Human sexuality in physical and mental illnesses and disabilities

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Published by Indiana University Press


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Chapter Seven

Miscellaneous Medical Conditions

Results of this study show that of 143 patients with nutritional deficiency, definite impairment of libido and potency occurred in two thirds. Of the 76 patients who were observed subsequently, nutritional therapy alone led to alleviation of the avitaminotic lesions in all and to definite improvement in libido and potency in 62 patients. Seven case histories of patients are discussed in detail, along with the various therapeutic modalities used.


Systemic lupus erythematosus is an inflammatory connective tissue disease accompanied by fever, joint pain or arthritis, fatigue, visceral lesions, skin eruptions, and other symptoms. This article outlines and discusses various symptoms and drugs used for the treatment of lupus which can affect the patient's sexual functioning and relationship.


Sexual concerns and difficulties associated with a major limb amputation are discussed in this presentation. Sexual problems of amputees may be related to emotional trauma such as depression and distortion of body image. Additionally, phantom sensations, difficulties in balance and positioning, and associated diseases may alter sexual activity and behavior.
Currey, H. L. F. Osteoarthrosis of the hip joint and sexual activity.


The goal of this study was to examine the impact of osteoarthrosis of the hip on the sexual relationship of married couples. A questionnaire on sexual difficulties was sent to 230 patients aged 60 years or younger who had undergone surgical treatment for osteoarthrosis of one or both hip joints. One hundred and twenty one questionnaires were adequately completed and returned (73 women and 48 men). Results show that 60 percent of the subjects had sexual difficulties. Difficulties were experienced more severely among women than men. Stiffness was the most common cause of difficulty, which included painful intercourse in 74 percent of the patients and loss of libido in 22 percent. One fourth of the respondents said these difficulties caused unhappiness in marriage. Surgery helped the pain, but not the sexual difficulties. Sexual counseling was needed and wanted by and with both spouses by 64 percent of the respondents.


A case of transsexualism and transvestitism in a patient with Klinefelter's syndrome (the XXY syndrome) is presented and discussed.


Various considerations in the diagnosis and treatment of sexual dysfunctions associated with aortic aneurysms are discussed in this brief article. The patient and his partner should be willing to explore alternative methods of sexual stimulation, if satisfactory sexual adjustment is to be achieved.


The author asserts that tuberculosis can alter sexual functioning by its general debilitating effect or by its destructive effect on the genitourinary system. This article discusses the effects of tuberculosis on the libido, sexual potency, the sexual partner, and family members. Decreased libido and sexual potency are common problems in persons with this disease. The author also makes some suggestions for diagnosis and therapy.

Marital status and sexual adjustment were surveyed in 178 patients operated on for ulcerative colitis. Results show that frequency of intercourse practiced by married patients did not differ from that of the general population. However, the frequency of premarital sexual activity seemed low in patients of either sex. Other results are reported and discussed.


This study examined sexual feelings and desire in a group of 50 female tuberculous patients who were married and of "a sexually active age." Results of interviews revealed that: (1) 25 subjects recognized sexual desire at some time during their hospitalization; (2) desire was not correlated with the degree of illness; (3) sexual desire was correlated with the attitude toward coitus but not with the success of the subject's marriage or the use of contraceptives; and (4) libido was increased in 3 cases, decreased in 11, and unchanged in 36 subjects.


The purpose of this study was to examine the effects on sexual functioning of dissecting either the aorta or the common iliac arteries. Thirty-one male patients between 44 and 73 years of age who had similar operations involving the aorta or the common iliac arteries were interviewed. Results show that of these thirty-one patients, fifteen reported no decrease in sexual functioning, two reported impotency experienced before as well as after surgery, and the remaining fourteen reported some sexual disturbances following surgery. Ten of the fourteen patients reporting change could still achieve erections, whereas the remaining four could not. A comparison was then made between the type of operation and the extent of dissection of these arteries. The authors assert that because the erection mechanism is so complex, it is difficult to understand why some of these patients suffered total impotency while others had no change. In two out of ten patients, orgasms were diminished and became less intense. The authors discuss some possible explanations for these changes. Apparently, injury to
the hypogastric nerve often results in retrograde ejaculation (where the sperm go back into the bladder), making sterility inevitable.


The purpose of this study was to examine the sexual functioning and potential fertility of males with vesical extrophy, and to assist in planning surgery that would obtain optimal urinary and sexual function for men with these conditions. In this study, 16 males with extrophy and 15 with epispadias were studied. Clinical examinations, semen analyses, blood chemistries, IVPs, and urethral explorations were performed. Results show that in the extrophy patients all 16 achieved erection, 10 were able to complete intercourse, 12 ejaculated normally; 5 of the 16 had normal sperm counts, 7 had lowered counts, 3 had total absence of sperm, and 1 could not ejaculate. Following surgery in the epispadias cases, all 15 achieved erection, 11 copulated satisfactorily, 9 produced normal sperm counts, and 4 had subnormal sperm counts. The authors stress that in order to achieve erection without chordee (often absent in extrophy and epispadias) surgical correction is necessary. The chief dangers to fertility in reconstructive surgery lie in damage to the ejaculatory tract. The authors conclude that there is need for greater emphasis on sexual function following surgery.


In the normal male, sexual excitation can occur as a result of mental stimulation, endocrine stimulation, or somesthetic stimuli. The purpose of this study was to evaluate the role of somesthetic disturbance in sexual function. The subjects were 19 men, 12 with complete transections, 7 with partial. Their ages ranged from 19 to 42, the average age being in the late 20s. These patients were chosen because their somesthetic brain tracts had been transected, but their endocrine and mental systems were intact. The study was conducted by obtaining case studies, four of which are presented in detail. It is from these four cases that conclusions in this paper are stated. Of these four men, none had sexual excitation, which led the author to conclude there was some defect in the interrelation of the three factors of mental, endocrine, and somesthetic stimuli.

Women with pelvic endometriosis are likely to report a change in sexual behavior because acquired dyspareunia is a common symptom of endometriosis. This and other sexual aspects of endometriosis are discussed and suggestions for treatment are given. Several case histories are presented for illustration.


Sexual problems are often associated with nonvenereal dermatologic conditions such as hirsutism, unsightly skin, baldness, and atrophic changes of the genitourinary tract. The effects of these and other conditions on sexual functioning and behavior are discussed and a brief guide to office counseling by physicians is provided.


Sexual aspects of chronic obstructive pulmonary disease are discussed in light of numerous case histories. The authors, based on their clinical experience, assert that “even with quite advanced disease, many male patients are capable of continuing an active and gratifying sexual relationship.”


Sexual conflicts may be among the emotional factors involved in asthma. In this article, the author discusses the interrelationship between asthma and sexuality. A case report of a patient is presented for illustration, and some suggestions for management are outlined.


Chronic obstructive lung disease hinders the patient’s physical activity, including sexual activity. Oxygen consumption, cardiovascular function, and the respiratory work load during sexual intercourse are considerable. Oppressive dyspnea in patients with obstructive lung disease can prevent satisfactory sexual intercourse. This article presents
a guide to sex counseling with these patients. It is suggested that the male patient should adopt a passive position during sexual intercourse.


The relationship between headaches and sexual activity and behavior is discussed. Specific types of headaches identified are muscle-contraction, vascular, hypertensive, and angina pectoris.


A review of the literature shows little correlation between headaches and vertigo and derangement of sexual function. The article reports the results of a study aimed at the examination of these variables. Premature ejaculation was the most common sexual dysfunction.


Results of a study examining sexual functioning in patients (n=44) following abdominal aortic surgery are discussed and a case study is presented. Ninety-two percent of aneurysm patients, and 51 percent of those with aortoiliac occlusive disease, were sexually potent prior to surgery. In these patients, aneurysmectomy and reconstruction for aortoiliac occlusive disease resulted in impairment of erection in 21 percent and 34 percent respectively. Other results and some suggestions for treatment are presented.


This article describes the author's experience with various techniques of implantation of penile prostheses in 13 patients who were impotent due to organic reasons. Eight of the patients had diabetes mellitus.


The author discusses his observations and examination of 21 patients with the XXY syndrome (Klinefelter's syndrome). Patients
were found to be low-powered in sexual drive and frequency of erections and orgasms. Other aspects of genitopelvic eroticism, sexual activity, and psychosexual development in these patients are discussed.


This article discusses the results of a study conducted with 12,000 amputees. The results showed that 58 percent of the amputations were due to disease (usually diabetes mellitus and/or arteriosclerosis) and 32 percent of the amputations were from traumatic injuries. The rest of the amputations were related to congenital conditions. The authors present five cases to illustrate conflicts regarding sexual adjustment. It is noted that amputees who have lost a limb due to trauma are initially desperate and depressed. Once the patient has been rehabilitated and discharged there may be some sexual dysfunction, which usually subsides within a month. Persons who require an amputation because of disease processes are usually 50 years of age and older. The psychological shock experienced by this group of patients is most profound. Comfort and reassurance from the rehabilitation team can facilitate the patient's coping with his amputation. Persons who have had amputations as children adjust relatively well. If, as adults, there is any sexual dysfunction, it is not significantly different from sexual dysfunction in the general population. The importance of sexual counseling for amputees is stressed.


This brief article provides a review of the physiology of ejaculation, followed by a discussion of causes and clinical approaches to patients with painful ejaculation. The author concludes that "to correctly diagnose and treat a patient complaining of ejaculatory pain, the physician must carefully determine the cause, utilizing a thorough history, physical examination, and laboratory testing."


The need for sex counseling with women following disfiguring surgery of the face or the breast is discussed. Some suggestions for counseling of this nature are offered. Joint counseling, including the patient and her spouse, is recommended.

Sexual headaches, especially those associated with orgasm, are usually benign and have many etiologies. The author discusses this medical phenomenon and asserts that “for some people sexual headaches are intense, severe, and incapacitating, occurring abruptly in an otherwise enthusiastic sexual participant.” Although these headaches are often occipital, they can be bitemporal, and are usually nonthrobbling. They are not relieved by routine analgesics. The role of the physician, and some medical procedures to be taken with these patients, are further discussed.


The author reports that seven of eleven male patients who underwent lumbar sympathectomy experienced retrograde ejaculation. In retrograde ejaculation, an orgasm occurs and the semen reaches the prostatic urethra, but it then passes into the bladder rather than to the outside. This condition results from failure of the vesical neck to close during orgasm.


The author reports that 4 of 38 patients who underwent lumbar sympathectomy developed retrograde ejaculation complications. In retrograde ejaculation, an orgasm occurs and the semen reaches the prostatic urethra, but it then passes into the bladder rather than to the outside. This condition results from failure of the vesical neck to close during orgasm. Inasmuch as closure of the vesical neck is under control of the sympathetic nervous system, the development of retrograde ejaculation after removal of the lumbar sympathetic ganglia is understandable.


According to the author, most patients with chronic liver disease suffer from problems in sexual functioning. This paper discusses the common physical characteristics and sexual dysfunctions associated with liver disease. Three case histories of patients are presented for illustration.

The author discusses various sexual implications of liver disease. Although endocrine changes resulting from a chronic liver disease are not completely discovered and understood, there are many clinical features that suggest disturbed endocrine function associated with this disease. These include changes in sexual functioning and behavior, e.g., loss of libido, impotence. Other changes in male patients may include oligospermia, female distribution of pubic hair, and testicular atrophy. In female patients, dysmenorrhea, cystic mastitis, acne, and sterility may be found.


Clinicopathological, psychosocial, and sexual aspects of Klinefelter's syndrome are discussed. An illustrative case study is presented.


Changes in sexual functioning in patients undergoing abdominoperineal resection for ulcerative colitis were examined. Of the 25 male patients studied, 18 reported that there has been no alteration in sexual function, while only 5 patients indicated some impairment. In none of the patients has there been a complete loss of the physical ability of sexual functioning. Of the 26 female patients followed up, 23 reported no change, 1 claimed improvement, and 2 have noted some difficulties.


The purpose of this article is to demonstrate some of the complexities of treating impotence associated with inflammatory disease. Several case histories are presented to illustrate that "inflammation of the genital tract per se is rarely the primary cause of impotence." Specific inflammations discussed include urethritis, stricture, prostatitis, seminal vesiculitis, verumontanitis, and other conditions.

Sexual activity puts increased demands on the person's respiratory system. It may be too exhausting to accomplish sexual responsivity and orgasm during even a mild asthmatic episode. The purpose of this brief guide to office counseling is to discuss sexual difficulties associated with asthma and to present some therapeutic and counseling techniques and suggestions to alleviate these difficulties.

**Taub, E. S.** Effects of castration upon sexuality of adult males. *Psychosomatic Medicine, 1940, 2, 76–87.*

The effects of castration upon sexual libido and functioning is the theme of this article. Castration can be a result of various things, such as religion, physical trauma, or medical condition. The information on traumatic injuries has been so superficial that it is of little value. The author presents two case histories of men castrated for medical reasons. The attitudes of the castrated patient, and some psychosocial problems and implications, are discussed at length, and conflicts that influence sexual functioning are outlined. Results of some studies in this area are also presented.


Disfigurement can be perceived as a handicap to the person's ability to attract a sexual partner. In this guide to office counseling, the author discusses the psychosexual and social aspects of disfigurement, and outlines some treatment and counseling ideas, e.g., correcting the physical disability, improving the patient's overall health, and increasing the patient's self-esteem. The physician's role is to provide needed sex education and counseling to the patient.


Based on his clinical experience, the author asserts that questions about sexual functioning in patients with liver disease range from concerns about transmitting the disease to concerns about adequacy and performance. This brief guide to office counseling outlines and discusses some of the sexual problems associated with liver disease, and presents suggestions for treatment and counseling.


The purpose of this study was to gain information regarding sexual
adjustment, identification, and general sexual attitudes of patients with myelopathy of various forms. The sample consisted of 50 men and 40 women, all suffering from illness-induced myelopathy, the majority of whom were paraplegics. Ages ranged from 22 to 65. Subjects were given the Wechsler Work Interest Inventory, the Sexual Adjustment Schedule, and the Weiss Sex Role Associated Noun Test. Results were used to draw conclusions about sexuality and myelopathy. Results revealed that the subjects had continued sexual activity, despite their disability. Men exhibited significantly more sex role function and identity impairment as a result of the disability than did women. There was a “convergence effect” noticed involving the psychosocial, sexual personalities of both men and women in the postdisability period, as contrasted with the predisability period.


This study is an effort to obtain knowledge regarding the effect of sympathectomy upon sexual function, i.e., potency, erection, sterility, and ejaculation. Subjects were 183 patients, aged 20 to 69, who had sympathectomies of various types, at various times. Results show that 42.8 percent of the patients reported decrease of sexual functioning, 27 percent experienced disturbance of erection, 19.8 percent reported permanent loss of ejaculation, and 7.6 percent had temporary loss of ejaculation. Only 7 percent reported an increase in sexual ability. Other findings and conclusions are discussed.