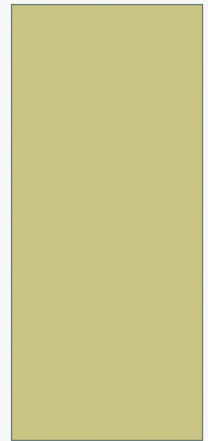




— TOGETHER —
PSYCHOTHERAPY

PSYCHOSEXUAL THERAPY

PHYSICAL OR EMOTIONAL
THAT IS THE QUESTION... OR IS IT?



LET'S TALK ABOUT SEX !!!



WHAT IS PSYCHOSEXUAL THERAPY?

- Psychosexual therapy focuses on the experiences an individual and their partner(s) have with sexual function/dysfunction, commonly referred to as sexual difficulties.
- The term psychosexual therapist is often used interchangeably with sex counsellor, sexologist and sex therapist.



CLINICAL POPULATIONS:

It is suggested that a possible 25% of clients may have sexual or relationship issues/difficulties who are in general practice. Of these just over half will be able to use dedicated psychosexual/relationship therapy.

(COSRT, 2014)



KNOWLEDGE OF PSYCHOSEXUAL PRESENTATIONS -TEST-

Priapism

persistent erection of the penis

Anorgasmia

persistent inability to achieve orgasm

Peyronie's disease

curved penis which can cause painful erections

Retrograde ejaculation

semen not ejaculated outwardly, but redirected back into the bladder

Vaginismus

inability to engage in vaginal penetration

Gender dysphoria

distress because of mismatch between the biological sex and gender identity



SOME OF THE COMMON SEXUAL DIFFICULTIES INCLUDE :

- Loss of libido or desire for sex
- Lack of sexual enjoyment
 - pain experienced during sexual behaviour (dyspareunia due to vulvodynia, vestibulitis or unexplained)
 - performance anxiety
 - body image issues related to sexual intimacy
 - erectile or ejaculatory difficulties
- difficulty experiencing orgasm
- compulsive sexual behaviours (sex and porn addictions)
- mismatched sex drives in a relationship, and/or differences in sexual preferences.



MULTIFACETED NATURE OF SEXUALITY (WHAT IS SEX AND BEING SEXUAL ABOUT) ?

Sexuality is about



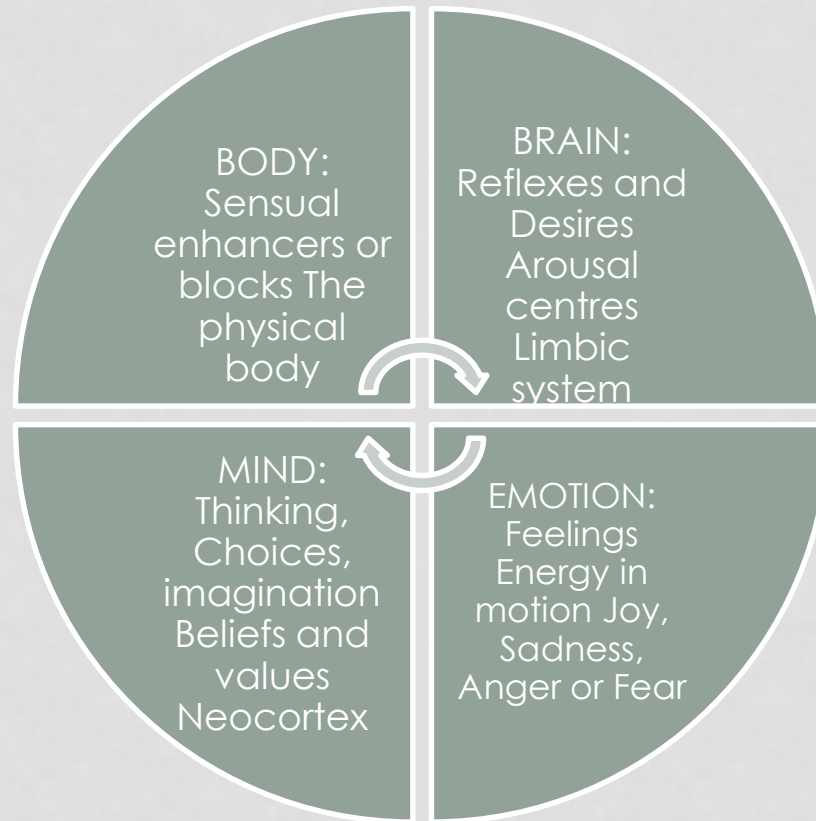
SEX AS A LIFE'S BAROMETER

For most people, their sexual health is a good indicator for how everything else is going. Instead of feeling bad that there is a sexual difficulty (a change in desire or fulfilment), think of the sexual barometer as a warning device that something might not be quite right somewhere else in your life. Sex therapy can be a useful place to start figuring out what that might be.

Psychosexual therapy won't consider a sexual problem in isolation. It looks at the individual as a whole rather than from one perspective.



THE HOMEODYNAMIC MODEL FOR SEXUALITY – (FROM CABBY LAFFY)



DEFINING SEXUAL DYSFUNCTION

- is any problem relating to sex that interferes with a person's ability to engage in a fulfilling sex life
- is not something that happens once, but occurs repeatedly and/or consistently
- can cause prolonged and sustained distress to the person
- can have a physical or a psychological cause, but more often than not is a combination of both
- requires diagnosis in terms of an initial discussion with a doctor to confirm or rule out a physical cause



UNDERSTANDING FUNCTION & DYSFUNCTION

Function and dysfunction are part of the same phenomenon, simply alternative ends of the spectrum.

Consider:

Is it possible to have an organic/physical difficulty without an emotional response?

&

Is it possible to have an emotional/non-organic difficulty without a physical response?



MOST COMMON CAUSES OF SEXUAL DIFFICULTIES

PHYSICAL/ORGANIC ISSUES

- Hormonal issues/imbbalances
- Side effects of prescribed and non prescribed medication
- Long term alcohol & drug abuse
- Childbirth trauma/injury
- Damage to the blood supply to sexual organs which could be due to diabetes, high blood pressure, disease of the arteries, surgery to sexual organs
- Damage to the nerves of sexual organs caused by spinal injury, + neurological issues e.g. Parkinson's, stroke and MS
- Cancer treatment
- Recurrent STIs and their treatment



LESS COMMON PHYSICAL PRESENTATIONS INCLUDE:

- Priapism
- Peyronie's disease
- Double vagina
- Absent vagina
- Inter-sex patients
- Micro penis
- Early menopause



MOST COMMON CAUSES OF SEXUAL DIFFICULTIES

EMOTIONAL ISSUES:

- False or unhelpful/frightening beliefs about sex
- Myths and taboos
- Relationship issues which include: poor communication, transmission of inter-generational trauma, fear of closeness, intimacy, commitment, isolation, resentment
- Performance anxiety
- Low self esteem/negative self worth
- Guilt, anger, fear



EMOTIONAL ISSUES CONT.

- Shame based issues/embarrassment
- Jealousy, rivalry, frustration, competition
- Issues of loss
- Depression, anxiety, stress
- Fear of pregnancy, fear of STIs
- Survivors of abuse
- Survivors of sexual violence



OVERVIEW OF SEXUAL DIFFICULTIES IN WOMEN

- **Impaired or inhibited sexual arousal** often referred to as sexual interest disorder
- **Vaginismus** - Inability to engage in vaginal penetration
- **Dyspareunia** - pain during or after sex
- **Anorgasmia** - persistent inability to achieve orgasm
- **Vestibulitis/Vulvodynia**- severe pain during vaginal entry
- **Non consummation** - The inability of a couple to enter into the physical relationship of sexual intercourse
- **Gender dysphoria** - experiences of discomfort or distress because there's a mismatch between their biological sex and gender identity
- **Sexual phobia and aversion**- phobic aversion to and avoidance of sexual contact with a sexual partner. It involves a fear of sexual intercourse and an intense desire to avoid sexual situations completely.
- **Sex compulsion/Hypersexuality**- range of behaviours that are engaged with in excess and significantly impact one's life in a negative way.



OVERVIEW OF SEXUAL DIFFICULTIES IN MEN

- **Rapid ejaculation-** lack of ejaculatory control.
- **Delayed ejaculation-** experiencing a significant delay before ejaculation being unable to ejaculate at all.
- **Retrograde ejaculation-** semen travels backwards into the bladder instead of through the urethra.
- **ED (Erectile difficulties)-** inability to get or keep an erection firm enough to have sexual intercourse.
- **Gender dysphoria-**experiences of discomfort or distress because there's a mismatch between their biological sex and gender identity
- **Penis size issues-** worry about penis size
- **Sexual phobia and aversion-** phobic aversion to and avoidance of sexual contact with a sexual partner. It involves a fear of sexual intercourse and an intense desire to avoid sexual situations completely.
- **Sex compulsion/Hypersexuality-** range of behaviours that are engaged with in excess and significantly impact one's life in a negative way.



FACTORS WHICH CAN AFFECT AND INHIBIT SEXUAL RESPONSE AND AROUSAL

- Hormones – male central arousability is androgen dependent, lack of androgen hormones renders arousal difficult
- Alcohol – impairs sexual response often through provoking depression and inhibitors
- Vascular disease – narrowing/blocking of the arteries of the pelvic region and penis
- Prescribed medication – for depression/ mood disorders, beta-blockers
- Pelvic inflammatory disease, rigid hymen, endometriosis



FACTORS WHICH CAN AFFECT AND INHIBIT SEXUAL RESPONSE AND AROUSAL

- Phimosis (not relevant within Jewish or Muslim communities)
- Sub- and infertility
- Abnormal genitalia
- Childbirth trauma and injury
- Neurological disorders
- Contamination fear
- History of sexual trauma
- Family of origin issues
- FGM
- Cancer and the effects including surgical, treatment options and emotional
- Peri- and post- menopausal issues



SEXUAL DIFFICULTIES CAN BE DIVIDED IN TO FOUR MAIN AREAS OF WORK

- Sexual interest (too little / too much)
- Arousal difficulties
- Orgasm or lack of
- Other issues and problems which impact



PSYCHOSEXUAL CLASSIFICATION OF PRESENTING ISSUES

It is important to classify or be able to describe whether the issue is secondary or primary and global or situational.

- Primary are life long issues.
- Secondary are issues which have developed later in life after some satisfactory sexual experiences
- Global is if the issue is present in all sexual encounters and situational is when it occurs only at certain times and/or in certain situations

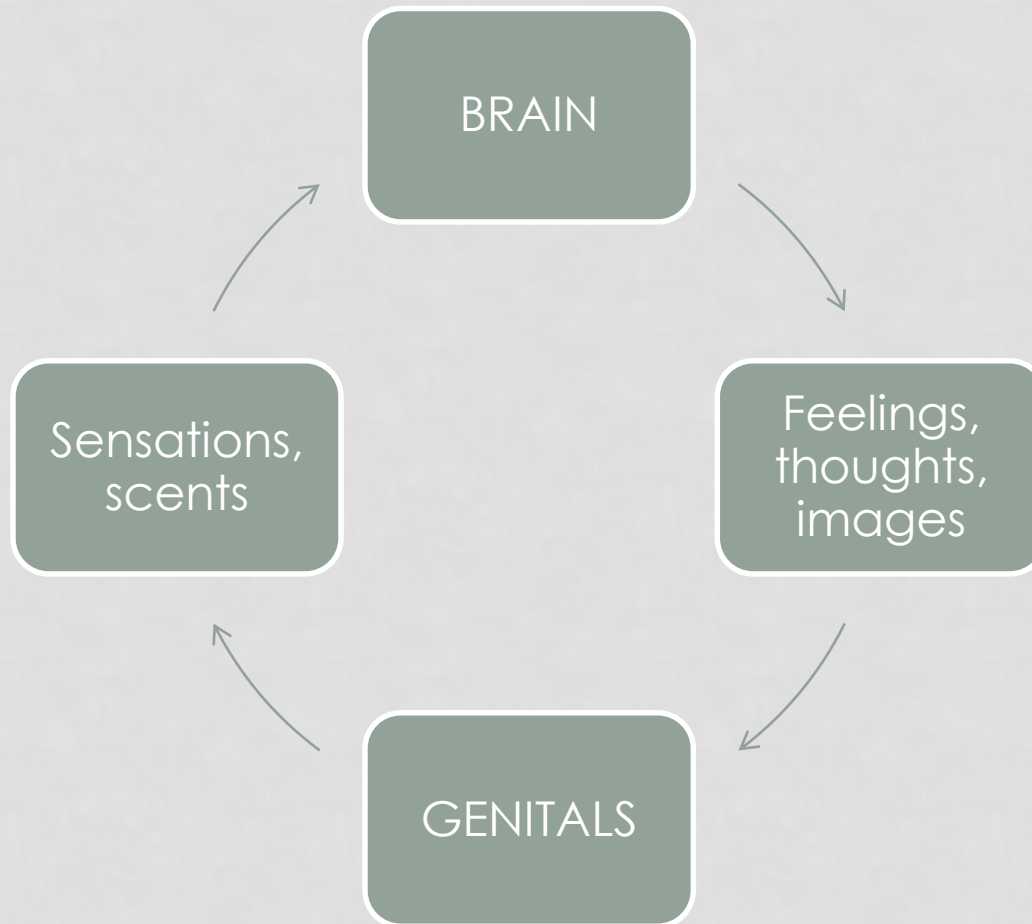


PSYCHOSEXUAL CLASSIFICATION OF PRESENTING ISSUES CONT.

- The DSM-5 uses further sub-types to qualify the dysfunction with a requirement that disorders are present for a minimum duration of 6 months and a frequency of 75%-100%:
- Life Long Type (Primary) - present since onset of sexual behaviour
- Acquired Type (Secondary) - developing after a period of normal functioning
- Generalised Type (Global) - not limited to certain types of stimulation, situation or partner
- Situation Type (Situational) - limited to certain types of stimulation, situation or partner



AROUSAL CIRCUIT/SEXUAL RESPONSE CYCLE



PSYCHOSEXUAL THERAPY IS:

- Brief (6 to 12 sessions)
- Goal oriented
- Identify if suitable
- Understanding of organic and non-organic factors
- Homework
- No medication
- No physical contact
- No surrogacy



POSSIBLE INTERVENTIONS

Having completed a comprehensive history/intake:

Psychosexual therapy can be offered on its own or working alongside mechanical aids which include:

- vaginal trainers
- vacuum devices
- sex toys
- sex educational DVD,
- vibrators (anal and vaginal)
- Drug therapy: Viagra or similar, intercavernosal injections, hormone treatments, anxiety reduction medication
- Surgical methods: tight foreskin, imperforate hymen, penile prosthesis or implant, reassignment surgery



FOCAL POINTS OF PSYCHOSEXUAL THERAPY

- development of good communication skills alongside intimate, sensual and sexual free time tasks
- The 'homework' or programme which is offered is to enable and encourage the clients to explore, reveal, take risks, experiment, have fun, and contextualise their difficulties so that they can be understood, empathised with and harnessed to the benefit of the couple



FOCAL POINTS OF PSYCHOSEXUAL THERAPY

Therapists must have a comprehensive understanding of both the organic and non organic contributory factors of sexual difficulties.

They must also know when to refer on and have professional links and collaborative relationships with others in the medical and aligned fields.



SERVICE AVAILABILITY

Specialist psychosexual therapy services on the NHS are limited and service providers often struggle with long waiting times.

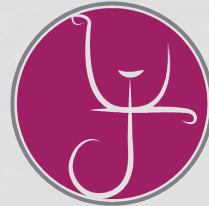
The private route can be expensive because it is so specialist and in high demand.

Sexual element may further increase sense of shame and perceived stigma when seeking scarce services.

Issues likely to become increasingly worse with reduction in NHS funding.



ANY QUESTIONS?



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PSYCHOTHERAPY

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