

When Marital Intimacy Protects: Chronic Female Sexual Problems

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Untangling the Marital and Sexual Web

Name	Filter out	Pick	Find	Stay	Prevent
Name It (Assessment) • Individual • Couple	Filter out Look Alikes (Differential Diagnosis)	Pick Your Battles Right	Find the Right Tools (Theoretical Approaches)	Stay focused until Mastery (Treatment)	Prevent Future Messes (Relapse Prevention)

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NAME IT

Assessment

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Identifying Sexual Problems

Not all sexual issues brought to therapy fit neatly in our Nosology.

I propose three categories of problems (allowing expanded options for naming the issue).

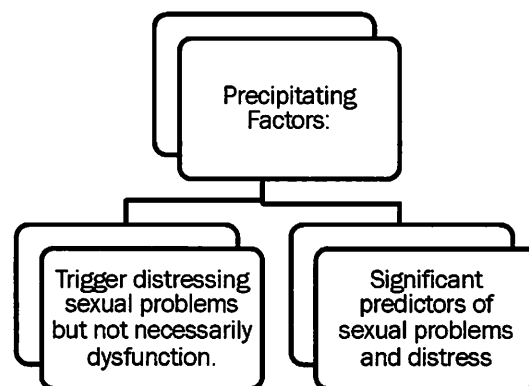
Distress

Disease

Dysfunction

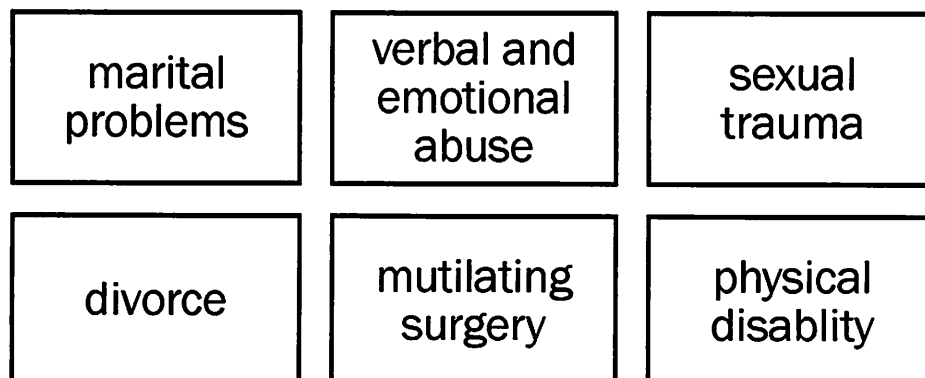
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Psychological and Medical Dimensions



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Precipitating Factors



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Clinical Tip from Research

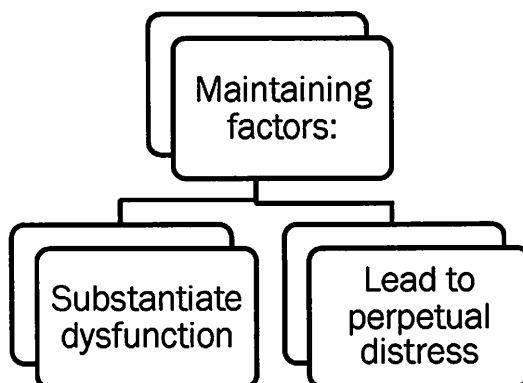
Psychosexual history

Sexual Development History

Pay Attention to perceptions and experience of first sexual encounters, especially strong negative ones

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Psychological and Medical Dimensions



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Maintaining Factors

psychiatric illness
(significant
predictors of
dysfunction)

ongoing
relationship
tension

self-image

poor body image

cancer

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Clinical Tip From Research

Younger age: more body image problems

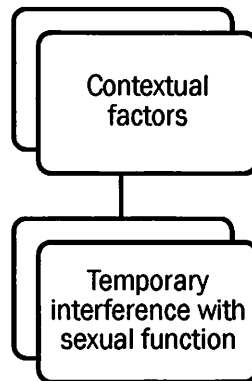
General relationship quality predicts sexual functioning

Perceived levels of partner's appreciation of one's body predicts levels of sexual functioning.

Black women were more likely to report feeling confident than White women

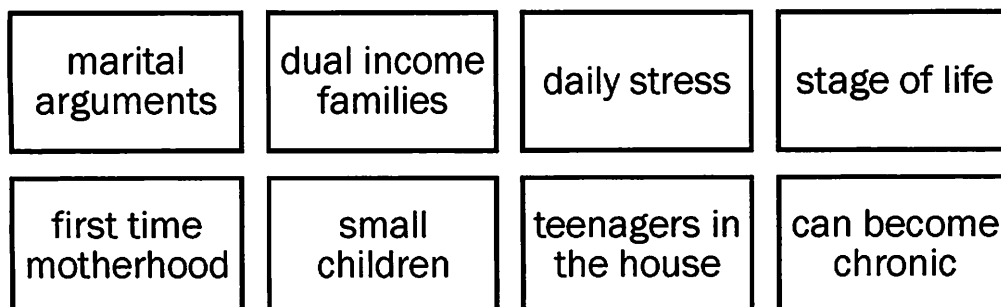
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Psychological and Medical Dimensions



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Contextual Factors



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Differential Diagnosis

FILTER OUT LOOK ALIKES

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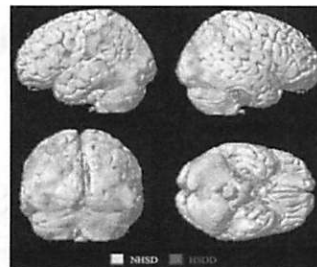
Just for Fun: fMRI image for patient education

fMRI Imaging Indicates Brain Activation Patterns Differ Between "Never Had Sexual Dysfunction" and HSDD Groups

Overall Pattern of Activation for the Never Had a Sexual Dysfunction (NHSD) and HSDD Groups While Viewing Erotic Compared to Sports Videos (N = 36)^a

fMRI-functional magnetic resonance imaging. NHSD=never had sexual dysfunction. *Changes for the NHSD and HSDD groups in yellow.

This figure was published in Arora DA, et al. Women with hypoactive sexual desire disorder compared to normal females: a functional magnetic resonance imaging study. *Neuroscience* 2008; 155(2):484-502. Copyright Elsevier 2008.



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SEXUAL DESIRE IS “THE SUM OF THE FORCES THAT LEAN US TOWARD AND PUSH US AWAY FROM SEXUAL BEHAVIOR” (LEVINE, 2003, P. 280)

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Sexual Distress

Measurements

- 12-item Female **Sexual Distress** Scale (FSDS)
- Diary, e-diary
- The Sex Flex Scale (SFS)

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- Sexual issues may be distressing because they cause disruptions to an individual's preferred sexual script.
- Sexual scripts can be thought of as “roadmaps” to sexual activity.
- Chronic sexual problems,
 - such as differences in sexual preferences,
 - penetration difficulties,
 - pain,
 - low desire,
 may act as roadblocks that force individuals to take a detour from their preferred or planned route—their sexual script.

When sexual issues arise, individuals may differ in how comfortable or satisfied they are with trying an alternate route.

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Sexual Satisfaction

Measurements and instruments

- SSS-W
- Golombok-Rust Sexual Satisfaction Inventory (GRISS)

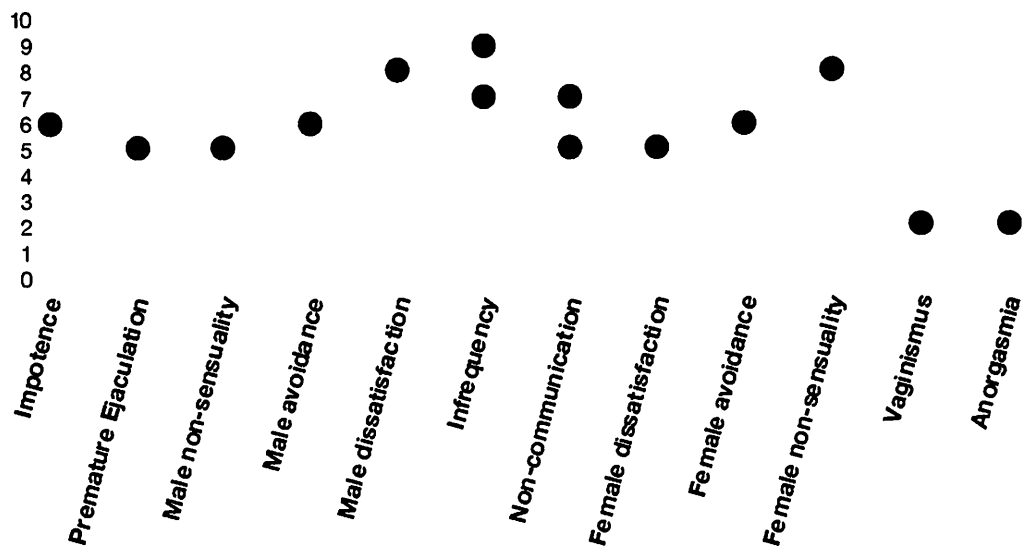
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GRISS

- Golombok Rust Inventory of Sexual Satisfaction
 - *Short measure of Sexual Dysfunction*
 - *Separate form for males and females*
 - *28 Likert type (5-point) items*
 - *4-10 minutes to take*

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GRISS



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PICK YOUR BATTLES RIGHT

The Compensatory Role of Marital Intimacy in
Protecting Relational and Sexual Interference

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Evidence that relational intimacy underlies sexual outcomes in FSD would provide strong support for interventions and conceptual models that promote intimacy and satisfaction as a means to promote women's sexual health.

Why should clinicians pay attention to research on marital intimacy and FSD?

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Current Relationship Theories- Divergent Predictions

Increase Intimacy - sexual
function will get better

Greater Intimacy-
detrimental effect on
passion / desire in long
term relationships

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Marital Intimacy and its Effect on Sexual Satisfaction

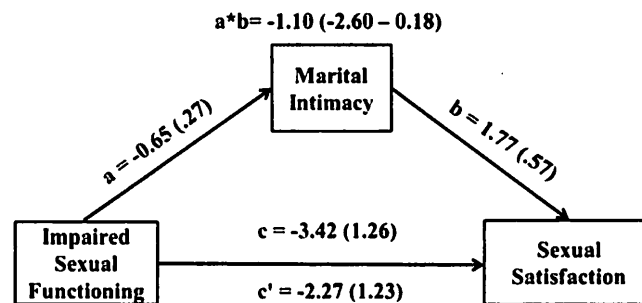


Figure 1. Mediation pathways of impaired sexual functioning predicting sexual satisfaction. Values represent unstandardized coefficients. Values in parenthesis reflect standard error except the indirect $a*b$ pathway which displays 95% CI.

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Marital Intimacy and its Effect on Sexual Distress

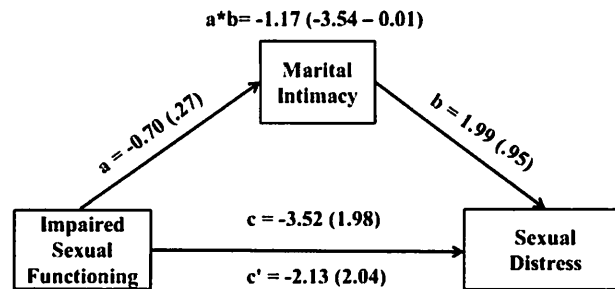
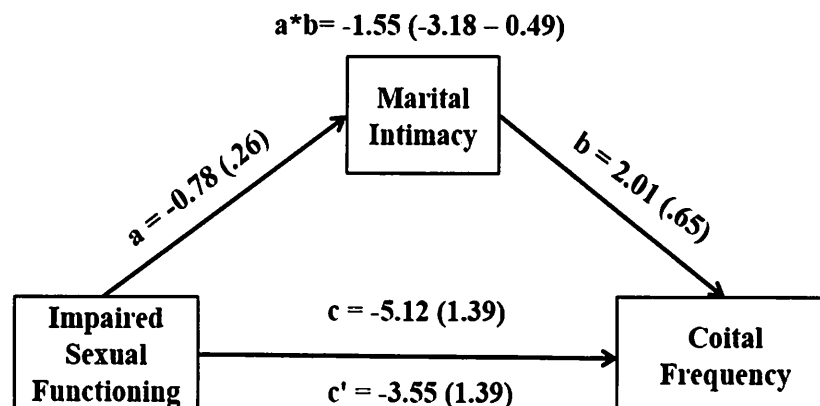


Figure 2. Mediation pathways of impaired sexual functioning predicting sexual distress. Values represent unstandardized coefficients. Values in parenthesis reflect standard error except the indirect $a*b$ pathway which displays 95% CI.

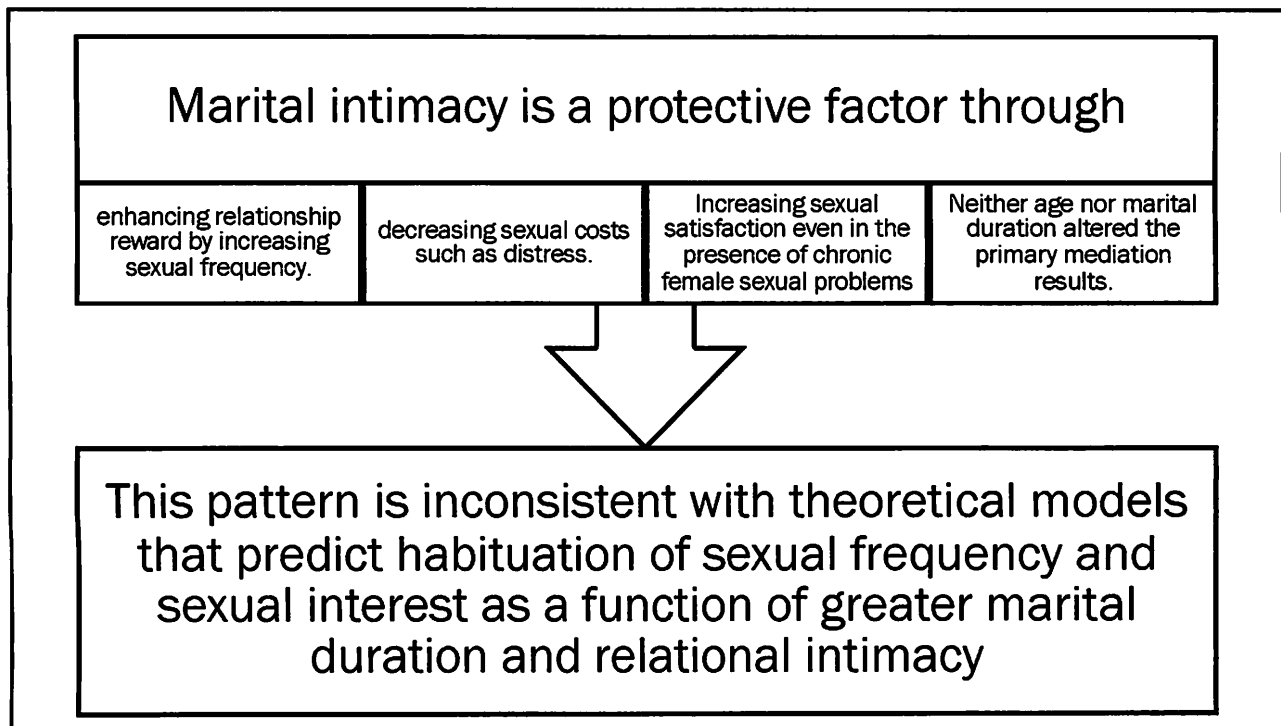
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Sexual Frequency

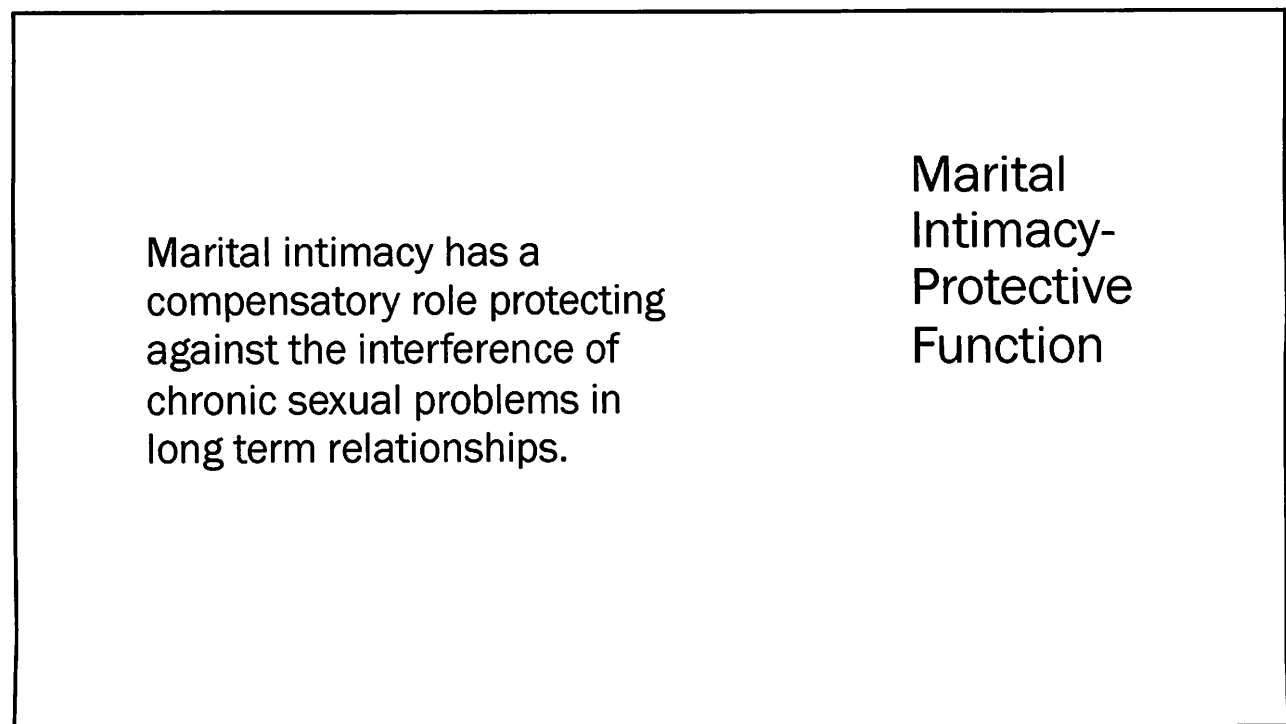


intimacy accounted for
1.5 days of the 5-day difference in sexual frequency between FSD and non-FSD groups

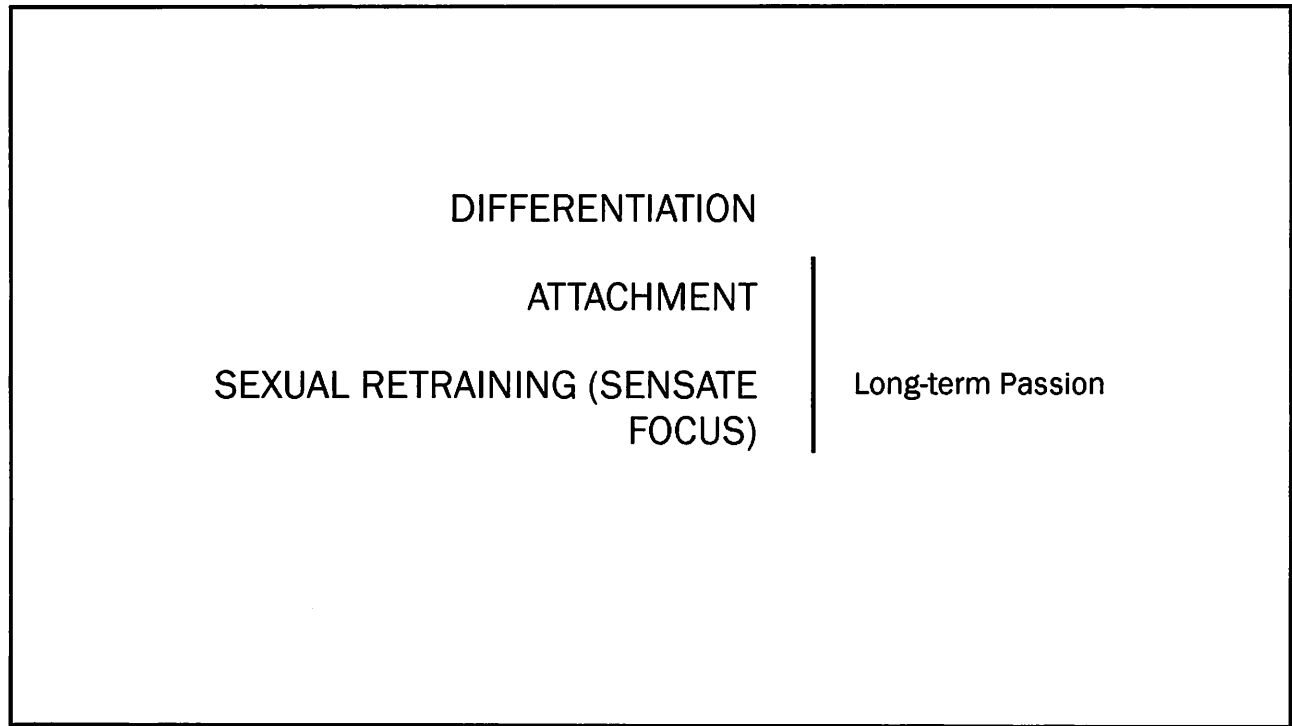
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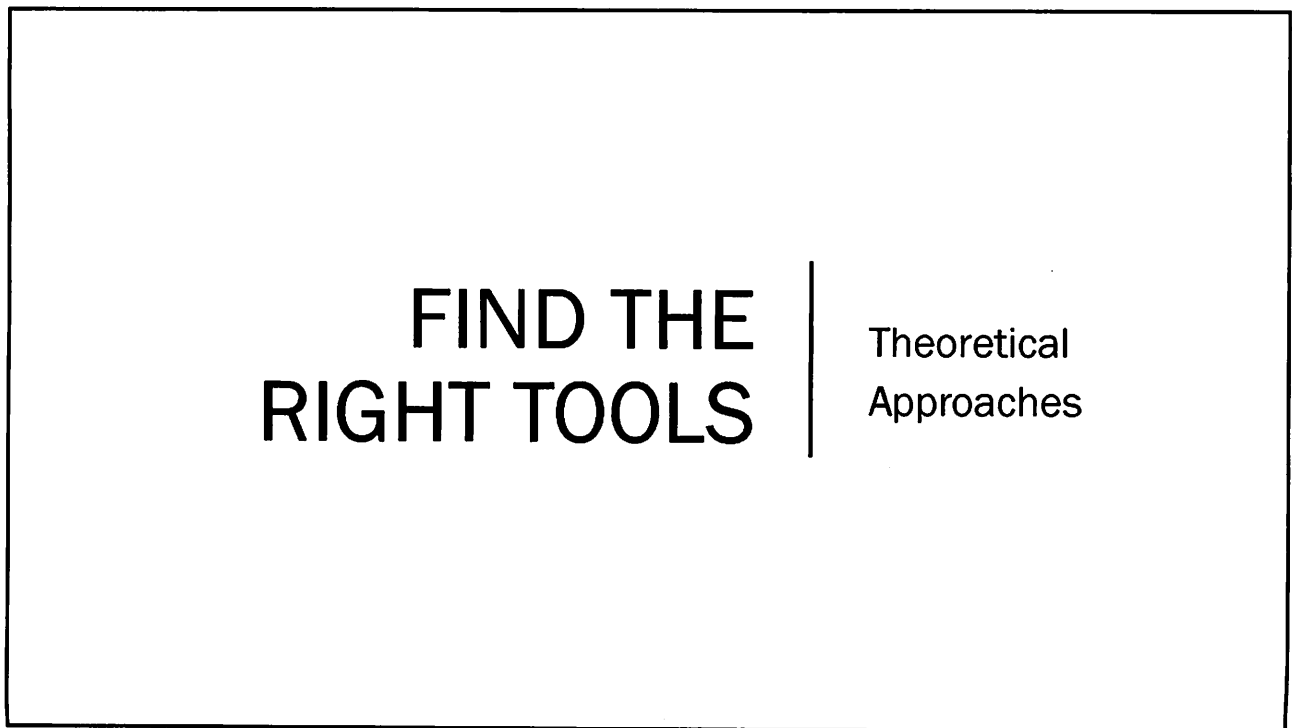
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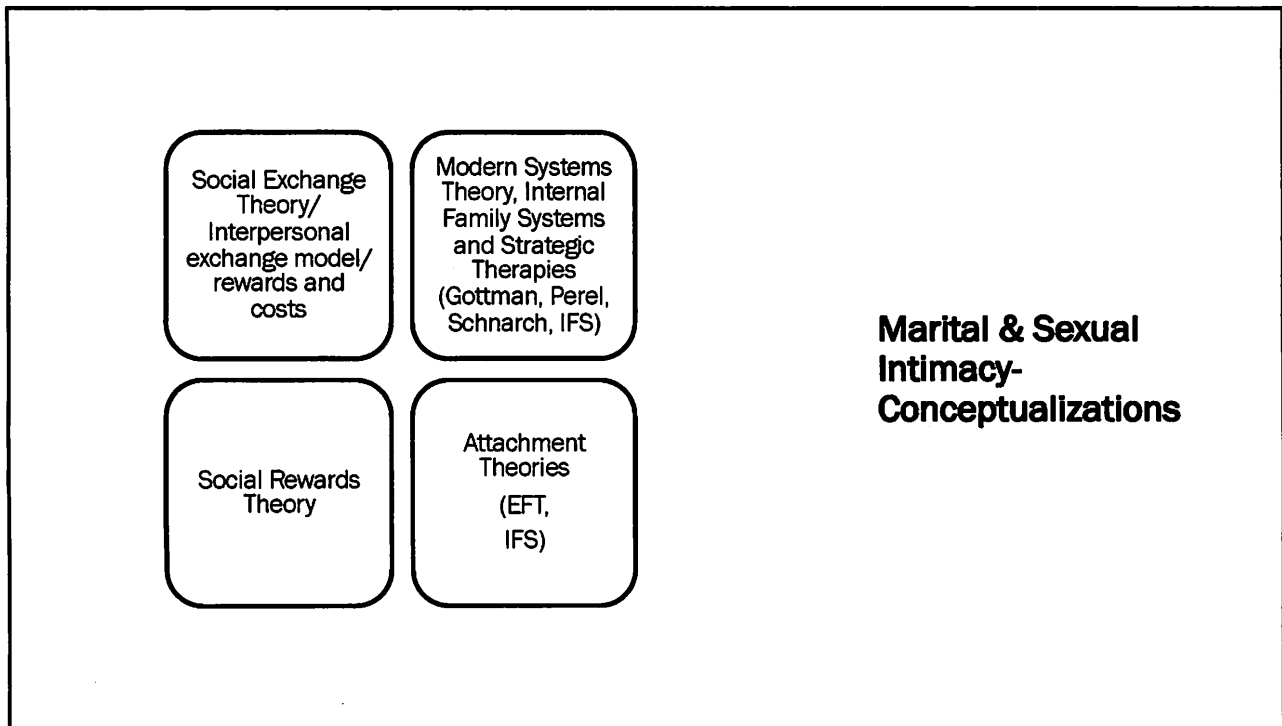
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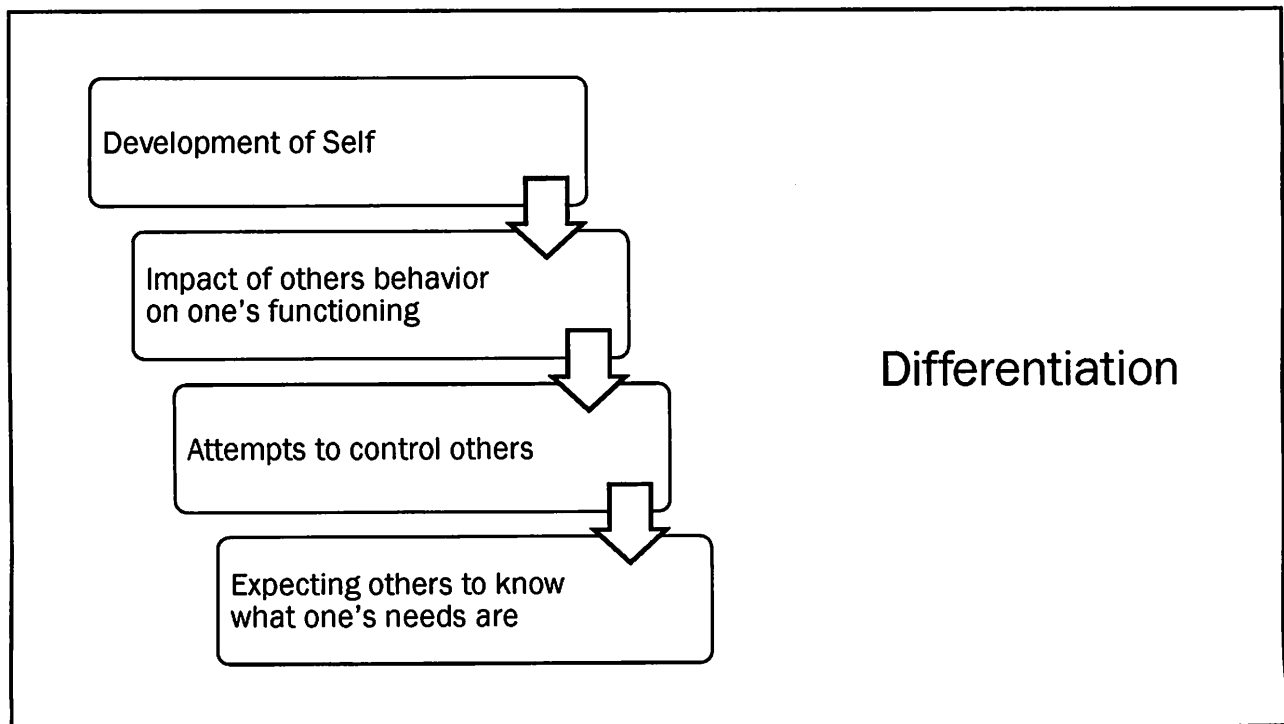
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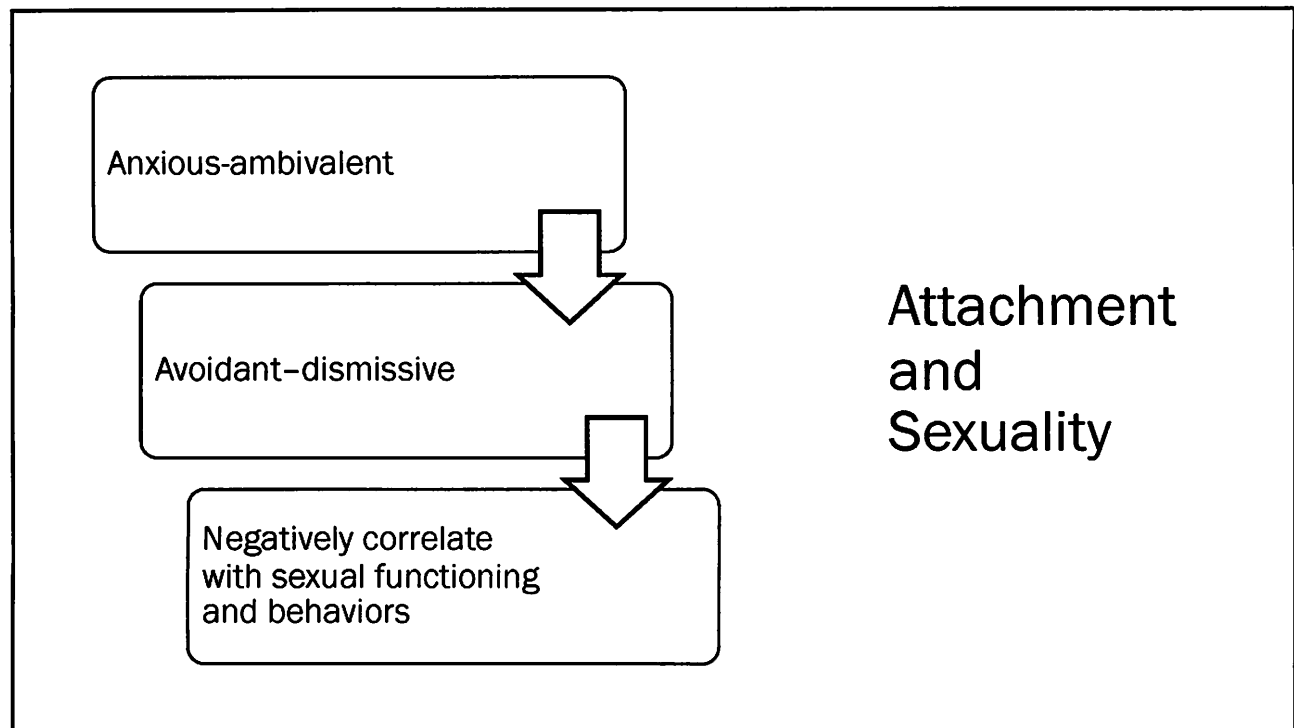
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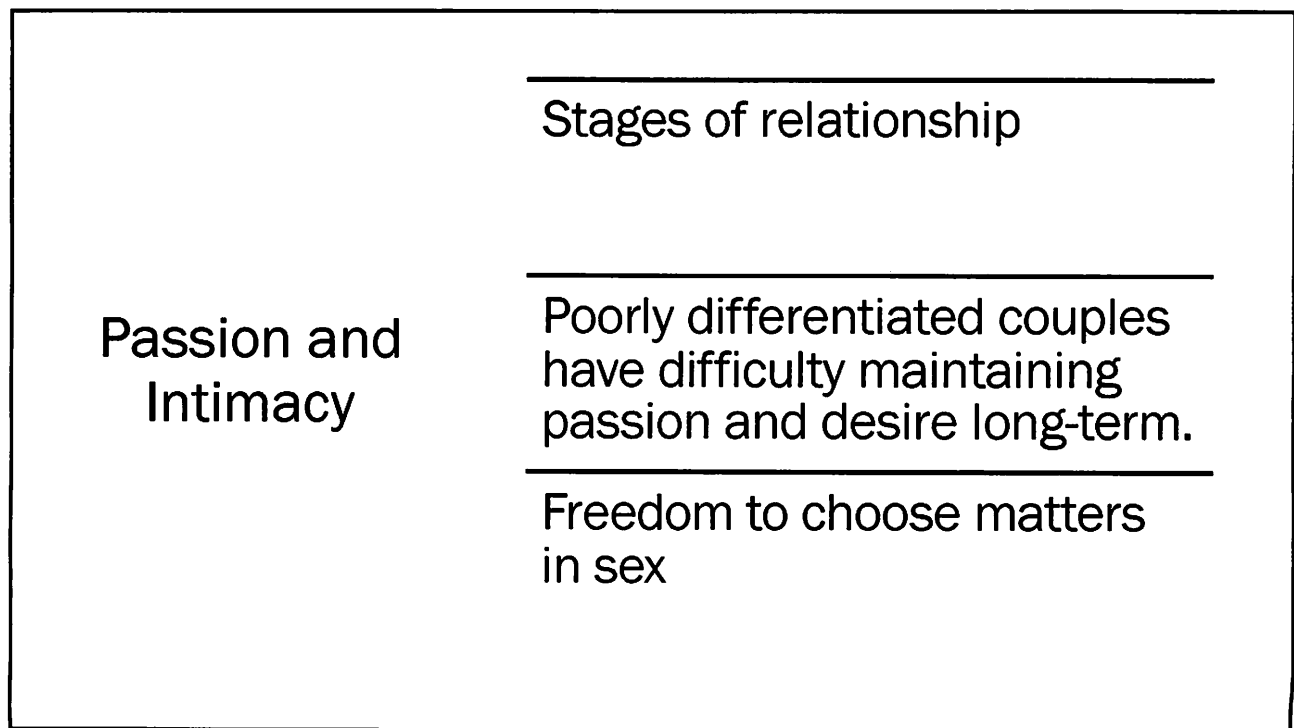
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STAY FOCUSED (UNTIL MASTERY)

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Differentiation an Autonomous “Joint
Script” for Sexual Pleasure

Conflict resolution

Flooding

Self Regulation

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Video

- When you think of intimacy what comes to mind?
- How do you go about getting connection?
- How do you sabotage connection?
- Differentiation of Self vs Control of Others
- Poor differentiation / Insecure Attachment (when needs are not met- shut down)
- Growing awareness of being flooded
- Intentional Self Calming
- Regulating Self/ Differentiation

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Autonomy
and Chronic
Sexual
Problems

Soliticious Responses

Negative Responses

Facilitative Responses

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Sollicitous and Negative Responses

The more adjusted a couple,
the less of an effect negative
and solicitous responses have
on sexual functioning. (N. O.
Rosen et al., 2013)

Reduce Avoidance and
Increase Intimacy

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Sexually Diverse Women

*Studies report either the same
or more pain in queer women*

*Significant distress but sexual
satisfaction is not affected the
same way as heterosexual
women*

Blair et al, 2015

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Sexual Retraining

Sensate Focus exercises

Narrative exercises

Journaling exercises

Cognitive-Emotional Retraining
Exercises

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**PREVENT
FUTURE
MESSSES**

RELAPSE
PREVENTATION

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