

## Commentary

# Disgust and Sexual Dysfunctions: Treatment Implications

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Received: February 04, 2019; Accepted: February 12, 2019; Published: February 13, 2019;

Despite generally high prevalence of problems in sexual functioning in both men and women, the topic of sexual dysfunctioning remains an understudied phenomenon [1]. While traditionally, research focused on finding medicinal approaches to solve sexual dysfunctions (e.g. Viagra pills in erectile disorders), research increasingly started exploring psychological factors as well (e.g. sexual arousal [2]). To further attest to the relevance of psychological factors in etiological processes in sexual dysfunctions, most current psychological views consider sexual dysfunctions as the result of negative emotional responses following erotic stimulation. According to the Dual Control model [2], sexual dysfunctions may best be understood as a disturbance in the interaction between sexual excitatory and inhibitory processes. Negative emotional experiences could interfere with sexual excitatory processes and the generation of sufficient levels of sexual arousal, and render healthy sexual functioning problematic.

One negative emotion is disgust. Disgust is one of the basic human emotions and generally defined as: “revulsion at the prospect of (oral) incorporation of an offensive object.” [3]. Interestingly, disgust has a clear association with the sexual domain [4, 5]. Firstly, the function of disgust is to shield the individual from contamination with hazardous pathogens [6], so from an evolutionary perspective, disgust may also function to protect the individual against sexually transmitted diseases or to avoid sexual intercourse with partners with a strong genetic similarities (e.g., distant family) which could endanger the health of potential offspring. Secondly, sexual stimuli such as bodily fluids or contact with genitalia qualify as universally accepted disgust stimuli [3]. Further, research shows that sexual stimuli (such as pornographic imagery) can elicit disgust in healthy individuals [7, 8]. Indeed, recent research showed that disgust appraisals are significantly increased in some patients with sexual dysfunctions [9]. In sum, these findings suggest that there is a clear association between disgust and sexual (dys)functioning.

Recently, de Jong et al. [4] postulated the Give in or Get stuck Model on the interrelationship between disgust and arousal. The model suggests that experiences of disgust interfere with the generation of sexual excitatory processes, in particular, the generation of sexual arousal. While the generation of sexual arousal promotes approach behavior to a sex-relevant stimulus, disgust is to promote avoidance behavior towards the sex-relevant stimulus.

This likely disturbs the delicate balance between sexual excitatory and inhibitory processes. As disgust is a highly negative, aversive

emotions, the sex-relevant stimulus could become associated with negative associations. This could create a dysfunctional feedback loop where (even the mere prospect of) future confrontations with that stimulus could already evoke negative emotions (e.g., disgust) and hinder effective sexual functioning.

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Given that disgust and arousal seem important parts of healthy sexual functioning, treatment methods which focus on enhancing emotion regulation and/or arousal management, could be valuable in helping to restore the disturbed balance between excitatory and inhibitory processes. First, emotion regulation training could be a valuable treatment method. According to James Gross [10], emotion regulation entails “the processes by which we influence which *emotions* we have, when we have them, and how we experience and express them”. By using cognitive strategies (e.g., cognitive re-appraisal), participants could be trained to view their emotional experience from a different perspective. This could help them assign a different meaning to the negative emotional experiences which sex-relevant stimuli may hold for them, and help re-interpret negative disgust experiences into positive experiences. For example, a patient who learns to re-interpret a mild level of disgust as something normal to experience during the confrontation with sexual stimuli, is likely to avoid that disgust (inhibitory process) will become the predominant focus of attention during the sexual process.

A second method could be the use of biofeedback approaches. Disgust is associated with a strong reflective tendency [9]. This defensive reflex involves the contraction of pelvic musculature, which could consequently hamper sexual functioning and be responsible for creating various discomforts and negative experiences around sexual functioning (e.g., pain, stress, disgust). Biofeedback could help train patients in monitoring when pelvic floor muscles become tense or relaxed. Consequently, in some patient groups where the psychological factors could prove relatively important in the etiological processes of sexual dysfunctions [4, 9], biofeedback may even function as a tool which resembles exposure in vivo in this respect, whereby gradual exposure to the phobic stimuli and the emotions which are associated

with them, allow the emotional response to be significantly reduced over time with repeated training.

A third method involves mindfulness. Mindfulness is derived from ancient Eastern traditions. However, when stripped from its philosophical and religious elements, mindfulness has established itself as a valid tool to help people manage psychological stress and improve their wellbeing [11]. Mindfulness involves teaching a series of emotion regulation and attention training techniques, which serve to help the individual to become more aware of their current state of emotions and cognitions. Such heightened awareness of emotional states could help prevent that these emotions unconsciously impact our behavior. In the context of sex-relevant stimuli, mindfulness could help train the patient to become aware of their attention towards negative emotions and thoughts surrounding the sex stimulus (inhibitory processes). Attention training could help people to shift away from these negative associations to the positive aspects of the sexual process (e.g. excitatory processes). Indeed, meta-analyses already revealed that mindfulness could be an efficacious treatment for female sexual dysfunctions [12].

In conclusion, disgust seems a highly interesting candidate to involve in the treatment of sexual dysfunctions. Based on the field of emotion research, several clinical tools can already be identified to explore and alleviate emotional disturbances in the process of sexual dysfunctioning, such as emotion regulation training, biofeedback or mindfulness. Future research should focus on the effectiveness of these interventions to examine whether they can be valuable additions to existing treatment programs.

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## Citation:

Mark van Overveld PhD (2019) Disgust and Sexual Dysfunctions: Treatment Implications. *ARCH Women Health Care* Volume 2(1): 1–2.