**WHAT IS SEXUAL DYSFUNCTION?**

Sexual dysfunction is a problem that can happen during any phase of the sexual response cycle. It prevents you from experiencing satisfaction from sexual activity.

The sexual response cycle traditionally includes excitement, plateau, orgasm and resolution. Desire and arousal are both part of the excitement phase of the sexual response. It’s important to know women don’t always go through these phases in order.

While research suggests that sexual dysfunction is common, many people don’t like talking about it. Because treatment options are available, though, you should share your concerns with your partner and healthcare provider.

**Sexual dysfunction generally is classified into four categories:**

* 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.

What are the symptoms of sexual dysfunction?

**In men:**

* Inability to achieve or maintain an erection (hard penis) suitable for intercourse (erectile dysfunction).
* Absent or delayed ejaculation despite enough sexual stimulation (retarded ejaculation).
* Inability to control the timing of ejaculation (early, or premature, ejaculation).

**In women:**

* Inability to achieve orgasm.
* Inadequate vaginal lubrication before and during intercourse.
* Inability to relax the vaginal muscles enough to allow intercourse.

**In men and women:**

* Lack of interest in or desire for sex.
* Inability to become aroused.
* Pain with intercourse.

**Sexual disorders /Paraphilias**

Paraphilias are emotional disorders defined as sexually arousing fantasies, urges, or behaviors that are recurrent, intense, occur over a period of at least 6 months, and cause significant distress or interfere with important areas of functioning.

Except for masochism (*the tendency to derive sexual gratification from one's own pain or humiliation*), medical professionals almost exclusively diagnose paraphilias in men.

There are a number of different types of paraphilic disorders, each of which has a different focus of the sufferer’s sexual arousal.

**There are biological, psychological, and social risk factors for developing paraphilias.**

While the desired sexual stimulant for the paraphilia sufferer depends on the specific paraphilia, the characteristics of the illness are often very similar, as described in the most current standard reference for mental health diagnoses, the DSM-5.

In order to establish the diagnosis of a paraphilia, mental health professionals usually conduct or refer the person for a medical interview, physical examination, and routine laboratory tests. The professional will assess for any history of mental health symptoms.

Treatment of paraphilic sexual disorders usually involves the combination of psychotherapy and medication.

Paraphilias are quite chronic, such that a minimum of 2 years of treatment is recommended for even the mildest paraphilia.

Prevention for the development of any paraphilic behavior usually involves alleviating the psychosocial risk factors for its development.

According to the most current standard reference for mental disorders, the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), preceded by the DSM-IV and DSM-IV-TR, there are a number of different types of paraphilias, each of which has a different focus of the sufferer's sexual arousal:

1. Voyeurism: watching an unsuspecting/non-consenting individual who is either nude, disrobing, or engaging in sexual activity
2. Exhibitionism: exposing one’s own genitals to an unsuspecting person
3. Frotteurism: touching or rubbing against a non-consenting person
4. Sexual masochism: being humiliated, beaten, bound, or otherwise suffering
5. Sexual sadism: the physical or emotional suffering of another person
6. Pedophilia: sexual activity with a child that is prepubescent (usually 13 years old or younger)
7. Fetishism: sexual fascination with nonliving objects or highly specific body parts (partialism). Examples of specific fetishisms include somnophilia (sexual arousal by a person who is unconscious) and urophilia (deriving sexual pleasure from seeing or thinking about urine or urinating)
8. Transvestism: cross-dressing that is sexually arousing and interferes with functioning
9. Autogynephilia is a subtype of transvestism that refers specifically to men who become aroused by thinking or visualizing himself as a woman.
10. Other specified paraphilia: some paraphilias do not meet full diagnostic criteria for a paraphilic disorder but may have uncontrolled sexual impulses that cause enough distress for the sufferer that they are recognized. Examples of such specific paraphilias include necrophilia (corpses), scatologia (obscene phone calls), coprophilia (feces and defecation), and zoophilia (animals).

***Urges to engage in coercive or otherwise aggressive sex like rape are not symptoms of a mental illness. Such sexual offending is therefore not considered a paraphilia***

**Paraphilia Symptom**

Anxiety

Anxiety is a feeling of apprehension and fear characterized by physical symptoms such as

* palpitations,
* sweating,
* irritability,
* feelings of stress.

Anxiety disorders are serious medical illnesses that affect approximately 19 million American adults. In fact, anxiety disorders as a group are the most common mental illness in America. Anxiety disorders can affect adults, children, and adolescents.

**What are causes and risk factors for paraphilia?**

Biological issues thought to be risk factors for paraphilias include some differences in brain activity during sexual arousal, as well as general brain structure. Mental health professionals have found that male pedophiles have lower IQ scores on psychological testing compared to men who are not pedophiles. Research has also determined that they tend to have a history of earning lower grades in school than their non-pedophilic counterparts, regardless of intellectual abilities and learning styles.

There are a number of psychological theories about how paraphilias develop. Some view these disorders as a manifestation of arrested psychosexual development, with the paraphilic behaviors defending the person's psyche against anxiety (defense mechanisms). Others believe paraphilias are the result of the sufferer associating something with sexual arousal and interests, or by having unusual early life sexual experiences reinforced by having an orgasm. Some view these disorders as another form of obsessive-compulsive disorder.

Psychologically, pedophiles who act on their urges by sexually offending tend to engage in grossly distorted thinking, in that they use their position of power and view offending as an appropriate way to meet their needs, think about children as equal sexual beings to adults, and consider their sexual needs as uncontrollable.

Another theory about paraphilia risk factors is that they are linked to stages of childhood psychological development like temperament, early relationship formation, trauma repetition, and disrupted development of sexuality, as follows:

* Temperament: a tendency to be overly inhibited or uncontrolled with emotions and behaviors
* Early relationship formation: a lack of stable self-awareness, trouble managing emotions, and in seeking help and comfort from others
* Trauma repetition: People who are the victim of sexual or other forms of abuse, especially if it occurs during childhood, may identify with the abuser such that they act out what was inflicted on them by victimizing others in some way. They may also act out the trauma by somehow harming themselves.
* Disrupted development of sexuality: The patterns of what brings one sexual pleasure tend to form by adolescence. People raised in a household that is either excessively sexually permissive or inhibited are at higher risk for developing a paraphilia.
* Family risk factors for paraphilia development include high conflict between parents or low supervision by parents, a lack of affection from the mother, and generally not feeling treated well by their parents. People with paraphilia tend to have trouble making and keeping friends and other relationships.

**What are paraphilia symptoms and signs?**

While the desired sexual stimulant for the paraphilia sufferer depends on the specific paraphilia, the characteristics of the illness are often very similar. Specifically, people with a paraphilia tend to experience arousal by the stimulant to the exclusion or near exclusion of more common sources of sexual interest, like an attractive person of similar age. The intensity of the sexual attraction can be overwhelming enough to cause distress. The unusual or forbidden nature of a paraphilia often causes symptoms of guilt and fear of punishment.

Symptoms of paraphilia can include preoccupation to the point of obsessiveness that may intrude on the person's attempts to think about other things or engage in more conventional sexual activity with an age-appropriate partner. Paraphilia sufferers may experience depression or anxiety that is temporarily relieved by engaging in paraphilic behavior, thus leading to an addictive cycle.

**What is the treatment for paraphilia?**

Research on the treatment for paraphilias focuses on pedophilia, due to the terrible impact of this behavior on victims and due to the involvement of pedophilic sex offenders with the justice system. Those studies have shown that treatment only tends to work if the person with pedophilia is motivated and committed to controlling his or her behavior and when treatment combines psychotherapy and medication.

Psychotherapy for pedophilia and other paraphilias tends to use cognitive behavioral therapy. The focus of psychotherapy tends to be helping the person with pedophilia recognize and combat rationalizations about his or her behavior, as well as training the pedophilia sufferer in developing empathy for the victim and in techniques to control their sexual impulses. This therapy tends to take an approach to treating sexual offenders using a relapse prevention model that is similar to treating people with a drug addiction. This approach tries to help the paraphilic person anticipate situations that increase their risk of sexually acting out and finding ways to avoid or more productively respond to those triggers. People with paraphilia may also benefit from social skills training to help them develop age-appropriate, reciprocal relationships.

Medications that suppress production of the male hormone testosterone reduce the frequency or intensity of sexual desire in pedophiles. It may take 3-10 months for testosterone suppression to reduce sexual desire. Studies of the effectiveness of selective serotonin reuptake inhibitors (SSRIs) in treating pedophilia and other paraphilias vary in their findings on their effectiveness. However, SSRIs may be a helpful addition to other treatments, because they tend to decrease sexual obsessiveness and urges associated with paraphilias and may help with increasing the paraphile's ability to control his or her impulses. Examples of SSRI medications include fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), citalopram (Celexa), escitalopram (Lexapro), and vortioxetine (Trintellix).

There is some preliminary research that stimulant medications like methylphenidate (Ritalin) can increase the effectiveness of SSRIs, and naltrexone can decrease some of the sexual obsessiveness associated with paraphilias.