Why Psychosexual Disorders Equally Important in India

R. K. Solanki1 and Rishika Agarwal1

Abstract
Human sexuality is a complex with multidimensional aspects such as biological, psychological, social, and cultural. Cultural factors influence their development as prevalence rates of these disorders vary in different communities. The nature of problems and their psychological consequences make it difficult to assess the exact prevalence of these dysfunctions, even more difficult in developing countries like India. In India, care for people is not proper as large number of patients suffering from psychosexual problems visit unauthorized “sex clinics” rather than an authorized hospital setting. Specialists like dermatologists are often consulted for these problems in their routine practice as common belief shared by them is that these problems are caused by dysfunctions in their sex organs. So they are hesitant to go to sexual clinics and psychiatrists for the same in the first place. The question that arises is where does sexual medicine stand, as asked by many in the past too but remains unanswered in terms of general medicine and psychiatry. Thus, the need of the hour is to identify these cases in early stages, which can prevent a lot of other disorders occurring due to them such as homicide, suicide, domestic violence, battered wife syndrome, etc. in society. The advance in psychosexual medicine is much needed. Despite the importance of these disorders and sensitivity, in India, there is scarcity of data about the burden of sexual health disorders from community-based studies, unlike Western countries.

Keywords
Sexuality, quacks, sex clinics, homicide, battered wife syndrome

Introduction
Human sexuality is a complex with multidimensional aspects such as biological, psychological, social, and cultural. Psychosexual disorders are defined as sexual problems that are psychological in origin and that occur in the absence of any pathological disease.1 The psychological component, a predominant factor, may arise due to many emotional factors such as shame, anxiety, guilt, stress, low mood, worry, anger, physical or emotional trauma, abuse, distorted body image, etc. In addition, ignorance, misinformation, superstition, and improper sex education elevate these symptoms. Also sometimes difference of sexual feelings during adolescence and those given by family or religion (for example, the attitude that sex is dirty, sinful, or shame) act like the culprit. The nature of problems and psychological consequences of them then makes it difficult to assess the exact prevalence of these dysfunctions, even more difficult in developing countries like India. In India, care for people is not proper as large number of patients suffering from psychosexual problems visit unauthorized “sex clinics” rather than an authorized hospital setting. Ill advice from people such as colleagues, friends, family, and also popular cheap literature on sex intensifies the fears over the problem all the more. As a result, individuals then turn up to a variety of hospitals for help.

In addition, multiple factors such as general health, chronic illnesses attached to a patient, psychiatric/psychological disorders present, and socio-cultural factors, alone or in combination, may be accredited to the production of psychosexual dysfunctions.
Specialists like dermatologists are often consulted for these problems in their routine practice as common belief shared by them is that these problems are caused by dysfunctions in their sex organs. So, they are hesitant to go to sexual clinics and psychiatrists for such problems in the first place. They are many a time referred at the end, after months of treatment from specialties such as urology, gynecology, or endocrinology due to lack of psychiatric understanding of the symptoms. They often undervalue the prevalence and importance of sexual concerns or even their own behavior toward them on matters of sexuality. Training should be given to manage such patients with in-time referrals as it will save much of patient's money and time both along with his or her mental well-being and portray a good doctor's responsibilities.

The question that arises is where does sexual medicine stand as asked by many in past too but remains unanswered in terms of general medicine and psychiatry. General health not only includes various biological functions of the human body such as appetite and sleep, but also libidinal drive that is always kept as the last concern. Sexual health is an integral part of general health with both physical and mental components in it, and also vice versa, ie, both mental plus physical fitness ensure a healthy sexual life.

The evaluation of any patient with sexual dysfunction requires a thorough understanding about not only the type of sexual dysfunction but also the factors associated with or contributing to sexual dysfunction, and the factors maintaining the sexual dysfunction. A proper evaluation includes collection of detailed history, examinations, and complete lab report tests, which is a time-taking process and requires trained mental health professionals who are often forgotten. Mental health professionals are trained enough to pay careful attention always to the presence of significance comorbidities like depression or underlying etiologies like cardiac ailments, etc. unlike the other medical specialties who in the run to win ignore the well-being of the patient.  

Marital discord is a major trigger for psychosexual disorders. The symptoms of these disorders vary with gender and are different for each individual, as it varies home-to-home reasons of conflict. It makes up a vicious circle as strong interpersonal relationships make up a mental well-being of an individual and vice versa. A person may not present with all the symptoms to fulfill different categories given in the literature for the same but will definitely fulfill the criteria for diagnosis if evaluated in detail for factors such as relationship with spouse, family, social life, cultural factors, etc. by a psychiatrist. It is said to be a circular couple phenomenon in sexual disorders, as the illness-related sexual problems of a patient’s intimate partner may be taken as a form of sexual rejection by the partner. This leads to a cycle of decreasing sexual contact for the couple among themselves and so development of sexual disorders. There are group intervention strategies to prevent these problems according to the psychosexual needs of couples which are an important aspect of nonpharmacological treatment done by mental health professionals. The success in the couple’s group therapy lies in the fact that both partners are willing to achieve it for each other and in accordance with a trained mental health professional at all the times for their guidance.

Thus, the need of the hour is to identify these cases in early stages, which can prevent a lot of other disorders occurring due to them, such as homicide, suicide, domestic violence, battered wife syndrome, etc. in society. This can be done only by a mental health professional with expertise for the same.

The scarcity of studies done on the prevalence of sexual disorders in India proves how the prevailing cultural beliefs and stigma in India discourage and inhibit individuals to consult a psychiatrist and discuss their sexual life, which makes it all the more difficult to know the extent of the problem at the given time.

Psychosexual medicine needs advancement itself to help these persons and also the professionals. Here the psychodynamic approach is used, which works at a conscious level interfering with sexual performance and so expose unconscious thoughts, feelings, and fantasies causing physical symptoms later on. Therefore, a psychiatrist role-plays to find the trigger for which the patient may be unconscious of but still exists as a problem. It does not involve just the prescribed medications, but the interaction of the patient and the psychiatrist to make him or her find a solution. The patient expects a well-informed perceptive from medical professionals instead of ignorance or neglect.

Despite the importance of these disorders and sensitivity, in India, there is scarcity of data about the burden of sexual health disorders from community-based studies, unlike some Western countries. There is a lack of clear understanding of factors that influence the occurrence of sexual health disorders in the Indian context, including substance abuse which has been shown to be significantly associated with sexual disorders and is very easily neglected. In India, studies on sexual health disorders are largely limited to hospital settings.

The recently revised NCB specifies the inclusion of sexual medicine into curricula of undergraduate and postgraduates as the present standard medical syllabus does not usually include teaching on the subject of psychiatry. The outlook of a student changes the moment he or she is taught to understand the normal physiology and anatomy of sexual organs and their pertaining disorders which is also seen in their approaches toward life and opposite sexes as compared to other nonmedical students of their age preventing most of the crimes and developing healthy social life. Training of education of sexual disorders is as important as any general medicine education, so as to remove difficulties of both the
health care professional and the patients, which are faced due to the sore and painful experience of expressing these sexual disorders.

I write in this esteemed journal to serve the scientific community on behalf of psychiatry as my science and to carry forward research and to spread education for sexual wellness in the community, with the hope that, in the coming years, these disorders see the light instead of the many years’ neglect.

Declaration of Conflicting Interests
The authors have declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding
The authors have received no financial support for the research, authorship, and/or publication of this article.

References
1. Kalra G, Tandon A, Sathyanarayana Rao TS. Sexual disorders in Asians: a review. Asian J Psychiatry. 2014;7:80-82.
2. Avasthi A, Grover S, Sathyanarayana Rao T S. Clinical practice guidelines for management of sexual dysfunction. Indian J Psychiatry. 2017;59, Suppl S1:91-115.
3. Shindel AW, Nelson CJ, Naughton CK, Ohebshalom M, Mulhall JP. Sexual function and quality of life in the male partner of infertile couples: prevalence and correlates of dysfunction. J Urol. 2008;179(3):1056-1059.
4. Lagana L, Fobair P. David Spiegel targeting the psychosexual challenges faced by couples with breast cancer: can couples group psychotherapy help? J Womens Health Care. 2014;3:205.
Singh AK, Kant S, Abdulkader RS, et al. Prevalence and correlates of sexual health disorders among adult men in a rural area of north India: an observational study. J Family Med Prim Care. 2018;7(3):515-521.