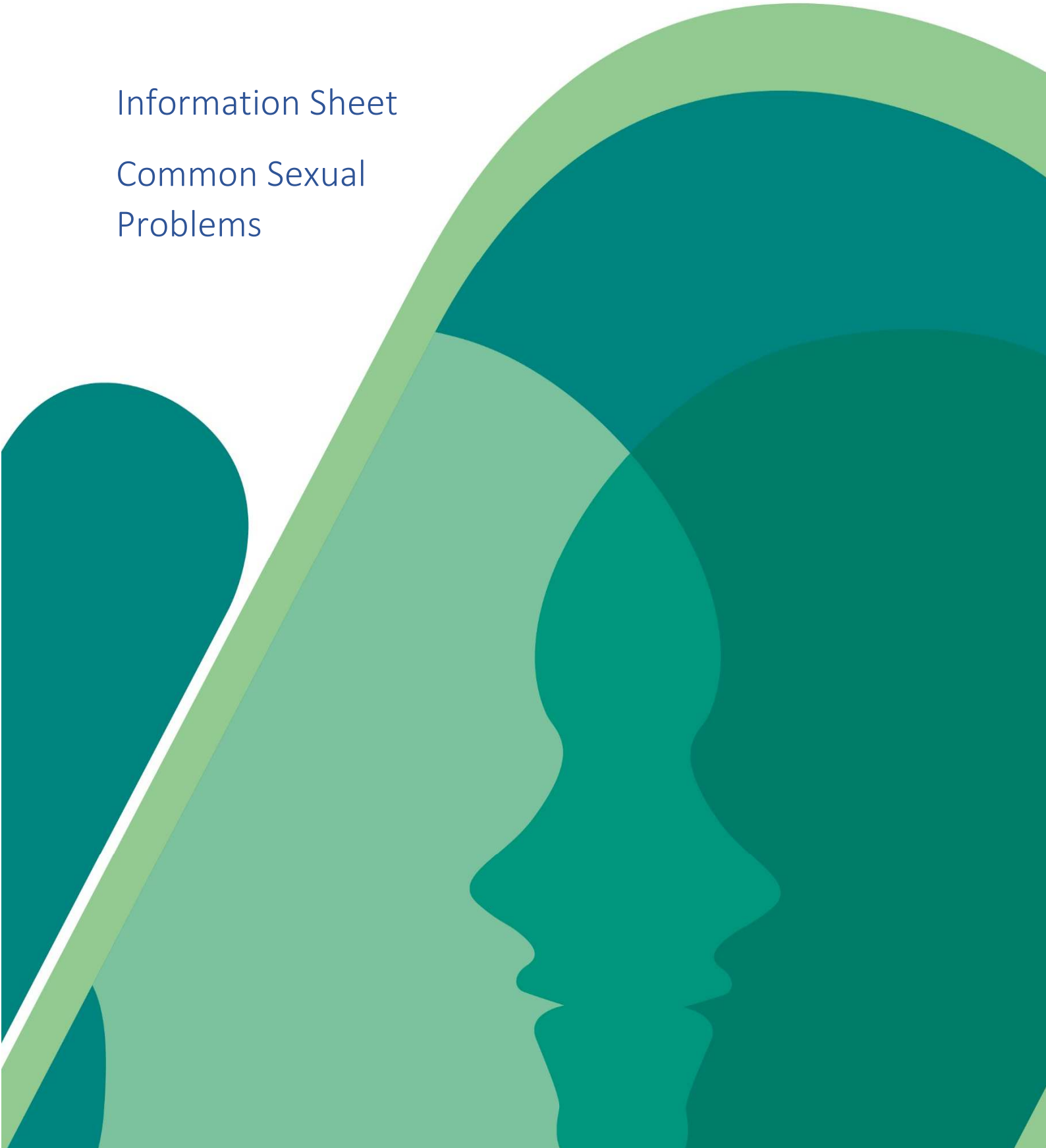
College of Sexual and Relationship Therapists

Information Sheet

Common Sexual Problems



Common Sexual Issues

Many of us at different life stages may experience sexual problems and feel very alone with this difficulty. In particular our family background, our life experience and the way sex is portrayed in the media can lead us to be unrealistic in our expectations of sex or to misunderstand what is possible.

Sexual concerns and challenges are complex. Many are physical and very tangible. For example, problems related to pain during sex or an inability to maintain an erection. It is important to have such physical symptoms checked by a doctor. However, often these physical signs may be caused by psychological and emotional issues. In such cases the root cause of the visible symptom could be described as psychosexual and therapy can be a way to address it.

In other cases you may have sexual challenges because of a physical cause. For example, a medical condition or treatment that leads to physical changes that affect aspects of sex and relationships. In such situations you might then face psychological or emotional challenges that can be addressed through therapy. For example, a medical treatment could lead to erectile dysfunction, which in turn leads to fear and anxiety.

Critically then, psychosexual therapy does not operate in a vacuum. You may be referred to a therapist by a doctor treating you for a specific condition. Or you may see a therapist first who will refer you to a doctor for treatment. Be comfortable with this dynamic and reassured that it simply demonstrates the interaction between the body and mind. Some common sexual concerns and challenges are detailed below.

Asexuality

Broadly speaking people who identify as asexual, experience none or little sexual attraction to others. This is seen as a sexual orientation. They still form intimate emotional attachments and may at times be sexual, but these attachments are not centered on sexual arousal and attraction.

Loss of Sexual Desire

Loss of desire can either be partial, or total. Partial loss of desire means that while you may have stopped initiating sexual contact with your partner, you will respond to their approaches. Loss of

desire can also be contextual i.e. you may lose desire for one partner, but have desire for another. Total loss of desire means that you don't want to have sexual contact at all.

There are many reasons why lack of sexual desire occurs. Life events such as bereavement, pressure at work and day-to-day stresses may mean that sex becomes of secondary importance. A difficult childbirth may also cause loss of desire, and new mums may be so overwhelmed by caring for a new baby that they lose themselves for a while. Loss of desire is also a well-known side effect of some medications, such as anti-depressants, and depressive illnesses. Sometimes losing interest in sex can be a response to dissatisfaction, disappointment, anger or unhappiness in your relationship as a couple as a result of communication difficulties.

High Sexual Desire

If you feel that you have too much desire you may want to consider if the concern is because that is what you personally feel, or whether others have expressed that to you as a judgement. Having a lot of sex and high desire is not itself a problem and indeed can be positive for an individual. However, when it starts having a detrimental effect on other aspect of your life and makes it difficult to engage in and form the type of relationships that you want, then you may have a problem. See the below section on sexual compulsive behaviour.

Uncomfortable Sexual Desire

Sometimes we may have sexual desires that we are uncomfortable with, maybe because they are unusual, seem whacky or even scary. Sexual fantasies are very common and diverse; we may even be aroused by fantasy that in the cold light of day we would not want to be part of. It is important to bear in mind that a fantasy is what it says; it is not reality or an action.

If the desire is something you want to act on with others then you will need to consider if is it is a consensual act i.e. that consent is freely given by all involved. If acting out desires involves coercion, breaking the law or is non-consensual then it is not acceptable to act your fantasy out.

Orgasm Difficulties

Many individuals – both men and women – experience difficulties in achieving an orgasm, and there are some individuals who rarely or never orgasm. Whilst not all individuals need or want to orgasm to enjoy their sex lives, you may find yourself in a situation where would like to achieve orgasm with your partner or yourself.

Vaginismus

Some women have difficulties with penetrative sex, and may never have been able to be penetrated, despite wanting this to happen. Smear tests may have been very difficult or impossible to do, and tampon use may be difficult. Other women may have been able to have penetrative sex and have used tampons, but find that difficulty in penetration develops after an event such as a traumatic delivery. This can be extremely distressing for both the sufferer and their partner.

Pain on intercourse (Dysparunia)

Both men and women can experience pain through intercourse.

Women can experience pain when they are not fully aroused and penetration takes place. Some sexual positions can involve deeper penetration and can be painful. Medical conditions such as pelvic infections, surgery and childbirth injuries can also cause pain.

Men can experience pain on intercourse if their foreskin is tight (phimosis). This occurs in uncircumcised men and can lead to infections.

Erectile difficulties

'Erectile difficulties' means that men have difficulty in obtaining and maintaining an erection, which makes penetration difficult or impossible. In some cases an erection is never achieved. This can be very upsetting for the sufferer and their partner, who often feels to blame and so the stress cycle becomes greater.

If there is no medical reason for the erectile difficulties, then psychosexual therapy combined with a cognitive behavioural approach can be extremely effective in bringing about rapid improvement. If there are medical reasons why erectile difficulties have occurred, psychosexual therapy can still be very helpful in helping the man explore way of adapting his sexual practice to manage the difficulties. Often partners can be involved in these sessions

Ejaculation problems

Premature ejaculation means the man ejaculates too quickly. Sometimes it occurs because the man has not learnt to control the 'point of inevitability' – the sign that tells you that you are about to orgasm. As a result ejaculation may occur before penetration, or soon afterwards, which may leave you and your partner frustrated.

Delayed ejaculation is a medical condition in which a male cannot ejaculate, either during intercourse or by manual stimulation with a partner. Most men ejaculate within a few minutes of starting to thrust during intercourse. Men with delayed ejaculation may be unable to ejaculate (for example, during intercourse), or may only be able to ejaculate with great effort after having intercourse for a long time (for example, 30 to 45 minutes). Delayed ejaculation can have psychological, or physical causes. Some medication can also interfere with ejaculation.

Retrograde ejaculation is an uncommon condition that occurs when semen enters the bladder instead of going out through the urethra during ejaculation. The main reason for retrograde ejaculation is that the bladder neck does not close. This causes semen to go backwards into the bladder rather than forward out of the penis.

Retrograde ejaculation may also be caused by medical conditions such as diabetes, surgery to the prostate and medications. Injury can also cause retrograde ejaculation. Sufferers tend to notice that there is little ejaculant on orgasm and that their urine is cloudy. Treatment is by stopping any medication that may be causing the condition.

When sex becomes a problem

The term "sexual addiction" is controversial, though it is used widely in the media. Undoubtedly the development of the internet, has facilitated sex becoming more readily available and easily accessible

to all, if we have a particular type of sex we enjoy, we can find others who share our interest easily, with anonymity and without the need for a social interaction in the conventional way.

While many people are very sexual and may enjoy a very active sex life with many partners, this does not make them a sex addict. However, when a person's sexual behaviour becomes out of control and interferes with their life, making it difficult for them to form the type of relationships they want, it can be described as a problematic behaviour, which may be described as an addictive or compulsive behaviour. At this point therapy can be very supportive in helping the person to make the changes that they desire.

Many people who have compulsive sexual behaviour, like people who have an issue with food, drugs, alcohol or gambling, may be trying to self-soothe emotional distress; often in the short term this is effective but this cycle tends to reinforce the behaviour. However, as time goes on the behaviour can become increasingly more problematic and compulsive. Distorted thinking, rationalisation and justification of the behaviour can accompany this.

Sexual addiction also is associated with risk-taking behaviours for themselves and others, which can put both parties at risk of emotional and physical injury. While many people with no sexual behavioural problem may take part in the activities below, signs of sexual addiction may include:

- Compulsive masturbation (self-stimulation)
- Multiple affairs (extra-marital affairs)
- Multiple or anonymous sexual partners and/or one-night stands
- Consistent use of pornography
- Unsafe sex
- Phone or computer sex (cybersex)
- Sex work or use of sex workers
- Exhibitionism
- Obsessive dating through personal ads
- Sexual harassment
- Voyeurism (watching others) and/or stalking
- Law breaking