“It’s not just numb genitals,” Dr. Bahrick said. “It’s a reorientation experience of being human. His current doctor does believe him, he said, partly because of the medical records reviewed by The New York Times. One record from 2009 noted that the Citalopram was “exceptionally unlikely” to produce genital numbness, but in February 2015 the American Psychiatric Association’s research council decided that the link between antidepressants and genital numbness was “probably.”

Whaley’s sexual problems were psychological, according to doctors and patients alike. That may point to a common biological mechanism, said Dr. Robert Alpert, a California psychiatrist who has studied the connection between the brain and the body. “There’s no question that it’s linked,” he said, “but the cause is still unknown.”

But researchers are only just beginning to quantify how many people are affected. By the mid-2000s, the sexual effects of S.S.R.I.s were well recognized. In 2006, Dr. Clayton published some of the emerging data on the lasting sexual effects of the drugs. “It was a pivotal moment,” she said. “It never occurred to me that this would be something that would be so common.”

Now, a small but vocal group of patients is speaking out about the sexual symptoms they experienced while taking antidepressants. They are a diverse group, but one thing they have in common is that while their sexual problems improved or disappeared after stopping the drugs, they still had lingering sexual symptoms that made it difficult to have a normal sex life. They are a group that has been largely ignored by researchers and drug companies, and they are calling for more attention to be paid to the sexual side effects of antidepressants.

Doctors and patients have long known that antidepressants can affect sexual function. In the 1980s, the use of S.S.R.I.s was limited to depression and anxiety disorders, but as the use of the drugs soared in the 1990s and 2000s, they were prescribed for a wider range of conditions, including bipolar disorder, ADHD, and even social anxiety. This increased use has led to more reports of sexual side effects, but the science has been slow to catch up.

The sexual effects of S.S.R.I.s are complex and multifaceted. They can affect a variety of hormones, including estrogen and testosterone, which are important for sexual function. Serotonin, the main mood-lifting neurotransmitter, also plays a role in sexual function, but it is not clear how it specifically affects sexual function.

The sexual symptoms of S.S.R.I.s are also difficult to diagnose. They can be subtle and may not be noticed by patients or healthcare providers. In addition, the sexual symptoms may improve or disappear after stopping the drugs, but they may still be present for months or even years after stopping.

Some people have found relief by switching to a different antidepressant, but others have not. A recent study found that switching to a different antidepressant did not improve sexual function in 50% of patients.

The lack of data on sexual side effects of antidepressants has led to a lack of guidance for patients and healthcare providers. There are no clear guidelines on how to manage sexual symptoms while taking antidepressants, and patients are often left to make decisions on their own.

As the use of S.S.R.I.s continues to increase, it is important to continue to research the sexual effects of these drugs. More research is needed to understand the mechanisms behind the sexual symptoms and to develop effective treatments for these symptoms. In the meantime, patients and healthcare providers should be aware of the potential sexual side effects of antidepressants and talk about them with healthcare providers.