
Dear Alice,

What's subjective arousal disorder? How can it be treated?

?Unaroused

Answer

Dear Unaroused,

Seemingly contradictory natural events happen around us all the time; for example, when the sky starts sprinkling rain while it's still sunny. A brief overview of the dual nature of arousal may help to understand Subjective Sexual Arousal Disorder and how to approach it.

Arousal may be both felt and observed, so you may think of it as existing on two levels:

**Objective arousal** is all the visible "evidence" of arousal, which includes increased production of vaginal secretions, increased blood flow to the clitoris and the penis, erection, increased heart rate, etc.

**Subjective arousal** is the internal feeling of being aroused, which may range from stimulating images in your mind to euphoria.

These two may seem one in the same as they are often related, but each may exist without the other. For example, a person may get an erection when experiencing intense fear that seems far from arousal. And a person may feel turned on without any physiological changes. Understanding these two levels helps illuminate Subjective Sexual Arousal Disorder.

In Subjective Sexual Arousal Disorder, the genitals lie. Well, not exactly, but sort of. Sexual stimuli, such as touching of the genitals by an intimate partner, produces expected physiological changes, but the person doesn't feel aroused or excited and may not be interested in sexual activity. This isn't necessarily a disorder, by the way. It isn't classifiable as a disorder unless it has persisted for at least six months and is causing impairment or distress for the person experiencing it. This is distinct from Genital Sexual Arousal Disorder in which there is minimal physical "evidence" of arousal and a general absence of sexual sensation, but the individual still feels aroused. A person may also have a combination of the two - minimal feelings of arousal combined with minimal visible arousal.

A variety of factors may contribute to an arousal disorder and such factors vary from person to
person. They include past experiences of abuse, sexual boredom (with partner or with sexual activities), lack of or lessening of attraction to a partner (sexual, emotional, or both), guilt, shame, or anxiety about sexual feelings or thoughts, and general life stress or distractions. Hormonal changes, certain medications, and aging may also be factors.

For the person experiencing this decrease in arousal, it may be very frustrating, not only because one has fewer opportunities to enjoy sex, but also because it may decrease feelings of intimacy for a couple. So what to do about it?

- For couples, treatment may involve both partners. Addressing psychosocial and interpersonal issues within the relationship is crucial to successful treatment. Is there a need for introducing new sexual routines in the relationship? Is there a new and recent relationship stressor that is creating anxiety for one of the pair? As a person ages, arousal often requires more time with stimulation. All of these issues require communication about sex between a couple, which may be very difficult. Couples therapy may be one way to facilitate such communication.
- Individual therapy may be another good option, whether you are single or in a relationship and struggling with an arousal disorder. If an arousal issue has come about as the result of shame, anxiety, or past experiences of abuse, for example, therapy may be a good way to work through such barriers to arousal.
- A little lubricant goes a long way. Sometimes, sexual lubricant may grease the wheels in more ways than one. If the physical sexual stimulation is not doing anything for you (regardless of your physiological response), sometimes applying a little lube may provide enough change in sensation to coax arousal.
- Visiting a health care provider. The provider may be able to pinpoint a medical option, such as hormone therapy (decreases in both estrogen and testosterone levels may decrease arousal) or sildenafil, more commonly known as Viagra, which may be helpful for men with arousal disorders, though for women results are inconsistent as far as subjective arousal is concerned.
- Sex toys, such as vibrators, dildos, masturbation sleeves, and many, many others, may help overcome arousal barriers, too.

You may find it helpful to talk to a mental health professional. Your primary health care provider can offer you a referral, if necessary. Patience is one of the most important elements of treatment. Pressuring yourself (and feeling pressure from others) may make arousal that much more illusive.

Here’s to making it less hard to become hard,

Alice!

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Published date:
Aug 06, 2010

Last reviewed on:
Mar 31, 2015

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