Human sexuality in physical and mental illnesses and disabilities

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Chapter Eight

Substance Abuse

Alcoholism / Drug Addiction
Alcoholism


This book was written by members of the Al-Anon Family Group for the purpose of helping alcoholic persons and their spouses overcome marital problems associated with alcoholism. Spouses of compulsive drinkers find it difficult to adjust to the personal characteristics, attitudes, and behavior of the alcoholic. This book presents a step-by-step program designed to alleviate marital difficulties. Of special interest is a chapter discussing sexual problems in the alcoholic marriage and some suggestions for improvement.


Premenstrual function, depression, anxiety, femininity, and other psychopersonality variables were evaluated in 34 alcoholic women, and in 10 nonalcoholic women who accompanied their alcoholic husbands to an alcoholic treatment clinic. Results showed that 67 percent of menstruating women and 46 percent of nonmenstruating women in the alcoholic sample related drinking to their menstrual cycles. These women indicated that their drinking began or increased in the premenstruum. Results relating to other aspects of alcoholism in women, and the relation between alcoholism and sexuality, are further discussed.


The author discusses the interrelationships between sexuality and alcoholism. The role of alcoholism in homosexuality is also examined.

The effect of alcohol abuse on sexual functioning and marriage is discussed, and suggestions for treatment and counseling are given. The unilateral treatment of the nonalcoholic spouse is also discussed.


In this chapter the author discusses marital conflicts and difficulties associated with alcoholism in light of alcoholic personality attributes and marriage dynamics. Various stages in counseling the alcoholic and his or her spouse are presented, along with a detailed outline for an adequate diagnosis. Diagnostic work includes items such as personal health, family health problems, interpersonal difficulties, work difficulties, and other aspects of the patient's evaluation. Psychotherapeutic principles in the treatment and counseling of marriage problems connected with alcoholism are further developed and discussed.


In this round table, moderated by Dr. Ewing, the authors answer questions relating to the impact of various drugs and alcohol on sexual functioning and behavior and on marriage.


The use of drugs and alcohol as aphrodisiacs in primitive and advanced societies, and the effects of these substances on human sexual functioning and behavior, are discussed in this article. The author suggests that most alleged aphrodisiacs are likely to produce the opposite effect.


Sexual impotence is a serious complication of prolonged alcohol abuse and may persist even after years of sobriety. The author believes that "this problem is neither a psychological nor a hormonal defect but
is due to the destructive effect of alcohol on the neurogenic reflex arc that serves the process of erection." Based on many years of clinical experience in working with alcoholic patients, the author asserts that the damage in the erection process may be irreversible, and this may account for the inability of some alcoholics to reattain sexual potency.


This brief guide to office counseling concentrates on a discussion of the effect of alcohol abuse on sexual functioning in recovered alcoholics. There is evidence to show that recovered alcoholics continue to suffer from sexual impotence even after achieving sobriety. The causes of sexual dysfunctions in alcoholics, and treatment and counseling modalities, are identified and discussed.


This study was designed to examine the sexual behavior and attitudes of alcoholics. The author assumed that the prolonged excessive consumption of alcohol is associated with disturbances in heterosexual relations and adjustment. Sixty-three male and sixteen female alcoholic patients were the subjects of this investigation. Results showed that the majority of these patients showed a diminished interest in heterosexual relationships. A large proportion of the male subjects were raised in homes with an overpowering and controlling mother, upon whom they were very dependent. The fathers in these cases, toward whom the patients felt hostile, were described as passive distant.


This study tested two hypotheses: (1) that homosexual trends are more prevalent among male alcoholics than among nonalcoholic non-homosexual control subjects, and (2) that homosexual trends are more in evidence among remitted than among unremitting alcoholics. The subjects were divided into two study groups, a group of 23 alcoholics in remission and a group of 23 alcoholics still drinking. The Rorschach-Content Male Homosexuality Scale and the MMPI were used as study measurement instruments. Results showed that the first hypothesis was not confirmed, and the second hypothesis was confirmed in that the

group of alcoholics in remission had higher homosexuality scores on all tests used.


In middle-aged men, impotence is most common in males who use alcohol excessively. However, alcohol may act as a facilitator in releasing the inhibitions of younger persons. In this article, the author discusses the impact of alcoholism on sexual functioning and marital relationships. Studies show that there is a high incidence of sexual dysfunction among alcoholics. Frigidity is commonly reported as a problem for women married to alcoholics. A general lack of interest in sex seems typical among alcoholics. Verbal-emotional sharing and sensitivity and the subtleties involved in foreplay are not present when the alcoholic husband has sex with his wife. Sexual gratification may become subordinated to the use of alcohol in the husband, whereas the wife may seek alternate means to satisfaction. The extent of responsibility that the wife shares in the alcoholic condition is discussed by the author. There is evidence to suggest that wives of many alcoholics are more likely to be women who had both an inadequate mother and an unhappy childhood. Some suggestions for therapy and counseling are presented.


The relationship between alcohol abuse and sexual crimes, particularly rape, is the main focus of this paper. Studies are reviewed to show that there is evidence to suggest a high association between alcohol, alcoholism, and the commission of sexually aggressive behavior and crime. Several theories attempting to explain this association, and some therapeutic programs, are also presented and discussed.


The author reviews the literature regarding the impact of alcoholism on women’s sexual interest and functioning and concludes that there is agreement “that the women alcoholics described have many sexual problems, often deeply rooted in a general dissatisfaction with life.” She also presents several possible factors associated with sexual dysfunctions in alcoholics. These are: (1) the central cerebral depressant effect of alcohol; (2) the toxic chemical inhibitory effect on autonomic nerves associated with sexual functioning; (3) peripheral neuropathy;
(4) vascular factors; (5) endocrinological disturbances; and (6) physical concomitants, such as liver damage and diabetes mellitus, which have a higher incidence in alcoholics. The author concludes that “there are many unanswered questions and much yet to be studied in the field of alcoholic sexual dysfunctions.”


In this paper the author discusses sexual functioning and disturbance in alcoholic women in light of research and clinical findings. The author concludes that contrary to common opinion, promiscuity is appropriate to only 5 percent of all women drinkers. Most of the remaining 95 percent seem to have a diminished interest in heterosexual activity. The average alcoholic woman has many sexual problems and difficulties. The author suggests that “sexual misbehavior in an alcoholic woman should raise the suspicion that sociopathic alcoholism, with its greater resistance to therapy, may be present.” Therapy should be aimed at both the alcoholic woman and her husband and should evidence an awareness of the deep-seated and troublesome sexual problems usually encountered in the alcoholic woman’s life.


The relationships between alcoholism and the commission of sex offenses are examined and discussed.


While the excessive use of alcohol has been recognized as a major contributing factor to impotence, it has not been recognized that some percentage of alcoholics become sexually impotent when alcohol consumption is discontinued. The authors present statistics from their long clinical experience to show that 8 percent of their male alcoholic patients experienced impotence once they were completely detoxified. Of this group, 50 percent “gradually returned to their previous level of competence.” Of the remainder, 25 percent remained relatively impotent, and 25 percent were totally impotent. Possible psychological and physiological explanations of this phenomenon, and some suggestions for the treatment of impotence in these cases, are presented and discussed briefly.

A three-point thesis regarding excessive drinking and marriage is considered and comprehensively discussed. These points are: (1) the same characteristics which make the individual prone to excessive drinking also tend to preclude marriage; (2) married life and excessive drinking are incompatible; and (3) the destruction or disruption of the marital association frequently results in the onset of excessive drinking. Data dealing with marital status and excessive drinking are presented and examined against this three-point thesis.


Sexual dysfunctions and endocrine abnormalities associated with alcohol abuse are presented and discussed in this brief guide to office counseling for practicing physicians. Gonadal abnormalities found linked to alcoholism include infertility, sterility, gonadal atrophy, hypoandrogenization, and feminization. Some suggestions for counseling are presented.


This article deals with the long-range effects of large quantities of alcohol over long periods of time on sexual function. The authors suggest that in view of the frequency of disturbances of sexual function in chronic alcoholics, alcoholism is almost certainly the most common cause of impotence and sterility in the United States. The authors also point out that sexual inadequacy further disturbs the already alcoholic person, and may exacerbate the need for alcohol, creating a vicious circle. Laboratory tests show that alcohol ingestion, particularly in great quantities, has direct and indirect metabolic effects. Initially there is diminished testosterone synthesis and diminished spermatogenesis as a consequence of metabolic alterations. Ultimately, hepatic and testicular tissue damage occurs, which is irreversible.


Marital and sexual difficulties associated with alcohol abuse are discussed in this brief communication. According to the author, alcoholism can be directly linked to a variety of sexual dysfunctions. The most common dysfunction is impotence in male alcoholics. Some specific suggestions for office counseling are presented.

The relationship between alcoholism and incest behavior and offense is the topic of this paper.


Marital and sexual difficulties and adjustment were two of various other psychosocial variables examined in this study of 69 alcoholic women. Results and conclusions are presented and discussed.

**Drug Addiction**


The effect of amphetamine addiction on sexual functioning and activity is discussed in this article. Based on the examination of 14 cases, it was found that the effect bears a close relationship to the preaddiction sexual adjustment of the individual. Results of this examination, and some conclusions, are presented in detail.


This chapter reviews the effects of various drugs on sexual activities and functioning. The focus is on three drug-induced alterations of sexual functioning: (1) changes in sexual desire or in subjective pleasure obtained; (2) changes in sexual potency, with or without alterations in sexual desire; and (3) failure to ejaculate, with otherwise apparently normal subjective responses. The authors relied on two sources of information in compiling this review. These were case studies regarding side-effects of various medical drugs, and accounts
of persons involved in the use of illicit drugs or purported aphrodisiacs. In conclusion, the authors state that increased sexual behavior was found to be related to moderate doses of drugs that are central nervous system stimulants. Decreased sexual desire seems to be associated with the use of depressants. The physician "should be particularly sensitive to the potential ability of a variety of medications to disrupt potency."


The purpose of this study was to examine the overall functioning of secondary sex organs in heroin users, in methadone maintenance patients, and in a control group of subjects who were not using any drug. Results show that heroin users were experiencing delayed ejaculation and impotence, and that both heroin users and methadone maintenance patients were occasionally experiencing failure to ejaculate. The methadone patients also complained about painful ejaculation. All subjects reported substantially fewer orgasms when on drugs. Other results show that the functioning of secondary sex organs is markedly disturbed in methadone maintenance clients as compared to heroin users or drug-free controls. In addition, sperm motility was markedly reduced in the methadone maintenance group, and sperm count was two times that of the control group, reflecting a lack of sperm dilution by secondary sex organ secretion.


Disturbances in sexual drive and functioning in heroin addicts were examined by interviewing four groups: controls, active heroin addicts, abstinent former addicts, and methadone-maintained former addicts. Results show a high incidence of sexual dysfunctions accompanying heroin use in the currently addicted and formerly addicted group of subjects. Dysfunctions were related to difficulties in erection and ejaculation and to decreased sexual libido. All subjects described normal sexuality before addiction. At the time of the study, all abstinent subjects indicated they were functioning adequately, and most methadone-maintained subjects reported improved or normal sexual performance and libido. The author concludes that "the sedative or euphoric effects of heroin itself may play a contributory role in what may be primarily a psychologic disturbance."

The effects of various drugs on sexual functioning and behavior are discussed in this article. Specific substances discussed are marijuana, LSD, amphetamines, and heroin. The author concludes that “the acting out of sexual problems in the drug culture often leads to greater problems which require professional help.”


The aim of this investigation was to study the relationships between sexual behavior, sexual experience, and heroin addiction. Thirty-one male drug-free heroin addicts were questioned about several sexual variables, e.g., frequency of sexual intercourse, quality of orgasm. Results show that during addiction, “sexuality” was suppressed in that most subjects reported decreased frequencies of sexual activities. The proportion of orgasms achieved, ratings of sexual desire, and the quality of orgasm were also decreased. In the postaddiction period, sexuality recovered and resembled or was higher than that reported for pre-addiction periods. Based on their results, the authors conclude that “a relationship between changes in sexuality and heroin addiction appears firmly established.” A reinforcement hypothesis is discussed.


Female residents of a drug-free therapeutic setting (n=57) were studied as to the nature of their past sexual activity, the use of birth control methods, and the incidence of abortion. Results show a high incidence of promiscuity and prostitution. The average age at first sexual intercourse was 14.5 years. Histories of five sexual contacts per day for a period of years were not uncommon. Other results relating to the availability of birth control information and to pregnancies and abortions are presented and discussed, along with some specific conclusions and recommendations.

This discussion focuses on the effects of various drugs on sexual functioning and behavior. According to the authors, “chronic dependency on sedative and narcotic drugs is associated with decreased sexual desire and potency.”


Interference with sexual function is considered one of the most aggravating side-effects of methadone maintenance. This paper presents the results of a study examining sexual potency in 266 men enrolled in a methadone maintenance treatment program.


The relationship between marijuana use and sexual functioning and activity among students is discussed in light of the results of a research study and clinical interviews conducted by the author. The author concludes that marijuana is not a significant precipitant of sexual activity among youth.


According to the author, sex and drug problems often run concurrently. Recreational drug use generally affects sexual functioning adversely. This article examines the effects of various drugs on sexuality. This includes medicinal use of drugs as well as recreational drug consumption. The author concludes that both sex education and drug education “should begin in early childhood through parental example of naturalness about the body, concern and tolerance for others, and an ability to relate to others.”


The effects of opium-antagonist cyclazocine, marijuana, and the psychedelic drugs on sexual behavior and functioning are discussed. Five case histories of patients are presented for illustration.

Freedman, A. M. Drugs and sexual behavior. In A. M. Freedman, H. I. Kaplan, and B. J. Sadock (Eds.), *Comprehensive text-

The diversity of the effects of various types of drugs on sexual function and behavior is identified. The specific sexual effects of alcohol, marijuana, LSD, amphetamines, heroin, psychotropic drugs, and other substances are discussed.


The author claims that “a person’s current psychological status and his total personality makeup must be considered in evaluating the effects of drugs on his sexual behavior.” Most drugs vary in their impact on sexual experience and behavior from person to person. The resulting effects of a certain drug on a person’s sexuality depend on his expectations and needs and the current mythology surrounding the drug. The author discusses the effects of a wide variety of drugs on sexual function and behavior. These include marijuana, LSD and related drugs, amphetamines, heroin, cyclazocine, methaqualone, and psychotropic drugs. He concludes that most authorities agree that “the typical drug user has problems of socialization and little tolerance for frustration and is extremely immature sexually.”


The purpose of the study reported in this article was to examine the relationships between marijuana and other commonly used drugs to human sexual function and behavior. Interviews were made with fifty persons, 18 to 30 years of age, who were selected randomly from patients seen at a heroin and drug detoxification clinic. The effects on sexuality of alcohol, marijuana, barbiturates, amphetamines, cocaine, heroin, LSD, and other substances were examined. Results and conclusions are presented and discussed.


This is a report on a questionnaire study aimed at examining drug and sexual activity on one college campus. Results reveal that drug users were significantly more likely to engage in sexual activity, to start it earlier in life, and to engage in it regularly and with a greater variety of partners.

The effect of marijuana smoking on sexual responsivity, functioning, behavior, and morality is discussed in this chapter in light of contemporary research and clinical data. The author reports that results of his study show that marijuana renders sexual experience more pleasurable and exciting. The frequent users attributed significantly more sexual impact to the drug than the infrequent users did. Over half of the frequent users indicated that marijuana acted as an aphrodisiac, but less than a third of the infrequent users agreed.


Psychosexual histories were obtained from a group of 30 intravenous narcotics users and a group of 24 oral amphetamine users. Six items were selected for the assessment of sexual difficulties in subjects: (1) menstrual periods absent beyond three months; (2) lack of sexual desire; (3) difficulty in attaining orgasm; (4) lack of pleasure from sexual activity; (5) no sexual intercourse or masturbation; and (6) expressed disgust at the idea of sexual activity. Intravenous users of narcotics were found to have more sexual dysfunctions than oral users of amphetamines, and female subjects were found to be more dysfunctional than males. No correlation was found between the length of drug abuse and the severity of sexual disturbance. The authors discuss some implications of their study for diagnosis, education and public health, and treatment.


Sexual behavior and outlook were compared between a group of amphetamine users (n=25) and a matched sample of non-drug control subjects with similar personality disorders (n=25). Interviews covered the following areas of sexuality: (1) previous sexual intercourse activities; (2) sexual promiscuity; (3) attitude toward sexual activity; (4) satisfaction with sex; and (5) normative vs. non-normative sexual views. Results showed that the amphetamine users were more experienced sexually, more promiscuous, and held more negative views toward sex than the non-drug psychiatric group. In terms of overall sexual satisfaction, the amphetamine users tended to be less
satisfied than the controls. Although these differences and others were found, data did not "clearly support the hypothesis that the use of drugs was either substitutive for sexual activity or contributory to sexual pathology."


The author outlines and discusses the special marital difficulties associated with drug abuse, and presents the unique problems faced by the marriage counselor who works with drug abusers.


The main purpose of this study was to examine the reproductive status of men using large amounts of marijuana. Subjects were twenty heterosexual men 18 to 28 years of age who used marijuana at least four days a week for a minimum of six months prior to this study. Subjects did not use any other drug during that time. Plasma testosterone was significantly lower in these subjects than in a control group. The authors report that with the exception of two subjects, sexual functioning was not impaired in the men studied. Impaired potency was noted in these two subjects. In one of these men, this problem reversed upon cessation of marijuana use.


The negative relationship of heroin to sexual behavior and functioning is discussed. Unlike alcohol, heroin "does not simply reduce inhibitions and allow the acting out of suppressed desire—it actually removes the desires." It appears that there is little or no time or energy for sexual activity in the life of the heroin addict.


The purpose of this study was to compare the occurrence of premature ejaculation, retarded ejaculation, and impotence of addicts when they are drug-free, when using heroin, when on high-dose (60
mg/day) methadone hydrochloride maintenance, when on low-dose (20-40 mg/day) methadone hydrochloride maintenance, and when on a detoxification program. Reports were obtained from 91 patients who were addicted to heroin at the time of application for out-patient treatment. Reports on the effects of methadone were obtained from 45 patients engaged in methadone treatment at the time of the survey; 15 patients were sampled from each of three methadone treatment groups. Results show that at the time the subjects were drug-free the sexual problems were premature ejaculation in 46 percent, retarded ejaculation in 20 percent, and impotence in 16 percent of the subjects. The results of the three methadone hydrochloride treatment groups were pooled as no significant differences were found. In the heroin use group, 43 percent were impotent, 62 percent suffered retarded ejaculation, and 35 percent had premature ejaculation. Methadone use was found to lessen premature and retarded ejaculation and to increase impotency. The authors believe there were too many uncontrolled variables to be certain of their results.


This article reports the results of a survey of undergraduate students regarding their sexual experiences and drug use. The most consistent finding was the similarity of attitudes and behavior that men and women share in the major areas surveyed in this study. In their conclusion, the authors assert that their study reaffirmed their "notion that sex and drugs are proper topics for programs of continuing education, reeducation, and sometimes even initial education."


All 70 subjects of this study were former heroin addicts who were on a methadone program at the time of the study. The purpose of the study was to examine sexual effects of both heroin and methadone on the subjects. Results are presented and discussed.