PSYCHOSEXUAL DISORDERS

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Human sexual behaviour can be viewed as the culmination of the union between body and spirit within the boundaries of a human relationship. It is the natural expression of mutual give and take, sharing, enjoyment, demonstration of love, recreation and unity between two persons. The boundless enjoyment of safe sex and the dangers of unsafe sex represent two extremes of human sexual expression.

Definitions:

Abnormal sexual behaviour: Sexual behaviour that is destructive towards the self and others; that is not primarily aimed at the welfare of a sexual partner or self (i.e., the sexual "partner" is a victim, rather than a participating partner).

Sexual identity: A person's biological characteristics, namely chromosomal, external genitalia, internal genitalia, hormonal status, gonads and secondary sexual appearance.

Gender identity: A person's own psychological concept of his or her own gender; his or her identity as a man or woman.

Femininity and masculinity: Learned "masculine" and "feminine" behaviour; that perceived by society as being in accordance with the above concepts.

Feminine characteristics are expected to be: “softer,” “less aggressive” and more “delicate”, whereas masculine characteristics are the opposite of these (these are the typically prescribed masculine and feminine roles). These gender behaviours and roles are historically and culturally determined and are not permanent. Many people often err in this regard. Example: A heterosexual man with refined behaviour is considered homosexual (and thus effeminate). The concept of “manliness” or “womanliness” has nothing to do with a person’s preferred sexual partner.

Sexual orientation: The choice of sexual partner: homosexual, heterosexual or bisexual.

Sexual development: Sexual maturity develops while three broad, overlapping life tasks are being achieved one after the other:

First: The person must identify with his/her own physical gender (gender identity). A young child is raised as a boy or a girl and gender identity is reinforced by his/her sexual identity and environmental influences. This usually transpires during the first 12 years of life. If there is any hindrance to the successful achievement of this task, a gender identity disorder may arise, namely transsexualism.

Second: After achievement of gender identity, the young adolescent becomes sexually attracted to another person, a boy or a girl. Many factors influence the choice of sexual partner. The spectrum of choices present in society includes: heterosexual, homosexual, bisexual, or asexual. The ideal is that the final choice be egosyntonic (“I am homosexual and this is good.”). In adolescence there may be a stage of ambivalence, and this, together with emotional pressure from the community, often causes the young person either to make an egodystonic choice (i.e. a choice that is in conflict with his or her needs and goals; or which is in conflict with his or her ideal self-image) regarding sexual orientation, or to feel guilty about the orientation that already exists.

Third: The acceptance of sexual orientation does not yet make the adolescent a competent sexual partner; sexual development is an emotional and physical process of maturation. The ability to court must be acquired. This is associated with hit-and-miss behaviour that eventually becomes a growth

process. It starts with fantasising, reading, looking and masturbation, and then attachment to a peer group. Hereafter group interaction takes place in mixed company (boys and girls). Couples eventually emerge in the group and start to move away from the group. Further sexual development, a mutual task by trial and error, will eventually be rewarded with the gift of mature sex.

Sexual maturity can be described as a two-way, consenting, participative and ongoing sexual relationship between two adults. This relationship requires practice and constant nurturance; it provides fulfilment of needs (physical *and* emotional); it is enjoyable, without reserve or inhibitions; and it continually strengthens the mutual bond. If sexual maturity is not achieved and development goes awry, a group of conditions known as paraphilias may develop.

Causes of sexual dysfunction:

People are somewhat concerned about their sexual performance. Many emotional factors may have an influence on sexual function. In clinical practice, physical, emotional and substance-induced causes of sexual dysfunction need to be considered during the assessment of sexual dysfunction.

Physical:

- Endocrine illnesses: Diabetes mellitus, myxoedema, Addison's disease and hypothyroidism.
- Neurological conditions: Spinal cord lesions, autonomic neuropathies.
- Gynaecological: Vaginitis, endometriosis, infections.
- Cardiovascular: Ischaemic heart disease, recent infarction.
- Respiratory: Obstructive airways disease.
- Renal: Kidney failure.
- Drugs: Alcohol, antihypertensive medication, antidepressants, anti-anxiety drugs, antipsychotic drugs, anti-inflammatory agents, anticholinergic drugs, hormones (e.g., steroids and possibly oral contraceptives).

Psychological:

- Relationship problems between the two people.
- Different levels of sex drive.
- Inexperience and ignorance.
- Anxiety resulting from earlier experiences.
- Performance anxiety.
- Psychiatric illness (e.g., depression).

Generally, men expect to be successful every time coitus takes place, and when they fail (as is often the case) they see it as a threat and an affront to their manhood. Such a man wants to free himself from this stigma as soon as possible, becomes anxious and tense, and this results in impairment in the autonomic mechanisms involved in erection. After this, he may fail again on occasion, resulting in a vicious cycle of anxiety and unsuccessful attempts at coitus, which eventually becomes a conditioned response. Sexual dysfunction is often relative and variable, depending on circumstances, mood, sexual partner, etcetera.

Types of psychosexual disorders:

Gender identity disorder: Transsexualism

A person with transsexualism feels that there is a difference between his/her sexual identity and gender identity. As mentioned earlier in this chapter, gender identity is the realisation that every man or woman has that he/she is of a certain gender; they are aware that “I am a man” or “I am a woman.” Gender identity encompasses each individual’s personal emotional-intellectual appreciation of his or her own gender role.

The person with transsexualism experiences a pervasive feeling of discomfort with his/her own anatomic gender and has a constant, fervent desire to be a member of the opposite sex. A diagnosis of transsexualism can be made only if the disorder has been present constantly for not less than two years, is not due to another mental disorder (e.g., schizophrenia) and is not associated with genetic abnormalities or physical intersexual disorders (the term intersexual disorders refers to a variety of syndromes in people with anatomic or physiological features of the opposite sex, e.g., Turner's syndrome and Kleinefelter's syndrome).

The transsexual person usually feels uncomfortable in clothing designed for his/her own (anatomical) sex and prefers clothes meant for the opposite sex, and to take part in activities of the "other" sex. The transsexual's daily activities are therefore typical of the "other" sex, and characteristic behaviour and mannerisms are those of the opposite sex. Emotionally, they feel 100% "man" or "woman", even though anatomically they are categorically female or male, respectively. The transsexual finds his/her body egodystonic, and he/she does not want to observe his/her genitalia. They often feel that nature has played a tragic trick on them. Egodystonia (i.e. feeling in conflict with his or her needs and goals or ideal self) often goes together with anxiety and depression.

Transsexualism is a very rare condition. It is more common in men than in women. Not all patients diagnosed as 'transsexual' are interested in a sex change operation. Thus the doctor in clinical practice must be able to differentiate between a person who is transsexual, one who prefers homosexual intercourse, and a transvestite (described hereafter). These three disorders each represent a phase of sexual development. Note once again that transsexualism is a disorder of gender *identity*, and has nothing to do with sexual *behaviour*. A final diagnosis of transsexualism should be done by specialised persons.

Paraphilia:

As previously mentioned, there are three phases of sexual development. The third phase is that of sexual maturation. Persons exhibiting paraphilic behaviour have not yet reached "sexual maturity" (as was defined earlier in this chapter). The origin of this group of conditions probably resides in unsuccessful accomplishment of psychosocial life tasks during the pre-pubertal and adolescent years.

Characteristics of paraphilia include:

- Unusual or bizarre behaviour is required for sexual stimulation and gratification.
- An excessive amount of imagination (virtually obsessional) *must* be present for sexual arousal and orgasm to take place.
- Preference for non-human object(s) for sexual stimulation and/or orgasm, such as in fetishism and zoophilia.
- Preference for sexual activities during which real or simulated suffering or humiliation appear as a central theme, as in sadism and masochism.
- Preference for sexual activity with partners who do not give consent, such as in exhibitionism, voyeurism (the person needs a "victim" in order to experience arousal and orgasm).
- Preference for sexual intercourse with minors (children aged 13 and under, and the perpetrator at least 16 years of age, and not less than 5 years older than the victim).
- Sexual dysfunction with respect to normal, adult sexual intercourse is common.

Different types of paraphilia:

- Exhibitionism ("Flasher"; requires a victim).
- Voyeurism ("Peeping Tom"; requires an unwitting victim).
- Fetishism (Uses objects such as women's panties, shoes and other underwear).
- Frotterism (Rubs up against unsuspecting victims).
- Paedophilia (Already described; heavy penalties exacted by law; incidents must be notified).
- Transvestism ("Cross dressing" for sexual arousal and gratification).

- Sexual sadism and masochism (Inflicting or receiving pain or humiliation).
- Others, such as coprophilia, necrophilia, telephone scatologia, zoophilia, etc.

Paraphilia is difficult to treat because the maladaptive behaviour is practiced privately, and therefore cannot be monitored easily. Persons with such disorders are often also incapable of adult two-way relationships and display an obsessional element in their behaviour disorder. Paraphilia is often also associated with a personality disorder. Patients should seek treatment from an expert or specialist (usually not the general practitioner although the GP can make the appropriate referral).