

Sexual Problems

| What leads to sexual problems? | Results of sexual problems | What reduces sexual problems |
|---|---|--|
| <ul style="list-style-type: none"> Side effects from certain medications | <ul style="list-style-type: none"> Relationship difficulties | <ul style="list-style-type: none"> Medical treatment (if problem is biological) |
| <ul style="list-style-type: none"> Medical problems | <ul style="list-style-type: none"> Feeling distant | <ul style="list-style-type: none"> Reduced performance demands |
| <ul style="list-style-type: none"> Relationship difficulties | <ul style="list-style-type: none"> Anxiety | <ul style="list-style-type: none"> Sexual exercises |
| <ul style="list-style-type: none"> Psychological factors | <ul style="list-style-type: none"> Guilt | <ul style="list-style-type: none"> Realistic expectations |
| <ul style="list-style-type: none"> Physical environment | <ul style="list-style-type: none"> Low self-esteem | <ul style="list-style-type: none"> Individual/Couple therapy |

What Are Sexual Problems?

Sexual problems are problems related to the sexual interactions between couples. Problems can occur during desire, arousal, or orgasm stages. Sexual problems are not rare.

- Approximately 20% of married couple and 30% of non-married couples have sexual contact than 10 times per year
- Approximately 43% of women and 31% of men of all ages report having sexual problems
- 1 in 3 women complain of a lack of sexual desire
- Inhibited sexual desire affects 15% of men and increases with age

Sexual problems can have a powerful impact on relationships. Clinicians suggests that sexuality contributes to about 15-20% of a marital relationship. When sexual problems occur, they contribute up to 50-75%, which can be very draining to the marriage.

What Leads to Sexual Problems?

Many medications can affect your sexual desire, arousal, and orgasm:

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| <ul style="list-style-type: none"> Antidepressants mood stabilizers anxiolytics chemotherapy drugs | <ul style="list-style-type: none"> alcohol narcotics oral contraceptives hormonal therapies | <ul style="list-style-type: none"> some allergy hypertension glaucoma medications anticonvulsants |
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Certain medical problems or surgeries can impact sexual functioning:

- Chronic pain
- insomnia
- diabetes
- hypertension
- thyroid conditions
- heart disease
- emphysema
- cancer

Recent surgeries that have impacted sexual organs:

- mastectomy
- hysterectomy
- removal of ovaries for females
- prostatectomy
- orchiectomy, etc. for males

Difficulties within the relationship can lead to sexual problems:

- Dissatisfaction
- resentment
- power struggles
- poor communication
- different value systems
- lack of intimacy
- lack of emotional expression
- lack of physical affection
- different sexual preferences

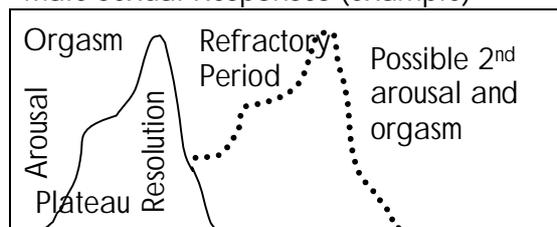
Personal and Psychological Factors:

- Fatigue
- stress
- depression
- anxiety
- age
- performance anxiety
- negative beliefs about sex or certain sexual practices
- low self-esteem
- poor body image
- narrow or unrealistic standards for sexual interactions

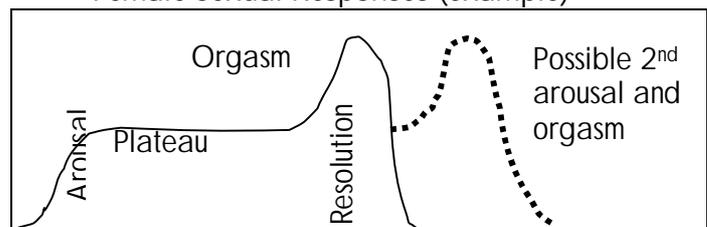
What's a Normal Sexual Response Anyway?

The way people respond sexually is variable. Most couples/partners don't have the same response at the same time. Problems can occur when the arousal phase is not achieved, when the plateau period is extended, or when orgasm does not occur.

Male Sexual Responses (example)



Female Sexual Responses (example)



Common Female Sexual Dysfunctions

- Inhibited sexual desire: low or no desire for sexual intercourse. Sexual desire involves positive anticipation and a sense of deserving pleasure.
- Nonorgasmic response during partner sex: inability to achieve orgasm during intercourse. This is a normal variation in the female sexual response cycle.
- Painful intercourse (dyspareunia): genital pain associated with sexual intercourse, commonly experienced during coitus, but may also occur before or after intercourse.
- Female arousal dysfunction: persistent or recurrent inability to attain or to maintain until completion of sexual activity, often not feeling “turned on” or not producing an appropriate amount of lubrication.
- Primary nonorgasmic response: persistent or recurrent delay or absence of an orgasm following sexual stimulation
- Vaginismus: pain during intercourse associated with high anticipatory anxiety, dissatisfaction with their bodies, and intimidation by their partners’ sexual desire and arousal.

Common Male Sexual Dysfunction

- Early ejaculation: onset of orgasm and ejaculation with little sexual stimulation, or before, on, or shortly after penetration.
- Erectile dysfunction: inability to attain or maintain an adequate erection during sexual activity.
- Inhibited sexual desire: Lack of desire for sex. Often secondary to another problem such as erectile dysfunction or ejaculatory inhibition, and typically worsens over time due to a cycle of anticipatory anxiety.
- Ejaculatory inhibition: inability to ejaculate during intercourse. Men with this problem may be able to ejaculate through oral or manual stimulation, but not during intercourse.

Treating Sexual Problems

- Treatment of sexual problems takes on a variety of forms due to the variety of problems.
- Realistic expectations must be understood by both partners. Anxiety plays a large role in sexual problems. Worries about performance only make performance worse.
- Important to see physician to ensure problem is not biological and to receive appropriate medical care if it is.

Decreasing Sexual Problems with Desire

- Build a sense of comfort with nudity and body image
- Take turns initiating
- Identify characteristics each partner finds attractive
- Initiate erotic touching on a weekly basis
- Establish a trust/vulnerability position
- Stop any uncomfortable sexual experience (especially true for those who have survived sexual trauma)

Decreasing Sexual Problems with Pain

- Partner's need to be actively engaged in the process and couples need to function as an intimate unit
- Gain knowledge and comfort with genitalia
- Use of relaxation strategies
- Use of lubrication
- Controlling the type and pacing of sexual activity

Activities that can decrease sexual problems

- Self-exploration and stimulation. This can help you increase awareness of your own body and make it easier to communicate likes and dislikes to your partner.
- Changing negative thoughts and assumptions about what sex should be with more positive and realistic thoughts about what feels good and right for you.
- Challenging negative thoughts about your partner by focusing on what is attractive and positive about them.
- Physical exercise: Increases blood flow, reduces tension, enhances body image, and can improve other conditions that hinder sexual functioning
- Rebuild or establish emotional intimacy:
 - Schedule time together when you simply talk to each other. Use the time to share feelings and get reacquainted with what is attractive and unique about your partner.
 - Share leisure activities

- Add small expressions of affection back into your daily routine if this is lacking (i.e. an affectionate note, phone call, or e-mail; hugs or hand-holding, etc.)
- Increase communication
 - Discuss sexual interests, desires, needs, and difficulties when you are NOT engaged in sexual activity.
 - Talk about what is going well and what you would like to be different in the relationship overall, then work together to come up with do-able solutions.
- Add something new to sexual encounters (e.g., place, position, clothing, technique, erotica)
- Allow more time for foreplay and provide more partner-guided stimulation.
- During sexual encounters focus on sensations rather than thoughts, performance, expectations, and appearances.

Recommended Reading

- Schnarch, David (1997). *Passionate marriage: Keeping love & intimacy alive in committed relationships*.
- Weiner-Davis, Michele (2003). *The sex-starved marriage: A couple's guide to boosting their marriage libido*.