Sexual frigidity

GRAŻYNA JARZABEK-BIELECKA1, KAROLINA ANDRZEJAK2, WITOLD KĘDZIA1, STEFAN SAJDĄK2

Abstract
Sexual frigidity (hipolibidemia) is sexual dysfunction, which concerns desire and excitement. The lack of them determines identification of that disorder. Moreover, the occurrence or the lack of sexual fantasies, autoerotic activity and establishing sexual needs (which may not even occur) are taken into consideration.

Key words: sexual frigidity, sexuology, hipolibidemia, erotism

Libido, known also as sexual desire, is a mental representation of excitement derived from interior of human organism that aims at fulfilling sexual needs. It includes motivational factors conditioned by biological structure of an organism causing such forms of behavior that fulfill needs. According to Hans Giese theory, sexual desire is a selective state of readiness for embracing a partner from sexual point of view [1-4].

It may happen that sexual desire disorders appear, noticed mainly in women, however in the last research concerning that matter the sexologists recognize such affliction in men too. The decrease of sexual desire until its almost total disappearance, is a multi-causal disease. Indeed, the causes have been recognized to some extent, but still there is no in-depth knowledge about ways of treating suppressed libido. It is believed, stereotypically enough, that this problem concerns mostly women, while being ignored in men. It must be stated, that classifying causes to only one source, either mental or somatic (organic) is unequivocally impossible and individualized for particular cases [1, 2, 4].

If a patient have never experienced erotic pleasure with any partner in any situation, the primary frigidity is discussed. If a person in the past reacted, completely or partially, on sexual stimulation and currently does not react at all or react differently depending on the partner or situation, the secondary frigidity is discussed.

Other terms for this disorder are as follows: desire debility, hipolibidemia, frigidity, sexual anorexia. As international research shows, sexual frigidity resulting from lack or loss of sexual desire is very common and includes 25-37% of women population. In Poland, it concerns 1 out of 10 women – in the age up to 24; and 7 out of 10 – in the age over 45.

An important role in hypolibidemia diagnostics plays the identification of somatic disorders such as e.g. depression, fears, vagina diseases, endometriosis, SM, thyroid diseases, thrombosis of blood vessels in pelvis area, contagious diseases (HBV, HCV, HIV), diabetes, nicotine, alcoholism and paying attention to medications taken, even the over the counter ones.

Professor Zbigniew Lew-Starowicz distinguishes several levels of sexual frigidity, which differ from each other in terms of strength and quality of symptoms:
• the need of sexual contact occurs, however it does not always finish with an orgasm, sexual life is little satisfying;
• there is a suppressed need of sexual contact, anorgasmia dominates (the impossibility to reach orgasm), sexual life is not satisfying at all;
• small sexual needs, anorgasmia, aversion towards the partner;
• total lack of sexual needs, anorgasmia, aversion towards the partner [3].

While going to the specialist one must be prepared for a long interview concerning many life aspects (i.e. somatic and mental condition, medicines and psychoactive substances being taken, social position, material conditions, relations with partner, sexual preferences and experiences in that matter). Sometimes women need to have gynecological examination done, so that proper stature of sex organs could be determined while

1 Gynecology of Developmental Age and Sexology Clinic, Department of Gynecology, Poznań University of Medical Sciences
2 Department Operative Gynecology, Poznań University of Medical Sciences
diseases is excluded, such as endometriosis, vagina infections and other dysfunctions, for example vaginismus and dyspareunia (painful sexual intercourses).

When it comes to men, it is advisable to conduct diagnosis concerning other sexual disorders: erection disorder – monitoring of night erection, USG of pubic arteries using Doppler method (blood flow in a penis). Alternatively urological diagnosis could be conducted (problems with prostate, defects of urinary-sexual system).

Moreover, attention is paid also to the results of laboratory examinations – functioning of liver, kidneys, thyroid; glucose level under fasted conditions, concentration of prolactine, testosterone and transport proteins for sexual hormones, as well as morphology and biochemical blood examination.

Here an important question appears, whether decreased sexual desire is always tantamount to frigidity. It turns out that actual sexual frigidity is often mistaken with sexual non-awakening, i.e. pseudo frigidity. Most of cases that women come with to sexologists is diagnosed that way. Pseudo frigidity is discussed when a woman has sexual needs, is able to experience orgasm, but she cannot feel pleasure while having sexual intercourse, mostly due to lack of sexual skills of her partner. If a man has a schematic view of sexual contact, as quick intercourse without any foreplay, while a woman needs some time to achieve sexual excitement, their sex would be rather a questionable pleasure for her.

A lot of women in such a situation clam up and pretend to feel ecstasy in order to not hurt her partner, instead of having honest conversation with a partner and communicating her needs. Thus, it is crucial for a man to comprehend that the problem of frigidity does not concern only his partner. If he is successful in asking for a honest conversation, they will probably be able to solve sexual problems without specialist’s help.

Characteristic symptoms to such disorder can be recognized, when a patient:

- does not express any interest of initiating sexual activity, neither with a partner nor through masturbation,
- the level of sexual activity is lower in comparison to expectations or is much lower in comparison to higher level in the past,
- the lack of sexual needs does not exclude excitement or sexual pleasure, but leads to less probable initiation of sexual contact.

The causes of these disorders can be classified according to the source of their origin. Somatic character of symptoms includes hormonal disorders, namely lower testosterone or estrogen level, higher level of prolactine, hyperthyroidism and hypothyroidism. That group includes also cancers, diabetes, cardiovascular, liver, infectious, kidneys diseases, depression. Addictions and psychotropic, anti-androgenic, anti-overpressure medicines, beta-blockers have impact too. The proper contraception assortment plays an important role in effectiveness of its function, as well as in erotic life. Its unsuitable matching can cause to immediate decrease of sexual activity. In order to prevent such situation, it is advised to conduct a test that helps to select appropriate pills.

The typical psychogenic factors that eliminate sexual needs are:

a) chronic tiredness and lack of sleep; it is connected with stressful life style and work overload, too heavy psychological stress, workaholism, substantial responsibility concerning one’s duties, playing social roles – being a mother, father, husband, wife, lover, woman, man – stress resulting from the requirement of playing all these roles may dominate one’s personality, overwhelm a person and lead to dysfunctions in interpersonal relations;

b) injuries and sexual traumas: several types of traumas and dramatic experiences can be included to the causes rooted in the past events. Women that experienced rape or were molested have extremely difficult to overcome subconscious blockade against sexual contacts. Physical love is associated with pain and suffering, what disenable sexual opening even in outer years;

c) impaired partnerships: The causes having their foundation in today’s situation in majority result from problematic relations with a partner. If there is little of tenderness or trust in a relationship, a partner does not derive pleasure from sexual contact. Additionally, the incongruity between partners in terms of temperament can be the reason of such problems. If there is no match between sexual needs of partners whatsoever, the internal blockade and the decrease of sexual desire may be the reaction, in one or both partners;

d) distorted body image and sex identification: The majority of women complain about the excess of hung-ups. Too little or too saggy breast, stretch marks, cellulite and many other flaws, which are usually overemphasized, lead to lack of acceptance of one’s body. This however translates into relation with a partner. Women start to avoid any physical
contact. Instead of deriving pleasure from caress, they keep thinking about that moment to be gone as soon as possible;
e) monotony and routine in ars amandi, unattractiveness of a partner. This is the problem that most of relationships contend with. Its marginalization may have serious consequences such as disappearance of sex desire and growing apart. Neglecting one’s image, growing old and in terms of women also giving birth may cause the unattractiveness from a partner’s point of view. Routine slips in unnoticeably to every relationship and it is difficult to get rid of it, it is also the source of many complications in the erotic sphere. The perception of sexual contacts as a duty, as a hard task to be done so that one meets the marital commitments, supported with the usage of tactics and strategies aiming at blackballing partner’s initiatives (complaining about tiredness or other afflictions, eliciting conflicts), causes the ceasing of intercourses.

The cultural factors that can block sexual needs are: mistakes in family upbringing, sexual education, sex overload, “sex fight” in the media, addiction to pornography, religious rigour.

Due to such affliction, people with sexual frigidity experience their state in various ways. For some of them, it is the source of deep anxiety, the others treat it rather passively almost with indifference, they usually prefer to finish the intercourse quickly enough, so that the duty is performed without any special effort, at least until next time. In the long perspective, even in the perspective, even in the treatment, the duty is performed without any special effort, at least until next time. In the long perspective, even in the cases seemingly accepted with a resignation, such frustrating state may result in anger, hostility and the need of revenge. Sometimes various forms of depression appear, that go together with low self-esteem and self-contempt. The reactions on the partner side may vary as well. While some people accept partner’s little sex interest and take it almost as a standard and perceive as a guarantee of future faithfulness, the other ones recognize it as a sign of self incompetence, others as a personal allusion [2, 4].

Some people make a mistake that concerns unnecessary pressure which results in increasing the inhibition and exacerbating the situation.

The elimination of organic and psychogenic causes of frigidity is the first principle in treatment of the disorder. Pharmacological treatment includes medicines having hormonal action (testosterone, estrogen, oxytocin); sexually stimulating medicines being subject to medical prescription and applied under the doctor’s supervision. There might be alternative medicines applied too – herbal, nutriments, amino acids, hormonal substrates (DHEA, Damiana, Ginseng, Yohimbine, Arginine).

Depending on sex, the hormonal treatment concerns supplementation: estrogens in case of women and testosterone in case of men. Occasionally, the application of DHEA is advised too, that is the hormone produced by adrenal glands, which can be converted into estrogens or testosterone through the course of changes. Its effectiveness has not been confirmed though.

Sometimes such a hormonal therapy is accompanied by alternative specimens, usually of plant origin. It could be Damiana (enhances the blood supply of genitals, simultaneously increasing their sensitivity, it has highly stimulant and exciting action; it functions after about 90 minutes from consumption), Ginseng (it has stimulating features, improves blood circulation and vitality) [1, 3, 4].

The substance of protein origin is praised too—Arginine that enhances the state of blood vessels, at the same time facilitating the blood flow. It also has stimulating features.

Sildenafil, commonly known as Viagra, is a popular medicine used in decreased desire syndrome. It usually applied in impotence treatment, also in some cardiovascular diseases. Due to its features, the blood supply in a penis increases enabling the erection.

The elementary method of fighting with decreased desire is excluding the factor that cooling the sexual relations. Here might be included i.e. treatment of somatic and mental diseases, addictions and patient’s total cooperation with the doctor in terms of pharmacotherapy. A patient should report his or her observations concerning treatment effectiveness, also in the sexual sphere. At some time, the modification of applied medicine or the reduction of its dose, can be helpful too. Usually when the disorders cease, mostly mental ones, the hunger of sex and closeness returns, despite of using medicines that might affect our libido in a negative way.

Sexological consultation and directed bibliotherapy, namely following the tips included in specialized guides, seem to be sufficient while struggling with frigidity of mild intensity. There are also training methods used in the treatment, such as: diversification of sexual life, it is worthwhile to add some novelties to erotic life, which has been used so far, preparing a romantic dinner that would include aphrodisiacs, using erotic movies.

Self-reflection and honest talk with a partner in most cases would solve the problem.
Moreover, psychotherapy can be applied in justified cases. After having conversation with a therapist, it is important to create a mood of serenity and relax, when a patient has the best conditions to experience his or her feelings. Nothing should be demanded from the patient, any oppressive thoughts have to be excluded. The couple is often encouraged to natural communication of feelings and desires. Affective exchange is advised here, mostly tenderness. There are various forms of psychotherapy, such as behavioral, marital and individual. Mutual participation of partners in sexological treatment is advised. It aims at wide education in terms of sexual communication art. Patients go through a training concerning the anatomy and physiology of sexual organs and become familiar with sexual reactions (the excitement phase, plateau (the excitement increase), orgasm, relaxation). Patients are encouraged to gradual, mutual cognition of their bodies, however without having contact with sexual organs and so as to satisfy both sides [1, 2, 4].

Behavioral therapy comprises several stages and is supposed to lead to emotional and erotic closeness. The pleasure derived from the physical contact must be mutual, it does not have to end with an orgasm at all costs. Such therapy could be used by couples with mental origin of disorder, but most of all by couples motivated to such treatment.

Marital therapy is directed towards enhancing relations in a marriage. However, there must be mutual willingness. The therapy helps to understand a partner and recognize his or her needs, desires and expectations. Very often one of the partners begins to open oneself and reveal his or her diligently hidden fantasies, desires and liking, what repeatedly is the source of sexual desire decrease [1, 2, 4].

Interpersonal therapy is based on activities aiming at improving the relation between partners. Present is the point of reference, as oppose to past events. Attention is paid to events between partners that lead to lessening of sexual desire. The therapist helps to develop strategies of coping with such situations and implementing them in the relationship.

In some cases the training of Kegel muscles is recommended, in order to increase the sensitivity of vagina in women and diversifying the experiences in men. Such activities are supposed to make a patient more conscious of his or her physiological responses, which experienced in full serenity and relaxation, usually becomes pleasant and exciting. They do not invoke any fear, do not mobilize defense and allow to gradually reach the sexual fulfillment.

In case of mild symptoms, self-reflection and honest conversation with a partner would be enough to cope with the problem or at least would persuade both sides to change their behavior and maybe to consult with specialists [3, 4].

Bibliography