Mental Health Nursing: Sexual Disorders

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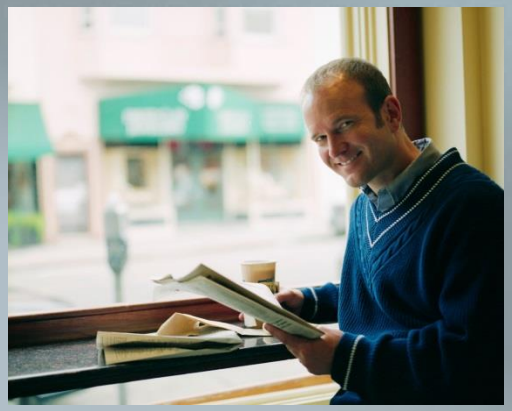
Definition of Sexuality

- A desire for contact, warmth, tenderness, and love
- Adaptive sexual behavior is consensual, free of force, performed in private, neither physically nor psychologically harmful, and mutually satisfying

Patient Behaviors- *Not Disorders*

- Heterosexuality- sexual attraction to members of the opposite sex
- Homosexuality- sexual attraction to members of the same sex
- Bisexuality- sexual attraction to both men and women
- Transvestism- dressing in clothes of the opposite sex or "cross-dressing"
- Transsexualism- going from one sex to another due to profound discomfort with one's own gender and strong, persistent identification with the opposite gender

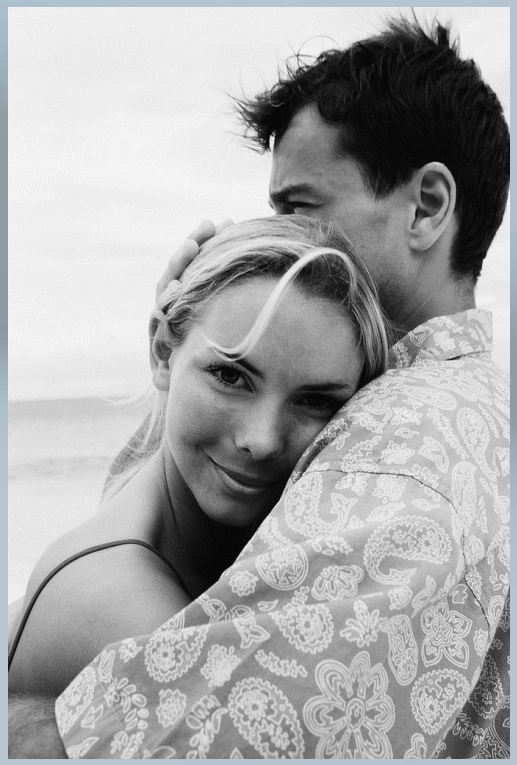
Human Sexuality



Continuum of Sexual Responses

- **Adaptive responses:**
  - ⇨ Satisfying sexual behavior that respects the rights of others
    - ⇔ Sexual behavior impaired by anxiety resulting from personal or societal judgment
- **Maladaptive responses:**
  - ⇔ Dysfunction in sexual performance
    - ⇦ Sexual behavior that is harmful, forceful, non-private, or not between consenting adults

Sexual Stimulation Response



- Physiological and psychological responses to sexual stimulation consist of four stages:
  - Desire
  - Excitement
  - Orgasm
  - Resolution

Dysfunctions of Sexual Response Cycle

- For women, highly associated with negative experiences in sexual relationships and overall well-being
  - Lack of orgasm
    - May be caused by sexual inhibition, inexperience, anxiety, or early sexual trauma
  - Vaginismus- painful, involuntary spasm of muscles surrounding vaginal entrance
    - Occurs in women who fear that penetration will be painful

Dysfunctions of Sexual Response Cycle (continued)

- For men, may be due to low sexual desire, inhibited excitement or orgasm phases
- Erectile dysfunction (also known as impotence)- inability to achieve or maintain erection for satisfactory sexual intercourse
- Ejaculatory disorders
  - Premature ejaculation occurs before or soon after penetration
  - Inhibited ejaculation does not occur
  - Retrograde ejaculation occurs when the ejaculate is forced back into the bladder

Sexual Dysfunction

- Etiology is varied and complex
- Affected by emotional and stress-related problems
- Psychological factors range from unresolved childhood conflicts to adult problems:
  - Performance anxiety
  - Lack of knowledge
  - Failure to communicate with partner

Sexual Dysfunction (continued)

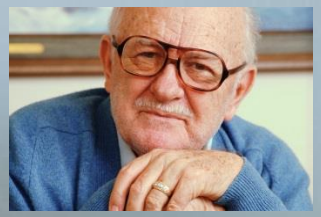
- Physiological factors can include medical problems
  - Circulatory
  - Endocrine
  - Neurological disorders
  - Medication side effects
- Interaction between physiological and psychological factors can lead to sexual problems

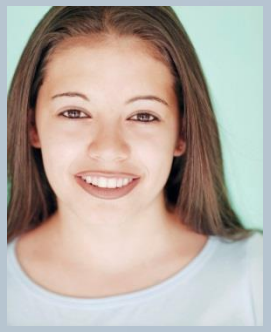
Predisposing Factors

- Biological- gene research is ongoing related to homosexuality
- Psychoanalytical- Freud's developmental stages (oral, anal, and phallic stages, Oedipus complex in boys, Electra complex in girls, then latency stage with suppressed sexual impulses, followed by adolescent genital stage when sexual urges reawaken)
- Behavioral- sexual behavior is response to learned stimulus or reinforcement event
  - Affected by childhood sexual abuse
  - Attitudes and behavior of adult caregivers

Precipitating Stressors

- Physical illness and injury
- Psychiatric illness
- Medications
- HIV/AIDS
- Aging process





Alleviating Factors

- Important coping resources:
  - Knowledge about sexuality
  - Positive sexual experiences in past
  - Supportive people in the pt's environment
  - Social or cultural norms that encourage healthy sexual expression
  - Including pt's sexual partner in care whenever possible

Coping Mechanisms

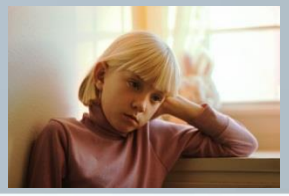
- Fantasy can be an adaptive way to enhance sexual experiences unless maladaptive; "I always escape to erotic fantasies with unknown lovers when with my spouse"
- Projection: "I never had a problem with my previous lover; I think you are the problem"
- Denial: "I don't have a problem with sex. I just never feel sexual"
- Rationalization: "I don't need sex. A good marriage is a lot more than sex"
- Self-protection from intimate relationship:
  - Increased sexual behavior with multiple partners

Medical Diagnosis

- Hypoactive sexual desire disorder
- Sexual aversion disorder
- Female sexual arousal disorder
- Male erectile disorder
- Female orgasmic disorder
- Premature ejaculation
- Dyspareunia- genital pain
- Vaginismus
- Sexual dysfunction r/t medical condition
- Substance-induced sexual dysfunction

Medical Diagnosis: Paraphilias

- At least 6 months of association between intense sexual arousal, desire, acts, or fantasies related to:
  - Exhibitionism- exposing genitals to strangers
  - Fetishism- nonliving objects (like undergarments)
  - Frotteurism- rubbing against a stranger
  - Pedophilia- children, age 13 and under



Medical Diagnosis (continued)

- Paraphilias
  - Sexual masochism- being beaten, or bound (real or simulated)
  - Sexual sadism- real or simulated physical or psychological suffering or humiliation
  - Transvestic fetishism- cross-dressing
  - Voyeurism- observing unsuspecting people who are naked, undressing, or being sexually active
- Gender identity disorder of childhood, adolescence, or adulthood

Other Resources

- Dysfunctions of the sexual response cycle should be referred to sex therapists for treatment
- Remember that pedophilia is a crime, and you should follow your organization's protocol for reporting to authorities
- Medications are available for treatment of some sexual dysfunctions or paraphilias

Treatment of Sexual Disorders

- Paraphilias
  - Cognitive and behavioral treatments
  - Medications to lower testosterone levels
    - Medroxy-progesterone
    - Cyproterone acetate
- Sexual dysfunction
  - Erectile disorders can be treated with sildenafil (Viagra)
  - Rapid ejaculation tx can be SSRIs
    - Fluoxetine, sertraline, clomipramine, or paroxetine

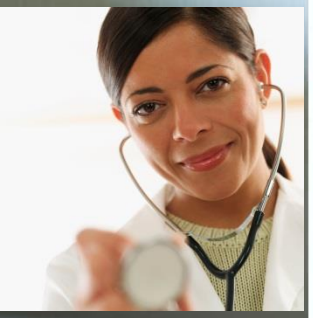
Treatment of Gender Identity Disorder

- Gender dysphoria can be experienced along continuum of responses, with transsexualism as most severe form
  - Tx of transsexual person has been controversial, because it may involve gender reassignment surgery and long-term hormone administration
  - Strict standards were developed by Gender Dysphoria Association due to its serious consequences

Examples: Nursing Diagnosis

- Sexual dysfunction r/t prenatal wt gain e/b verbal statements of physical discomfort with intercourse
- Sexual dysfunction r/t joint pain, e/b decreased sexual desire
- Ineffective sexuality pattern r/t financial worries, e/b inability to reach orgasm
- Ineffective sexuality pattern r/t mastectomy e/b statements such as "My husband won't want to touch me"

Self-Awareness Phases



- The nurse's level of self-awareness is critical component of sexual discussions with pts
- **Cognitive dissonance** arises with two opposing beliefs, "I should not ask questions about a subject as personal as sex." and "As a professional, I should be able to discuss any problem, including diverse sexual problems and issues."
- "I will research accurate, current information to clarify my values and beliefs"
- "I know sexuality is an integral part of being human. I need to include it in my nursing care"

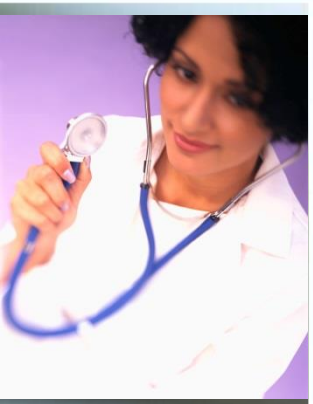
Anxiety, Anger, and Action

- **Anxiety** can stimulate the nurse's professional growth.
  - "Uncertainty, insecurity, questions and problems regarding sexuality are normal".
  - "Everyone is capable of a variety of sexual feelings, disorders, and behaviors."
- **Anger** directed toward self, pt, or society regarding volatile issues such as rape, abortion, birth control, equal rights, child abuse, pornography, and religious issues related to sexuality.
  - Amid controversy and debate, it becomes clear that people need more awareness of sexuality
- **Action** phase is valuing and exploring sexual issues, growing in knowledge and empathy

Nursing Care

- Assess subjective and objective responses
- Recognize defense mechanisms
- Expand awareness of personal values and beliefs about sexuality and sexual expression
- Discuss sexual questions and problems
- Relate accurate information about sexual concerns and alternatives to enhance adaptive sexual functioning

Implementation



- Health education for primary prevention of sexual problems
- Sex education to promote sexual health and acquire decision-making abilities





Attitudes in Nursing Care

- Negative attitudes by health care providers and society at large can affect the health care received by patients who are sexually diverse
- Gain awareness of own feelings and thoughts
- Pts need anticipatory guidance about possible impact of sexual health r/t treatments
  - Can also recommend readings about sexual diversity

Nurse-Patient Relationship

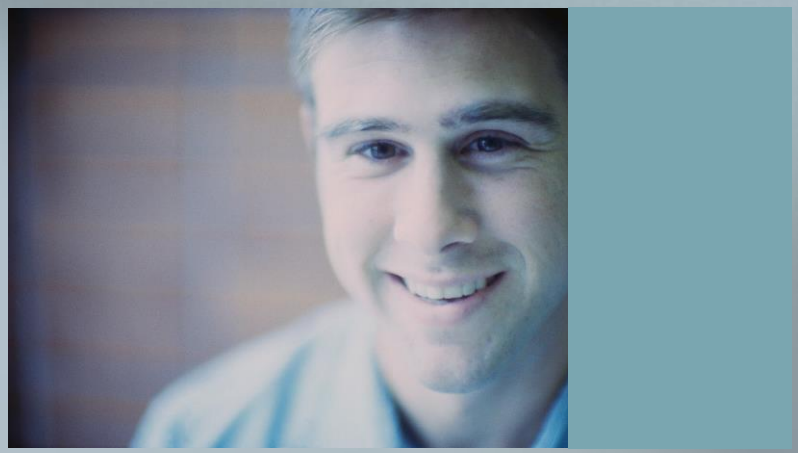
- Develop trusting relationship
- It is always the nurse's responsibility to preserve professional boundaries, even when a nurse feels sexually attracted to a patient
- It is never acceptable for a nurse to engage in sexual behavior of any kind with a patient
- If a pt makes a sexual advance, the nurse should let him/her know that the behavior is unacceptable

Nurse-Patient Relationship (continued)

- Decrease pt's inappropriate expressions of sexual feelings and behaviors
- Expand pt's insight into sexual feelings, fears, problems, and behaviors in supportive way
- Analyze possible meanings of sexual behavior

Nursing Care in Maladaptive Sexual Responses

- Provide support
- Anticipatory guidance
  - Explain consequences of maladaptive sexual responses
- Counseling
- Referral



Evaluation

- Patient Outcome/Goal
  - Patient will obtain the maximum level of adaptive sexual responses to enhance or maintain health
  - Consider pt's sense of well-being, functional ability, and satisfaction with treatment
- Nursing Evaluation
  - Was nursing care adequate, effective, appropriate, efficient, and flexible?

References

- Stuart, G. & Laraia, M. (2005). Principles & practice of psychiatric nursing (8th Ed.). St. Louis: Elsevier Mosby