
SEXUAL DESIRE DISORDER IN MEN

CRISTIAN DELCEA

Iuliu Hațieganu University of Medicine and Pharmacy, Cluj-Napoca, Romania
Sexology Institute of Romania, Cluj-Napoca, Romania

Abstract

Hypoactive sexual desire disorder in men may occur in the context of poor sexual functioning, secondary to sexual dysfunction or a state of sexual dissatisfaction, or may correspond to poor functioning of the couple. Thus, these multiple factors can generate a hypoactive sexual desire issue. The disorder of desire may also mean cognitions and / or persistently or recurrently reduced(absent) sexual/ erotic fantasies. Worldwide prevalence of sexual desire disorder in men is occasionally 6% for those 8-24 years old; significantly 41% for those 66-74 years old, and persistently 1,8% for those 16-44 years old. The disorder may emerge from the beginning of the sexual life or begin after a period of relatively normal sexual function.

Keywords: hypoactive sexual desire disorder, s-on, therapy, testing, evaluation, sexual disorders.

INTRODUCTION

One can book an appointment online, by phone, sms. You will receive confirmation of the appointment date and you will be asked to pay for the first intervention, after which you will take the necessary steps for the chosen activity. After payment and proof of payment you will go through each step below.

There will be a complex evaluation and testing with the **S-ON Test** © Clinical Sexual Assessment System.

After testing, you will complete the 7 standardized **S-ON Sextherapy**© protocols to address sexual and / or couple issues.

The next step is using **S-ON Monitoring**© for monitoring and feedback throughout the entire period of interventions to improve sexual desire disorder in men as well as S-ON Optimization© to optimize sexual performance and couple's relationship.

You will receive more details during our interventions.

How do I pay for the service and how much does it cost?

The payment is made online into the account of Institute of Sexology: bank account: RO45BTRL06701205M34615XX opened at Banca Transilvania. And the cost for each intervention (evaluation, testing, intervention protocol) is 100 euro at the NBR (National Bank of Romania) exchange rate.

Let's start!

Testing, **S-ON Test**©.

Protocols, **S-ON Sextherapy**©

Monitoring, **S-ON Monitoring**©

Optimizing, **S-ON Optimization**©

■ **Testing, S-ON Test**© MEN **Screening-DSM/Do (S-DSM/Do)**

INSTRUCTIONS. You will find below a checklist of 8 questions that describe the actions that men take in various sexual

*Corresponding author: 160 Plevnei Street, Cluj-Napoca, 400000, Romania, Phone/Fax: 0264 550247, email cristian.delcea.cj@gmail.com

intercourses. For each question, check the option that best suits you.

1/8 You have a reduced or absent sexual desire

Not at all
A little
A lot
Very much
Extremely

2/8 6 or 7 out of 10 sexual intercourses happened without sexual fantasies or wish for having sex

Not at all
A little
A lot
Very much
Extremely

3/8 You had pleasant thoughts/cognitions to have sex during sexual intercourse

Not at all
A little
A lot
Very much
Extremely

4/8 It appeared after a long time, reported to the beginning of your sexual life

Not at all
A little
A lot
Very much
Extremely

5/8 Sexual desire disorder occur with your stable long-term partner

Not at all
A little
A lot
Very much
Extremely

6/8 Sexual desire is diminished/absent irrespective of the partener

Not at all
A little
A lot
Very much
Extremely

7/8 There an anticipatory fear of a new sexual failure

Not at all
A little
A lot
Very much
Extremely

8/8 You have couple issues regarding sexual intercourses

Not at all
A little
A lot
Very much
Extremely

Answers

- Not at all, 0 percentages.
- A little, 10 percentages, MILD sexual desire disorder is confirmed. This means that you have signs and symptoms regarding the reduction of interest in sexual activity, erotic thoughts and fantasies as well as the initiative to have sex.
- A lot, 20 percentages, MODERATE sexual desire disorder is confirmed. This means that you have signs and symptoms regarding the reduction or absence of interest in sexual activity, erotic thoughts and fantasies as well as the initiative to have sex.
- Very much, 30 percentages, SEVERE sexual desire disorder is confirmed. This means that you have signs and symptoms regarding the total absence of interest in sexual activity, erotic thoughts and fantasies as well as the initiative to have sex.
- Extremely, 40 percentages, EXTREMELY SEVERE sexual desire disorder is confirmed. This means that you have signs and symptoms regarding the total absence of interest in sexual activity, erotic thoughts and fantasies as well as the initiative to have sex.

Funding Sources: This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

REFERENCES

1. Abel, G. G., Becker, J. B., Cunningham-Rathner, J., Mittelman, M., & Rouleau, J. L., 1988. Multiple paraphilic diagnoses among sex offenders. *Bulletin of the American Academy of Psychiatry and the Law*, 16, 153–168.
2. Abel, G. G., Becker, J. B., Mittelman, M., Cunningham-Rathner, J., Rouleau, J. L., & Murphy, W. D., 1987. Self-reported sex crimes of nonincarcerated paraphiliacs. *Journal of Interpersonal Violence*, 2, 3–25.
3. Bain, J., Langevin, R., Dickey, R., & Ben-Aron, M., 1987. Sex hormones in murderers and assaulters. *Behavioral Sciences and the Law*, 5, 95–101.
4. Breslow, N., Evans, N., & Langley, J., 1985. On the prevalence and roles of females in sadomasochistic sub-culture: Report of an empirical study. *Archives of Sexual Medicine*, 14, 303–317.
5. Dietz, P., Hazelwood, R. R., & Warren, J., 1990. The sexually sadistic criminal and his offenses. *Bulletin of the American Academy of Psychiatry and the Law*, 18, 163–178.
6. Fedora, O., Reddon, J. R., Morrison, J. W., Fedora, S. K., Pascoe, H., & Yeudall, C. T., 1992. Sadism and other paraphilias in normal controls and aggressive and nonaggressive sex offenders. *Archives of Sexual Behavior*, 21, 1–15.
7. Freud, S., 1961. *On sexuality*. Markham, ON: Penguin.
8. Fromm, E., 1977. *The anatomy of human destructiveness*. Markham, ON: Penguin.
9. Graber, B., Hartmann, K., Coffman, J., Huey, C., & Golden, C., 1982. Brain damage among mentally disordered sex offenders. *Journal of Forensic Sciences*, 27, 127–134.
10. Gratzner, T., & Bradford, J., 1995. Offender and offense characteristics of sexual sadists: A comparative study. *Journal of Forensic Sciences*, 40, 450–455.
11. Holmes, R. M., & Holmes, S. T., 1994. *Murder in America*. Thousand Oaks, CA: Sage.
12. Hucker, S. J., 1990. Necrophilia and other unusual paraphilias. In R. Bluglass & P. Bowden (Eds.), *Principles and practice of forensic psychiatry* (pp. 723–728). London: Churchill Livingstone.
13. Hucker, S. J., Langevin, R., Wortzman, G., Dickey, R., Bain, J., Jandy, L., et al., 1988. Cerebral damage and dysfunction in sexually aggressive men. *Annals of Sex Research*, 1, 33–47.
14. Knight, R., Prentky, R. A., & Cerce, D. D., 1994. The development, reliability, and validity of an inventory for the multidimensional assessment of sex and aggression. *Criminal Justice and Behavior*, 21, 72–94.
15. Laws, D. R., & O'Donohue, W., 1997. Fundamental issues in sexual deviance. In D. R. Laws & W. O'Donohue (Eds.), *Sexual deviance: Theory, assessment, and treatment* (pp. 1–21). New York: Guilford Press.
16. Malamuth, N. M., 1989. The attraction to sexual aggression: Part One. *Journal of Sex Research*, 26, 26–49.
17. McGuire, R. J., Carlisle, J. M., & Young, B. G., 1965. Sexual deviation as a conditioned behavior: A hypothesis. *Behavior Research and Therapy*, 2, 185–190.
18. Money, J., 1984. Paraphilias: Phenomenology and classification. *American Journal of Psychotherapy*, 38(2), 164–179.
19. Paulauskas, R., 2013. Is causal attribution of sexual deviance the source of thinking errors?. *International Education Studies*, Vol. 6(4).
20. Saleh, F.M. & Berlin, F.S., 2008. Sexual deviancy: diagnostic and neurobiological considerations. *Journal of Child Sexual Abuse*, 12:3-4, 53-76.
21. Sbraga, T. P., 2003. Sexual deviance and forensic psychology: a primer. *Handbook of Forensic Psychology*, 429-470.
22. Scott, G. G., 1983. *Dominant women, submissive men*. New York: Praeger.
23. Simon, W. and J. Gagnon, 1967. 'Homosexuality: The Formulation of a Sociological Perspective', *Journal of Health and Social Behavior* 8(3): 177-85.
24. Spengler, A., 1977. Manifest sadomasochism of males: Results of an empirical study. *Archives of Sexual Behavior*, 6, 441–456.
25. Thornton, D., 1993. Sexual deviancy. *Current Opinion in Psychiatry*, 6, 786–789.