



Institute for
Relational Intimacy

Not Tonight Dear:

HELPING CLIENTS TRANSFORM DIFFERENCES IN SEXUAL DESIRE

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The Couples Institute
Webinar
2019

My Webinar Goals:

- Give you some interventions you can use immediately
- Introduce several approaches and show you how they work
- Offer a few facts about sex that can create big shifts
- Provide a developmental framework for sex issues
- Answer questions
- Direct you to further resources

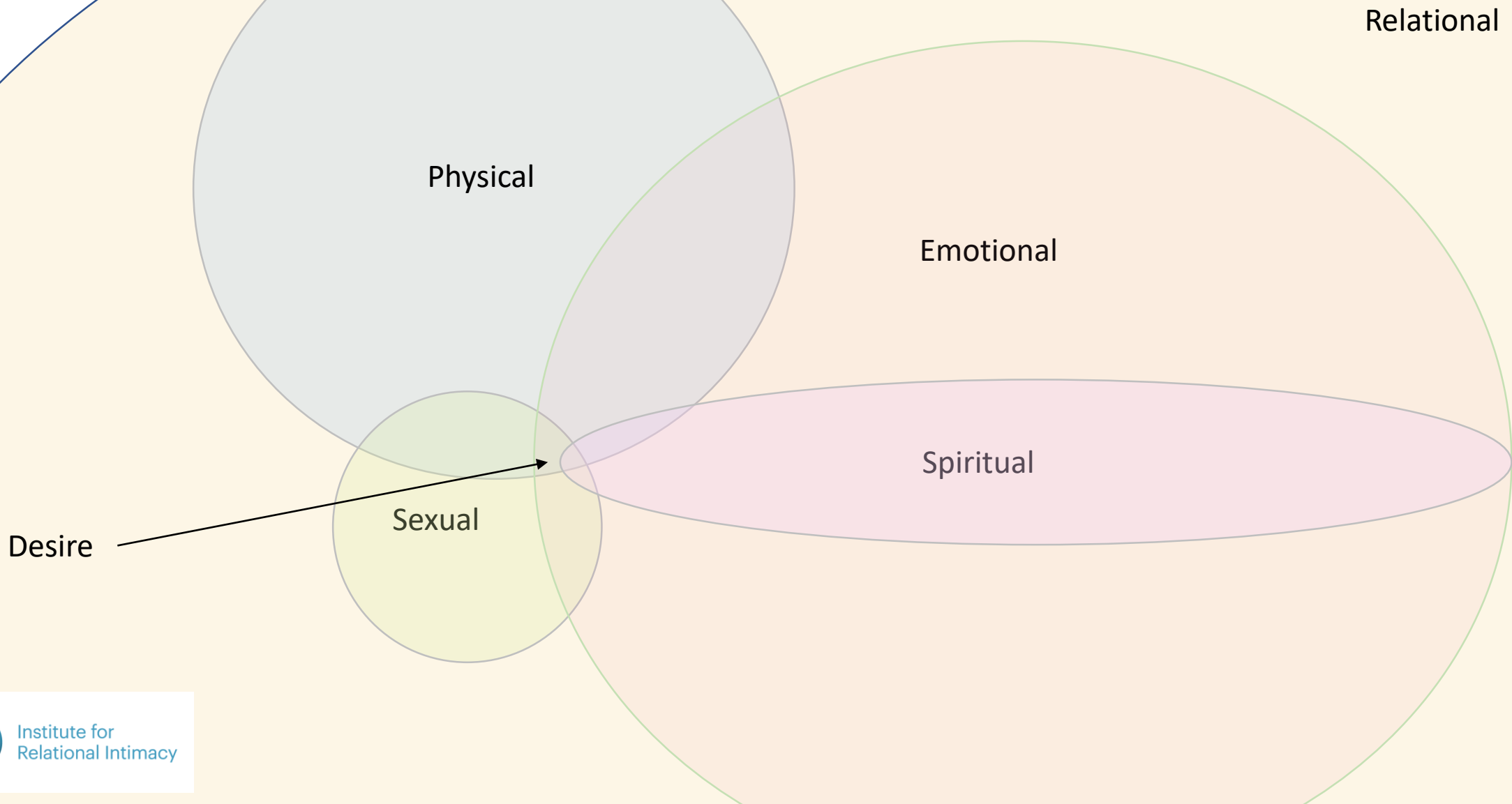


Martha's Strategy:

- Bring up the topic of sex in therapy!
- Assess the situation briefly and skillfully (Will Lily)
- Do a deeper assessment *of the relevant issues, and relational components*
- Introduce interventions in a logical, prioritized manner
- Supply accurate information as needed
- Do a systemic sex history only as necessary



Why are desire issues so hard to shift?



Three-Tier Assessment:

STRATEGY FOR ALL SEX ISSUES

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Will Lily Pick Andrew Or Sarah ?

Willingness

Libido

Pain

Arousal

Orgasm

Satisfaction

Will Lily Pick Andrew Or Sarah ?

When your partner is interested in sex, do you feel willing?

Willingness

Does any kind of sexual touch feel uncomfortable or painful?

Libido

Pain

Arousal

Do you experience body signs of arousal, like flushing, increased heart rate, hardness, wetness...?

Orgasm

Satisfaction

Do you think about sex? Dream about sex? Want sex? Experience desire?

Do you experience orgasm when you want to?

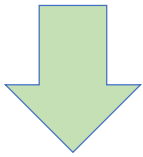
At the end of a sexual interaction, do you feel satisfied?



Potentially **Urgent** Concerns: rule out, collaborate, or refer

When your partner is interested in sex, do you feel willing?

No



Rule out

- Coercion
- Pressure
- Violence
- Consent violations

Willingness

Libido

Pain

Arousal

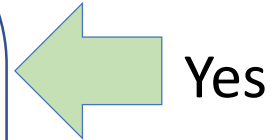
Orgasm

Satisfaction

Potentially **Urgent** Concerns: rule out, collaborate, or refer

Repeating painful sex is never good!

- Multiple causes of vulvar pain
- Multiple causes of vaginal pain
- Prostatitis
- High tone pelvic floor
- and more



Yes

Does any kind of sexual touch feel uncomfortable or painful?

Willingness

Libido

Pain

Arousal

Orgasm

Satisfaction

Sometimes vulvar or vaginal pain results from lack of lubrication. Follow up though; often it is not that simple

Potentially Urgent Concerns: rule out, collaborate, or refer

Painful sex always gets worse, and then leads to more serious problems.

Get your client to agree to stop doing whatever activity causes pain until appropriate medical treatment has a chance to work.

- Vulvar pain specialist
- sexual medicine doctor
- Urologist
- pelvic floor physical therapist

(May need a referral from primary care MD)

Willingness

Libido

— Pain

Arousal

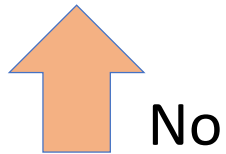
Orgasm

Satisfaction

Potentially **Urgent** Concerns: rule out, collaborate, or refer

Lack of wetness

- Use lubricant
- Work with hormonal issue (pregnancy, postpartum, post menopause, etc.)
- Increase pleasure/time spent/anatomy awareness



No

Do you experience body signs of arousal, like flushing, increased heart rate, hardness, wetness...?

Willingness

Libido

Pain

Arousal

Orgasm

Satisfaction

Potentially **Urgent** Concerns: rule out, collaborate, or refer

Lack of erection

- 70% chance of heart attack/stroke within 3-5 years
- Severity of ED matches severity of heart incident

Willingness

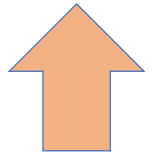
Libido

Pain

Arousal

Orgasm

Satisfaction



No

Do you experience body signs of arousal, like flushing, increased heart rate, hardness, wetness, full-body “turned on” feeling...?

Potentially Urgent Concerns: rule out, collaborate, or refer

- This is true for men with or without history of cardiovascular issues
- Also true for some men in their 30's and , rarely, even younger
- Some physicians still just prescribe Viagra, so some support for self-advocacy on your part may be needed
- Referral: Primary doc, possibly additionally a cardiologist, especially if symptoms are severe

Willingness

Libido

Pain

— Arousal

Orgasm

Satisfaction

Less Urgent Concerns: address in order of distress

Libido

Orgasm

Satisfaction

Do you think about sex? Dream about sex? Want sex? Experience desire?

- Libido is psychic energy for sex
- Many times low desire is not a lack of psychic energy for sex, but instead a combination of other things, for instance pain, or satisfaction
- Desire can be spontaneous or responsive



Less Urgent Concerns: address in order of distress

Libido

Orgasm

Do you experience orgasm when you want to?

Satisfaction

- Repair anatomy knowledge deficit
- Develop self-awareness about pleasure and pleasurable stimuli
- Increase differentiation to direct partner's efforts
- Improvisational style of sex



Less Urgent Concerns: address in order of distress

Libido

Orgasm

Satisfaction

At the end of a sexual interaction, do you feel satisfied?

- Usually you know this answer by the time you ask the question
- helps identify level of distress
- Helps identify partner interactional collapse



HPP: History of Present Problem

- Symptoms
- Onset
- Course
- Medical treatment
- Medications
- Exceptions
- Interactional sequences
- Impairment



Brief Assessment: Will Lily Pick Andrew or Sarah?

Is there anything about sex or sexuality you think you might want to discuss in therapy?

Would you give me a brief snapshot of what that looks like for you?

Would it be ok with you if I asked a few quite specific questions that will help me understand more about that?

Willingness

When your partner is interested in a sexual interaction, do you feel willing?

Rule out coercion, violence, pressure, consent violations

Libido

Are you interested in sex? Do you think about sex? Experience desire?

ASAP abstain from the painful activity, treat the pain. Refer to MD, and then vulvar pain specialist, pelvic floor PT, urologist, sexual medicine MD

Pain

Does any kind of sexual touch feel uncomfortable or painful?

Use lubricant, address hormonal issues, and refer erectile dysfunction to MD, cardiologist, etc. Rule out vascular issues

Arousal

Do you experience body signs of arousal? Flushing, increased heart rate, hardness? wetness?

Use lubricant, address hormonal issues, and refer erectile dysfunction to MD, cardiologist, etc. Rule out vascular issues

Orgasm

Are you able to reach orgasm when you want to? With or without partner?

Satisfaction

At the end of the interaction, do you feel satisfied? Would you do it again?

History of Present Problem

Symptoms

Description, specific location, associated with what activities, how long does it last when it happens?

Onset

When did it start, how, and associated events

Course

Beginning with onset, how has it developed and changed over time?

Medications

Update medication list, check for related side effects

Exceptions

Try to find an exception to the problem sequence; what was different? Walk through the exception step by step

Remedies

What has been tried, what worked, and what did not work?

Medical Tx

Has a doctor been consulted? What was the diagnosis or theory? What was tried, what worked, didn't work?

Interactional Sequences

Where do the partners get stuck when it happens? What meanings do each make of the problem?

Impairment

For whom is this a problem? Why? Level of distress? Goals of each partner?

Referral or Collaboration?

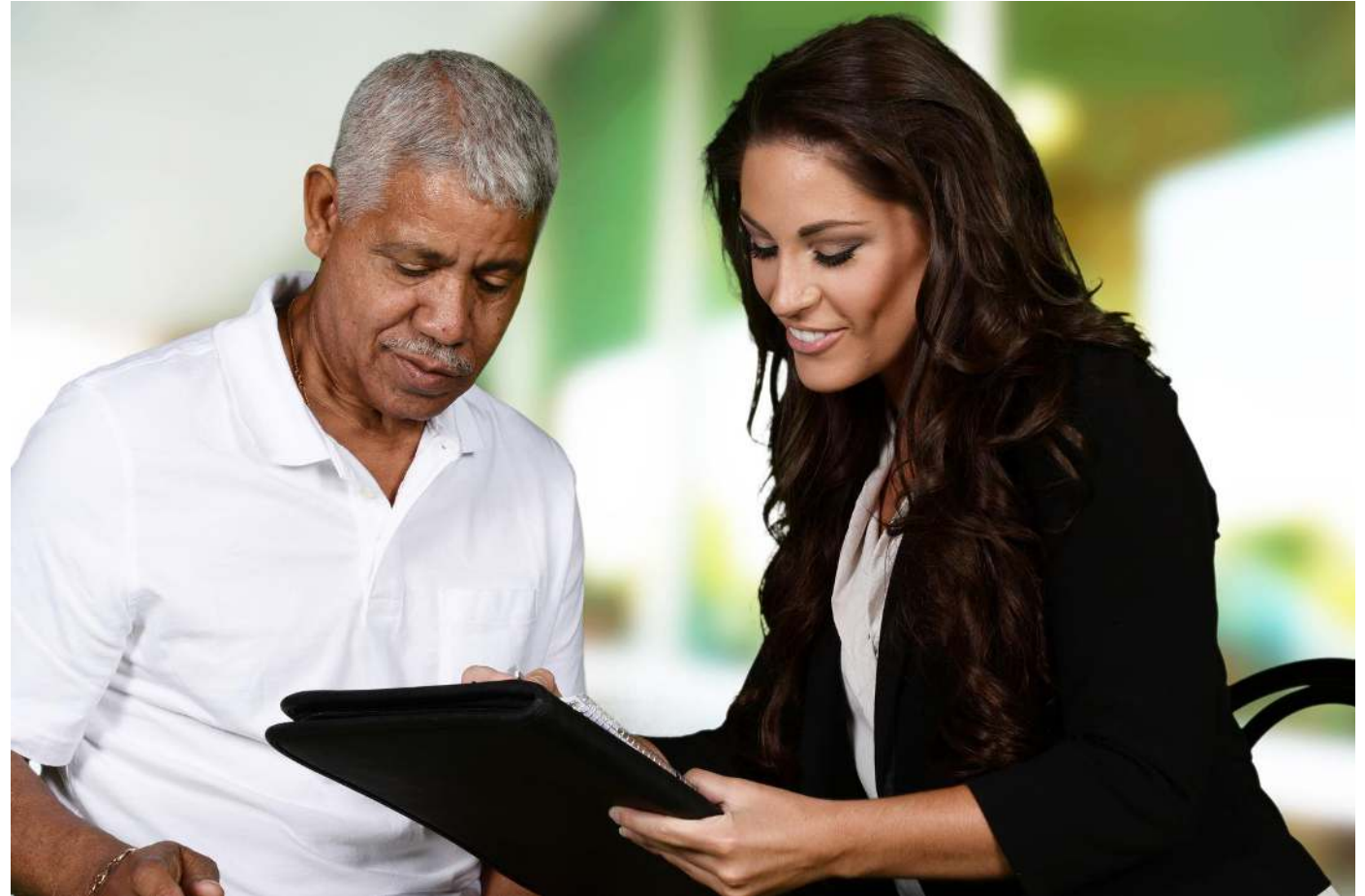
Do you need to refer? Collaborate? Consult? With whom?

Non-pharm Remedies?

Are there non-pharmacologic remedies that would help? Check the Femani website.

Prioritized Treatment Plan:

- Urgent concerns
- Referral?
- Collaboration?
- Psychoeducation?
- Non-pharmacologic remedies*



Dual Control Model of Arousal:

GUIDING A COLLABORATIVE CONVERSATION

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Dual Control Model Cues:

“Women say they need to feel emotionally connected before they’re interested in sex, and men say they need to have sex in order to be emotionally connected...”

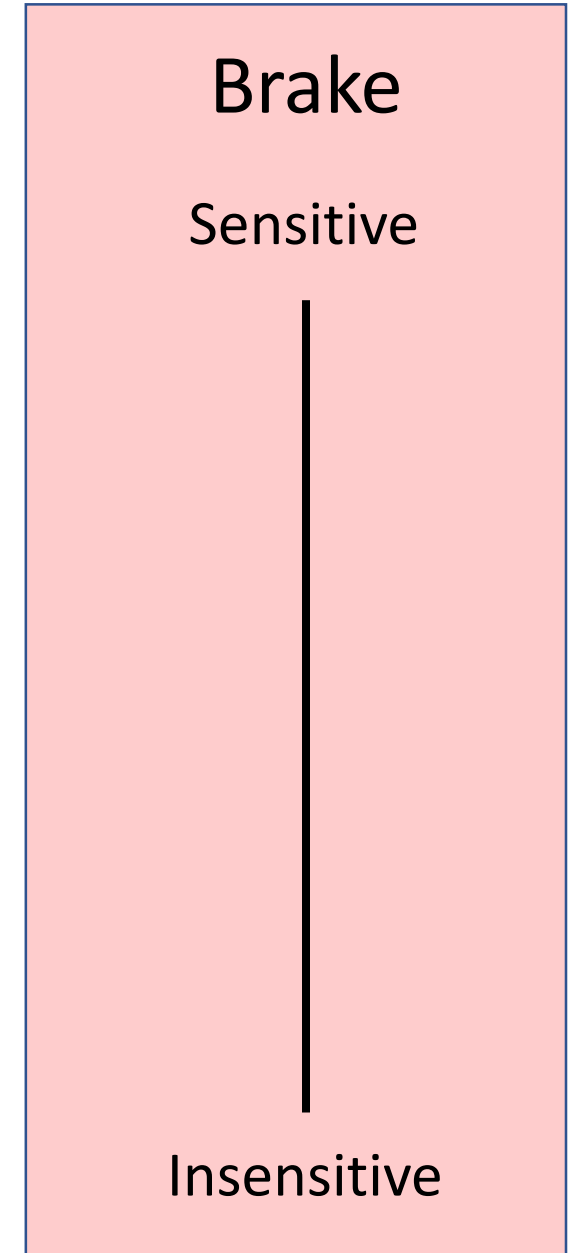
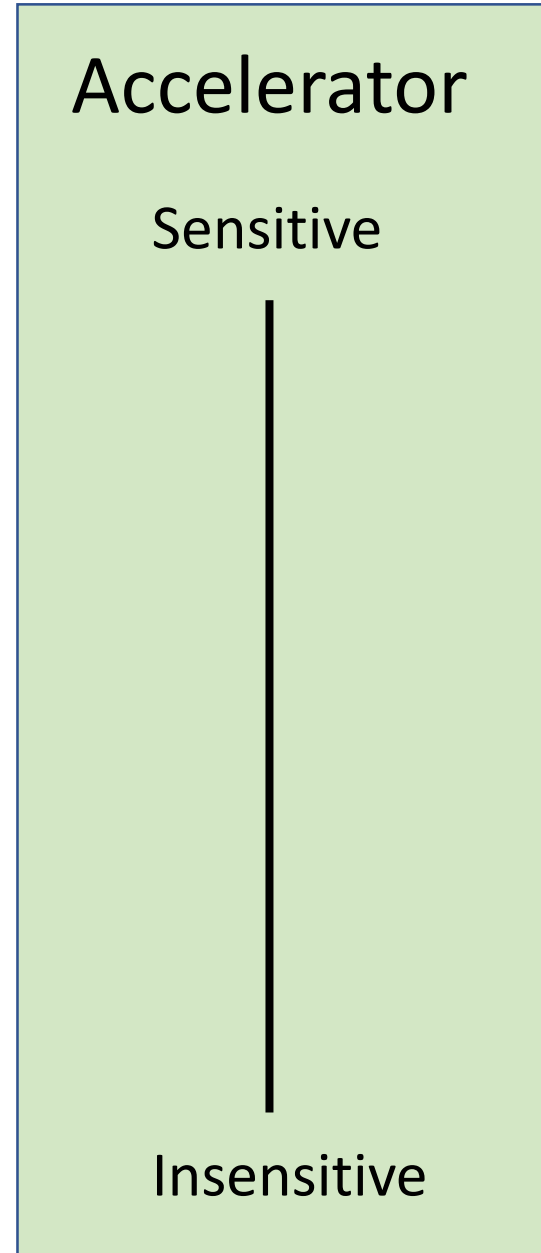
“She is so turned off by the way he initiates, as if he thinks she can just turn a switch and be all ready and in the mood...”

“Women attribute their lack of desire to fatigue, stress, parenting responsibilities...”

Dual Control Model

Sensitive = many types of stimuli hit the button

Insensitive = few types of stimuli hit the button



Dual Control Model

Most people are
somewhere in the middle.



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Accelerator

Sensitive



Insensitive

Brake

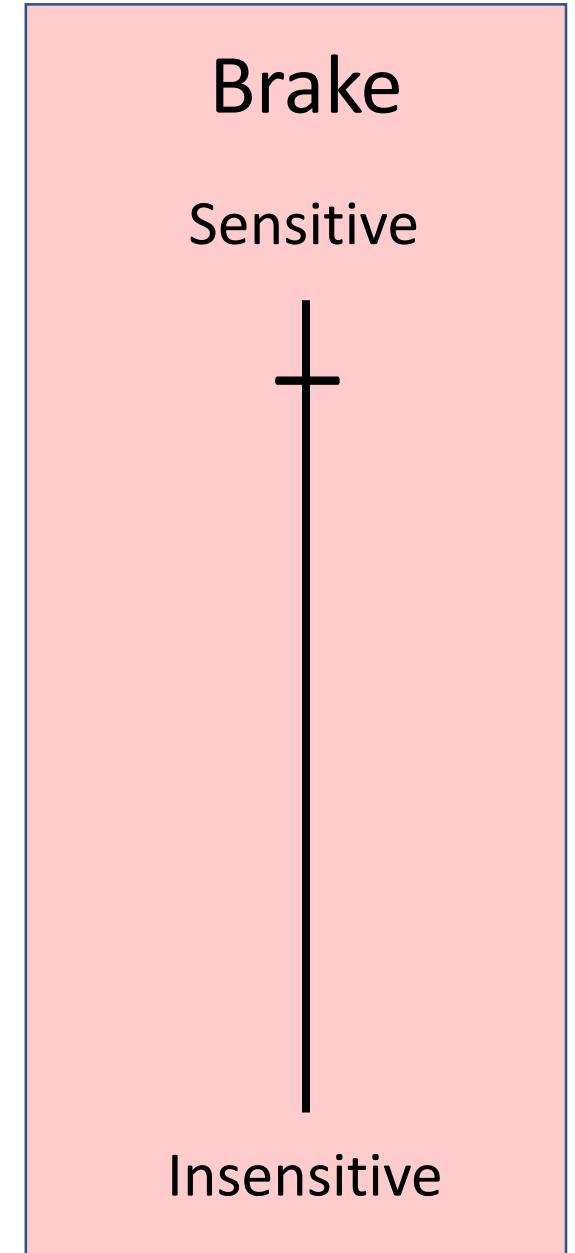
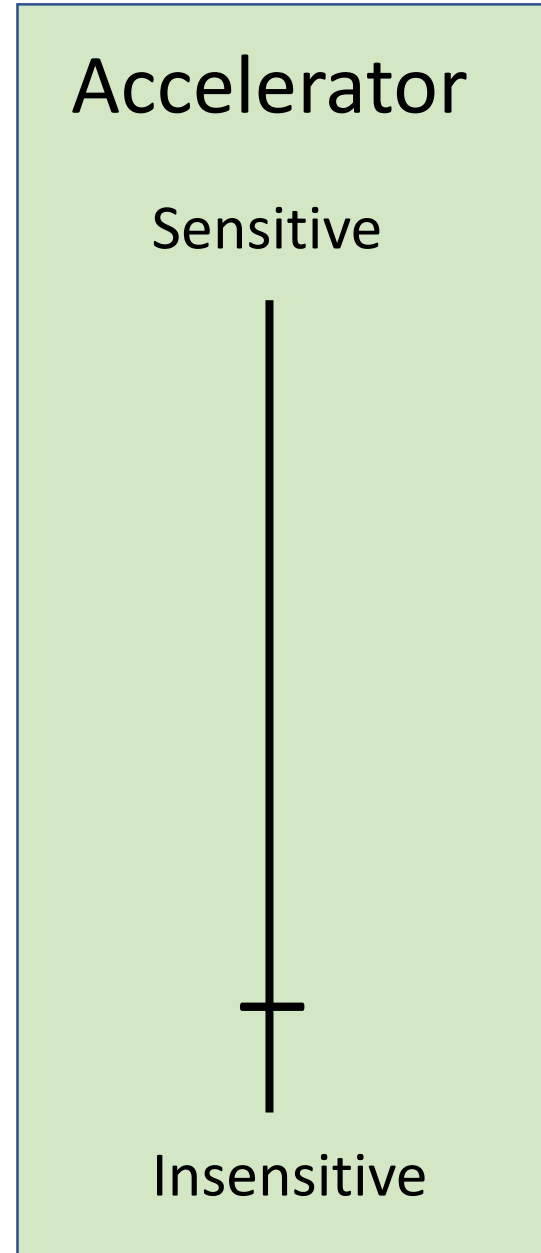
Sensitive



Insensitive

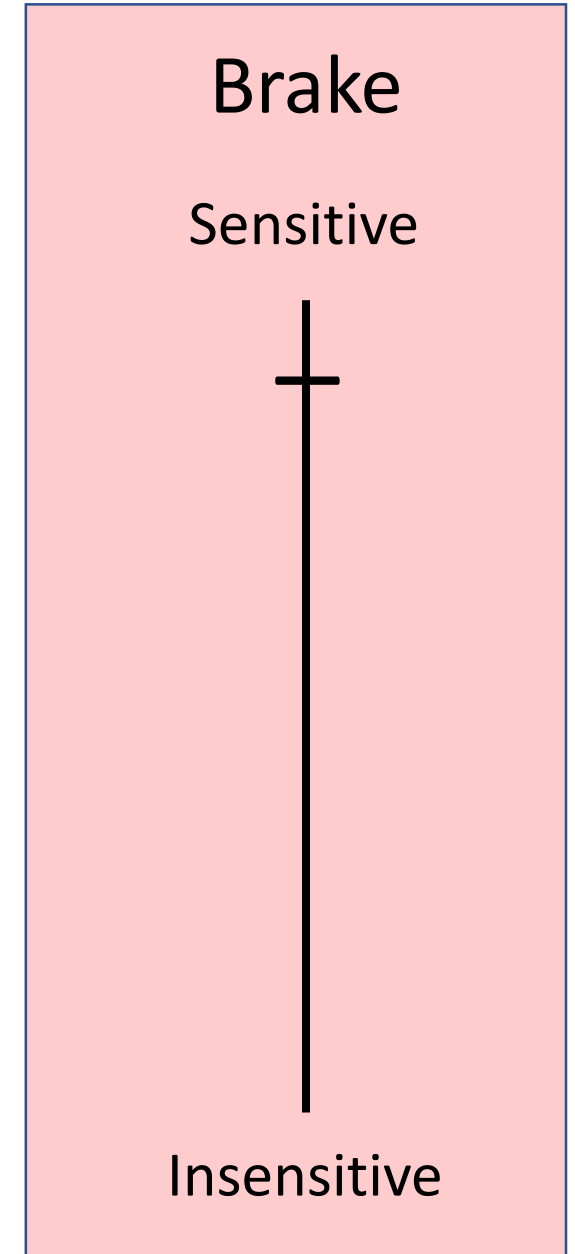
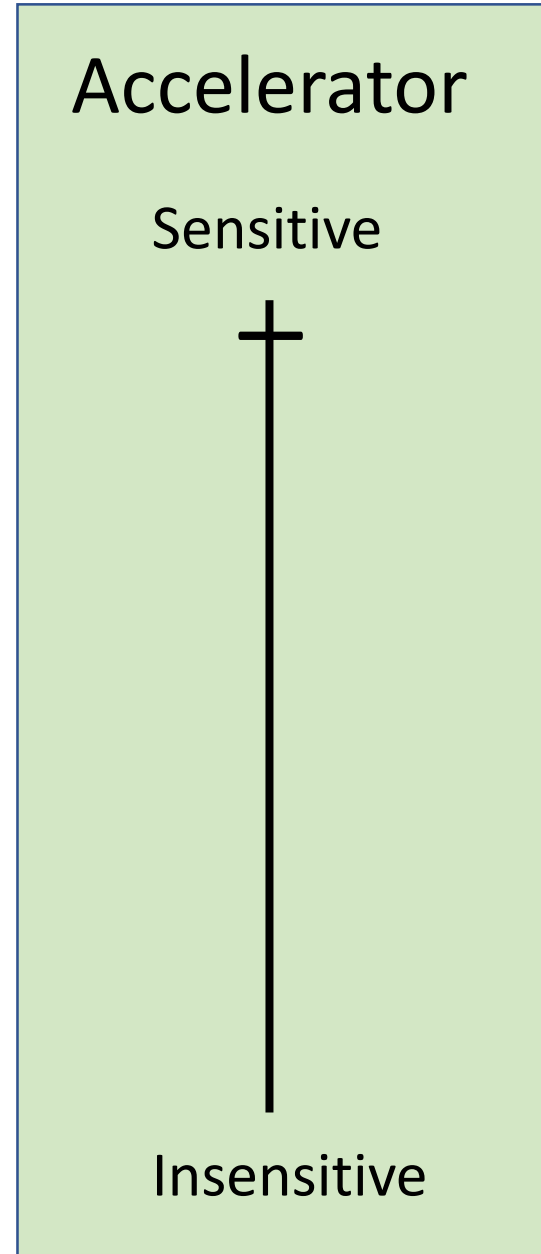
Dual Control Model

Not very many things hit the accelerator, and lots of things hit the brake = everything has to be “just so” in order to start, and many things cause a partial or full “stop”. This is a person who is likely to present with low desire.



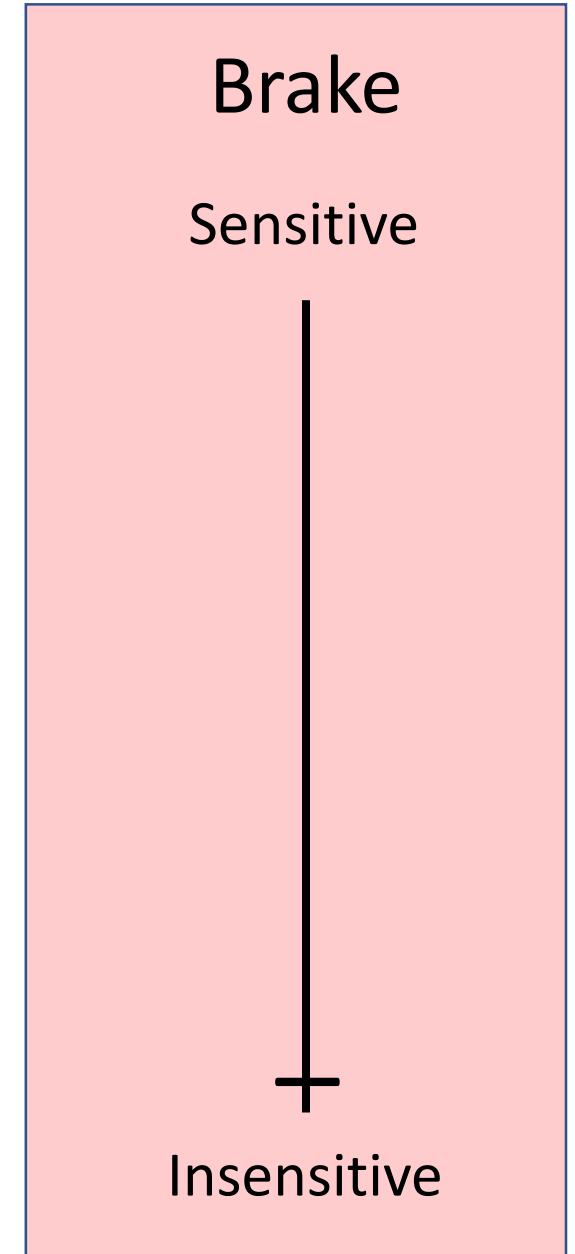
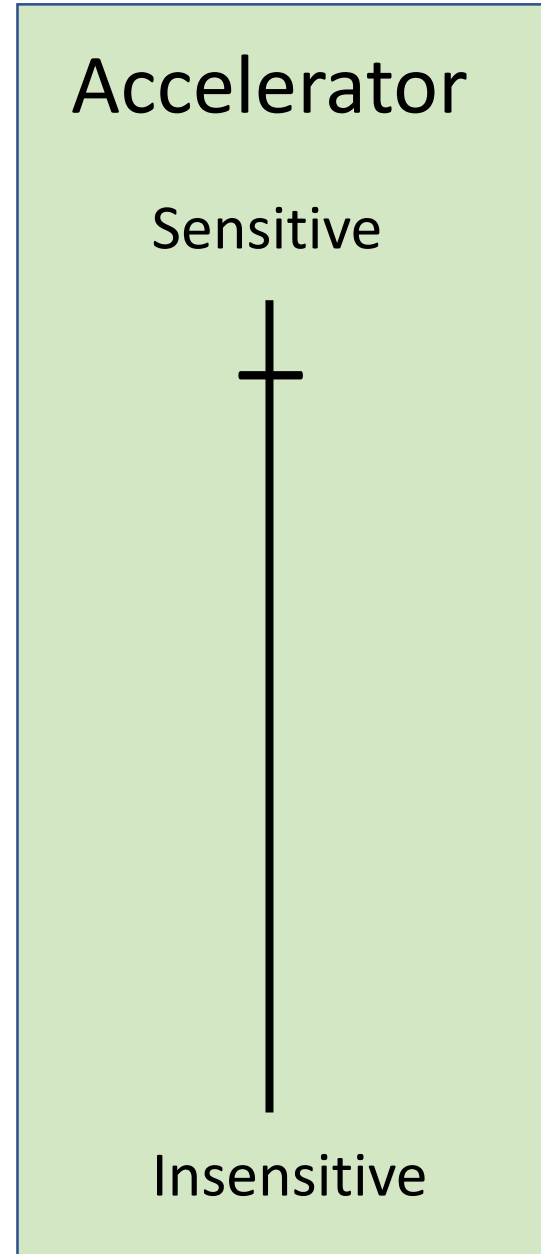
Dual Control Model

Lots of things hit the accelerator, and lots of things hit the brake = this is a person who gets started easily, and also stops easily. Things have to be “just so” all the way through.



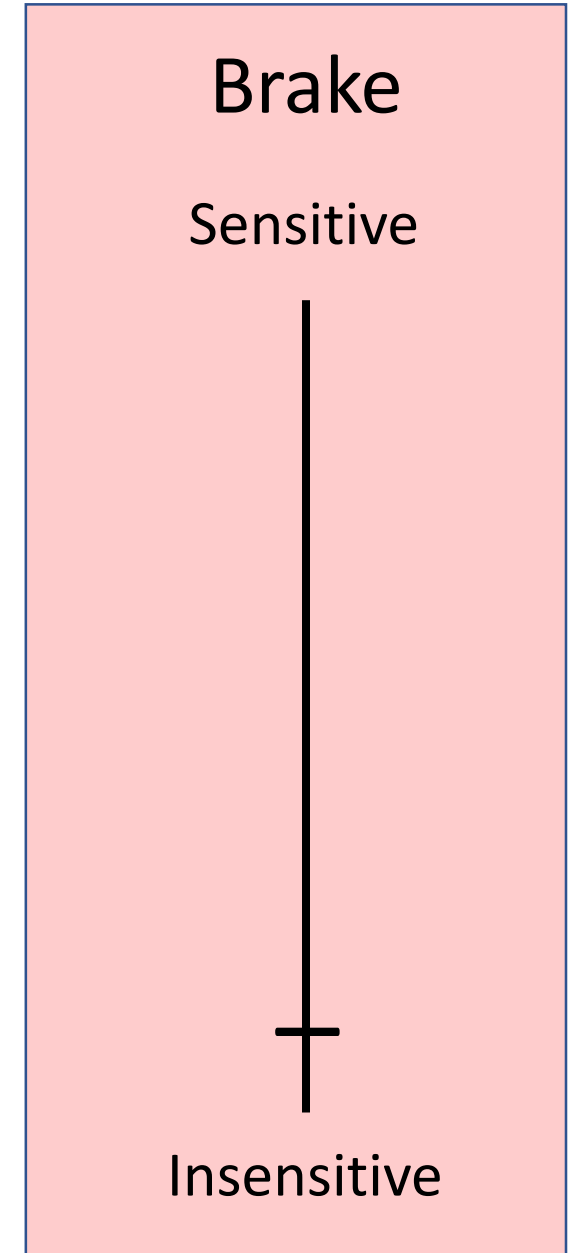
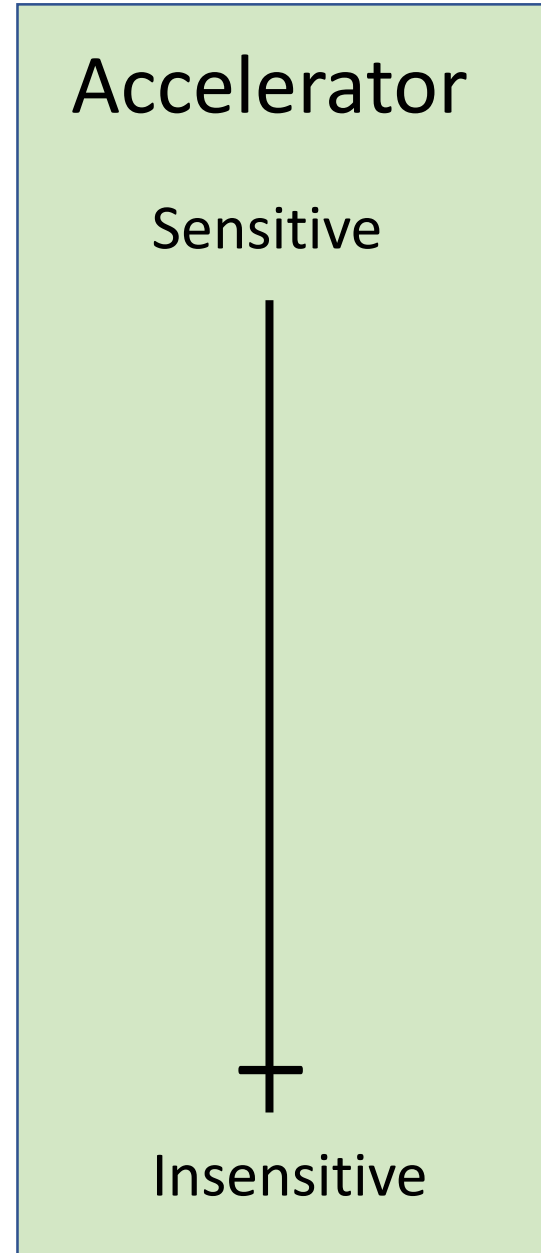
Dual Control Model

Lots of things hit the accelerator, and hardly anything hits the brake = this is a person at risk for regrets after the fact; they start easily, and don't have many cues that signal "not a good idea, so stop!"



Dual Control Model

Few things hit the accelerator, and few things hit the brake = this is a person who has difficulty starting, but once going, doesn't stop easily.



The Importance of Collaboration

- A pleasant environment is conducive to feeling trusting & contributes to the ability to be curious about novel stimuli.
- A chaotic environment contributes to guardedness and hostility or suspicion/retreat when faced with novel stimuli.
- A neutral environment could go either way.



Spontaneous vs Responsive Desire:

BOTH ARE EQUALLY NORMAL

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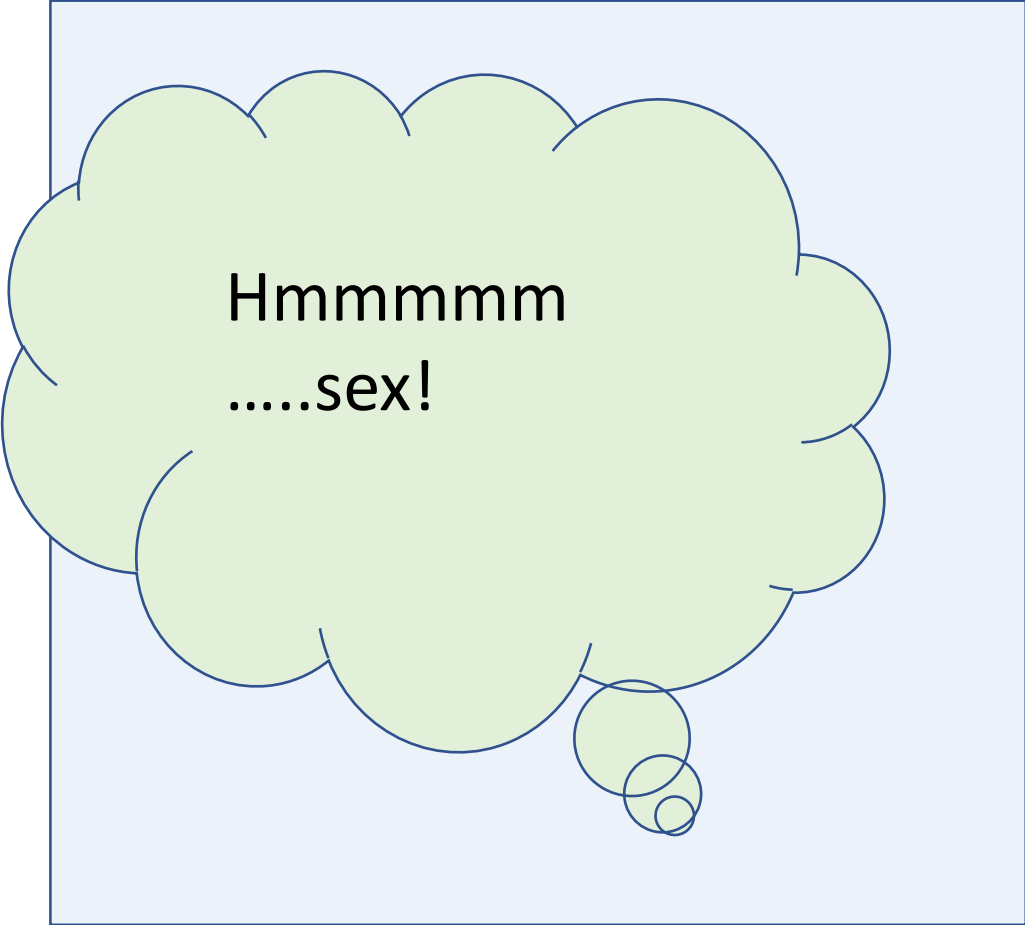
Desire Style Cues:

“She enjoys it occasionally once it gets started but could live without it. This really hurts her husband’s feelings...”

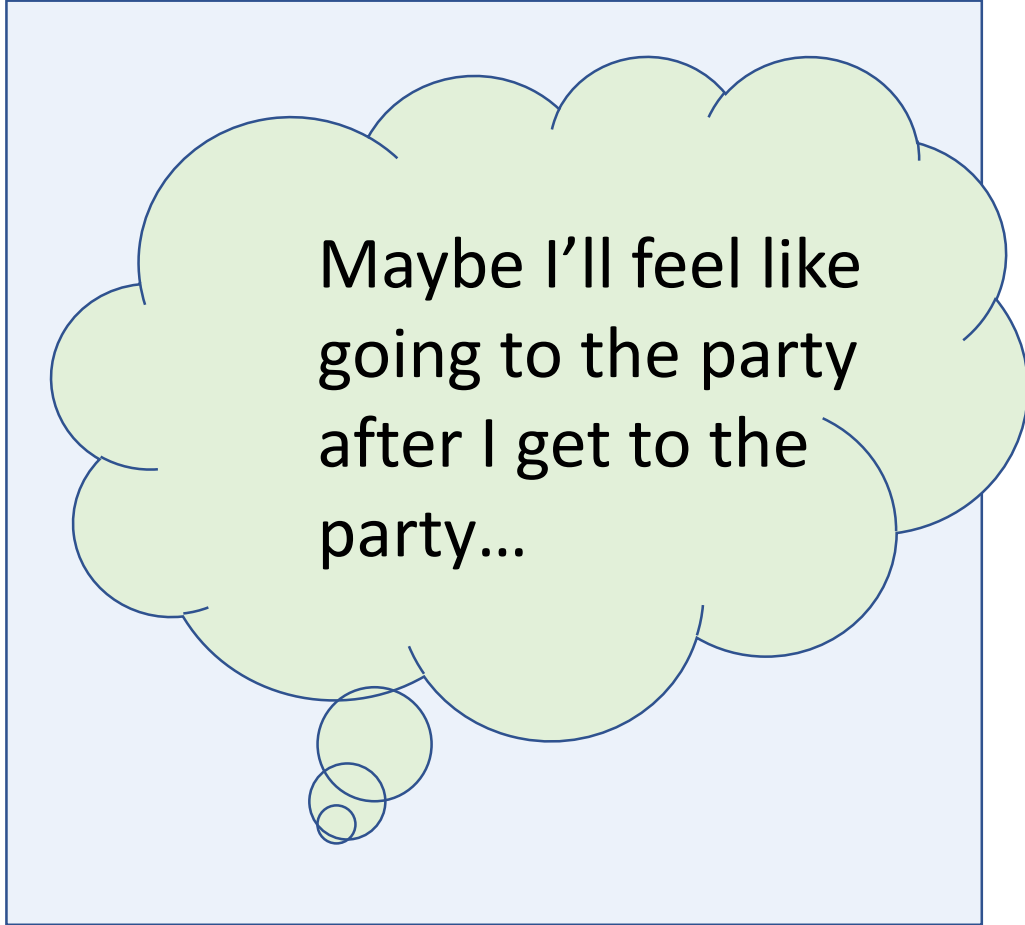
“...after menopause, her husband initiates less, not wanting to pressure her, but rather to give her the freedom to initiate when she is in that space...”



Spontaneous vs Responsive Desire



Hmmmmm
.....sex!



Maybe I'll feel like
going to the party
after I get to the
party...



Improvisational Sexual Style:

CONNECTION AND PLEASURE ARE THE GOALS

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Improvisational Sex Cues:

“She doesn’t want to cuddle on the couch because her husband thinks that is a cue to ‘go all the way’ and she doesn’t have the bandwidth for that right now...”

“He has significant performance anxiety...”

“He has chronic illness and just a little energy, usually not at night...”

Q: What causes sexual dysfunction?

A: Goal-oriented performative sex!

Q: What fixes sexual dysfunction?

A: Pleasure- and connection-oriented, goal-free sex



Q: I tried a great intervention; why didn't it work??

A:
Insufficient
differentiation
of self

Improvisational, pleasure-
focused intimacy depends
on differentiation of self



Differentiation of Self:

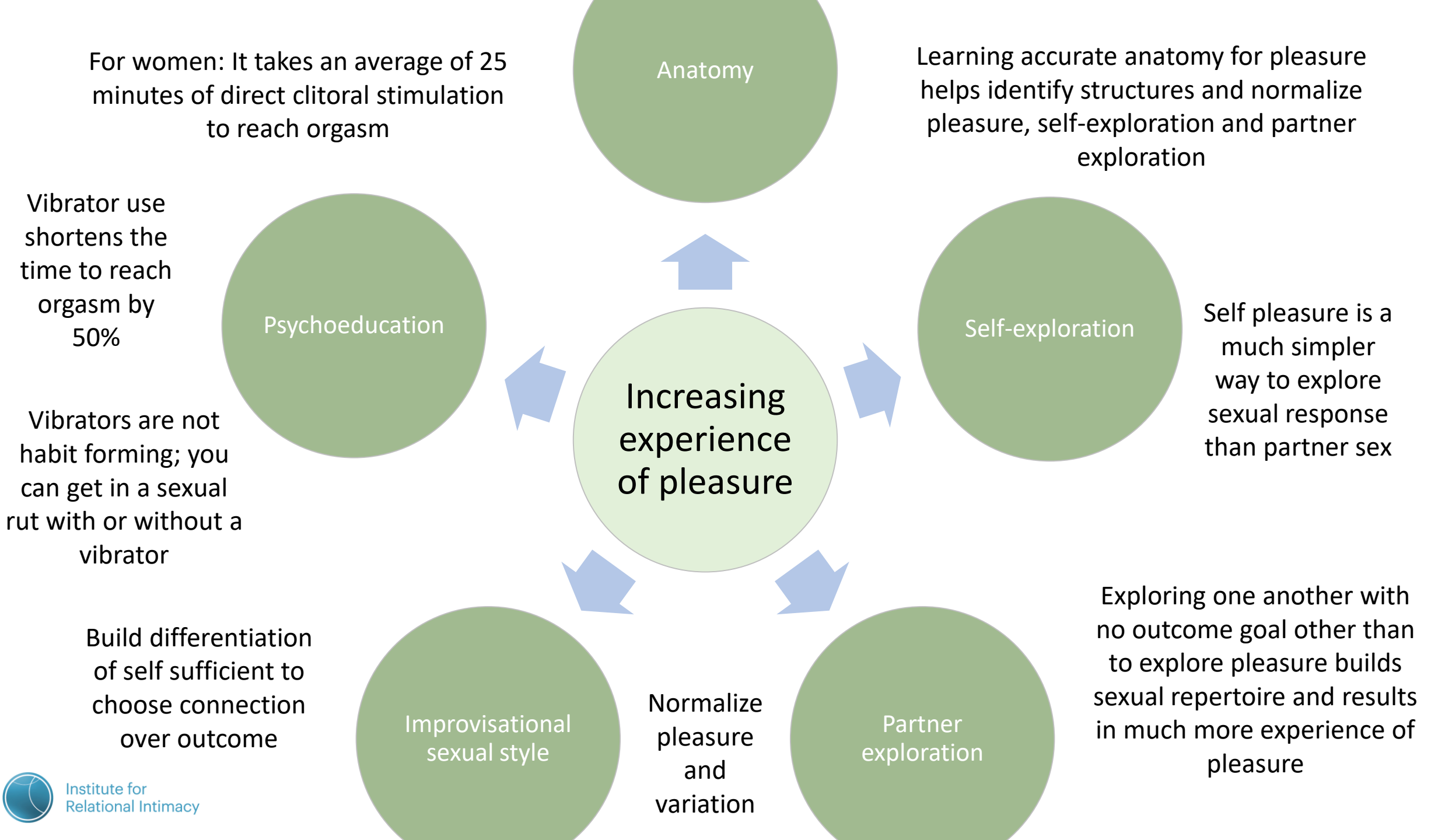
- Look inside yourself and identify your own thoughts, feelings, preferences and beliefs regardless of external influences.
- Hold steady while sharing your deeper self with someone you think may not feel comfortable hearing the ways you are different.
- Listen with open-ness and curiosity when someone shares something with you that makes you feel uncomfortable. Access empathy and validate your partner's right to be unique.



Differentiation of Self (Sexual Context):

- What do you like? What might you like to try? What fans your desire?
- Express both your sexiness and your fears/vulnerabilities
- Stay open to your partner's desires and ways of being. Co-create a safe context for exploration and silliness
- Take control of your own desire, pleasure and orgasm





Further Resources

- www.femaniwellness.com is a great website written by a physician and a social worker, providing non-pharmacologic remedies for sexual health problems, client literature free of charge, and accurate information about physiological sex issues for everyone
- www.instituteforrelationalintimacy.com Martha's website which lists upcoming classes and has a blog about working with relational sex issues using the Developmental Model
- Emily Nagoski has a great blog and book, and frequently writes about the Dual Control Model, effect of context, different desire styles, etc.
- www.thecouplesinstitute is the go-to place for effective relational therapy interventions and a great blog