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[Society](#), [Child Abuse](#)



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0663986 Date: February 6th, 2013 Course #: FRHD 2100 (DE) Course Name:

Development of Human Sexuality Instructor: Robin Milhausen Assignment #:

1 Assignment Name: Research Paper - Hypoactive Sexual Desire Disorder

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(including this one): 7 |(For instructor's use) Grade: | One of the great things

about being a human is having the sexual desire to be intimate with another person. Many consider having the passion for sexuality is the driving force

behind human behavior, but for some, this passion is non-existent. The

purpose of this essay is to examine sexual dysfunction, particularly a

disorder called Hypoactive Sexual Desire Disorder (HSDD). HSDD is the

deficiency or the absence of sexual fantasies or the desire for sexual activity, which ultimately lead to distress or interpersonal difficulty amongst a

person" (Maserejian et al., 2010). Communication problems, anger, a lack of trust, connection and intimacy can all adversely affect a woman's sexual

response and interest (Burman 2001). " It is said sexual dysfunction is due to infrequent orgasms, low levels of arousal and sexual excitement (Basson

2006). In a relationship, it is normal behavior for women to engage in sex

and to crave emotional closeness with their partner. In a study by Women's Health across the Nation (SWAN), 6 cities in 6 countries were surveyed. It

was found 40 percent of women reported they infrequently or never felt

sexual desire (Basson 2006). It is evident there are many ways to look at the potential causes of Hypoactive Sexual Desire Disorder (HSDD). Throughout

this paper, the following sources will be conversed; specifically the psychosocial state, which refers to the mind's capability to develop and interrelate with a social environment. Traumatic incidents and emotional issues are two factors that can also be linked to sexual dysfunctions throughout adulthood. Studies show child abuse is one of the biggest factors that lead up to sexual dysfunction in adulthood. This abuse can be linked to dysfunctions physically, emotionally and intellectually to oneself. Along with child abuse, depression and anxiety most often become the outcome of such act, which are other factors that lead up to HSDD. Today, HSDD is under thorough research to conclude more defined answers for this disorder. Nonetheless, the purpose of this paper is to examine Hypoactive Sexual Desire Disorder (HSDD) specifically the psychosocial causes such as anxiety, child abuse and depression. Having the lack of desire for intimacy can be caused by a person's emotional state of mind. When a person has a negative view towards sex due to previous experiences, it heavily affects their outlook on sex in the long run. Anxiety occurs when a person is triggered by stress and those who are anxious usually "negative self-talk", a habit of telling oneself the worst-case scenario. One who has HSDD feels a high form of anxiety towards sex due to insecurities or dysfunctions they feel anxious about. When one carries heavy anxiety towards sexuality and intimacy, it weakens their desire for sex. Self-esteem can be related to the development of anxiety. Moreover, traumatic incidents, sexual abuse and depression can also lead to the cause of HSDD. In a study done at a University at the Sexual Behavioral Clinics, several answers were found. In this case study, the sample size was 145 adults without sexual dysfunctions and 198 adults with

sexual dysfunctions. All of these individuals were married heterosexual couples between the ages of 25-68 years of age (McCabe 2005). Researchers were able to categorize adults with sexual dysfunction into six groupings, these include: premature ejaculation, erectile dysfunction, male lack sexual desire, female inorgasmia, female lack of arousal, and female lack of sexual desire (McCabe 2005). Researchers hypothesize coital anxiety is the main result of sexual dysfunction with their partners. It is believed anxiety causes a damper on most spouses' relationships due to constant fear on inability to perform sexually, which inevitably causes tension between couples due to anxiety (McCabe 2005). Throughout this study, it was also found that anxiety created depressive symptoms between sexually dysfunctional adults. A potential effect for the depressive symptoms lead to less satisfying sexual activities with a partner, causing individuals to turn to a more reliable way of pleasure, masturbation (McCabe 2005). All in all, high levels of anxiety can affect the intimacy of a relationship. More specifically, the constant fear focused on the inability to perform sexually or fear caused by past events causes strong tension between couples, which allows anxiety to grow. There is always room for research and McCabe (2005) believes more investigation on the effects of anxiety and HSDD can be done in order to fully understand the disorder. The events that take place during childhood inevitably shape a person in adulthood. One of the main causes for Hypoactive Sexual Desire Disorder can be linked to a previous history of child abuse. Traumatic experiences as a child can strongly affect the psychosocial development of an individual. According to Webster Dictionary, Psychosocial is the relation between social conditions and mental health (Webster). Traumatic events

during childhood can lead to a dysfunction called sexual desire disorder. Flashbacks of the event in childhood can occur for several years and continuously stay with the individual long term. A sexual desire disorder can frighten an individual in having any desire to be intimate or sexually active with anyone. A study conducted by Myriam S Denov (2004) examines individuals who were previous victims of sexual abuse as a child. This study involves a sample size of 14 victims, 7 male and 7 female. However, this sample size could potentially pose a threat to the external validity of this study because it represents individuals would only face female-perpetrated sexual abuse. The data was collected by several questions and interviews throughout a six-month period. Victims were consulted before screening in order to find the most precise answers. The aim of the study displays the long-term negative effects these victims carried after their traumatic experiences. Denov (2004) found that victims of childhood abuse were in less satisfying relationships with their partner sexually and emotionally. Respondents also reported long-term difficulties with substance abuse, self-injury, depression, strained relationships with partners and discomfort with sex (Denov 2004). Specifically with male respondents, common results for the study include arousal dysfunctions and fear of sex with women. Specifically for females, those who experienced childhood sexual abuse demonstrated lack of pleasure or satisfaction from sexual encounters (Denov 2004). It is evident childhood sexual abuse strongly effects adulthood developing a fear of sex, arousal dysfunctions, sexual inhibition and lack of pleasures by sexual encounters (Denov 2004). All in all, all these factors can strongly lead to a dissatisfying sexual relationship with a partner. Depression

adversely affects every aspect of an individual's life, including our relationships. When depression occurs between sexual encounters, it can heavily affect the relationship negatively (Lykins 2006). When one suffers depression, a lost of interest in sexual activities can occur and evidently minimizes a couple's desire for intimacy (Lykins 2006). This can be shameful because intimacy, closeness and support can be therapeutic for an individual suffering depression. Some studies have linked depression with a decrease in sexual activity but others have reported an increase. In Lykins' (2006) study, 663 females college-aged students answered questions regarding the effects of anxious and depressed mood on sexual interest and arousal. These respondents completed trait measures of sexual excitation and depression. It was discovered depressive symptoms tend to possess a greater desire in sexual activities for these women, mostly gearing towards masturbation (Lykins 2006). It was found that depressive symptoms lead to less satisfying sexual activities with an encounter. Moreover, respondents turned to masturbation because it was more reliable then pleasure. In this study, a variable discovered was that propensity for sexual excitation was the strongest predictor for women between depression and sex (Lykins 2006). Furthermore, depressive woman had the strongest tendency to perform risky and compulsive sexual behavior or develops sexual dysfunction. Along with this study, another sample were 339 college-aged men where some also developed depression throughout their adolescents. When men were compared to woman for those suffering in depression, men carried much stronger desires for sexual interest during these mood states. Unfortunately, there are a number of factors that limit the accuracy of this study. One of

which those with clinical depression were not considered. Furthermore, to ensure reliability of the study, these issues can be looked further to ensure accuracy for this topic. As mentioned through this paper, there are numerous factors that could be linked to Hypoactive Sexual Desire Disorder (HSDD). HSDD is the deficiency or the absence of sexual fantasies or the desire for sexual activity, which ultimately lead to distress or interpersonal difficulty among a person (Maserejian et al., 2010). This disorder can most certainly be a damper on relationships with a partner. Anxiety correlates to HSDD when the individual develops a fear of sexual relations and insecurities towards their sexual performance (McCabe, 2005). It is apparent child abuse is a huge factor which causes one to develop HSDD. Denov (2006) had found that traumatic events as a childhood can lead to dysfunctions and can lack sexual desires for any encounters. Additional research is needed to answer all questions between HSDD and depression. This evidently can help complete analysis and fill the gap between the two factors. An improvement that could be made within all the studies is bigger sample sizes in order to achieve more accurate information. A final suggestion for future and more precise research would be the effects of sexual desire in relation to males, as many of the studies are geared towards female participants. References: Basson, R. (2006). Sexual desire and arousal disorders in women. *The new england journal of medicine*, 354, 1497-1506. Retrieved from http://www.obgyn.uab.edu/medicalstudents/obgyn/uasom/documents/September/SEX_DYSF.pdf Berman, J. (2001). *For women only: A revolutionary guide to reclaiming your sex life* [J. New York, NY: Henry Holt and Co. Denov, M. (2004). *The long-term effects of child sexual abuse by female perpetrators*.

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