

Human sexuality assignment

[Art & Culture](#)



**ASSIGN
BUSTER**

James' dysfunction of maintaining an erection half the time. James could be experiencing Performance Anxiety. Performance anxiety is the anxiety a man has when he thinks he is not getting an erection fast enough, or his erection is not firm enough, or does not seem to last long enough. Once a man experiences even a single case of DEED, he may continue a cycle of anxiety about repeated episodes of unsatisfactory erections. He will anticipate erectile problems, fixating on performance rather than the pleasurable aspects of sexual arousal.

His ability to relax is hampered, increasing negative self-talk, and his perceptions of self-worth and partner are negative. James is getting frustrated and becoming uninterested in sex. He is also embarrassed about his problem. Mary is also frustrated with his dysfunction. Mary is the one who initiates intimacy but her husband does not respond like she wants him to. He has no desire for intimacy and can mostly keep an erection when he masturbates in the shower and so he avoids intimacy with his wife.

He feels that his sexual relationship with his wife is hopeless and does not want to discuss the issue with her. The Dynamics of the Relationship The couple's relationship is strained and there IS no communication when it comes to talking about desires and intimacy. Their sexual relationship is distant and frustrating. James is not turned on by Mary and thinks he would be turned on more if Mary lost weight and wore lingerie. James evidently lacks knowledge about his sexuality. He avoids intimacy with his wife and his first encounter of having an erection was embarrassing and made him confused.

Sexual dysfunction can lead to the development of other conditions are more likely to develop other conditions such as depression. People with other conditions such as cardiovascular disease are more likely to develop erectile dysfunction. Diagnostic Impressions A “ multi-axial” system for assessment provides a comprehensive holistic diagnosis that includes a complete picture of not just acute symptoms but all of the factors that makes up mental health. The client in question is]Ames who is having a problem with his sexual dysfunction issue.

He was raised in a traditional white neighborhood in the south where his family that did not discuss any intimate subjects like sex, feelings or display affection. The World Association of Sexual Health states that dysfunction can lead to anxiety and effect self-esteem which James has. He is embarrassed about not being able to have an erection or keep one during intimacy with his wife. Sexual Response Cycle Sexual response cycle is a way in which to understand the process of sexual behavior.

It includes both the physical as well as the emotional changes a person experiences during sexual involvement (Capable university). Areas of sexual dysfunction may include: erectile dysfunction (DEED), premature ejaculation, and performance anxiety etc. The human sexual response cycle as four phases which include; excitement, plateau, orgasm, and resolution. If there is a problem in one of these phases then sexual functioning is lacking. Sexual response is due to changes in ones’ mind and body. Psychologically there are erotic thoughts during arousal and there are changes in the body.

Analysis and comparison of the sexual response cycle and the concept of sexual normality Professionals need to be able to discuss sexual functioning, sexual normality and dysfunction with the client. It is important to know about the sexual response cycle, sexual dysfunction problems, gender and cultural issues concerning sexuality. The sexual response cycle helps highlight where sexual dysfunction may occur. In contrast, sexual normality is also represented on this cycle as a positive validation of one's anticipation which therefore crystallizes one's experience leading to further positive anticipation (Swell, 2005).

The response cycle starts in the arousal or excitement phase but it would be most useful to consider a desire phase that goes before the arousal or the excitement phase. During the desire phase, physiological sexual arousal is not of primary importance. The sexual response cycle is characterized by physiological and psychological shifts. Psychologically, there is an increase in erotic thoughts (the specific content of which is highly individualized) and a heightened awareness of pleasure sensations from erogenous body zones.

With increasing physiological arousal, there is a narrowing of attention such that focal cues are processed intensely whereas non-focal cues are less likely than usual even to be noticed. Physically, the heart rate increases as well as respiration which also shallows blood flow to the extremities increases, and primary sex organs engorge with blood. Erectile dysfunction happens when there is not enough blood flows to the penis, preventing an erection. Erectile dysfunction, or DEED, is the medical term for difficulties obtaining and keeping an erection.

It is a sexual health problem that affects about 30 million men. Erectile disorder is common occurrence in men. Attitudes toward sex and performance anxiety are related McCabe (2005). Sexual dysfunction may lead to a lower sex drive to not wanting to have sex at all. Unsatisfied sexual experiences can lead to other various the relational psychological issues. One of the most common types of hesitations is low desire and arousal. This disrupts the sexual response cycle in the first two phases of desire and arousal.

The clients personality factors and psychological issues could also impact erectile functioning in a negative way. Schizophrenia and bipolar disorder can make it difficult to keep feelings of sexual desire and focus behavior enough to have satisfactory erections. Creation of three measurable goals for treatment Treatment for Erectile dysfunction must address all Of the contributing factors such as the physical, psychological and social areas for the client. It also must be brought all together thoroughly and be intimacy-based.

The first thing to do is discuss how to set goals by Setting a Goal-?? 1) decide on a goal you want to reach 2) decide on the steps you will need to take to get there and write them down, 3) take the first step, 4) take all the other steps, one at a time, 5) reward yourself when your goal is reach. If James is having no physical problems, he must address his psychological problems and social problems. He needs to use the goal of Identifying stressful situations by 1) tune in to your body stress signals, 2) ask yourself am I feeling stressed?)ask what is making me feel this way? , 4) choose stress reducer or relaxation techniques Reducing performance anxiety can be done with <https://assignbuster.com/human-sexuality-assignment-essay-samples-7/>

Cognitive behavioral techniques along with the relaxation techniques and development of a wider range of sexual activities beyond intercourse. Partners can help to identify and correct anxiety provoking thought processes, such as all-or- nothing thinking. Moreover, the couple, rather than the man alone, can best redefine sexual activity. The therapist really promotes conditions that focus on relaxation, enjoying sensations that are more pleasurable thus eliminating anxiety and encouraging the man's partner to relax. The second thing to address is his problem communicating with his wife. Expressing Affection is another goal James needs to work on by 1) decide if you have good feeling about the other person, 2) decide if you think the other person would like to know you feel this way, 3) Decide what to say, 4) choose a good time and place, 5) Tell the person in a friendly way. Due to James' being upset and frustrated a goal must be set to reduce his frustration.

The first Goal is to develop strategies to reduce symptoms and improve coping skills by 1 – Learn new ways of coping with routine stress 3 out of 7 days, 2- Recognize and plan for three anxiety-provoking situations, 3) Report feeling more positive about self and abilities during therapy sessions Treatment can also consist of relapse prevention by having the couple optimize their sexual relationship with the exploration Of erotic activities, techniques, and communications to strengthen the couple's sexual relationship and prevent relapse or the development Of Other dysfunctions.

Therapists should be aware that relapses can occur and as a normative part of treatment. Ethical and culturally-relevant approaches to treating any sexual issues Cultural competence is based upon respect, validation and <https://assignbuster.com/human-sexuality-assignment-essay-samples-7/>

openness towards someone with different social and cultural perceptions and expectations that are not your own. Culture helps us understand how others interpret their environment. It also shapes how people see their world and how they function in that world.

By understanding culture service providers can avoid stereotyping and biases and focus on the positive characteristics of a particular group. Counselors must be able to assess the culturally diverse needs of the client utilize culturally sensitive and appropriate techniques and interventions based on the race, ethnicity and language. Also to identify resources that is available to eliminate barriers.