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Sexual Dysfunction and the Role of Psychotherapy in Alleviating the Symptoms of Sexual Dysfunction among Diabetics: Implications for Clinical Psychologists.

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Abstract: Necessitated by the increasing prevalence of sexual dysfunction among diabetics, this paper discussed the role of psychotherapy in alleviating the symptoms of sexual dysfunction among diabetics and non-diabetics. Consequently to these, variables were appropriately defined and a thorough review of literature was presented. The extraction of empirical findings from literature illustrated that, sexual dysfunction was common among diabetic and non-diabetic population, with diabetic population reporting the highest prevalence. Specifically, male diabetics reported more cases of sexual dysfunction than their female counterparts. It was also reportedly observed that diabetics and non-diabetics with sexual dysfunction reported symptoms of mental illnesses, ranging from anxiety, low self-worth and depression. In the clinical trial sessions, it was reportedly observed that symptoms of sexual dysfunction significantly reduced when patients were exposed to psychotherapy alone or combination of psychotherapy and pharmacotherapy. On the other hand, patients' exposure to pharmacotherapy alone did not significantly reduce symptoms of sexual dysfunction. Consequently to these aforementioned observations, the author recommends for the increased inclusion of clinical psychologists in the management of sexual dysfunction among diabetic and non-diabetic population. Hence, clinical psychologists will also e required to screen for and treat comorbidities during their management of sexual dysfunction. In addition, it was recommended that the Governments formulate and implement health policies that encourage periodic screening of sexual dysfunction and mental illness among diabetics and non-diabetics at risk of sexual dysfunction. Lastly, it was recommended that further research in this area will be required to focus on identifying further psychogenic barriers of sexual health among diabetics and non-diabetics, and as well identify certain suitable psychotherapies for mitigating against these barriers.
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I. INTRODUCTION

Sex is an important aspect of human functioning, hence if any stage of sexual intercourse is impaired, there will be challenges in fulfilling this core aspect of human functioning. The prevalence of sexual dysfunction among diabetics is on the increase (World Health Organization, 2018). Sexual dysfunction is a great health problem, however the physical, mental and social complications associated with sexual dysfunction is a greater health problem. One major population that is at great risk of being diagnosed with sexual dysfunction is the diabetic population. This implies that the sexual health of diabetics have high chances of being disturbed.Consequently, the present paper aims to discuss sexual dysfunction and the role of psychotherapy in alleviating the symptoms of sexual dysfunction among diabetics: implications for clinical psychologists.

Diabetes which is caused by excess of sugar in the blood is on the increase globally (Nigerian Medical Association, 2016). Diabetes occurs because there is a shortage of a chemical in the body called "insulin" (World Health Organization, 2017). The estimated prevalence of diabetes in Africa is 1% in rural areas, and ranges from 5% to 7% in urban sub-Saharan Africa. Globally, the prevalence of diabetes among adults over 18 years of age has risen from 4.7% to 11.2% in 2018 (International Diabetes Federation, 2018). This increase implies that there could more multiple cases of sexual dysfunction among the general adult population globally.

Sexual dysfunction is defined as problems or difficulties encountered by an individual or a couple during any stage of a normal sexual activity, including physical pleasure, desire, preference, arousal, orgasm and resolution (Akinbode&Olusola, 2015). Sexual dysfunction mirrors a situation where individuals are inhibited from wanting or enjoying sexual activity. Stress is a common cause of sexual dysfunction, other possible causes include diabetes, sexual trauma, psychological issues, heart diseases, drug use, etc. Globally it is estimated that

about 97% of marital issues are as a result of sexual dysfunction. In addition, there is a worldwide prevalence of sexual dysfunction given for men to be 20-30% and for women to be 40-45% (World Health Organization, 2017). This implies that females have more risks for developing sexual dysfunctions than their male counterparts. Examples of sexual dysfunctions include arousal inhibition, erectile dysfunction, orgasmic inhibition, resolution difficulty, pain during sex, etc.

Yakubu (2017) defined sexual dysfunction as any disturbance in the normal functioning of the reproductive organs of males and females which prevents them from enjoying intercourse with each other. This disturbance is crucial that apart from affecting sexual activity of individuals, may also affect and limit their functioning in different spheres of life, such as social, workplace, educational spheres among others. Yakubu (2017) also ascertained that the prevalence of sexual dysfunction was common among diabetics than other chronic illnesses. Going by the aforementioned discussion, it becomes imperative that further analysis is required on the variable, sexual dysfunction. The treatment of sexual dysfunction includes prescribed medications by a physician, surgery, and psychotherapy such as cognitive behavioral therapy (CBT). Sexual dysfunction as a health problem is accompanied with a number of physical, social and psychological implications. For example, a husband with sexual dysfunction may be unable to please his wife sexually, thus making such husband to feel less of a man and make him to be inhibited whenever he is around his wife. Furthermore, sexual dysfunction could also lower the self-esteem and hinder productivity of such husband in his workplace. Sexual dysfunction can have its etiology rooted in biological, psychological and social factors. The screening or diagnosis of sexual dysfunction can be carried out by psychologists using clinical assessment tools such as the sexual dysfunction questionnaire developed by Infrasca (2011), or through physical examination by a physician.

Causes of Sexual Dysfunction

The causes of sexual dysfunction will be discussed considering the biological, psychological and social factors that are capable of contributing to the onset of sexual dysfunction.

Biological Factors

Biological causes of sexual dysfunction include:

1. Genetic factor (hereditary)
2. Deficiency of sex hormones i.e. testosterone, progesterone, estrogen, etc.
3. Poor nutrition
4. Physical disability
5. Brain injury e.g. damage to the amygdala/limbic system
6. Chronic illness e.g. diabetes

Psychological Factors

Psychological causes of sexual dysfunction include:

1. Irrational thoughts pattern
2. Low self-worth
3. Personality problems
4. Knowledge about sexuality
5. Adherence to heath seeking behaviors
6. Substance abuse
7. Performance anxiety
8. Perceived loss of attraction

Social Factors

Social causes of sexual dysfunction include:

1. Religious teachings on sexuality
2. Marital/couple disharmony
3. Socio-economic status
4. Educational qualification
5. Gender
6. Sexual orientationi.e. homosexuality, etc.

Treatment of Sexual Dysfunction

The treatment of sexual dysfunction is not administered by a single healthcare professional alone, rather it administered by different healthcare professionals who put in their expertise together towards ensuring that the symptoms of sexual dysfunction is gone. Consequently, some of the healthcare professionals involved include physician, surgeon, clinical psychologists, social worker, nurse, etc.

Treatment approaches include:

1. Use of medications
2. Surgery
3. Psycho-education
4. Couple therapy
5. Family therapy
6. Cognitive behavioral therapy, etc.

II. THEORETICAL FRAMEWORK

Biopsychosocial Model of Disease

George Engel (1977) developed the biopsychosocial model in order to conceptualize the multidimensional etiology of diseases and abnormal behaviors. This disease model is widely adopted by clinical psychologists and other healthcare professionals for the illustration of the etiology and treatment processes of various kinds of illnesses. In the present paper, the biopsychosocial model is used to demonstrate the etiology and treatment procedures of sexual dysfunction among diabetics. According to this disease model, disease or abnormal behavior is caused by the multi-interaction of biological, psychological and social factors of the patient. For example, a patient being diagnosed with depression implies that the etiology of the patient's depression is rooted in the interaction of biological, psychological and social characteristics of the patient. This also applies to the etiology and treatment processes of other psychological and medical illnesses.

Consequently, with application to the present paper, the biopsychosocial model of disease mirrors a multidimensional approach for conceptualizing sexual dysfunction among diabetics. In this perspective, sexual dysfunction is perceived as having biological, psychological and social components. For example, biological factors such as a person's sex, genetics, chemical imbalances i.e. shortage or excess of sex hormones, physical trauma; psychological factors such as personality, self-worth, attitudes, thought patterns; and social factors such as socio-economic status, marital status, religious views, gender, external environment, etc. Consequently to this, it is expected that any effective treatment for sexual dysfunction must consider mitigating against the biological, psychological and social factors of sexual dysfunction. Hence the consideration for the relevance of psychotherapy in reducing the symptoms of sexual dysfunction. With importance to the relevance of psychotherapy in the treatment process of sexual dysfunction, it is pertinent to know that some sexual dysfunction may be caused by certain psychological factors such as irrational thoughts patterns. Consequently, the administration of medications from a physician will not be efficacious in such situation.

Furthermore, a wide pathology cannot be understood by examining medical or biological factors alone. Hence the need for the inclusion of the roles of psychological and social factors. According to biopsychosocial model, biological factors are factors that are biological or medical in characteristics, psychological factors include all factors that are of our thoughts, feelings or behavior. The social factors include factors that are characteristics of a person's personal information or external characteristics. These three factors i.e. biological, psychological and social have high potentiality in contributing to the development or and recovery of illness in patients.

In summary, the biopsychosocial model illustrates that diseases or abnormal behaviors can be conceptualized by the consideration of biological, psychological and social factors. Thus, every treatment processes that must be effective must include biological, and psychosocial target in their treatment processes against illnesses.

III. RELATED STUDIES

Psychotherapy and Sexual Dysfunction

Sagira (2018) in a quest to understand the importance of psychotherapy in the treatment processes of sexual dysfunction among diabetic women, embarked on a study to examine the efficacy of cognitive behavioral therapy (CBT) in the treatment of arousal and orgasm inhibition among diabetic women. Using a sample size of 112 women, who were selected using a multistage sampling technique, data were collected and subjected to analysis. After data collection and analysis, findings showed that mindfulness training contributed to ease arousal and orgasm among research participants. In addition, it was also reported that after a month of treatment, research participants reported a better quality of sex with their partners.

Consequently to these observations, Sagira (2018) recommended for the improved inclusion of clinical psychologists in the treatment processes of sexual dysfunction among diabetics. In addition, it was recommended that further enquiries will be required on the efficacy of psychotherapy in the treatment of other sexual dysfunction for the purpose of improving the synergy of psychological intervention with medical intervention.

Simopoulos and Trindad (2013) embarked on a study to examine male erectile dysfunction: integrating psychopharmacology and psychotherapy. Using an integrative approach to the treatment of erectile dysfunction based on a review of the urologic and psychological literature, findings showed that apart medical factors,

numerous psychological contributes to the onset of erectile dysfunction in men, and these includes performance anxiety, diminished self-esteem, lack of confidence, perceived failure in the male role, and infidelity to one's partner. Thus, after the introduction of anxiety reduction programs and group therapy, it was reportedly observed that the psychological factors significantly diminished among research participants. Consequently to these observations, Simopoulos and Trindad (2013) suggested that an integration of both medical and psychotherapy in treatment of sexual dysfunction should be encouraged and strengthened. Furthermore it was also suggested that barriers to the inclusion of psychotherapy in the treatment process of sexual dysfunction should be enquired about.

Candy, Jones, Vickerstaff, Tookman, and King (2016) investigated the interventions for sexual dysfunction following treatments for cancer in women. Using an experimental design, data were collected from 1509 women who were randomized across 11 clinical trials.The outcome of these trials indicated that the introduction of psycho-education contributed significantly to reducing symptoms of sexual dysfunction among the research participants. In addition it was reportedly observed that treatment using medications alone was insufficient in alleviating the symptoms of sexual dysfunction. By the relevance of these findings, Candy, Jones, Vickerstaff, Tookman, and King (2016)suggested that the withdrawal of psychotherapy from the treatment process of sexual dysfunction may increase a further complication of sexual dysfunction in patients newly diagnosed with sexual dysfunction.

Takure, Adebayo, Okeke, Olapade-Olaopa and Shittu (2016) investigated erectile dysfunction among men attending surgical outpatients department in a tertiary hospital in Southwestern Nigeria. Data of men with erectile dysfunction were retrieved between July 2004 and June 2014. The findings showed that 55% of erectile dysfunction cases were psychogenic, 27% were organic, 17% were idiopathic and 1% was familial. The treatment sessions showed that the use of medications alone yielded poor prognosis, but the use of psychotherapy alone and the combination of psychotherapy and medications yielded positive prognosis. As a result of these findings, Takure, Adebayo, Okeke, Olapade-Olaopa and Shittu (2016) recommended that public enlightenment will be required on the importance of psychotherapy in the treatment of sexual dysfunction, thus urging vulnerable population to seek psychological help if symptoms are noticed.

Lastly, Likata, Kuria, Olando, and Owiti (2012) investigated sexual dysfunction among patients with diabetes mellitus in Kenya. Using a sample size of 350 research participants, data were collected using a descriptive cross-sectional research design. After data collection and analysis, findings showed that, research participants reported sexual dysfunctions such as erectile dysfunction, orgasmic dysfunction, desire and arousal disorder. In the treatment sessions, it was reportedly observed that sex counselling and coulpe therapy contributed positively to the diminishing of the symptoms of various sexual dysfunction among the diabetics.

In view of these aforementioned observations, Likata, Kuria, Olando, and Owiti (2012) concluded that diabetics have the highest prevalence of sexual dysfunction, with male diabetics reporting higher prevalence than their female counterparts. Very importantly, all diabetic patients should be required for periodic screening of sexual dysfunction, and management of sexual dysfunction should include psychotherapy, with emphasis on counselling, couple therapy, sex therapy and pharmacotherapy. The aforementioned review of related studies illustrates the empirical evidences on the association between psychotherapy and prognosis of sexual dysfunction, in this light, a discussion and implication of findings for the practice of clinical psychologists will be presented.

Discussion and Implications for Practicing Clinical Psychologists

From the review of related studies, it is evident that psychotherapy is highly efficacious in the treatment of sexual dysfunction, as many patients with sexual dysfunction reported less symptoms after they were introduced to certain psychotherapies. In addition, it is also evident that psychogenic variables accounts largely for the causes of sexual dysfunction. It was also evident that diabetics because of their chronic illness are the most prone to sexual dysfunction. Lastly, observations were that sexual dysfunction was a comorbidity of diabetes among diabetic patients, on the other hand, patients with sexual dysfunction alone had comorbidities affecting their mental health such as depression and anxiety. Similarly, diabetic patients with a comorbidity of sexual dysfunction also reported symptoms of mental illness such as anxiety, low self-worth, etc.

These findings thus have very critical implications for the practice of clinical psychology. Firstly, there is an implication for the active involvement of clinical psychologists in the management of diabetics, as well as non-diabetics diagnosed with sexual dysfunction. This is very imperative because empirical evidences are that psychotherapy is highly efficacious in the management of and modification of lifestyles among diabetics and non-diabetics. Secondly, there is an implication for clinical psychologists alongside other relevant healthcare professionals to carryout periodic screening of sexual dysfunction among diabetics, mental illness among diabetics and non-diabetics diagnosed with sexual dysfunction.This is because empirical findings demonstrated that diabetics are the most prone to sexual dysfunction, and that sexual dysfunction in most cases may be accompanied with symptoms of mental illnesses. Hence, in the administration of psychotherapy against sexual

dysfunction, clinical psychologists will also be required that they administer psychotherapy that will treat accompanied mental illness.

Thirdly, there is an implication that clinical psychologists will be required to develop and implement periodic preventive psycho-education programs that will enlighten the general public on health seeking behaviors that mitigate against the onset of sexual dysfunction. This implication is guided by the popular saying that says *"a stitch in time saves nine"*. Consequently, teaching the general on health behaviors that prevent the onset of sexual dysfunction may reduce the number of patients being treated for sexual dysfunction in clinics and hospitals at large.

Lastly, and very importantly these findings implies that the treatment of sexual dysfunction among diabetic patients and non-diabetic patients using medications alone should be discouraged. This is crucial because empirical findings mirrored that medications alone yielded poor prognosis in the treatment of sexual dysfunction, but the use of psychotherapy alone or the combination of both psychotherapy and medications yielded rich prognosis among diabetic patients with sexual dysfunction. The aforementioned implication of findings has great relevancies in clinical practice, academic leaning and for further research in this area.

IV. RECOMMENDATIONS AND CONCLUSION

On the bases of the aforementioned discussion, the following are the recommendations from this paper:

1. Firstly, it is recommended that clinical psychologists should be the most involved in the management of sexual dysfunction among diabetics and non-diabetics.
2. Secondly, it is recommended that the Governments formulate and implement health policies that encourage periodic screening for sexual dysfunctions and psycho-education among diabetics and non-diabetics.
3. Thirdly, because of the significant role of psychotherapy in the reduction of sexual dysfunction symptoms, it is recommended that clinical psychologists will be required to continuously improve their psychotherapy skills.
4. Fourthly, there is recommendation that in the treatment of sexual dysfunction, clinical psychologists will also be required to screen for and treat possible comorbidities among patients.
5. Lastly, it is recommended that further research in this area will be required to focus on identifying further psychogenic barriers of sexual health among diabetics and non-diabetics, and as well identify certain suitable psychotherapies for mitigating against these barriers.

In conclusion, sexual dysfunction as an illness of sexual health is of high prevalence in the general adult population. Psychotherapy has been empirically proven to be more valid than pharmacotherapy in the treatment of sexual dysfunction. In addition, diabetics and non-diabetics with sexual dysfunctions have often reported a comorbidity of mental illness. Consequently, the inclusion of clinical psychologists in the management of sexual dysfunction should be encouraged and strengthened.

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