

Abnormal psychology essay example

[Sociology](#), [Women](#)



Introduction

According to Warnock (2002), human sexual desire is a mental state that has three components: the biological, motivational-affective and cognitive. In the case of women “ desire is a response rather than a spontaneous event; that is a woman may choose to experience sexual activity in order to have intimate relationships needs met” (Warnock J. K., 2000, p. 746). So in women motivational-affective desire can be affected by stressful situations and the psychiatric health of both partners.

Letitia Peplau of the UCLA examined sexuality on women and men. She reasons that men exhibit aggressive tendencies on sexuality more than women. Men in both heterosexual and homosexual relationships have a greater affinity to sex, sexual products, and videos. On the contrary, women value commitment in relationship as opposed to sexuality. Women sexuality premises on the existence of a relationship, and are more likely to engage in sex on with people that they are in a relationship with compared to men. In the following paragraphs I present the developmental issues that Christine and Paul have been going through in the past five years. I will also highlight some of the solutions that I think will present the best treatment for the patient.

The client presented in this treatment plan is the couple Christine and Paul. They presented a rewarding sexual life for 7 and ½ years but during the past two to three years their sexual life has gone through ups and downs. When they first came to therapy two years ago they were avoiding sexual interaction. Christine presented a history and symptoms of depression, even though she was taking 50 mg/day of fluvoxamine. They went through

treatment for the presented issue and the treatment included a referral to a psychiatrist that prescribed Christine a higher dosage of fluvoxamine for her depression. Additionally, the couple was helped to focus on the moment to increase arousal and pleasure. This helped the couple for a time but two years later the couple is back to therapy. Christine for the past nine months has lost completely the ability to arouse and has been frankly aversive to any type of sexual touch or initiation.

Christine has been going through menopause for the past five years. She has also gained more than 25 pounds since her menopause started. According to Warnock there is scientific evidence that hormone receptors in the brain have an association with sexual desire, so cognition can be affected by hormones disorders. So Christine's cognitive sexual desire can also be affected by her menopause.

The above considerations lead me to conclude that the couple is presenting a deficiency in sexual desire for sexual activity. It is acquired because the couple presented in the initial 4 to 5 years of their relationship normal sexual desire. It is situational because it is limited to Christine. It is combined because there are psychological issues like the stress and anxiety the couple is going through due to the daughter's divorce. Also Christine's depression that seems to be in control but can also be affecting her sexual desire. Additionally, there seems to be a medical component affecting the sexual desire of the couple and it is Christine's menopause.

Even though Christine states that she is "frankly aversive to any type of sexual touch or initiation", I consider that she does not meet the criteria for sexual aversion disorder. She does not present any of the contributing

factors to this disorder: “ 1. a remote trauma experience. 2. that without the symptom the patient feels powerless to say “ no” to sexual advances 3. The patient is afraid to state why. 4. The patient feels guilty about his or her sexual behavior with other person.” (Peplau, 2012).

As part of the treatment I consider important to develop goals and objectives that address the motivational-affective, mental health and medical issues mentioned above. Also it is important to use as interventions Cognitive Behavioral Therapy to help them restructure their way of thinking towards their sexual intimacy and sensate focus to encourage the couple to draw pleasure from various forms of stimulation. I also included several psych educational sessions on sexuality, anxiety and anger management

References

Peplau, L. (2012) Handbook of Psychology and Sexual Orientation. Oxford University Press, New York.

Warnock, JK (2000). Women’s Health Psychology. John Wiley& Sons, New York.