

Understanding sexual disorders - Part 3

Orgasmic disorders

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Premature ejaculation

Premature ejaculation occurs when the man is unable to hold his ejaculatory process for a sufficient length of time while the penis is inserted in the vagina. Some men even ejaculate even before the penis enters the vagina. Again, the disorder must present some amount of distress to one or both partners.



The man who has unresolved issues in his relationship will definitely compound an existing premature ejaculation problem.

Premature ejaculation accounts for a 25-40 per cent prevalence. The most common complaint is the inability to last beyond one to two minutes after entry.

Possible causes

- . Early sexual practices: Many men when they were boys engaged in a quick sex-scoring spree. Sometimes the environment demanded that they discharge as quickly as possible. When they become grown men their bodies become accustomed to triggering the reflex as quickly as possible.
- . Anxiety: New bridegrooms tend to be nervous and are so caught up in performing on their honeymoon that they short-circuit the plateau stage of the sexual response patterns.
- . General life stress: The man who is undergoing stress and is most times tired when engaging in sexual intercourse is more likely to get it over with as quickly as possible so that he can go to sleep.
- . Relationship issues: The man who has unresolved issues in his relationship will definitely compound an existing premature ejaculation problem.

Treatment

As much as premature ejaculation is primarily the man's problem, the successful handling of the condition is highly dependent on the couple.

- . Squeeze technique: This exercise involves the partner applying some pressure (squeeze) to the penis, where the head joins the shaft, just at the point where he feels he is near ejaculation. This method obviously requires effective communication between the partners.
- . Stop-start method: With this technique the couple engages in penetrative sex but as soon as he feels he is near ejaculation both he and his partner remain still until the sensation dissipates after which they resume thrusting. This method requires patience and understanding on the part of the spouse.
- . Relationship counselling: This is of course required when there are unresolved non-sexual issues that prevent the couple from fully engaging and achieving sexual satisfaction.
- . Medication: Prescribed drugs may be required in some instances.

Female orgasmic disorder

Female orgasmic disorder occurs when there is a persistent or recurrent delay in, or absence of orgasm after a normal sexual excitement phase. This may happen even though the woman may have a strong desire for sex and is highly aroused.

Like the other disorders, the condition must present some amount of distress or interpersonal difficulty to the patient and is not exclusively due to direct physiological effects of substance use or abuse. The disorder can either be life-long or acquired as well as generalised or situational.

It is said that as much as 30 per cent of women suffer from this condition but once learned, a woman's ability to achieve orgasm persists, increasing through out her adult life.

Possible causes

- . Rigid anti-sex teaching: Some women were raised to believe that sex is only to be enjoyed by the male partner and that they are to be passive, willing receptacles. They hold back during the act, thwarting the ultimate sexual release.
- . Lack of knowledge of the female anatomy: Some women have little or no knowledge of their sexual apparatus, particularly the clitoris, and so have no clue as to the value and purpose of this most sensitive erectile tissue of the female genitalia.

. Pain during sex: Pain during intercourse increases the woman's tenseness which inhibits arousal and blocks orgasmic release.

. Fear of pregnancy: Women who are so preoccupied with the fear of getting pregnant will not give of themselves freely and so will rob themselves of the pleasure of sexual intimacy

. Sexual abuse: Some women suffer from the memories of an earlier shame-ridden occurrence such as incest or rape and are unable to freely give of themselves to their partners.

Treatment

. Psychotherapy: This is needed to address any issue of fear, low self-esteem, grief and anxiety.

. Sensate focus exercise: Instead of trying so hard to have an orgasm, the woman would be encouraged to spend more time in enjoying the arousal experience.

. Couples therapy: This is recommended when the couple has interpersonal issues that affect their ability to sexually satisfy each other.

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