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BEHAVIOR CHANGES CAUSED BY SEXUAL DYSFUNCTIONS

Investigating patients with sexual dysfunction, the physician usually focuses on the identification of their copulative violations, leaving without sufficient attention to behavioral changes that develop in patients due to these violations is intimacy. This contrasts greatly with the fixation of attention on the behavior of pathology in patients with disorders of gender identity, sex-role behavior and psychosexual orientation. The observed due to the fact that behavioral disorders in these groups of patients are intrinsic to them and that it is natural to fall into the epicenter of research interest. In this case we are talking about the so-called sexual behavior.

It can be argued that only the marked increase in libido, or , on the contrary , a significant reduction in its generating easily predictable behavioral changes underrepresented in the literature. However, any doctor who works at the general sexological reception can state that among the patients consulted him throughout his medical practice (and even long-term) persons suffering from hypersexuality, turning so infrequently those they can even be counted on the fingers of one hand. In this case, it is mostly about women.

All the men have passed a special examination, mandatory, and in most cases the main (and sometimes the only) factor in the development of sexual dysfunction, it was alarming concern / fear of sexual failure. Identified transformation behaviors were of varying difficulty, ill comprehended fully or partially, or not at all aware of it. We have identified the following key patterns of behavior:

1. Escaping - dodging. Characterized by the fact that patients avoid contact with women in the sex (intercourse slows or completely eliminate them) , erotic (excludes petting and kissing), and even a platonic level (do not set any sustainable relationship with the female). In some cases, communication comes to the brink of sexual interaction; it does not advance further alleged attempts.

2. Aimed at preservation of the former marital status:

A. Compensatory type of behavior is due to a desire to compensate for the sexual defect manifesting itself positively in other areas, and thus to obtain approval from the wife or sexual partner. Often, patients are becoming more attentive to his wife. They are trying to help her more in domestic work, become more compliant. In some cases, patients tend to make extra money or to pay greater attention and care of the children or grandchildren may please his wife. Here is an example of complex changes in behavior caused by sexual frustration, when, along with changes in behavior in the family circle to his compensation, the subject has a well-developed secondary to compensatory changes in the data breach.

B. Manipulative option. In some cases, patients are hoping to improve the image of a wife less stay in the family, which, in their opinion, may force her to miss them.

3. Aimed at creating an image of a man with a high sexual potency. Sometimes the emotional stress caused by the existence of fear of sexual failure anxiety, reduced by the purely symbolic satisfaction of sexual harassment. So, some of the patients in the circle of friends and acquaintances create an image man enjoying success with women talking about their sexual conquests and describing his manhood. This behavior, according to our observations, the property of men with hysteroid traits.

4. Sublimation and phenomenologically close to her behavioral changes. Sublimation - a mature psychological defense mechanism by which the instinctive energy discharged in noninstinktive behavior. This is the process by which Freud explains the force generated by the sexual attraction forms of human activity that have no direct connection with sexuality. Sublimation leads to the transformation of the energy of sexual drives in the energy used to achieve socially acceptable non-sexual purposes.

5. Aims to eliminate sexual disorder. Among the surveyed patients also had abnormal behaviors, which were due to the desire of patients to get rid of sexual dysfunction. To this end, they have , in some cases on its own initiative, stopped to drink alcohol , smoke, began working on dumbbell exercises, jogging, going to the pool, pour cold water in the morning, watching autogenous training, yoga, oriental kinds of martial arts , etc. Some patients began studying books on self-improvement, herbal medicine, sexology, etc. One of our patients even tried to learn the fundamental guide for doctors on sexual pathology. Another patient, who was diagnosed neurosis expectations (failure), has acquired the unit for electro and by learning a few biologically active points, was without special training to treat myself.

6. Asthenic. In a number of cases in connection with the sexual disorder embittered men, become an angry; sometimes lose control, which manifests itself in relation to his wife and others. Sometimes it is possible to ascertain the coexistence of anger and obsequiousness toward his wife. While in some cases, the patient is irritable mainly in the family, in others, on the contrary, at work, as it tries to spare the people close to him. Often patients are especially eager to avoid situations that might cause them empty.

7. Subdepressive-depressive. In some cases, patients become passive, maloinitsiativnymi, indifferent; perceive what is happening in the dim, gray tones, lost interest in the opposite sex, academic and professional activities. Former hobbies became indifferent to them, lost interest in life. However, in these cases (unlike the others, which also took place) it was not about clinically significant depression.

8. The spread of fear of failure on the situation, not related to intimacy. Sometimes the surveyed patients had spread anxiety associated with intimacy, to a situation that does not have any relation to it.

9. Loss of initiative in establishing a relationship with the women-specific restrictions when choosing a partner. Sometimes patients with anxious fear of failure in intimate contact caused by sexual frustration, varied approach to the choice of sexual partner. Women often choose them yourself. Sometimes patients do not reject the initiative, even those women who do not particularly like them at all , or were indifferent , and established them fairly stable relationship . This is understandable, since in these cases the responsibility for the quality of intimacy and decreased men did not feel it at the time of such severe emotional stress, which improved its quality or even, in fact, made this possible proximity. The patients in these cases were not afraid to part with your partner, if you do not satisfy her sexually, because they do not cherish such a bond. Sometimes it was about dealing with women who are not only externally impressed not sick, but much inferior to them in mental development. The fear of being disgraced while trying to enter into an intimate relationship with the other, popular with female patients to have a stabilizing effect on the existing relationships that were maintained mainly at the initiative of the partner. Getting acquainted with the women, the patients were afraid to enter into an intimate relationship with those of them who , in their opinion, had more sexual needs and, therefore, could produce high or even normal for a healthy person sexually requirements. Therefore, they are very attentive to the statements of the alleged partners of sexual experience of the past, and to their behavior. For example, one patient studied by us in the event that any woman had told him about the "man-impotent", which it could not do anything, just stop seeing her.

10. Transformation behavior due to dynamic characterological shifts. In some patients we observed also appeared absent before the development of sexual dysfunction increased suspiciousness and impressionable, isolation, secrec, increased jealousy, compliance, silence and thoughtfulness that were leveled in the event of liquidation copulative violations. These dynamic shifts characterological modified their behavior. We have also reported the change of attitude to other people in a positive way, which emerged after the development of sexual dysfunction. If before one of our patients shared only people into good and bad, now every poor person finds something good. For people suffering from anything, became more cordial and sympathetic.

11. Hyposexuality pattern of behavior. Although the decline in libido, which is the basis of a pattern of behavior characterized, can be observed in various forms of sexual disorders, most prominently represented in this pattern hypogonadism, and apatoabulicheskom depressive syndromes, lesions of the midbrain ("diencephalic impotence"), and in pan sexology practice - at patients with weak sexual constitution and sexual involution.

12. Oversexed pattern of behavior. This pattern is manifested sexual activation, which can be observed both during masturbation and during sexual interactions with other people. As you know, hypersexuality

occurs in lesions of the hypothalamus and the limbic system of the brain (due to neuroinfections, trauma, vascular lesions, tumors), overactive adrenal tumor genesis (androsteroma), hormonally active ovarian tumors, in menopaus, manic and hypomanic syndromes, mood disorders and the circular form of schizophrenia, treatment with high doses of androgens, after strong psycho. There are other reasons underlying the hypersexuality.

Describing the transformation behavior due to sexual dysfunction, I would like to share the following. In cases of anorgasmia in women in a number of observations we have noted their increased sexual enterprise, which is based was not increased sexual desire, and the desire to find a man who would be able to satisfy them sexually. In addition, the arrival of each new applicant wishing to become their sexual partners , increased self-esteem of women, as evidenced by the fact that they are a source of unrelenting sexual interest . Thus, women made up for a sense of inferiority due to their having sexual problems. This fact was an additional impetus to the establishment of their new and new relationships.

Based on the results of our studies, it was concluded that the zone of disturbances in patients with sexual dysfunction can far exceed the copulative "failures" and behavioral changes associated with intimacy, and have not only personal, but also expressed social consequences. The possibility of a change of behavior (due to sexual dysfunction) is intimacy must be considered when drawing up the program of adequate psychological adjustment of patients' sexological profile.