

Meditations on Sexuality PTSD Worksheet

Patient Name:

Date:

Sexual Issues

Objective:

To identify different sexual problems that people with PTSD can encounter and to identify a positive sexual experience in your life.

You Should Know

Recent studies have found that there is a strong correlation between sexual dysfunction and PTSD. A comprehensive study of 4,500 war veterans concluded that PTSD increased a male's chances of having erectile dysfunction by almost 300% compared to veterans without PTSD. Many of the most common symptoms of PTSD inhibit a person's sexual response cycle and ability to feel pleasure but they can also come up in other areas of your life, like love and attachment. For example, a person with PTSD may associate feelings of arousal with danger rather than pleasure. Additionally, depression and anxiety associated with PTSD may contribute to low sex drive.

Sex therapy is a strategy for the improvement of sexual function and treatment of sexual dysfunction. This includes sexual dysfunctions such as premature ejaculation or delayed ejaculation, erectile dysfunction, lack of sexual interest or arousal, and painful sex.

Your sexual drive is a part of your overall energy system. As traumas disturb your energy flow and discharge, it is possible your sexuality will be affected. Feelings of shame, guilt, and remorse might complicate the issue. It might seem to you that those issues are irrelevant compared to the trauma that happened, but it is very important that you become aware of, monitor, and resolve these issues.

If you did not have these problems before the trauma, you should feel more optimistic, as the problems you are experiencing now are side effects of trauma, and you will restore your sexuality. Just don't ignore it, deny it, or hide it. Don't put it on the Internet. Either go to a specialist or sex therapist. In the case of paraphilia, a condition that involves abnormal sexual desires, typically involving extreme or dangerous actions, please seek immediate help.

1. Sexual Desire Issues

- Hypoactive sexual desire is a persistent or recurrent deficiency or absence of sexual fantasies and desire for sexual activity. Age and the context of the person's life are key factors in this diagnosis. The issue causes marked distress or interpersonal difficulty.
- Hyperactive sexual desire includes compulsive masturbation, compulsive sexual behavior, sexual addiction, cybersex addiction, erotomania, sexual dependency, and sexual impulsivity.

- Sexual aversion issue is a persistent or recurrent extreme aversion to, and avoidance of, all or almost all genital sexual contact with a sexual partner.

2. Sexual Arousal Issues

- Female sexual arousal issues refer to a persistent or recurrent inability to attain or to maintain, adequate lubrication-swelling response of sexual excitement during sexual activity.
- Male erectile issues include the persistent or recurrent inability to attain or to maintain, adequate erection during sexual activity.

3. Orgasmic Disorders refer to inability to reach completion, climax, pleasure, and relaxation during sexual activity

- Female orgasmic issue or inhibited female orgasm refers to a persistent or recurrent delay in, or absence of, orgasm following a normal sexual excitement phase. Women exhibit wide variability in the type or intensity of stimulation that triggers orgasm. Talk to a clinician. He/she will take into account your age and other factors in addressing the issue.
- As a male, you might have persistent or temporary premature ejaculation with minimal sexual stimulation before, on, or shortly after penetration and before your partner wishes. It happens to a lot of people, especially when they are young. Delayed ejaculation is a man's inability for, or persistent difficulty in, achieving orgasm, despite typical sexual desire and sexual stimulation.

After trauma, you might experience some pain during your sexual activity. If sex is painful, stop! Don't push yourself. Seek a sex therapist.

4. Paraphilia is a clinical term for deviant sexual behavior.

You might just have thought about it. You might have a nightmare about it. You might act on it. These are deviant behaviors:

- Exhibitionism is having frequent, intense sexually arousing fantasies, sexual urges, or behaviors involving the exposure of one's genitals to an unsuspecting stranger.
- Fetishism involves regular, intense sexually arousing fantasies, sexual urges, or behaviors involving the use of nonliving objects (e.g., female undergarments, shoes, etc.).
- Frotitism involves persistent, intense sexually arousing fantasies, sexual urges, or behaviors involving touching and rubbing against a nonconsenting person.
- Pedophilia involves repeated, intense sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child or children (generally age 13 years or younger).
- Sexual masochism involves recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act (real, not simulated) of being humiliated, beaten, bound, or otherwise made to suffer.

- Sexual sadism refers to recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act (real, not simulated) in which the psychological or physical suffering (including humiliation) of the victim is sexually exciting to the person inflicting the suffering.
- Transvestism is the fantasy or practice of dressing and acting in a style or manner traditionally associated in that culture with the opposite sex. If you are a heterosexual male, transvestism involves recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving cross-dressing.
- Voyeurism refers to recurrent, intense sexually arousing fantasies, sexual urges, or behaviors involving the act of observing an unsuspecting person who is naked, in the process of disrobing, or engaging in sexual activity.
- Other paraphilia: obscene phone calls, necrophilia (corpses), partialism (exclusive focus on part of the body), bestiality (animals), coprophilia (feces), klismaphilia (enemas), and urophilia (urine).

Some of the issues listed above are against the law, so consult a specialist as soon as possible if you are struggling with engaging in them.

What to Do

If your sexual problems are not prominent and clinically striking and are not illegal, start with these steps: Take your time. Go slow. Talk to your partner. In order to get to know more about yourself and your sexuality, answer the following questions:

Remember the awakening of your sexuality. What did you feel?

Remember your best sexual experience. What was special about it? What sensations did you feel in your body?

Source:

The PTSD Workbook A Journey to Resilience and Beyond by Tijana Mandić, PhD