

Chapter 13: Sexual Problems and therapy

Individual Differences and Relationship Conflicts

- Different Expectations
 - Men and women have different ideas about sex and love so they often differ on why they have sex
 - Women want affection and the emotional attachment
 - Women are partner-directed
 - Men want the physical experience that goes along with sex
 - Men are goal- (orgasm) directed
 - Men are looking at physical characteristics and behaviors of women (big boobs, good ass, and sexual behaviors such as oral sex and different positions)
 - Women are looking at the emotional support and behaviors they desire (hugging, caressing, affectionate in nature)
 - On average both men and women want 18 mins. Of foreplay (average number is 11-13) and sex usually lasts 7-8 minutes but both men and women want it to last longer
- Different Assumptions
 - Men and women tend to have different initial sexual experiences which leads to different assumptions about sex
 - Men tend to have their first orgasm through masturbation
 - Women tend an indirect stimulation of the clitoris during masturbation where as men's masturbation is more direct
 - It takes women longer to masturbate to orgasm than it does for men
 - Men often assume that women enjoy being fingered vigorously during foreplay because that is what they enjoy when they masturbate
- Differences in Desire
 - Most common problem is a difference in the frequency with which sex is desired
 - If the difference between the couple is large enough it can cause problems to sexual and relationship dissatisfaction.
 - It is the couple that has the problem not the individual
 - An individual's desire for sex often varies depending on circumstances
 - Stress and fatigue can greatly affect interest in sex
- Differences in Preferred Behaviors
 - The type of sexual activities each person wants to engage in can also lead to problems.
 - There are many differences two people can have that can cause sexual problems
 - The problem should be viewed as THEIR problem and not a single person's problem
- Relationship Conflict
 - Most people do not know how to talk about sex comfortably

- o When the relationship is good sex is good. When the relationship is bad sex is bad
- o When individuals can't work the problems out on their own they may need the help of a counselor
- o Not all sexual problems are the result of individual differences within a relationship

Sexual Therapy

- Sexual Therapy
 - o Sexual therapy is a new and evolving field
 - o Most people went to their family doctor, urologist, or psychoanalyst
 - o Masters and Johnson published *Human Sexual Inadequacy* in 1970
 - They believed that most sexual problems were the result of faulty learning and could be undone by using cognitive-behavioral therapy
 - Cognitive-behavioral therapy- uses behavior modification techniques and focuses on sexual behaviors and how we feel about them.
 - It does not focus on past events
 - If the behavior can be changed the client is "cured"
 - o Medical Model- physicians treat sexual problems with medical techniques (surgery, medicine)
 - Viagra allowed men with erectile problems to view themselves as having a medical problem rather than accepting that they might have a psychological problem

Sexual Therapy Techniques

- Medical History
 - o Circulatory problems, hormone abnormalities, anything that can damage the central nervous system (diabetes, spinal cord injury) can lead to a sexual problem
 - o Alcohol and drugs often cause sexual impairment
 - o Before beginning therapy need a complete medical history
- Sexual History
 - o Most therapists will take a complete sexual history of the client before therapy begins
 - o The histories are very thorough
 - o The partner is involved in the problem in some manner even if they are not the initial cause
- Sensate Focus
 - o Most people are goal or performance orientated during sexual relations
 - The result is they never learn how to give or receive physical pleasure
 - o Non-demand mutual pleasuring techniques

- Couples take turns touching each other without thinking about the goal of having sex or orgasm. Genitals and breasts are not to be touched at first.
- Couple learns to be sensual in a non-demanding situation
- Sensate focus
 - Masters and Johnson created
 - Exercises designed to reduce anxiety and teach mutual pleasuring through non-genital touching in non-demanding situations
- Specific Exercises
 - After sensate focus is completed therapists tend to assign specific exercises to help with the problem
 - When the therapist allows sex it will usually be the woman on top position or the side by side position so that neither partner is in full control.

Classification of Sexual Disorders

- Classification of Sexual Disorders
 - Sexual problems- the various ways in which an individual is unable to participate in a sexual relationship as her or she would wish
 - Main issue is subjective distress- it is only a problem if the individual considers it to be a problem
 - 4 major categories
 - Desire disorders
 - Orgasmic disorders
 - Arousal (excitement) disorders
 - Sexual pain disorders

Male Sexual Problems

- Low and Hypoactive Sexual Desire
 - Low sexual desire- diminished or absent feelings of sexual interest or desire, absent sexual thoughts or fantasies and lack of a responsive desire.
 - Hypoactive sexual desire- low sexual desire must have existed for at least 6 months.
 - Primary Hypoactive sexual desire- people who have never had sexual feelings. Much more common in women than men
 - Secondary (acquired) hypoactive sexual desire- can be due to organic factors as low testosterone levels or antidepressants. This is less common
 - Often associated with depression, conflict, severe stress, or sexually repressed upbringing
 - Common in men with erectile problems
 - Sexual aversion- avoidance of sex becomes phobic in nature
 - Causes great anxiety