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**Women's Psychosexual Disorders: An Overview**



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## Women's Psychosexual Disorders: An Overview

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### Abstract

**Purpose:** This paper examines the issue of women psychosexual disorders in our contemporary world.

**Methodology:** Concept and categories of women psychosexual disorders were adequately explained. The study itemized ten types of women's psychosexual disorders with relevant factors that are responsible for the disorder. Furthermore, appropriate treatment strategies were equally thoroughly explained.

**Findings:** The paper concludes that the problem of women psychosexual disorder can be overcome or reduced to the minimal once there is proper enlightenment, education and sensitization among women folk.

**Unique Contribution to Theory, Practice and Policy:** With the adequate knowledge on psychosexual disorders and unpleasant experience of women as far as sexual related issues are concerned will be a thing of the past.

**Keywords:** *Psychosexual Disorders, Sexual Disorder, Hyper sexually, Vulvodynia, Vaginismus.*

## **Introduction**

Human sexuality is complex and multidimensional, based on biological, psychological, social and cultural aspects. Psychosexual disorders are defined as the sexual problems that are psychological in origin and occur in absence of any pathological disease. Furthermore, it could be described as a problem with sexual response that causes a person mental distress and it is also known as a mental dysfunction. Majorly, they can be physiological and psychological or a combination of both in origin. Psychosexual disorders can also vary in severity and intensity, while some are temporary, others are long term. (Langstrom, 2010) These sexual disorders are regarded as part of psychiatric disorders. They often arise because of physical environment factors and at times it is difficult to separate one from the other.

Normal female sexual function is the result of a complex interaction between psychological, genitalia are subjected to significant hormonal influences and fulfill important functions. Various medical conditions, such as diabetes, Crohn's disease, sexually transmitted diseases, contact dermatitis, and other benign and premalignant diseases may lead to sexual dysfunction in women (Garima and Singh, 2016). Sexual disorders originate in the mind, but manifest themselves through external behavioral symptoms, predominantly sexual dysfunction and perversions. The problems, insecurities, and anxieties that accompany psychosexual disorders are significantly more deep-rooted and pharmacotherapy alone may not work in many of such individuals. Therapy (sex therapy, psychotherapy/behavioural therapy) and discussions of the problems are the most reliable form of treatment of psychosexual disorders. (Hyde and Delamater, 2006).

## **Categories of Women Sexual Disorders**

Generally, sexual disorders are categorized into four main types namely: - Desire Disorder (hypoactive sexual desire, sexual aversion), Arousal Disorders (female sexual arousal disorder), Organism Disorders (female organism disorder) and Sexual Pain disorders (vaginismus). However, some psychosexual disorders are peculiar to women and they are further classified into three stages: - Sexual dysfunction, Paraphilia's and Gender Identity Disorder.

- i. **Sexual Dysfunction** – This is characterized by a lack of sexual desire, erectile dysfunction, premature ejaculation, painful sex, lack of sexual enjoyment, sexual addiction and sexual aversion.
- ii. **Paraphilias** – This is unusual or abnormal sexual behavior, including sexual attraction to unusual objects or activity, such as fetishism, exhibitionism, sadism and voyeurism, among others.
- iii. **Gender Identity Disorders** – It manifest as a variation between a person's biological sexual identity and their own sense of sexual identity, causing difficulties in adjusting to a normal lifestyle and a desire to alter sexual orientation by becoming a member of the opposite sex. This is otherwise known as transgender.

## **Types of Women's Psychosexual Disorders**

For the purpose of this study, ten psychosexual disorders of women shall be examined.

- i. Hypoactive Sexual Desire (HSD)
- ii. Hyper sexuality
- iii. Genital pain syndromes
- iv. Vulvodynia
- v. Vaginismus
- vi. Female Orgasmic Disorder (FOD)
- vii. Prostitution
- viii. Sexual Aversion Disorder
- ix. Painful intercourse (Dyspareunia)
- x. lesbianism

### **i. Hypoactive Sexual Desire Disorder (HSD)**

Low sexual desire is a common problem amongst women of all age. When associated with distress, it is termed HSD and affects approximately one in ten women. (Jaspers, feys & Bramer, 2016) Sex hormones upon interaction with various neurotransmitters modulate sexual desire. A critical balance is required between the excitatory pathways (serotonergic system) for normal sexual function. This disorder may arise due to increasing age, low estrogens, neuroendocrine changes, sexual abuse, childhood trauma, perceived stress, distraction, and body image or self-consciousness. Others include relationship factors such as, partner's sexual dysfunction (e.g. Erectile Dysfunction (ED), Premature Ejaculation (PE) in a male partner). Others include conflict stressors, familial obligations and cultural, social and religious values can negatively influence women's desire. Antidepressants, antipsychotics, antihypertensive, hormones and corticosteroids, have been known to reduce sexual desire. Women must be careful and be conscious about the above identified problems. It is also sometimes termed inhibited sexual desire or low sexual desire, it involves men and women but higher in women.

### **ii. Female Hyper Sexuality**

This is also known as nymphomania. It is a mental disorder marked compulsive, unsatisfied and aggressive sexual behavior. Compulsions are unwanted actions, or rituals that a person engages in repeatedly without getting pleasure from them or being able to control them. In the case of nymphomania, people act out their compulsions by engaging in risky behaviors such as promiscuity. Nymphomania can occur in any adult, though it is more common in women. Technically, the term "nymphomaniac" refers to a woman with unsatisfactory sexual act and

behaviors. It is thought that certain life events may trigger women who are predisposed to nymphomania which includes hereditary or environment reasons. (Sarangi & Morgan, 2017)

### **iii. Genital Pain Syndromes**

Chronic idiopathic genital or pelvic pain is another common condition with may be accompanied by psychological, sexual and social problems. (Marcinkowski, Mehta, Mercier & Berghell (2020) emphasized that some of the characteristics shared by individuals with this type of disorder includes long term pain on of unknown origin (idiopathic pain), investigation does not reveal any underlying disease, it is often unresponsive to oral and topical anti-inflammatory analgesics, it causes difficulty in falling asleep., it interferes with the daily activities of women, it may be associated with chronic fatigue syndrome, irritable bowel syndrome and other somatic complaints.

### **iv. Vulvodynia**

Vulvodynia is a debilitating condition presenting with chronic pain or discomfort involving around the opening of the vagina for more than 3 months and for which no obvious etiology can be found and has been estimated to affect 7 to 8% of women. Cleveland Clinic (2024) In addition to pain, most women complain of the itching burning, stinging, irritation, stabbing or rawness. Vulvodynia can be uncomfortable that some activities can feel unbearable, such as sitting for long periods of time or having sex.

### **v. Vaginismus**

Vaginismus is a poorly understood condition affecting approximately 1-7% of female worldwide (Katz, 2020). It is a vaginal penetration disorder, defined as an aversion to any form of vaginal penetration as a result of painful attempt and a fear of anticipated pain. It is a spastic contraction of the outer third of the vagina. In some cases it is so severe that the entrance to the vagina is closed and the women cannot have intercourse. It is involuntary, uncontrolled and functions much the same as any avoid injury. Some women in this category have relationship issues, a poor self-image and an unrelenting fear of penile penetration. Vaginismus is not a very common sexual disorder in the general population. (Cleveland Clinic, 2024)

### **vi. Female Organism Disorder (FOD)**

Female organism Disorder also known as frigidity, it refers to sexual inadequate, such as lack of sexual desire and failure to achieve orgasm. It is the inability to have an organism. Frigidity is an aspect of important that is mostly applied to women. In addition to the general causes of impotence, frigidity may be as a result of inadequate stimulation or fore-play, fear of becoming pregnant, moral and religious attitude about sex and hostility to women in general. It can be treated medically, through counseling, education and reassurance. (Owojaiye, 2009). Female organism disorder may be classified into lifelong and acquired. Lifelong organism disorder refers to cases in which the woman has never in her life experienced an orgasm. Acquired organism disorder refers to cases in which the woman had orgasms at some time in her life but no longer does so. A

common pattern is situational orgasmic disorder, in which the woman has orgasms in some situations but not others. For example, she may be able to have orgasm while masturbating, but not while having sexual intercourse.

**vii. Prostitution**

According to Owojaiye (2009), it signifies giving of sexual services, favours and care usually promiscuously, anonymously and without affection or love consideration but for a fee. Prostitution usually refers to female heterosexual act. Amateur prostitutes are women who may have full time-job, may be house-wives, divorcees or students and in addition work as a prostitute as part-time or temporarily to supplement their incomes or to get satisfactions sexually. Generally for women, the lure of prostitution are money, sex itself, adventure, revenge against parents, husband, family or society, the promise of a job, personal gain or gifts and neurotic need for punishment, need for variety, unwillingness to accept marital obligation, physical and other handicaps.

**viii. Sexual Aversion Disorder (SAD)**

In sexual aversion disorder, the person has a strong aversion involving anxiety, fear or disgust to sexual interaction and actively avoids any kind of genital contact with partner. This problem causes great difficulty in the person's relationship. The prevalence of this disorder in the general women population has not been documented in well-sampled studies, but experts believe that it is rare. It is fairly common. (Brittany, 2023)

**ix. Painful Intercourse (Dyspareunia)**

Painful intercourse or dyspareunia, refers to genital experienced during intercourse. While complaints of occasional pain during intercourse are fairly common among women, persistent dyspareunia has not very common. In women, the pain may be felt in the vagina, around the vaginal entrance, clitoris and deep in the pelvis. (Katz, 2020)

**x. Lesbianism**

This is also called "Sapphism" or female homosexuality, the members of a women folk be emotionally and usually sexually attracted to other females, or the state of being so attracted. Most lesbians engage in sexual activity only with members of the same sex and are not attracted to members of the opposite sex. (Stol, 2016)

**Causes of Women Psychosexual Disorder**

According to Hyde and Delamater (2006) cited by Daodu (2015) causes of sexual disorder of women are classified into these causes namely, Psychological causes, Combined Cognitive and Physiological factors and interpersonal factors.



### Psychological causes

This includes prior leaning and immediate causes. Prior learning refers to the things that people have learned earlier, for example, in childhood which now inhibit their responses. While immediate causes are various things that happen in the act of lovemaking itself that inhibit the sexual response. Four major factors have been identified as immediate psychological causes of sexual disorder to be:

- Anxieties such as fear of failure
  - Cognitive interference
  - Failure of the partner to communicate
  - Failure to engage in effective sexually stimulating behavior.
- a. **Anxieties such as fear of failure:** Master and Johnson (1982) theorized that anxiety during intercourse can be a source of sexual disorder, anxiety may be cause by fear or failure – that is fear is being unable to perform, this can prevent sexual stimulation and lack of interest.
- b. **Cognitive interference:** it refers to thoughts that distract the person from focusing on the erotic experience such as body be beautiful enough to arouse him? Will my techniques or methods satisfy him? Will I have a good performance? Will I be recommended by him? In the case, women behave like a spectator or judge of her own sexual performance; these are thoughts that emanate from the mind. If these thoughts continue, it could result into sexual disorder.
- c. **Failure to communicate:** Failure to communicate with one’s partner during sexual act could lead to failure of satisfaction and enjoyment. Verbal communication is highly needed during sexual act, the communication an expression to the partner on the next thing to be done, how to be done, and when to be done breakdown of communication could lead to sexual disorder.
- d. **Failure to engage in effective sexually stimulating behavior:** Often this is as a result of simple ignorance. For instance, some couples lack knowledge about foreplay, understanding stimulating parts of the body and appropriate sexual behavior. In this case proper education, enlightenment and counselling is needed to overcome challenge.

### Prior Learning

Another major category of psychological sources of sexual disorder is prior to learning. This category includes various things that were learned or experienced in childhood, adolescence or even adulthood. An example would be a young woman who could not get stimulated the act was laughed at by his partner. Such an experience sets the stage for future erectile disorder. Seductive behaviors by parents and child sexual abuse by parents or other adults are the more serious of the traumatic early experiences that lead to their sexual disorders. (Garima and Singh, 2016).

### **Combined Cognitive and Psychological Factors**

Women function well sexually when they are psychologically aroused and interpret that as sexual arousal (rather than something else, like nervousness). In a clever experiment based on a model, women with sexual disorders were exposed, in a laboratory setting, to a frightening movie, increased their general automatic arousal. The women were then shown a brief video and given feedback (actually false) that their genitals had shown a strong arousal response to it. This feedback creates a cognitive interpretation for the way they were feeling. The combination of general automatic arousal and the belief that they were responding with strong sexual arousal led these women, compared with the controls, to greater vaginal arousal responses and subjective reports of arousal in subsequent sessions. This demonstration of the effectiveness of combined physiological and cognitive factors is particularly striking because the women began with problems in sexual responses.

### **Interpersonal Factor**

Disturbances in a couple's relationship are another leading cause of sexual disorders. Anger or resentment towards one's partner does not create an optimal environment for sexual enjoyment. Sex can also be used as a weapon to hurt a partner, for example, a woman can hurt her husband by refusing to engage in a sexual behavior that he wants. Conflicts over power may contribute to sex problems. Intimacy problems in a relationship can be a factor in sexual disorders. (Brittany, 2023) These problems typically represent a combination of individual psychological factors and relationship problems.

### **Treatment of Psychosexual Disorder**

Treatment for psychosexual disorder can be categorized into three segments; this includes Psychotherapy approach, medications and self-help groups. A primary goal of treatment is to help women manage urges and reduce excessive behaviors while maintaining healthy sexual activities.

#### *a. Psychotherapy Approach*

- Cognitive Behavioral Therapy (CBT): This helps women to identify unhealthy, negative beliefs and behaviors and replace them with more adaptive ways of coping. Individuals are taught strategies to make these behaviors less private and interfere with being able to access sexual content so easily. It is all about changing individual thinking patterns, which will result in changing behavior.
- Acceptance and Commitment Therapy (ACT): This is a form of CBT that emphasizes acceptance of thoughts, urges and a commitment to strategies to choose actions that are more consistent with important values. In other words, it is all about making decisions and committing to change and stand by those decisions.



- **Psychodynamic Psychotherapy:** This therapy focuses on increasing awareness of unconscious thoughts and behaviors, developing new insight into your motivations, and resolving conflicts. This implies that what is going on in the mind determines individual's action. Ability to control the contents and the flow of the mind will go a long way to curb some abnormal sexual related thoughts.
- **Couples Therapy:** This approach rest on the assumption that there is a reciprocal relationship between interpersonal conflict ad sex problems. In Sex problems can cause conflicts and conflicts can cause sex problem, in couple therapy, the relationship itself is treated with the goal of reducing antagonisms and tensions between the partners. As the relationship improves, the sex problem should be reduced. Peaceful couple's relationship or interaction will help in drastically reducing psychosexual disorder among women.
- **Counselling intervention:** Women that are experiencing psychosexual disorder needs counselling intervention especially martial and sex related counselling from experienced marriage counsellor. Counselling can be of help in solving problems of some of the psychosexual related problems. Counselling cures crises including psychosexual disorder. Counselling can be provided in an individual, group, family of complex formal.

b. *Medication*

In addition to psychosexual approach, it has been recommended by health practitioners that certain medications may help because they act on brain chemicals linked to observe that thoughts and behaviors reduce the chemical “rewards” these behaviors provide when you act on them, or reduce sexual urges. Medication or medications to be recommended depends on individual unique problems. Examples of such condition include antidepressants, mood stabilizers, anti-androgens, sexual stimulants, etc.

c. *Self-help/groups*

Self-groups and support groups can be helpful for people with compulsive sexual behavior and for dealing with some of the issues it can cause. These groups can help one to learn about one's disorder, find support and understanding of one's condition, identify additional treatment options, coping behaviors, resources and help with relapse prevention.

### **Conclusion**

It is an established fact and reality that many women suffer from psychosexual disorder, in fact, they are even ignorant about the problem. Furthermore, psychosexual disorders have caused a lot of inconveniences, pain, mental turbulences, pain, marital turbulence, crises and psychological trauma. Many women need help on how this problem could be resolved. With the pieces of information and knowledge given on this paper, it is optimistic that the level of ignorance of women on this issue would be drastically reduced.

## Recommendations

To curb and control this issues all hands must be on deck, government institutions, non-government organizations, religious institutions, medical institutions and individual/group effort must engage in aggressive sensitization to educate all women about the issue of psychosexual disorder. Appropriate counselling outfit must be established especially in the health institutions to further enlighten women about the causes, symptoms, effects, and medical psychological solutions to the problems.

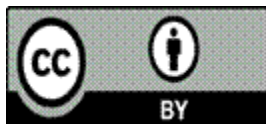
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