

Sensate Focus Program For

Sexual Dysfunction



Sensate focus program for sexual dysfunction

This leaflet aims to help you understand more about why sexual problems may develop and why we advise you to tackle the problems in the way we do. These notes can help you to think over the main points at home and discuss them with your partner, as well as with your counsellor.

Why sexual problems arise

Sex is a natural function like digestion — and like digestion can be upset by a whole variety of problems, usually not involving physical factors.

We all accept that faulty eating, feeling rushed, stressed, anxious or in a bad mood can lead to complaints like loss of appetite, indigestion, diarrhoea or constipation, even though the body is basically healthy. We also know that if we eat normally and in a relaxed way, our digestive system works naturally and we enjoy our food.

In a similar way if sex is allowed to happen naturally and in a relaxed way, our bodies will respond normally without any conscious effort.

Common examples of problems or situations than can upset normal sexual responsiveness are as follows:-

1. Misunderstanding of, or lack of, information about sex

- not knowing what to expect or how to act

2. Bad feelings about sex or its consequences

- fear of pregnancy or pain
- fear of being judged for how you look
- fear of being 'caught', overheard or interrupted
- fear of failing to perform normally or well
- fear of losing control (becoming undignified, incontinent or unattractive)
- fear of your partner losing control
- guilt (believing that sex is wrong)
- disgust (feeling that sex is dirty or messy)

3. Problems in the relationship

- feeling angry, bitter or resentful towards your partner
- feeling insecure or frightened of being hurt

4. Bad feelings about yourself

- feeling depressed, worthless, not deserving pleasure
- feeling unattractive, unhappy with your body

5. Unsuitable circumstances

- feeling too tired, or hurried, or preoccupied with other things
- lack of comfort, warmth or privacy

6. Alcohol, drugs or medication

- these can sometimes interfere with sexual response

7. General wellbeing

- appetite for sex (libido) often reduces during periods of mental or physical ill health or following trauma or stress. It returns gradually as you regain health

How do these problems affect sexual response?

The original cause of the sexual problem may be short lived, but due to the complex relationship between our physical, emotional and sexual responses this can lead to a vicious cycle of worrying about your symptoms and responses.

In addition, if one partner fails to respond, then the other partner gets caught up in performance anxiety too — and doubts his or her abilities as a sexual partner — there is no such thing as an uninvolved partner so don't make one of you the Patient and the other the Therapist — you are BOTH involved in the problem.

Basic Principles

- 1. Improve communication within the relationship to relieve the resentment and misunderstandings that keep a sexual problem going.*
- 2. Correct misunderstandings about sex.*
- 3. Learn ways to avoid the 'spectator' role and allow yourself to relax and enjoy your natural sexual responses. By setting limits to how far you go physically for an agreed time, this allows you to concentrate on and re-acquaint yourself with your body sensations with no goal in mind.*

Important Points

Sensate focus is about learning new and more satisfactory ways of getting on with each other. Like any other learning process, the responsibility for change lies with you.

You will need to set aside time to be together — time to talk to each other without frequent interruptions e.g. from children, electronic devices, work. Try to find a regular half-hour (or longer) in the day that is exclusively for you.

You will also need to aim for at least three sessions a week for physical contact — although, of course, the more spontaneous and natural these occasions are, the better.

You will need privacy (a lock on the bedroom door is not anti-social) and comfort. If sound-proofing is a problem, put the radio on. Going to bed earlier is the easiest way to find time for the sessions. A drink around bedtime may help. Several drinks won't.

Don't expect miracles at first. You may even have to force yourself to practice to begin with. This is not surprising if you have been put off sex for a long time — you will need to unlearn all your old habits and attitudes, wipe the slate clean and allow your natural feelings to re-emerge.

We suggest that you and your partner read these notes and decide independently whether you want to work on improving your relationship now, and whether you are prepared to make the full commitment in terms of setting aside time, making an effort and accepting agreed limits on your physical relationship for a short time.

Rules of good communication

1. When a sexual problem arises it often impacts on individual wellbeing and the relationship, which serves to keep the sexual difficulties going even if the original cause has resolved. It is therefore necessary to look carefully at your general relationship, particularly in the ways it may affect your sexual relationship.
2. Good communication and the use of positive rather than negative reinforcement are important for healthy sexual relationships, but have further reaching benefits as well.
3. It is never too late to learn new ways of communication, however long you have been together, and improved communication is essential if a sexual problem is to be resolved.

Here are some basic principles of communication:

The first step in good communication is to try it. There is no benefit in avoiding difficult conversations as the problem is likely to get worse the longer it's left. It is better to be open by talking regularly rather than allowing things to build up.

Aim to communicate with each other as two equals. When parent-child or carer-patient-like relationships develop within a relationship it will interfere with healthy adult sexual responsiveness. The following points help to keep the status equal.

Being accusatory will put your partner on the defensive and is likely to lead to a less productive conversation. Using "I" statements and talking about how you feel is less likely to make your partner feel attacked. Put the focus on yourself by using statements like "when you do[x], it makes me feel [y]". Encourage your partner to use the same type of language. Having respect for your own and each other's feelings is crucial. Feelings are real things whether you think they are justified or not. If they are not dealt with, by expressing them in a suitable way, they may become bottled up and can cause further problems in a relationship.

Agreeing a time and place for important conversations can be beneficial. Setting aside time allows you both to give your full attention, gives time for emotions to settle, and being in a different location can help shift to a different mindset.

Praise and encouragement (positive reinforcement) work better than criticism. Work hard at noticing and commenting on the good things your partner does. This will have a much more positive effect than nagging about the bad things.

Communication is about talking and listening. It's not just about having your say, but also about understanding what you are hearing.

Sexual Responses

Sexual responses can result from all sorts of factors — from fantasies, from seeing an attractive person, hearing nice music, masturbating, touching, kissing and caressing each other and from full intercourse.

These bodily responses usually go through three phases:-

1. *Arousal/excitement*
2. *Climax/orgasm*
3. *Resolution (returning to where we started)*

Arousal Phase

Erection of the penis may be the first thing to happen/slight swelling of the outer lips of the vulva and inner vagina and increased lubrication inside the vagina occur. As arousal increases other bodily responses and excitement increase.

It does no harm to stop during the arousal phase before a climax occurs. Unpleasant frustration usually results from expecting more than you get (in other words, it's a psychological rather than a physical problem).

Climax Phase

Stimulation of the glans penis or clitoris is required to reach climax in most people. As arousal increases a point is reached at which orgasm becomes inevitable. The fluid (semen) ejaculated from the penis at the time of orgasm can vary in quantity but is usually about a teaspoonful. The vaginal walls and surrounding muscles contract rhythmically. Orgasm lasts approximately 5-15 seconds. Sensations experienced include a sudden build-up and release of tension followed by a feeling of well-being and calm.

Resolution Phase

Resolution follows orgasm – a relaxed, calm sleepy feeling.

Some misunderstandings about sexual response

The penis can become erect at a very early stage of arousal, especially in young people and doesn't necessarily mean they are ready for intercourse. This may also cause problems with their partner who may feel anxious for taking longer to feel aroused.

Vaginal lubrication may remain hidden inside the vagina, especially if lying down.

Arousal comes in waves, with increasing and decreasing erections and vaginal responses. This is quite normal. A decline does not mean something is wrong, so no need for 'performance anxiety'.

Premature ejaculation (coming too soon, before either partner wants to) is normal for young people, particularly when very sexually aroused and when there has been a long interval since the last ejaculation. The notes given later will help with learning how to control it. Too rapid ejaculation can also make partners feel they are taking too long to climax.

Some people will enjoy sexual intimacy without reaching an orgasm. Stress, anxiety – including performance anxiety – and other worries can prevent climax, or they can cause premature or delayed ejaculation/orgasm. For good sexual function it is necessary to feel relaxed, trusting and free from pressure.

Sensate Focus Program

Stage One:

Sensate Focus without genital contact – touching your partner for your own pleasure.

This stage of the program emphasizes the importance of keeping safe within limits. **A formal agreement should be made between both partners to avoid any attempt at intercourse or genital contact until both feel comfortable with the first stages of the program. Sticking to this agreement** is essential if performance anxiety is to be reduced. It removes any particular goal, reduces pressures and expectations, allowing for the experience of new feelings and lets physical contact become an end in itself.

Aim for 3 sessions a week, each session being in two parts. Partner A initiates the session by saying to Partner B “I would like to touch or caress you” (or words to that effect). Partner B can accept the offer or decline as he or she wishes. If B accepts the invitation, then the assumption is made that B will later in the same session want to caress A. On the next occasion it should be partner B who initiates.

Important points to remember

1. If you are doing the caressing — assert yourself. Touch your partner where you want to touch (anywhere on the body except the genital area and breasts) in a way that is nice for you and for as long as you wish. Experiment and touch parts of the body that you have not touched before.
2. If you are being caressed — relax. Protect yourself if you don't like what is being done to you (the easiest way to do this is to move your partner's hand elsewhere). You will need to recognise if and when you are 'spectatoring' — which means watching your body being touched rather than participating fully by feeling the sensation that you are experiencing. Don't worry if this happens at first; get out of it. There are two things to do — (a) concentrate on relaxing your whole body and concentrate in addition on the sensations produced by your partner (b) stop caressing for a short time until you feel sufficiently relaxed and ready to start again.

3. It is nice to touch and feel close to your partner.
4. It is nice to be touched.
5. Aim for three sessions a week taking it in turns to initiate the sessions with the initiator caressing first.
6. You may have to push yourself into starting a session, feeling little motivation or drive to begin. This is a common experience partly because of the artificiality of the situation, partly because people feel a little embarrassed and awkward at first, perhaps because of longstanding resistance to body contact from previous experiences that have gone wrong. It is important to see this stage as a stepping stone towards a spontaneous sexual relationship.
7. Some people find this stage pleasantly relaxing, others find it arousing. It doesn't matter which, but it is important for you to recognise what you are feeling.
8. If after the session you find yourself very aroused and unable to settle, it is quite permissible to masturbate — but you should do it yourself at this stage, it should not be done to you by your partner.

Stage Two:

Sensate Focus without genital contact – touching for your own and your partners' pleasure

This stage is similar to part one. Each session has two parts with one person starting to caress first in a way that is pleasing for the other, in the second part the other partner then caresses. In addition, you indicate to each other what you like the other to do. If you are being caressed you must aim to:

1. Relax
2. Protect yourself — if you don't like what's being done move your partner's hand elsewhere.
3. Praise and encourage the things that you like either in words or with grunts, or by putting your partner's hand back for more (don't take over complete control though, that's your partner's responsibility). If something could be even nicer, put your hand on your partner's to demonstrate how you would like it (harder, softer, faster, slower, more to the left, etc), then leave it to your partner. In this way the person caressing still maintains complete control but the person being caressed is beginning to give some feedback as to what is especially nice for him or her. But remember, it is up to the person caressing to choose what he or she does.

Remember to discuss with each other how you felt after each session — 'self-assert' and 'self-protect'. Remember its nice to see your partner enjoy being touched by you.

Stage Three:

Sensate Focus with genital contact

Exactly the same basic principles apply for this stage of the program.

1. Penetrative intercourse should still be avoided but now genital contact with the hands and/or mouth is permitted.
2. Each session is in two parts as before. A caressing B — then B caressing A.
3. As before, alternate partners initiate the session, the initiator touching in the way he or she wants to touch, with the partner protecting himself or herself from hurt and guiding the hand to show what is particularly pleasurable. When genital contact occurs, subtle changes in pressure, speed or direction can have profound effects on the sensation received, so it is even more important to be able to communicate what is best for you and remember it will not be the same for each session. Your body sensitivity can vary from day to day.
4. Do not concentrate solely on the genital regions, spend as much time as before on general body caressing and kissing as well.
5. The use of body lotions or lubricant can enhance the pleasure both to the caresser and the caressed, especially when touching genital area.
6. The only goal is to be able to relax and enjoy what is happening. Check for 'spectatoring' and learn ways of getting back to being fully relaxed and involved.
7. The partner being caressed may or may not become aroused and may or may not reach a climax. The response will vary from session to session and that is normal. Do not aim for climax or orgasm but if it does occur it does not matter and need not mean the end of a session.
8. If premature ejaculation is a problem, see later suggestions on how to deal with this.

Stage Four:

Sensate Focus with genital contact and simultaneous caressing

As caressing and genital contact become easier for both of you, you should now move on to simultaneous caressing so that both of you are giving and receiving physical pleasure at the same time — remembering all the principles you have learnt.

In particular, remember:-

1. *Sex is a natural response if you let it happen.*
2. *Be on guard for 'spectatoring'.*
3. *Communicate to your partner when he or she is doing something particularly nice for you.*
4. *Protect yourself against things you don't like.*

Stage Five:

Penetration without movement (containment)

Once sensate focus with genital contact is going well, you are ready to enter this stage of the program. As before, this stage is designed to allow the freedom to experience sensations of physical contact with each other without performance anxiety, ie without worry about achieving a particular goal. After a period of mutual caressing involving the genital area, when the receptive partner feels ready, they invite penetration (penis/sex toy).

If you wish, you can then resume genital caressing and perhaps repeat the process over again. Remember that you are both to concentrate on the sensations you are feeling from your genital region and relax and not to start any thrusting movements.

Initially, you should only allow penetration for a brief period (say 15 seconds). The period of containment can be gradually lengthened in each session.

Stage Six:

Penetration with movement

It is important to re-emphasise at this stage that you use the same principles concerning your physical contact with each other as you used right at the start. You should be touching and being touched in a way that is pleasant for both of you and with no particular performance in mind other than that of giving and receiving pleasure.

As before, start with mutual caressing involving both non-genital and genital areas in a way that feels good for both of you. It is important that both of you should feel aroused and receptive before penetration occurs.

After a period of penetration without movement, you may try some gentle thrusting movements to see how this affects your sensations. Only do this briefly to start with, but if you are both enjoying the feelings this produces, allow the movement to continue.

By this stage, it is essential that either of you can say 'stop' at any time. Neither should feel that once 'intercourse' has started you have to continue to the end regardless. Practice this by saying 'stop'. Remember that even if you are enjoying lovemaking, your partner may want to stop and needs to be able to do this without fear that you will get angry. This is what a secure, safe sexual relationship is about — and when you feel really safe you'll usually want to carry on.

The movements of intercourse feel different in the different positions you can try and it is important to experiment to find ways that suit you both. You may find one position nicer for one of you and another position better for the other.

Your responsiveness will vary from session to session and month to month. This is normal for both sexes. Vaginal lubrication and likelihood of orgasm can be reduced just before a period but this is not always the case. Clitoral stimulation in addition to vaginal penetration is often enjoyed and many find that they reach a climax most comfortably and pleasurably in this manner.

It is a myth that a joint climax is the ideal. Most people find it very pleasurable to enjoy the experience of their partner's climax, separate from their own, whilst on occasions they may enjoy coming together.

These are all variations on the theme of sexual enjoyment and what you enjoy will depend on your feelings and state of mind at the time. The only goal is to enjoy yourselves — **together**.

Premature Ejaculation

Premature ejaculation is when climax and ejaculation occur quicker than desired. Medical definitions vary, but when ejaculation consistently occurs in less than a minute of penetrative intercourse this would be suggestive of premature ejaculation. Premature ejaculation affects up to 1 in every 3 men, and is usually a lifelong condition. The cause is thought to be psychological in nature.

During the Sensate Focus program, premature ejaculation can be first tackled during Stage Three (see above “the sensate focus with genital contact” stage of the program). As mentioned earlier, during arousal a point is reached after which ejaculation is inevitable. During your partner’s caressing of your penis, you may feel yourself getting aroused to such a degree that you can predict that you will ejaculate shortly.

You must aim to stop your partner’s caresses at a stage just short of the point of no return and allow your arousal level to subside slightly (say for half a minute) and then return to being caressed and repeat the process of stopping when you feel yourself near the point of inevitable ejaculation again. The difficulty at first is knowing when to ask your partner to stop.

This is a learning process and it is never too late to learn control of ejaculation. It will, however, take time and practice and will require the full understanding and co-operation on the part of your partner. Once your anxiety level begins to fall and your confidence builds up, you should find an increasing ability to control your ejaculation, and once a slight improvement occurs, your confidence will increase and anxiety will fall even more.

If you have difficulty in gaining control using this method (remember it will take time because you are changing what is probably a long established pattern), then you can try the “squeeze technique”, which means just before the point of no return you stop stimulation of the penis and either you or your partner grasps the tip of the penis between fingers and thumb at the point of attachment of the foreskin and squeezes firmly for 10 seconds or so. This reduces the reflex ejaculation response (and possibly the erection too). You can then resume stimulation and repeat the process if necessary.

Both the stop-start and squeeze technique are effective in delaying ejaculation during manual stimulation of the penis or during sexual intercourse at a later stage in the program.

Other techniques that can be helpful, include masturbating shortly prior to intercourse. Some people find condoms or lube with mild numbing properties can help you last longer - “delay” or “long love” condoms or lube.

More information is available here:

[Premature ejaculation | The British Association of Urological Surgeons Limited \(baus.org.uk\)](https://www.baus.org.uk)

Low libido (reduced sexual desire)

Libido is the desire for sexual activity. It is influenced by biological factors, psychological and social factors. Physical, mental health, relationship, lifestyle, and sexual health all have an effect on libido. Libido varies widely from one person to another, and varies throughout life.

Low libido is a reduction in the frequency or intensity of desire for sex compared to what it used to be. Low libido is common, affecting over 1 in 5 people. It is only a problem if the low libido causes distress to the individual. There are many reasons why someone's desire for sex may be reduced, and it is often only when the cause of the underlying problem is addressed that libido is able to return.

Causes of low libido

- 1. Aging:** Sexual desire naturally reduces with age for most people. Life circumstances and health also changes as we age, and these can also affect sex drive.
- 2. Relationship issues:** It is common for sexual desire to become less spontaneous and frequent the longer a couple are together. Any problems within the relationship will affect the desire for sexual intimacy. Difficulties with trust, communication or sexual problems are common issues affecting libido.
- 3. Lifestyle factors** affect libido:
 - a. Activity levels – both too much and too little activity can lower libido
 - b. Overweight and obesity
 - c. Alcohol and recreational drugs
 - d. Smoking
- 4. Stress and exhaustion** are common causes for reduced libido. This may be due to work or home life, children, caring responsibilities, financial concerns and many other life circumstances.
- 5. Mental health** issues can also affect sex drive, as can the medication used to treat them.
- 6. Trauma** from experiencing sexual abuse, assault or rape impacts on sexual desire.

7. **Sexual problems** (e.g. erectile dysfunction, vaginismus, painful sex) can be a cause of low libido.
8. **Medical conditions.** Short term loss of sexual desire during a brief illness is common, but so too is a reduced libido due to long term health conditions. Conditions that commonly affect sex drive include many cancers, diabetes, heart disease, chronic pain, underactive thyroid, chronic fatigue and post-viral syndromes, and many more.
9. **Some medication** can affect your sex drive, including some treatments for depression and anxiety, high blood pressure, some hormonal contraceptives and chemotherapy.
10. **Hormones and life stages.** There are many hormones that are involved with sexual desire. Hormones naturally vary throughout the life cycle.
 - a. Pregnancy and breastfeeding is often associated with low libido, a complex interplay of change in life circumstances, stress, physical discomfort and hormonal fluctuations.
 - b. Hormonal contraceptives can all influence libido – this may be an increase in libido or a reduction in libido.
 - c. Menopause and perimenopause: the reduction in oestrogen as well as associated physical symptoms can cause reduction in libido.
 - d. Testosterone is produced in the testes (and small amounts in the ovaries), and low testosterone production can occur at any age, and naturally declines with age. Low testosterone levels can be associated with low libido.

Is there a treatment for low libido?

If you are experiencing low libido that is causing you distress, discuss this with your doctor. They will ask questions relating to the points above to determine the underlying cause, and may recommend some examinations and tests.

Treatment will depend on the underlying cause, and may include psychological therapies, physiotherapy and/or medicines.



NC24-00087, Raigmore Hospital, Inverness

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