

# Having Difficult Conversations around Sexuality, Intimacy and Sexual Dysfunction: A Doctor's Guide



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# What is Sexuality

- ▶ Healthy Adult Sexuality

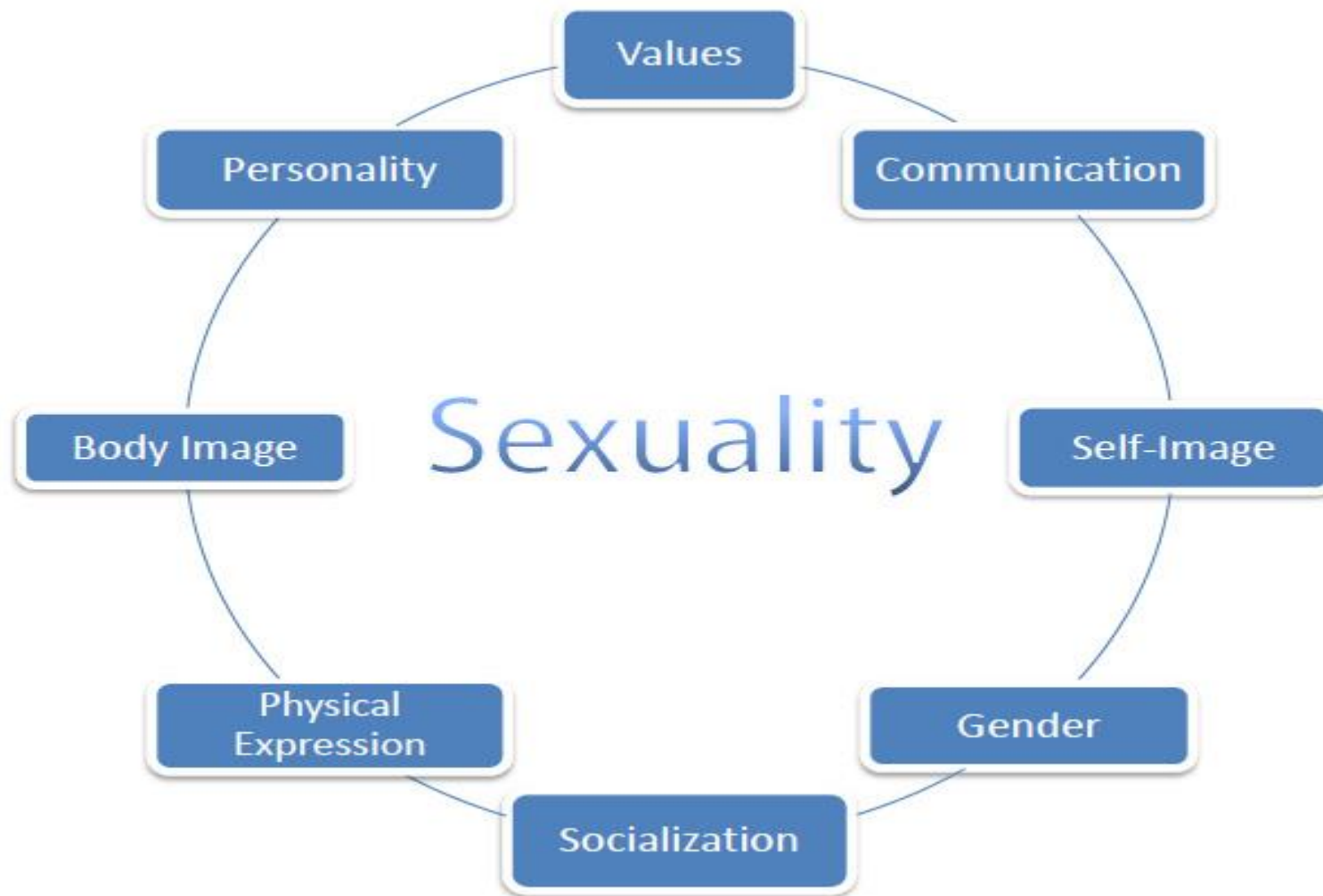
“the physical , emotional, social, and spiritual parts of ourselves integrated into our identities and ways of living”



# Definition of Sexuality



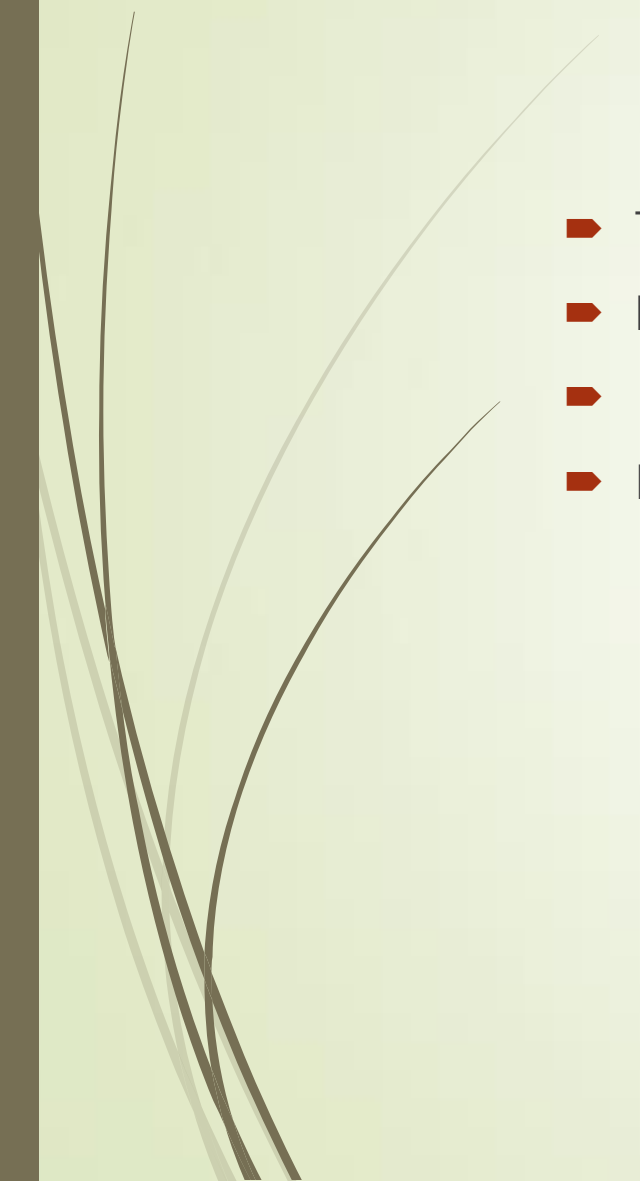
- ▶ The World Health Organisation working definition of sexuality is:
- ▶ “...a central aspect of being human throughout life encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors.” (WHO, 2006a)



The SEXUALITY WHEEL



# Intimacy

- The ability to connect to self and others
  - Intrapersonally,
  - Interpersonally
  - Environmentally
- 



# Sexual Function and Dysfunction

- ▶ Sexual Function

Includes desire, arousal and orgasm

- ▶ Sexual Dysfunction

Consist of an impairment or disturbance in one of these stages.



# Etiology of Sexual Dysfunction

- ▶ Sex Researchers Lazarus and Lopicolo and Friedman determined that the Etiology of SD can be multimodal or broad spectrum hence being and creating multicausal context.
- ▶ There are three temporal categories within this context
  1. Predisposing factors – Something that makes the person vulnerable
  2. Precipitating or Triggering Factors- on onset of the symptoms
  3. Maintaining Factors- something that helps the dysfunction to continue



# Predisposing Factors

Prior life experience e.g first sexual encounter,  
child hood sexual trauma

Inherited Characerisitics eg. Diabetes

➤ Alcoholism/Drug use

➤ Family of Origin Experiences

First Sex Educational Conversation


Prior exposure to sex and sexual literature e.g Porn, magazines, family members

Family members experience/sharing of their intimacy with partners



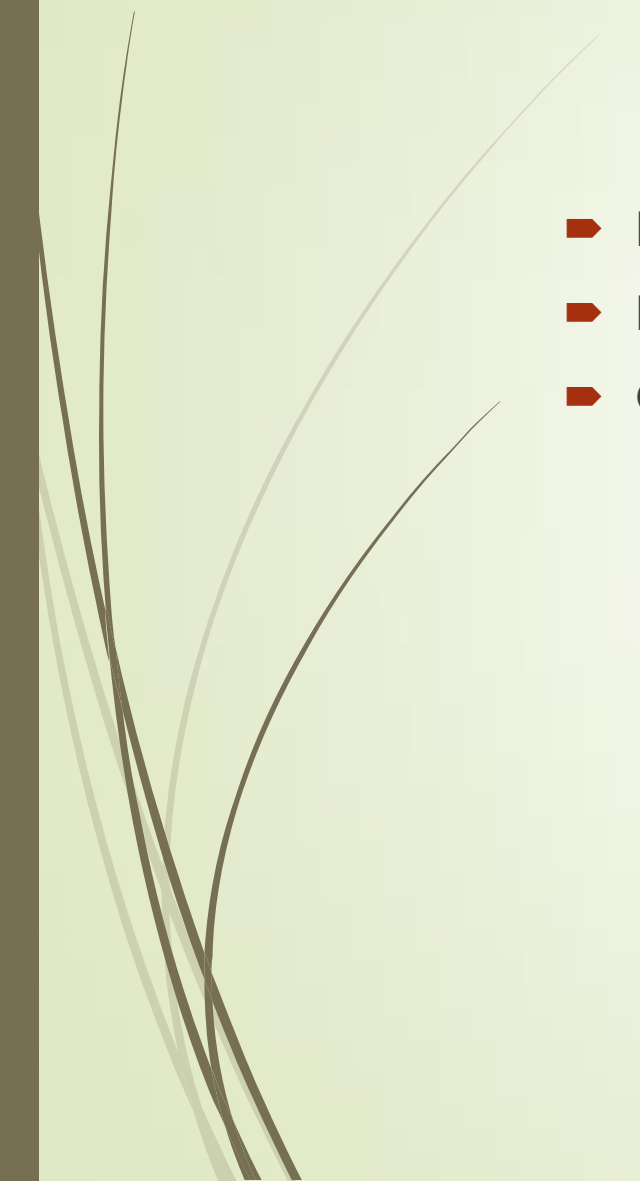


# Precipitating/Triggering Factors.

- ▶ Family related Stress
  - ▶ Job Related Stress
  - ▶ Accident
  - ▶ Experiences that are present at initial onset of the dysfunction
- 




# Maintaining Factors

- Lack of Privacy
  - Poor communications skills
  - Obesity, lack of exercise
- 



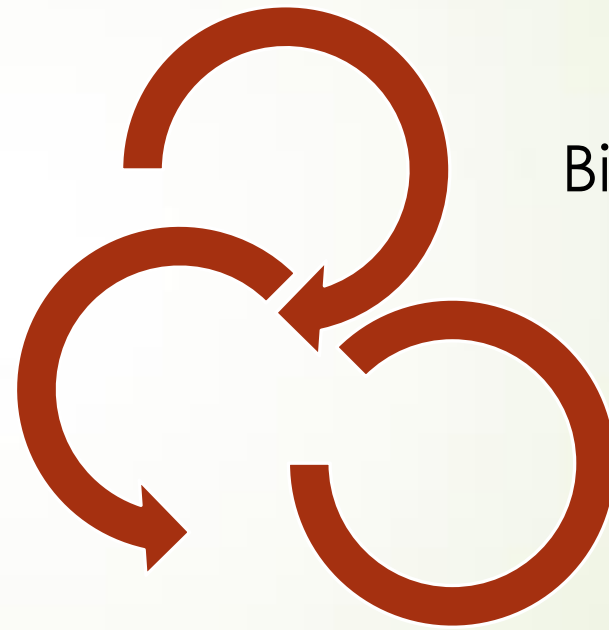
# Etiology of Sexual Dysfunction Cont'd

## Systemic Frames of References

- Biological/Medical
  - Psychological
  - Sociocultural Context
- 



Psychological



Biological

Socio Cultural



# The Link between Biological and Psychological Factors

## ► Biological Factors

Penile microangiopathy in a male diabetic, may cause erectile difficulties

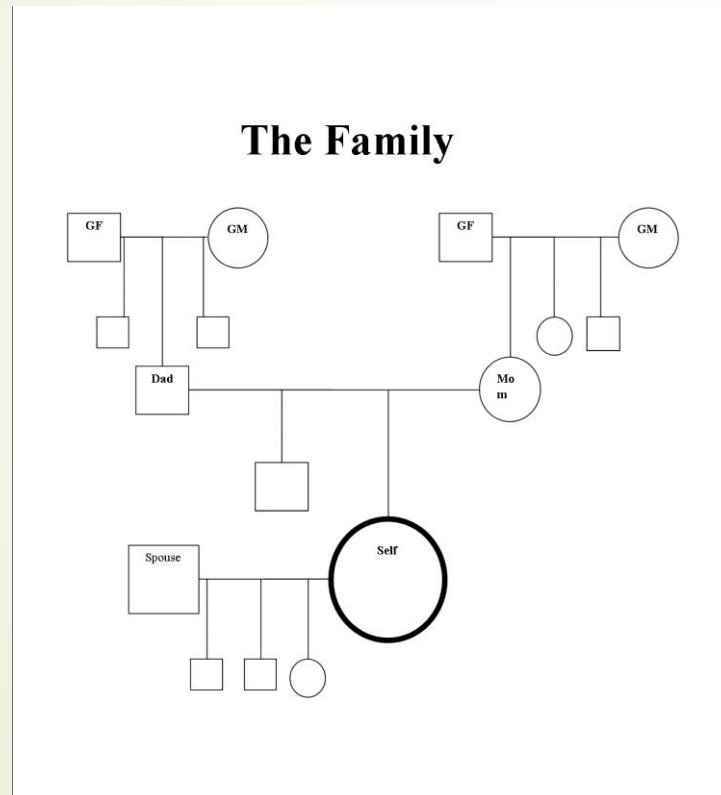
Woman experience Chrohns Disease may reduce sexual desire and vaginismus

## ► Psychological Factors

Leading to bouts of depression

Leading to thoughts of negative body image or fear of rejection.


# Understanding Socio Cultural Factors through Sexual Genograms



- What are the overt/covert messages in tis family regarding sexuality/intimacy?
- Who was the most open sexually? Intimately? In what ways?
- How was sexuality/intimacy encorouged? Discouraged? Controlled ?
- What were the “secret” in your family regarding sexuality/intimacy?



What were you taught in your household?  
What does your society say about sex, intimacy and functioning?



# Treating Medical Clients with Sexual Dysfunctions

- ▶ Conduct an assessment to determine if the sexual dysfunction has occurred within the past six months?
- ▶ Utilize the current structure in the DSM V .
- ▶ After conducting the assessment, determine the level of care for client based on the systemic frame of reference factors.
- ▶ Is this problem solely medical, psychological, socio cultural or a mixture of all components?
- ▶ Determine which scope you are willing to treat as a physician.
- ▶ Create opportunities for clients to have integrated levels of care with mental health practitioners.





# Mental Health Practitioners and Sexual Dysfunctions due to Medical Conditions

- ▶ Working with a mental health practitioner can create an additional opportunity for clients to talk about how their new condition is affecting their lives.
- ▶ Build a rapport with a sex therapist to conduct workshops and groups about psychological issues that can occur after a medical conditions
- ▶ Build a rapport with a family therapist to conduct workshops and groups about relationships, intimacy and sex.
- ▶ Include a therapist to explore the sexual practices prior to the medical condition, developing a sexual genogram and exploration of best practices during sexual encounters



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Thank you for listening. Any questions?





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