In Between the Sheets: considering Psychosexual issues

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Introduction

- Sexual problems are common and important.
- Society's relentless emphasis on sex is raising expectations among people who may once have put up with less than satisfactory sex lives.
- Sexual problems however carry with them a certain stigma. As a result of this they are not easy to talk about, for either patients or professionals.

Quick Quiz

- Q What does it mean if a woman has a firm pelvic floor?
- A) She can have sex with her legs behind her ears
- B) She knows how to exercise an all important muscle in the body
- C) Her house has been underpinned to protect against subsidence
- D) The front wall of her vagina becomes hard when aroused

- Q The Frenulum might sound familiar but what exactly is it?
- A) A think plastic plectrum used to play the Ukulele
- B) A surgical instrument used to remove foreign bodies from the rectum
- C) The band of tissue that runs from the tip of the penis to the ridge around the head
- D) The area between the clitoris and vagina

- Q Where is the Clitoris located?
- A) Between the pubic mound and the urethral opening
- B) Between the urethral opening and the vagina
- C) Between the labia majora and the labia minora
- D) Between the the M40 and the M25

- Q If a man is on his refractory period, what does this mean?
- A) He can probably be found in the canteen
- B) He can probably be found resting up, having just had sexual intercourse
- C) He can probably be found in deep thought with an unwanted erection
- D) He can probably be found masturbating in a bed-sit

- Q The Grafenburg Spot was ‘discovered’ in 1950. What is it?
- A) A dogging location outside Bolton
- B) A highly sensitive erogenous zone located just behind the armpit
- C) A location inside the vagina, often called the G spot, which is believed to trigger orgasm when manipulated
- D) A highly sensitive part of the anus, named after a celebrated Swedish Sexologist

- Q “I touched his prostate and he came like a steam train”, claimed Julia. How could she have done this?
- A) By squeezing his scrotum
- B) By inserting her finger into his anus
- C) By tickling his testes
- D) By rubbing the base of the penis

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"I HAD MY HUSBAND LAMINATED. I THOUGHT IT MIGHT MAKE HIM LAST LONGER."

Understanding normal sexual functioning

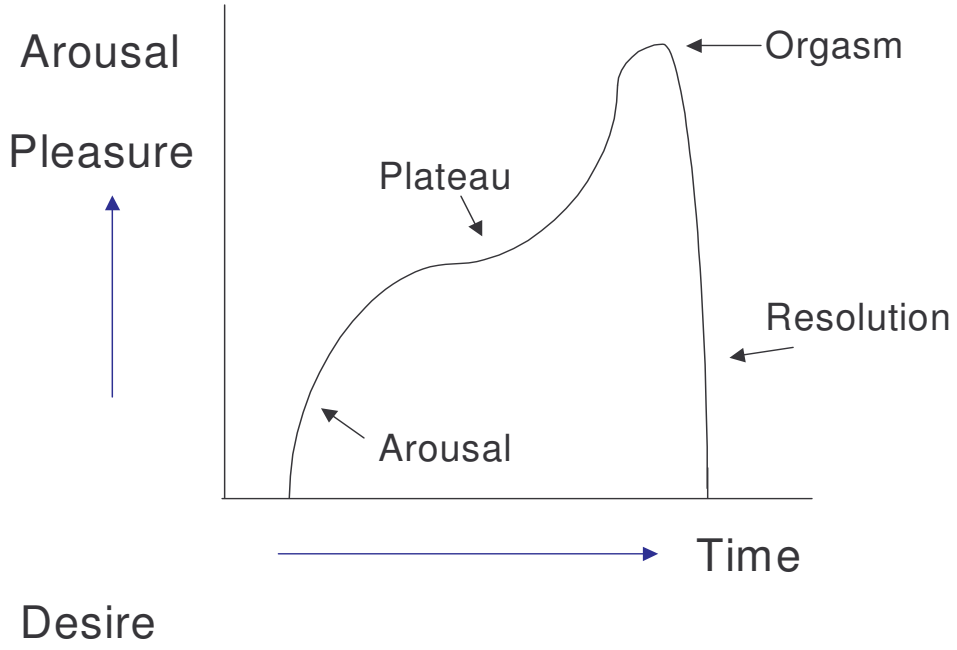
For sex to work well, at least from a physiological perspective, four basic elements are necessary:

- Intact **endocrine functioning** (normal levels of sex hormones)
- Intact **vascular supply** to the genital areas
- Intact **neural supply** to the genital areas
- Appropriate **cognitions** (sexually- stimulating thoughts/images)

Sexual response stages

- In normal sexual functioning, the sexual response is generally considered to compromise the following five stages
- **Drive and desire**
- **Arousal**
- **Plateau**
- **Orgasm**
- **Resolution**
- In addition the Refractory period in men

The Normal Sexual Response



Classifying sexual problems

Sexual and gender identity disorders are classified in the Diagnostic and Statistical Manual of Mental Disorders (APA, 2000) under three main headings

Sexual Dysfunctions

Sexual desire disorders

- Hypoactive sexual desire disorder
- Sexual aversion disorder

Sexual arousal disorders

- Female sexual arousal disorder
- Male erectile disorder

Orgasmic disorder

- Female orgasmic disorder
- Male orgasmic disorder (delayed ejaculation)
- Premature ejaculation

Sexual pain disorder

- Dyspareunia
- Vaginismus

Paraphilias

- Fetishism
- Exhibitionsim
- Paedophilia
- Sexual masochism / sadism
- Transvestic fetishism
- Frotteurism

Gender Identity Disorders

- Problems of gender identity are largely subsumed within the concept of ‘transsexualism’.
- These individuals feel incongruity between their anatomical sex and gender identity, expressed as ‘trapped inside the wrong body’.

Psychosexual dysfunction – a case study

- Bev (53), married to Kev (49), for 30 years, was referred by the Gynaecologist for Psychosexual Therapy. She found that sex had become extremely uncomfortable.
- Bev presented with a history of hysterectomy for endometriosis complicated by subsequent diagnosis of ovarian cancer treated with chemotherapy.
- Bev reported Kev had been keen to resume their sexual relationship but she had found penetration painful, had felt conscious of her scarring and reported a loss of sexual desire.
- Bev and Kev both acknowledged they had been avoiding sexual intimacy for different reasons.

Psychosexual assessment

The essential first stage in dealing with sexual dysfunction is a thorough assessment, taken in a chronological fashion.

- Personal history (development, childhood, schooling, work, finances)
- Family history (members, relationships, familial conditions)
- Personality (relevant traits, ways of coping with problems, pastimes)
- Medical and psychiatric history (past and current)
- Current medication
- ***Sexual history and functioning……***

Determining the sources that have contributed to the individuals attitudes towards sex and sexuality

- Religious beliefs
- Attitudes towards sex within the family
- Sex education
- Discussions with others about sex when growing up
- Masturbatory behaviour
- First experience of sexual activity
- Details about sexual interest and functioning in the areas of arousal,plateau and orgasm
- The aim of assessment is to generate a formulation of the patients problem, this includes consideration of physical and psychological factors and whether the dysfunction is ***primary*** or ***secondary.***

General approach to psychosexual therapy

Broadly speaking psychosexual therapy has three main components:

- Education – an important element, to a variable extent, in every case
- Homework assignments – e.g. sexual growth programme, systematic desensitisation, sensate focus approach
- Dealing with blocks – cognitive troubleshooting

Education

Education occurring throughout sessions is always tailored to the patients educational level, age and cultural background.

- Sexual anatomy, physiology and response
- Diagrams, photographs and videos
- Suggested reading, general (The Magic of Sex by Stoppard, 1991 Overcoming Sexual Problems by Ford, 2005) or specific texts (Coping with premature ejaculation by Metz, 2004 - Becoming Orgasmic by Heiman & LoPiccolo, 1999)
- Information to alleviate anxiety, enhance understanding

Homework Assignments

- Sexual growth programme
- Systematic desensitisation – using vaginal trainers
- Sensate focus exercises

Pre planned stages during which the couple are asked to agree to abstain from penetrative sexual intercourse and not to touch breast or genital areas

Stage 1 - Non-genital sensate focus

Stage 2 - Genital sensate focus

Stage 3 - Vaginal containment

Stage 4 - Vaginal containment with movement

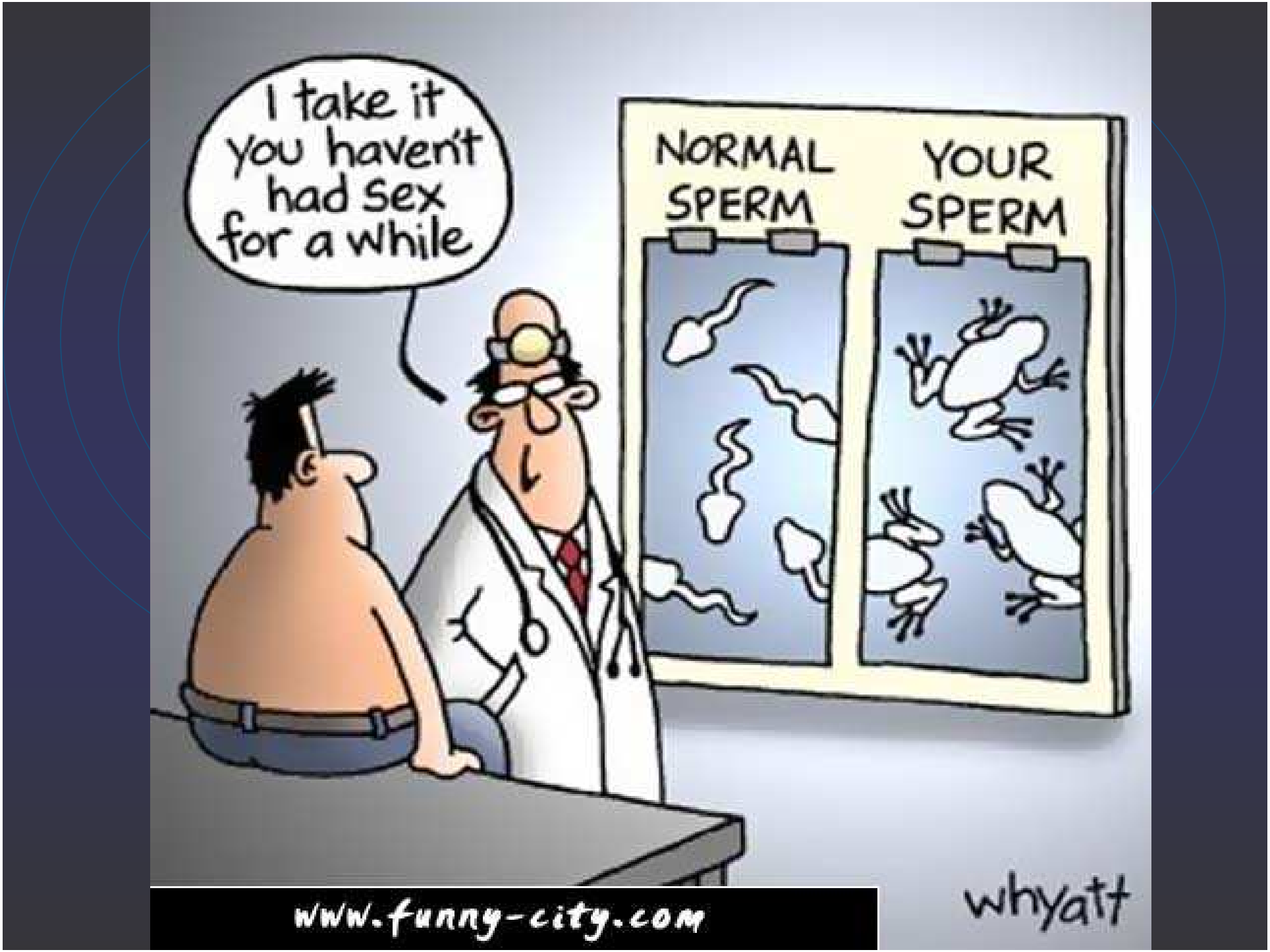
Dealing with blocks
cognitive troubleshooting

Most couples encounter difficulties at some stage

- **Minor blocks**
  - not initiating homework
- **Strategies**
  - acknowledge difficulty, encourage, suggests easier or alternative homework assignments
- **Major blocks**
  - identify automatic negative thoughts or images and underlying attitudes, beliefs, myths or misunderstandings
- **Strategies**
  - encourage partners to review evidence for them whilst considering alternative and more helpful interpretations of the situation.

- Some common sexual myths (Zilbergeld 1978)

1) A man always wants and is ready for sex
2) Any woman who instigates sex is immoral
3) Sex equals intercourse; anything else doesn't really count
4) When a man gets an erection it is bad for him not to use it to get an orgasm
5) All physical contact must lead to sex
6) Sex should always be natural and spontaneous: thinking or talking about it spoils
7) Any man ought to know how to give pleasure to any woman
8) If a man loses his erection it means he doesn't find his partner attractive


I take it you haven't had sex for a while
NORMAL SPERM
YOUR SPERM
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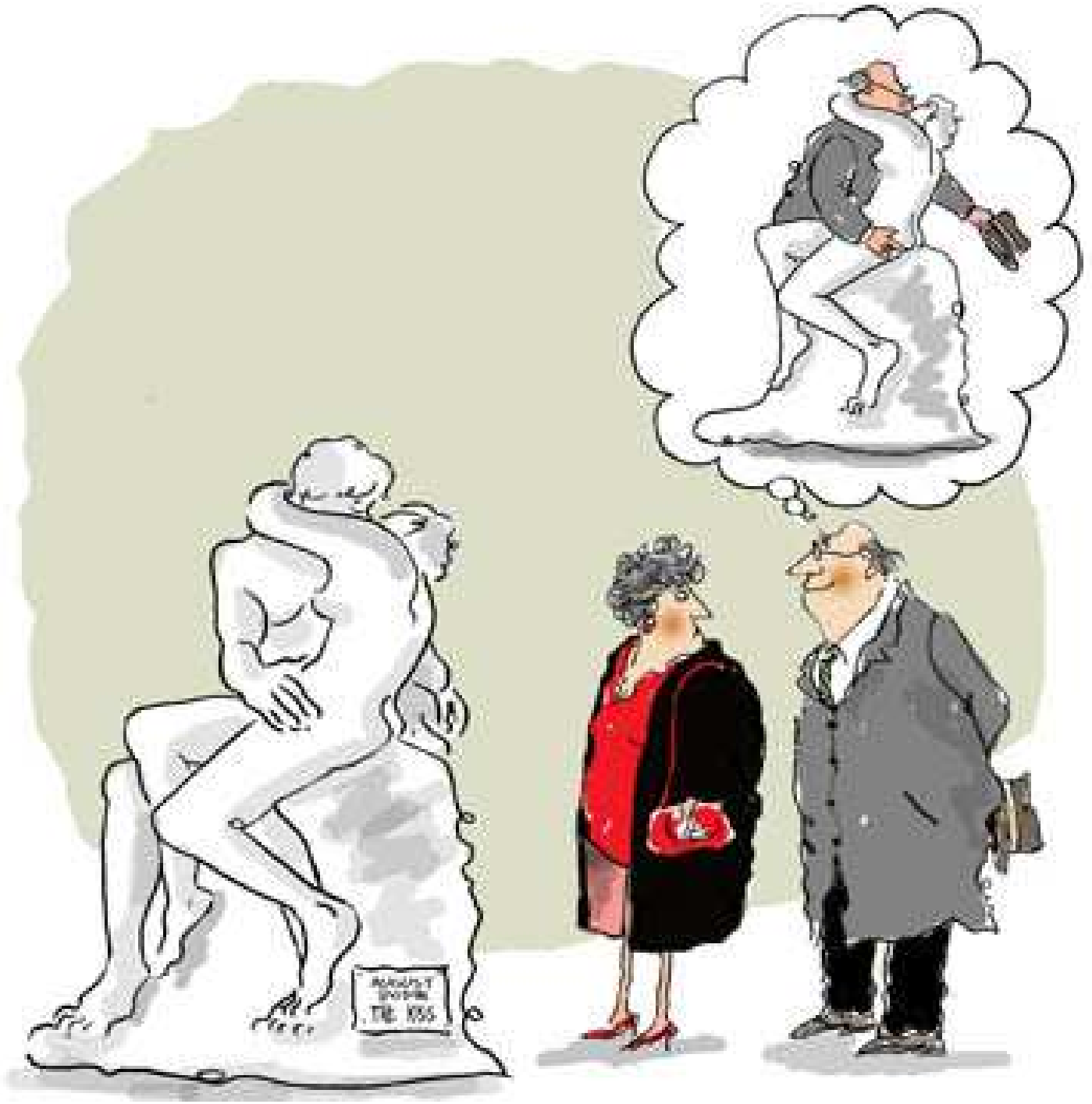
whyatt

PLISSIT Model

(Annon, 1976)

- **P**ermission – engagement, openness, reflection, cue questions
- **L**imited
- **I**nformation – providing non-expert, patient friendly information
- **S**pecific
- **S**uggestions – specialist practitioner involvement
- **I**ntensive
- **T**herapy – referral to Psychosexual Therapy



Suggested Reading & Contacts

- Sex Therapy: a practical guide by Hawton (1985)
- Human sexuality and it's problems by Bancroft (1989)
- Therapy with Couples by Crowe & Ridley (2000)
- Overcoming Sexual Problems by Ford (2005)

- British Association for Sexual and Relationship Therapy www.basrt.org.uk
- Relate www.relate.org.uk
- Sexual Dysfunctions Association www.sda.uk.net