

Sex and Relationships

It is estimated that at least 40 - 60% of all couples struggle with a sexual problem at some time in the course of their relationship. Sex and relationship problems often go hand and hand.

Research shows 91% of couples don't know how to talk to each other about sex, leading to unhappy, unhealthy relationships

The average individual or couple waits six years before seeking therapy for a sexual concern. Denial, hoping time will help, negative stigma, lack of knowledge of where to go for help, and just plain discomfort discussing such private matters can all add up to this delay. Waiting can magnify and exacerbate the negative consequences of a sexual problem. There are benefits to early intervention.

Recommended for further development

Stage 1. Gott Sex

The Gottman Institute, famously known for providing leading-edge research on marriage and relationships today launched a new resource on sex and intimacy called Gott Sex? The Art of Lovemaking. The video series includes nine experiential modules designed to improve the passion, romance, and intimacy of your sex life. Included are exercises couples can try in the comfort of their own home; as well as bonus content focused on emotional intelligence; debunking the myths about sex; being a great listener; skills for having a great date... and more!

Gott Sex? The Art of Lovemaking is available for download immediately at www.gottsex.com for \$89.95.

According to Gottman's research, fifty-percent of women who talk about their sexual feelings with their partners are very satisfied with their relationship. Of those that don't talk, only 9% are satisfied. Additionally, the stress of bad sex relationships often suppresses the immune system, meaning that couples who have bad sex relationships, are less healthy, less productive and make less money in their careers. The good news is that couples can change this by taking five easy steps:

1. Know your partner & develop love maps
2. Be aware by asking open-ended Q's
3. Turn towards your partners bids for attention and affection
4. Redefine sex – everything positive you do in the relationship is sex
5. Talk during sex; get playful and personal

Stage 2. (for more advanced knowledge of 'ins and outs') Fai Kur Sex Therapist

BA (Psych), MHSc (Sexual Health), Fai Kur completed her Masters Degree specialising in Sexual Health at The University of Sydney. Fai, who is very easy to talk, offers a non-medical approach to sexual and relationship counselling. She has a special interest in the use of intimate products and supporting you with your sexual health concerns.

Please call 0412 147 917 to make an appointment fai-kur@sexualfocuswa.com.au



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Initiating and refusing sex

Published on August 3, 2010 by [Isadora Alman, MFT](#) in [Sex & Sociability](#)

A recent posting on my [Sexuality](#) Forum (www.askisadora.com) from a woman shot down by her boyfriend for initiating sex "incorrectly" occasioned a lot of comment. Most concurred the fault was his for criticizing but not offering any constructive suggestions.

Many of us have been in the sad situation of not picking up on an overture cast in our direction because the signals were so subtle that we missed it. If you don't think this applies to you can you really be sure? Hmmm?

There is also a category of sexual invitations that produce the opposite of the desired effect. A Richard Benjamin movie of the 1980's comes to mind wherein his customary approach is elbowing his cringing wife and leering "How about a little ol' roll in the hay?". The thing is, like so many facets of sex and courtship, there isn't any one right way to do it. What will be perceived as delightfully sexy by one will be seen as heavy handed and crude by another. Sometimes it's in the delivery; sometimes it's just the deliverer.

A couple who came to me for counseling because they weren't having enough sex were forced to look at their methods of reaching out. She impatiently asked him "What do you think I'm telling you when I say I am going upstairs to take a bath?" Her mate, a literalist, responded "Your whereabouts for the next ten minutes."

There is just no way around it. Two people who do not want to run the risk of missing an opportunity for sex or of having their seductive communications style scoffed at have just got to talk about it in plain English. "How would you like me to let you know when I'm the mood?"

Some people may have to think about their response since they actually don't know. Do you prefer words? Romantic or graphic? Sweet talk or sexual? Others prefer actions. Affectionate caresses or direct acts of sexual stimulation? Is it the same all the time or does it vary by your mood, the time of day, or your relationship with the initiator?

So then, how to initiate a conversation about initiating? Starting with a compliment never hurts. "I really like it when you...." "One of the things you do that usually gets me going is....." Do's are usually better than don'ts, even when the reason for having this conversation is to correct Sweetie's annoying habit.

An even stickier wicket in this conversation is the how-to of refusing a sexual overture. "How would you prefer to hear that I'm not in the mood when you do come on to me?" Actually, no one wants to hear that her or his partner isn't simultaneously interested, but those are the facts. Sometimes we're just not, so how to let Sweetie know that without ego crushing?

This is where there is often a division of the sexes. Women more often than men say they never initiate sex because they fear being rejected. Theoretically men are used to hearing "no" about sexual matters. Hey, no one enjoys being told no about anything, least of all that s/he is not sexually desirable by the desired one! Women and men need to learn the skills of asking for what they want and both need to learn the skills of gracefully refusing. The days of the constant "men propose and women dispose" are over and Halleluiah to that. With the perks of anyone being free to ask is the downside of everyone being free to refuse...or negotiate.

One way to say no to a sexual overture is to propose another time or even a likelier time if you can't promise. A non verbal response to a nonverbal overture might be clasping the wandering hand and giving it a kiss, then keeping it enfolded in your own hand. Holding hands is much sweeter than being swatted away.

Having discussions about sexual preference of any sort promote intimacy in and of themselves. So bringing the subject up, honestly sharing what you like and what you don't, teaching your partner the care and feeding of you, might very well lead to an invitation in your desired style of "Hey, Babe, you wanna?".



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Men's sexual response

Written by [Dr David Delvin](#), GP and family planning specialist and [Christine Webber](#), psychotherapist



Even today, many females don't understand male sexuality. So this article is for women – especially women who can sometimes find it hard to understand what makes men 'tick' sexually. But men might also find it useful to read what follows.

Male sex drive

The average male is more interested in sex than the average female.

It can be enormously difficult for women to understand just how powerful the average man's sex drive is. Although males vary a lot on how keen on sex they are, the average man does tend to be much more 'driven' sexually than the average woman is. (This applies to gay men as well as to straight guys – but in fact this article just deals with heterosexual males.) In 2005, one of Britain's top sex experts told the media that in general, men are on a 'five day cycle' where sex is concerned (ie wanting to make love every five days) – whereas women are more likely to be on a '10 day cycle'. There may be some truth in this.

But it's also true to say that plenty of males – particularly young and virile ones – would really like to have sex every day – and maybe more often than that. Indeed, in the era of [anti-impotence drugs](#) we have actually seen middle-aged men who have been using these medicines to have sexual encounters with three different women in a single afternoon. This is pretty crazy behaviour, but it does offer an insight into male sexuality...

Nature's programming

One of the reasons why the human race has survived for hundreds of thousands of years is the fact that nature has 'programmed' men to be mad keen on penetrating women – and getting sperm into them. That may not sound very nice, but it's the truth. So the fact of the matter is that the human race has survived in the main because primitive men went round fertilising a lot of women – thus ensuring the continuance of the species.

Men today

So, the average male is more interested in sex than the average female and is much more likely to:

- feel very strong urges to have intercourse
- take sexual risks, regardless of the consequences
- be unfaithful
- try 'commercial' (ie paid for) sex
- feel extremely unhappy and disaffected with life if he is not having regular sex with a partner
- feel desolate if a woman he loves rejects his sexual advances.

And the average man tends to be more swiftly aroused than the average woman.

Indeed, the slightest thing can set a man off – for instance:

- the sight of a woman's cleavage
- noticing a woman's bottom which has a shape that appeals to him
- seeing a good pair of legs
- getting even a whiff of perfume.

Of course, we are not suggesting that the average man acts on these arousal triggers whenever they happen. But it can help women to understand their men if they are aware of just how driven males can be where sex is concerned.

The Top 4 of the 10 Things You Need to Know About Female Sexuality

Reproduced from a series called 'What You Need to Know' a publication of the Association of Reproductive Health Professionals (ARHP) for health care providers, educators, and researchers working in the field of reproductive health.

Female sexual health complaints range from lack of desire for sexual activity to an inability to orgasm, pain during sexual intercourse, not finding sex pleasurable, and experiencing a lack of vaginal lubrication (arousal).¹ Collectively, these complaints are known in the medical literature as female sexual dysfunction (FSD) and represent a common problem in the United States.¹ According to two of the most widely quoted US studies—the National Health and Social Life Survey comparing 1,749 women to 1,410 men and the PRESIDE study of 31,581 women—43% of women complain of some type of sexual dysfunction.^{1,2} The Association of Reproductive Health Professionals (ARHP) convened a multidisciplinary panel of sexual health experts in 2009 to identify the top 10 things frontline health care providers need to know about FSD to talk knowledgeably about the subject with their patients and initiate treatment.

1. Hypoactive sexual desire dysfunction (HSDD) is the most common female sexual dysfunction.

Low desire was present in 39% of women in the PRESIDE study and approximately 30% of women in the National Health and Social Life Survey.^{1,2} The disorder has been defined by sexual experts gathered by the American Foundation of Urologic Disease as "absent or diminished feelings of sexual interest or desire, absent sexual thoughts or fantasies, and a lack of responsive desire." The reasons for becoming sexually aroused are few and far between or absent, and "the lack of interest is considered to be beyond a normative lessening with life cycle and relationship duration," and causes distress to the woman.¹⁰

Sexual health is an important quality-of-life issue and has a profound effect on intimate relationships; an adage states that "bad sex" has a much greater impact on ruining a relationship (up to 70%) than "good sex" has on improving it (15%).¹³

Few therapies have been effective in treating low desire. Some women may respond to testosterone supplementation, but this treatment is presently not FDA-approved and is controversial due to unclarified risks (e.g., cardiovascular and breast cancer implications).¹⁴ A breakthrough non-hormonal agent is presently under investigation, with Stage 3 clinical trials showing promise for the treatment of HSDD in premenopausal women.⁴

2. Female sexual response may be influenced by neurotransmitters and other chemicals in the brain.

Neurotransmitters in the brain such as dopamine and norepinephrine interact with sex hormones and their receptors and have been identified as playing a "prosexual" role in a woman's sexual response.^{17,18} According to anthropologist Helen Fisher, PhD, elevated levels of dopamine can produce many of the sensations (e.g., intense focus, exhilaration, sleeplessness, loss of appetite) associated with sexual ardor and can drive up levels of testosterone, fueling libido.¹⁸ Functional

magnetic resonance imaging (fMRI) scans demonstrate increased activity in the ventral tegmental area of the brain (a primary dopamine pathway) in people experiencing feelings of romantic love.¹⁸ Elevated levels of norepinephrine, which is derived from dopamine, and low levels of serotonin may also play roles in the female sexual response.¹⁸

Orgasm leads to the release of a variety of chemicals such as oxytocin and endorphins, which foster feelings of attachment and relaxation.¹⁸ Sexual intercourse also can lead to elevated levels of testosterone, which in turn prompts production of more dopamine.¹⁸

3. Medications and diseases can both have profound effects on sexual function.

A number of physical and medical problems can interfere with a woman's ability to enjoy sex and feel pleasure. Chronic health conditions (e.g., diabetes, hypertension, and high cholesterol) and pelvic surgeries (e.g., hysterectomy) can damage and narrow blood vessels and prevent the flow of blood to genital tissues, thwarting arousal.^{4,21,22} An underactive thyroid gland can hinder sex drive.^{4,21,22} Genital and urinary tract infections can cause discomfort in the reproductive tract leading to painful sex.^{4,21} Neurologic diseases such as multiple sclerosis and spinal cord injuries can affect the nerves in the pelvis and impact arousal and orgasm.^{4,22}

Many drugs can also interfere with sexual response. For instance, while some women may experience a sense of freedom from worrying about pregnancy when using hormonal contraception, decreased libido and changes in vaginal secretions can be a problem for some women; this may include vaginal dryness and accompanying discomfort during intercourse.^{15,21,23,24} Because of the many types of medications that may have sexual side effects, providers should be certain to pursue this line of inquiry when assessing problems with sexual response.

4. Depression and its treatment commonly affect sexual function.

Depression is common in women—the average lifetime prevalence of major depression in women is approximately 20%—and can dampen sex drive and affect the global sexual response cycle.^{4,22,26} Antidepressants—and particularly selective serotonin reuptake inhibitors (SSRIs)—can also lessen desire and affect the ability to orgasm, either delaying it or preventing it entirely.^{21,22,25} It is important to screen patients for the concurrent diagnosis of depression when you are considering FSD, as they often coexist.

5. Anger/resentment may be an underlying factor in sexual dissatisfaction and disorders.

When a woman is unhappy, angry, or disappointed with her partner, her sex life may suffer. Research shows that relationship issues can underlie a lack of desire: How a woman feels about her partner may have more of an impact on her sexual response than even hormones that drive libido.^{19,20}

Depression – how it affects sex and relationships

Written by [Christine Webber](#), psychotherapist and life coach



Most people who are depressed lose interest in sex, but it's unlikely your partner's depression has anything to do with you.

[Depression](#) adversely affects every aspect of our lives – including our relationships – and when one partner is depressed, the relationship may suffer badly.

This is a great shame because a good relationship is very therapeutic for somebody with depression. When we're low we need love, support and closeness more than ever – even if we're not good at showing it.

What is likely to happen if your partner has depression?

Depressed people usually feel withdrawn. They don't feel they can raise enough energy to pursue their normal routine, do things with the family or even notice when their partners are being attentive. This can quickly lead to the non-depressed partner feeling that he or she is in the way, unwanted, or unloved. It can be easy to misinterpret the low moods as hostility, or as evidence that the depressed person wants out of the relationship.

Frankly, it's really hard to stay calm and confident when the person you thought you knew is acting strangely and appears to be so unhappy. So if you're finding your partner's depression a real pain, try to take heart from the fact that this is natural. Being the partner of a depressed person is very difficult. So, even if you're at your wits' end because your loved one has lost the ability to concentrate on what you're saying, or to raise a smile, or to appreciate any of the good moments in life, try to accept that all these things are part of the illness.

Sex and performance

We don't know enough about the chemical changes that occur in the brain during depression and little research has been done on how these changes affect sex. From a clinical point of view, however, it's clear that a depressive illness tends to affect all the bodily systems, dislocating them and often slowing them down. This effect is most marked with regard to [sleep](#), which is invariably disrupted. But there can be adverse effects on any activity that requires verve, spontaneity and good co-ordination – and that includes sex.

So, many people who are depressed tend to lose interest in sex.

Admittedly, this isn't always the case, and some depressed people manage to maintain normal sex lives – sometimes even finding that sex is the only thing that gives them comfort and reassurance.

- In men, the general damping down of brain activity causes feelings of tiredness and hopelessness, which may be associated with [loss of libido](#) and [erection problems](#).
- In women, this diminished brain activity tends to be associated with [lack of interest in sex](#) and very often with difficulty in reaching [orgasm](#).

All these problems tend to diminish as the depressive illness gets better. Indeed, renewed interest in sex may be the first sign of recovery.

Sex and antidepressants

It's not just the illness that affects a person's sex-life – [antidepressant medicines](#) such as [Prozac](#) can interfere with sexual function. One of the most common side-effects is interference with the process of orgasm so that it's [delayed](#) or doesn't occur at all. If this happens – and you are keen to have and enjoy sex – you should ask the doctor about changing medication.

How depressed people can help themselves and their relationship

Some days will seem better than others. On your better days, try to make an effort to show love and appreciation to your partner.

- Try to go for a walk every day, preferably with your partner. Walking not only gets you out in the fresh air, which will give you a bit of a lift, but like other forms of exercise it releases endorphins in the brain. These are 'happy' chemicals that rapidly elevate your mood. And there's increasing evidence to suggest that exercise can be as good for combating depression as any antidepressant.
- Even on your worst days, try to spot happy moments like a bird singing or a new flower blooming in your garden. Try to train yourself to notice three of these heart-warming moments per day.
- You may have an odd relationship with food while you're depressed (you could have little appetite or constantly comfort eat), but try to eat [five pieces of fruit](#) per day. This is a caring thing to do for yourself and is good for your physical and mental health.
- Listen to music that matters to you.
- Have faith that the depression will pass and that you will enjoy your life again.
- Even if you don't feel like full-on sex, do make the effort to have a cuddle. If you are worried that cuddling will project you into full sex when you don't want it, just tell your partner that you're not feeling like having sex, but that you would really like to cuddle up. If you do this, you may both feel a lot better. Touch and closeness can keep a relationship intact.

How to help your depressed partner

- Don't keep saying that you understand what your partner is going through. You don't. Instead say: 'I can't know exactly how you're feeling, but I am trying very hard to understand and help.'
- Many people who are depressed lose interest in sex. Try to remember that this loss of interest is probably not personal, but connected with the illness.
- Don't despair. Some days you'll feel your love for your partner doesn't seem to make any difference to them at all. But hang on in there. Your love and constant support should be of great help in persuading your partner of his or her value.
- Do encourage your partner to get all the professional help available. Nowadays, there are plenty of alternatives to antidepressants. [Cognitive behaviour therapy \(CBT\)](#), for example, is becoming much more readily available on the NHS. Many GP practices can also provide CBT by means of Internet programmes. These can have a good effect quite quickly in many cases.
- Try to act as though your partner were recovering from a serious physical illness or from surgery. Give plenty of tender loving care. But don't expect improvement to be rapid.
- Do something nice for yourself. Being around a depressed person is very draining, so make sure you look after yourself. Have some time alone, or get out to a film or to see friends. Depressed people often want to stay home and do nothing, but if you do this too, you'll get terribly fed up.
- Remember that this period in your life will pass and that your partner is the same person underneath the depression that he or she was before.
- Try to take some exercise together. Most depressed people feel an improvement in their spirits if they do something active. And doing something that will raise the heartbeat – for example, sport or dancing – may well help you too.