

## EFFECTS OF PSYCHOSOMATIC DISORDER AND SEXUAL DYSFUNCTION AND ITS TREATMENTS: A STUDY

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### **Abstract**

Dysfunction of the sexual organs is common in patients with illnesses, and it can be detected through psychopathology as well as medicine. Relational and sexual relationships are hampered by schizophrenia's hostile symptoms. The drugs which are used to treat mental illnesses can cause further deterioration in function of the erectile and orgasmic organs. Atypical psychiatric medications are associated with less sexual desires because of frail unfriendly activity of receptors of D2, and therefore provides an alternative to patients with schizophrenia and with dysfunction of sexual organs. Antidepressants, particularly selective serotonin reuptake inhibitors, might exacerbate dysfunction of the sexual organs caused by depression and anxiety (SSRIs). Essential sexual functioning, mental diseases, medical ailments, and various drugs should all be considered when assessing sexual dysfunction in psychiatric patients. Dysfunction of the sexual organs is frequently a first sign of a variety of medical disorders and plays a major role in declining the quality of life. The impact of psychosomatic disorders and sexual dysfunction, as well as their therapies, were the emphasis of this article.

### **1. OVERVIEW**

Psychology is a conduct science, which concentrates human life directly from the season of birth. A few researchers even go to the phase of embryonic state for contemplating the developmental procedures. Of the different phases of human advancement, the juvenile time frame is the most significant one. Rather than a particular physiological origin in the body, the word psychosomatic refers to physical illnesses which are caused due to mental issues such as stress and anxiety. Emotional stress causes or aggravates psychosomatic sickness, which manifests in the body as physical pain and other symptoms. Depression can also lead to psychosomatic sickness, particularly if the immune system has been damaged by severe and/or persistent stress. Psychosomatic illnesses are sometimes misunderstood as fictitious or "all in the head." Physical symptoms of psychosomatic diseases, on the other hand, are genuine and require treatment just like any other illness. Regrettably, appropriate treatment does not always arrive on time or in a timely manner. The widespread social stigma associated with psychosomatic disease may deter people from seeking help. Even when someone seeks therapy, stigma exists in the research and medical communities, at least in part due to the fact that the mechanisms underlying the stress-illness association are still unknown. For the most part, people plan the prospects of an individual just during the immature period. If a man neglects to design his future at this stage, he is at a misfortune later on. In this research, the time of youthfulness is the essential time of

human life, and he needs to in all respects cautiously think and plan his future in the light of his family foundation and environmental and social conditions. Youthfulness speaks to a troublesome advancement period in one's life. Numerous very thought requests are made upon youth by society during this period for freedom, for companion and heterosexual alterations, for instructive and professional planning and the improvement of a serviceable arrangement of individual and social qualities. At the end of the day at this stage, the street is cleared for adulthood, and the teenager's character is shaped, created, and solidified. On the off chance that the immature neglects to fulfill the differed needs in an evolving world, his personality improvement unfavorably influenced. Sequentially, immaturity ranges from age 12 to 18 years. Sociologically, youths are the individuals who are attempting to overcome any issues between ward childhoods.

Mentally it is ending of a drawn-out time of earliest stages and processor to grown-up personality in which one-witness changes in almost all parts of Life physical, mental, social which requires parcel of alteration on the part of young people, which establishes the framework stone for grown-up personality qualities. The term puberty originated from the Latin word "young people," which means to develop or to development as today is utilized. The term immaturity has a more extensive significance it incorporates mental, passionate, and social development just as physical development. It is the time of mental growing up. During this period, the youngster moves from reliance and opportunity structure parental confinements. Youthfulness is the time of tempest and stress when the Individual is Erratic, emotionally precarious, unusual. This is when personality advancement is determined. The time of life between the limits of adolescence and development, the period during which development is being achieved. It is a minimal circumstance wherein new changes must be made to be specific; those that recognize kid conduct from grown-up conduct in a given society. The pre-adulthood period by and large, and of individual youths specifically have been investigated, and it has been called attention to that, a period of young people advancement has an errand to fulfill, a complex undertaking including the physical, passionate, social and scholarly parts of the personality.

## **PSYCHOSOMATIC DISORDERS**

The disorders which do not include any disease or infection rather than it involves the overall health of the person. Mental illness influences individuals everything being equal and at all monetary levels. One of the essential targets concerning the health of a country ought to be to improve the health and social functioning of mentally ill individuals. Psychiatric disorders influence the conduct and level of function of a person.

"Mind" in prior occasions signified "soul or brain," which currently likewise infers "conduct." "Soma" alludes to "physical organism of the body."

The vast majority of the sicknesses are psychosomatic, which include both the brain and body. Each physical sickness has some part of the mental segment, and how an individual respond and adapts to it changes fundamentally. The mouth speaks to an organ of the statement of certain 'instructional' desires and is accused of high psychologic potential. Certain maladies which influence the oral mucosa might be the immediate or circuitous articulation of feelings or

clashes. Oral sicknesses with psychosomatic etiology have for quite some time been known in medication, and mental or enthusiastic variables may go about as hazard factor that could impact the inception and movement of Oro mucosal ailments.

In psycho physiologic dysfunction, the mental disorders of challenges are express through some physiological pathology. Analyses by Cannon and Bard in the early piece of the twentieth century on the impact of feeling on substantial changes invigorated an enormous number of inquiries about, which realized the radical change in the order of psycho physiologic medication. Each sort of psychosomatic disorder might interface with explicit kinds of stress. He saw, for example, peptic ulcer-related with the dissatisfaction of adoration need and the requirement for insurance. The dissatisfaction of these necessities he clarified cause outrage and anxiety which animated discharge of acids in the stomach.

This prompts peptic ulcers. In Rajasthan, in light of pavlovian standards, thinks about psychosomatic disorder were led. These examinations were increasingly objective and had an experimental premise. To put it unexpectedly, in psychosomatic disorder, the mental life of an individual as often as possible impacts his physical health. The manifestations, the course and even the result of the physical disorders include the cooperation of physiological, mental, and social elements. They are constantly joined by passionate responses, which realize obsessive changes. There are a lot of confirmations to demonstrate that in various physiological ailments, mental variables assume a noteworthy job. In the psycho physiological disorder, there is a certified physical ailment, which gets physical dysfunction.

#### **Classification of psycho physiological disorders**

The American Psychological Association (APA) classifies 9 categories of psychophysiological diseases based on symptoms. The following are the details.

1. Neurodermatosis, atopic dermatitis, eczema, and some occurrences of acne and hives are examples of psychophysiological skin disorders.
2. Back pain, muscular cramps, tension headaches, and some types of arthritis are examples of psychophysiological musculoskeletal illnesses.
3. Bronchial asthma, hyperventilation syndromes, hiccoughs, and recurrent bronchitis are examples of psychophysiological respiratory illnesses.
4. Hypertension, paroxysmal tachycardia, vascular spasms, heart attacks, and migraine headaches are all examples of psychophysiological cardiovascular disorders.
5. Disturbances in the blood and tympanic systems are caused by psychophysiological hemic and lymphatic diseases.
6. Peptic ulcers, persistent gastritis, and mucous colitis are examples of psychophysiological gastro intestinal illnesses.
7. Emotional factors play a causal role in psychophysiological endocrine illnesses, such as hyperthyroidism, obesity, and other endocrine disorders.
8. Chronic conjunctivitis caused by psychophysiological abnormalities of specific sense organs.

## **Sexual Disorders**

Sexual disorders are a group of issues that revolve on having or not having sex. The inability to perform sexual activity, identification of gender and gender orientation are among them.

### **Disorders of Sexual Function**

**Sexual dysfunction:** When the sexual response cycle is not enough for the process of reproduction or in providing pleasure during sexual activity a state of mental and physical condition occurs. There are a range of potential issues, and the nature of these issues differs between men and women.

It has been noted that women are more likely to suffer from the dysfunction of sexual organs, the percentage involves 43% of women and 31% of men. The diagnosis of the disorder of sexual organs is difficult as in many situations, the dysfunction occurs between couples (one or both partners are dissatisfied with the sexual encounter), rather than between individuals.

**Hypoactive sexual desire disorder:** A persistently low or non-existent sexual drive is one of the most frequent sexual dysfunctions. However, defining low sexual desire is difficult because various factors define the cause for the same such as cultural standards, age, gender and the individual's and partner's relative desires. Again, the significance of dysfunction and distress cannot be overstated. If neither spouse is particularly interested in sex, for example, this may not be a problem. Hypoactive sexual desire disorder is frequently associated with other mental illnesses, such as mood disorders and issues with sexual arousal or discomfort.

**Sexual aversion disorder** refers to the avoidance of sexual behaviour because to aversion or revulsion for genital touch. The aversion could be a phobic reaction to a traumatic early sexual experience or sexual abuse, a misattribution of negative emotions to sex when they are caused by something else, or a reaction to a sexual condition like erectile dysfunction in Rajasthan.

**Female sexual arousal disorder** refers to a woman's persistent inability to become sexually aroused or adequately lubricated in response to sexual stimulation. Hypoactive sexual drive or orgasmic disorder, as well as mood or anxiety issues, may be present.

Finally, dyspareunia and vaginismus are sexual pain diseases in women that cause discomfort and involuntary spasms, respectively, making sex painful. These issues are usually biological in nature and can be remedied with hormones, creams, or surgery.

The dysfunction of the sexual organs can be caused by different factors. It has been noted that in different cases the main factor is biological factor, and medicines can be used to treat the disease. Various causes include a traumatic childhood in which the individual's guardians taught him or her that sex is unclean or corrupt, as well as sexual mistreatment. Occasionally, a sex problem may arise as a result of the individual's unexpected sexual direction in comparison to what the individual is doing.

## **2. GUIDELINES FOR THE MANAGEMENT OF SEXUAL DYSFUNCTION IN CLINICAL PRACTICE**

The neuronal, vascular, and endocrine frameworks are all involved in the proper functioning of the sexual organs, and involves a biological, psychological, social factors which is a complicated

process. Different factors which play an important role in proper functioning of sexual organs such as religious and social factors, state of health and mental state or health of an individual. Moreover, sexual activity consolidates relational relationships, each accomplice bringing extraordinary frames of mind, needs and reactions into the coupling. A breakdown in any of these zones may prompt sexual dysfunction. Pervasiveness of sexual dysfunction when all is said in done populace is high.

Percentage of women who suffer from sexual organ dysfunction is 43% and men who suffer from sexual organ dysfunction is 31%.

The most common sexual problem among men is early discharge. There is no consensus on the most common type of sexual organ among females, wherein several researches stated that low sex drive disorder is the most common which is accompanied disorders or orgasm and excitement. Different other studies claim that difficulty achieving climax and vaginal dryness are the most common types of sexual dysfunction in women. Problems of sexual dysfunction might be lifelong or procured, general or situational. Albeit sexual problems are very common, these are as often as possible under-perceived and under-analyzed in clinical practice in Rajasthan.

### **3. IMPORTANT FACTORS TO CONSIDER WHEN EVALUATING PATIENTS WITH SEXUAL DISORDERS**

Both the therapist and the patient may feel embarrassed while discussing sex-related difficulties. Patients frequently convey the sentiment of disappointment or that they are anomalous. The healthcare professionals should be aware of their patients' feelings of shame and be aware that addressing such things might be challenging. "A great many people find it's difficult to share these things and may feel somewhat humiliated," the clinician would say. I will keep our conversation secret and I am happy to help you in all possible ways. The root cause of the issue will be identified so that the treatment can be given based on that. If it's not too much bother, don't be afraid to open up to me and ask questions at any stage if you're unsure.

The patient should be approached to depict their problem as far as time and way of beginning, its course over the period, its present status, and related restorative or mental problems in Rajasthan. During the process of knowing medical history and personal history it would be important to consider why the problem of sexual organ dysfunction is occurring. It is important to consider the physical as well as mental condition or factors of a person to understand the reason behind the dysfunction of their sexual organs. Therefore, the healthcare professionals need to gather relevant information on both physical and mental factors responsible for causing the disorders to understand it in a better way.

### **4. TREATMENTS**

#### **Psychotherapy**

Despite the fact that there are numerous proposed therapies for desire problems, no controlled studies have been conducted to evaluate them. Desire disorders are commonly treated with psychotherapy. Sexual dysfunction is caused by heedless clashing of early improvement, according to psychodynamic theory.

The focus of treatment is on drawing attention to these tumultuous battles and how they affect the patient's life in Rajasthan. While improvement is possible, sexual dysfunction frequently becomes autonomous and persists, necessitating the use of further treatments. Double sex

therapy, which was pioneered by Masters and Johnson, has shown some promise in the treatment of desire disorders as well as other sexual dysfunctions. The pair meets with one male and one female advisor (gay and lesbian couples may choose same-sex professionals) in this therapy. In Rajasthan, the relationship is addressed holistically, with sexual dysfunction being one aspect of it.

### **Pharmacotherapy**

For the therapy of sexual drive issues, a variety of hormones have been studied. Androgen substitution, for example, has been proposed as a potential treatment for HSDD. "In patients with prompted or unconstrained hypogonadism, either neurotic withdrawal and re-introduction or exogenous androgens influence the recurrence of sexual dreams, excitement, desire, and unconstrained erections during rest and toward the beginning of the day, discharge, sexual exercises with and without an accomplice, and climaxes through sex and masturbation." Shockingly, the proof for the adequacy of testosterone in eugonadal men is clashing. A few investigations demonstrate no advantage, though others studies do demonstrate some advantage. For example, O'Carroll and Bancroft discovered that testosterone injections increased sexual desire but did not result in enhanced sexual relationships in India.

**Cognitive Behavioural Therapy:** This type of treatment aids the patient in overcoming the feelings that cause him or her to change their behaviour. It helps the patient overcome problems such as despair, anger, phobias, and chronic pain, to name a few. The length of each session is determined by the severity of the patient's ailment. CBT focuses on examining the patient's thoughts and beliefs that have an impact on his or her mental health. A comparative study by Saskya Tavares J et. al in 2017 was conducted and the goal of this study is to look at how CBT affects the sexual function of women who have sexual dysfunction. The results of the study confirmed the effectiveness of cognitive behavioural therapy in treating sexual dysfunction in women.

**Abreaction Therapy:** Abreaction Therapy is a type of therapy that involves reliving a traumatic incident and processing the emotions that come with it in order to recover and move ahead. The approach, which was developed by Sigmund Freud, allows patients to release their unconscious suffering and escape from the memories and feelings that have held them from progressing. Catharsis, or the cleansing of emotions, is used by Abreaction counsellors to get rid of the spirit and thoughts linked with the experience. As part of the process of bringing out tough emotions, the client will undergo emotional removal, which will relieve the client of the load of the traumatic incident after therapy.

## **6. CONCLUSION**

The different perspectives were measured wherein the partners along with their children and when both at work and when both at home, time with extended family, individual time and relationship time, spent together and was examined over a time period of seven days. Data on sexual activities should also be included in the relationship time.

Stress-related sickness is highly widespread, as is the belief that physical symptoms that emerge as a result of stress are not significant or "real" issues. Psychosomatic sickness is caused by

emotional stress or harmful thought patterns, yet it has true physical symptoms that can affect you just as much as symptoms caused by other causes. Indeed, it's estimated that over 90% of medical visits are related to health issues impacted at least in part by stress, implying that psychosomatic sickness is more frequent than most people realize.

The healthcare professional will collect information on the what is causing the disorder, the reason behind low sexual desire and what factors are responsible for the same condition. Other significant viewpoints which can improve the comprehension about the problem incorporatemasturbation, sexual dream, contraception and sexual functioning. Mental and emotional history: There are three factors which defines the mental and emotional factors responsible for the sexual organ dysfunction:

Inclining factors, accelerating components, and looking after elements, this can coincide with one another. It is to be recalled that the presence of an organic ailment does not preclude the likelihood of an existing together psychogenic factor. Then again, the nearness of psychogenic conditions, for example, anxiety, outrage, blame, or conjugal dissension, need not be considered as proof for sole essential causation. The evaluation of the mental state should be done keeping in mind the factors such as anxiety and depression, lack of confidence, abusive relationships in the past, sexual injury/misuse past experience, stress due to social factor, instructive level and financial status. The dysfunction of the sexual organs influences the level of confidence of the patient and their ability to adapt social relationships and word related performance.

## REFERENCES

- [1]. Osvath P, Fekete S, Voros V, Vitrai J: A Hungarian retrospective study looked at sexual dysfunction in antidepressant patients. *Eur Psychiatry* 2003; 18:412–414.
- [2]. Meston CM, Frohlich PF: Sexual function's neurobiology. *Arch Gen Psychiatry* 2000;57:1012–1030.
- [3]. Smith SM, O'Keane V, Murray R: Drugs for mental disorder medications causes sexual problems. *Br J Psychiatry* 2002;181:49–55.
- [4]. Halliday J, MacEwan T, Sharkey V, Macdonald S. Sexual dysfunction, according to Nithsdale schizophrenia questionnaires. *Br J Psychiatry* 2003;182:50–56.
- [5]. Pradko JF, Montan CB, Croft HA, Bolden-Watson C, Bass KI, Donahue RMJ, Jamerson BD, Metz. The use of depression medications causing sexual organ dysfunction. *J Clin Psychiatry* 2002;63:357–366.