **Orgasm**

5. **Resolution**
   Decreased arousal; deep relaxation (possible)
Gender Differences in Sexual Difficulties
Gender Differences in Sexual Difficulties

Men
- 69% No Problems
- 31% Sexual Problems

Women
- 57% No Problems
- 43% Sexual Problems
Women

- 10% of women have never had an orgasm
- 2/3 of all women have had painful intercourse
- 22% of women experience low sexual desire
- 15% of post-menopausal women will experience decreased sexual desire
Men

• 52% of men experience erectile dysfunction at one point in life
• 21% of men experience premature ejaculation
• 5% of men experience low sexual desire
CU Clinical Science Expert

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Sexual Health and Risky Behavior
Roadmap

Course Logistics

Sexual Activity and Difficulties

Sexual Disorders

Take-Away Qs
### Continuum of Sexual Disorders

<table>
<thead>
<tr>
<th>Sexual functioning, sexual practices, and gender identity that bring the individual positive well-being and relationships</th>
<th>Potentially meets diagnostic criteria for a sexual disorder:</th>
<th>Likely meets diagnostic criteria for a sexual disorder:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occasional difficulties in sexual functioning that cause moderate distress or difficulties in relationships (occasional difficulty reaching orgasm)</td>
<td>Difficulties in sexual functioning that cause moderate distress or difficulties in relationships (frequent difficulty reaching orgasm)</td>
<td>Chronic difficulties in sexual functioning that cause moderate distress or difficulties in relationships (complete lack of sexual desire)</td>
</tr>
<tr>
<td>Atypical sexual practices that do not cause distress or difficulties in social functioning (use of objects as part of sex play with a consenting partner)</td>
<td>Atypical sexual practices that cause distress or difficulties in social functioning (one’s partner disapproves of the objects used in sexual practice)</td>
<td>Atypical sexual practices that cause distress or difficulties in social functioning (inappropriate objects become the sole focus of sexual activities, arrest for illegal sexual behavior)</td>
</tr>
</tbody>
</table>
DSM-5 Sexual Dysfunction Disorders

1. Sexual Desire, Arousal, and Interest Disorders
   - Sexual interest/arousal disorder in women
   - Hypoactive sexual desire disorder in men
   - Male erectile disorder

2. Orgasmic Disorders
   - Female orgasmic disorder
   - Early ejaculation (men)
   - Delayed ejaculation

3. Sexual Pain Disorders
   - Genito-pelvic pain/penetration disorder

4. Other Sexual Dysfunction Disorders
   - Substance-induced sexual dysfunction
   - Sexual dysfunction associated with a known general medical condition
   - Other specified sexual dysfunction
   - Unspecified sexual dysfunction
1. Sexual Desire, Arousal & Interest Disorders
Sexual Desire Disorders

Hypoactive sexual desire disorder
- Reduced interest in sex

Sexual aversion disorder
- Actively avoid sex and find it aversive (distressing, disgusting, etc.)
Sexual Desire Over Lifespan

Desire for sexual activity does not usually change as people age

**Men:** Usually require more direct stimulation of genitals and more time to achieve orgasm. Intensity of ejaculation usually decreases, and the length of refractory period increases.

**Women:** Usually experience vaginal dryness and thinning of vaginal wall due to decreased levels of estrogen.
Sexual Arousal Disorders

Male erectile dysfunction and impotence
Persistent inability to attain or maintain an adequate erection.

Female sexual arousal disorder
Persistent inability to attain or maintain the swelling-lubrication response of sexual excitement.
2. Orgasmic Disorders
**Orgasmic Disorders**

**Orgasmic disorder**

Persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase.

Marked distress/impairment

**Premature ejaculation**

Persistent or recurrent ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before the person wishes it.
3. Sexual Pain Disorders
Sexual Pain Disorders

Vaginismus
• Involuntary contractions of muscles surrounding outer third of vagina during vaginal penetration

Dyspareunia
• Genital pain associated with intercourse
• Not caused exclusively by Vaginismus or lack of lubrication, is not better accounted for by another Axis I disorder
• Rare in men; 10-15 % of women report frequent pain
Hypersexual Disorder: Proposed Addition to DSM-5

- 6 months
- Repeated and powerful sexual desires, fantasies and behaviors that consume a great deal of time
- Arise in response to stress or dysphoria
- Individual tries unsuccessfully to control or reduce behaviors
- Behavior persists despite negative social and occupational consequences or physical harm.
Data do not support sex as addictive

Marc Potenza and colleagues advocated classifying “excessive sexual behaviour” as an addictive disorder in ICD-11. Sex has components of liking and wanting that share neural systems with many other motivated behaviours. However, experimental studies do not support key elements of addiction such as escalation of use, difficulty regulating urges, negative effects, reward deficiency syndrome, withdrawal syndrome with cessation, tolerance, or enhanced late positive potentials. A key neurobiological feature of addiction is the increased responsiveness of glutamate neurons that synapse on the nucleus accumbens. These changes might affect long-term sensitisation of the mesocorticolimbic dopamine pathway, as manifested by a range of other features of addiction, including compulsions and cravings.

We declare no competing interests.

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4 Walton MT, Cantor JM, Bhullar N, Lykins AD. Hypersexuality: a critical review and introduction to the “sexbehavior cycle”. Arch Sex Behav 2017; published online July 7. DOI:10.1007/s10508-017-0991-8.
Addiction

1) Negative consequences
2) Rewarding
3) Tolerance
4) Cue reactivity
5) Shift: less liking, more craving

Data do not support sex as addictive
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Where does “addiction” stand?

Diagnostic and statistical manual

Rejected
“lack of scientific evidence”

International Classification of Disorders

Rejected “porn addiction”
Rejected “sex addiction”
Might add “compulsive sexual behavior”

Slide Courtesy of Nicole Prause
Psychological Causes
Psychological Causes
Psychological Causes

• Depression, anxiety, other mental health problems
• Shame, negative attitudes toward sex
• Performance anxiety
• Sexual abuse
• Stressful life events
Relationship Problems

- Miscommunication
- Differences in desires and expectations
- Conflicts other than sexual issues
- Miscellaneous factors: children, money, job stress, general marital discord
Biological Contributors to Sexual Dysfunctions

- Diabetes
- Smoking
- Cardiovascular disease
- Multiple Sclerosis
- Renal failure
- Vascular disease
- Spinal cord injury
- Prescription drugs
  - antihypertensives, antidepressants, tranquilizers
- Recreational drugs
  - alcohol, marijuana
- Hormonal imbalances
Treatments
Biological Treatments

- Treat underlying medical disorder
  - Testosterone
- Viagra, Cialis, Levitra, constrictive rings, pumps, stop-start, etc.
- Trazadone, bupropion
- Hormone replacement therapy
- Muscle relaxation, systematic desensitization
Individual and Couples Therapy

• CBT to address attitudes, beliefs inhibiting individuals
• Address conflicts in relationship
• Practice sexual responses individually and as a couple
• Reestablish seduction rituals
Nicole Prause: Sexual Activity as Intervention
Studying Sexual Rewards
Paraphilias
Paraphilias

- Fetishism
- Transvestic disorder
- Pedohebephilic disorder
- Exhibitionist disorders
- Voyeuristic disorder
- Sexual masochism disorder
- Sexual sadism disorder
- Paraphilia NOS
Should **paraphilia disorders** be considered psychiatric disorders?

- Fetishism
- Transvestic disorder
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