



## INTEGRATED SEX THERAPY

## Clinical Psychology

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## ABSTRACT

Sexual well-being is a fundamental component of overall human health and happiness, yet many individuals and couples face challenges and dysfunctions that disrupt their sexual lives. Integrated sex therapies represent a holistic and multifaceted approach to addressing these issues. This abstract provides an overview of integrated sex therapies, highlighting their key components, benefits, and implications for sexual health. Integrated sex therapies are a comprehensive framework that combines various therapeutic modalities to address the complex and multifaceted nature of sexual concerns. These therapies integrate aspects of psychological, medical, relational, and cultural factors to provide a more complete understanding of sexual issues. Some key components of integrated sex therapies include psychotherapy, medical evaluations, education, and mindfulness practices, all tailored to the specific needs of the individual or couple. One of the primary benefits of integrated sex therapies is their ability to treat a wide range of sexual concerns, including but not limited to erectile dysfunction, premature ejaculation, low libido, sexual trauma, and relationship issues affecting sexual intimacy. By addressing the physical, psychological, and relational aspects of these concerns, integrated sex therapies offer a holistic approach to improving sexual function and satisfaction. Furthermore, integrated sex therapies emphasize open and honest communication between partners, fostering a deeper understanding of each other's desires, boundaries, and needs. This, in turn, can enhance emotional intimacy and connection within the relationship. In conclusion, integrated sex therapies offer a comprehensive and evidence-based approach to addressing sexual concerns, promoting sexual well-being, and enhancing overall quality of life. By recognizing the interplay between physical, psychological, relational, and cultural factors, these therapies provide a valuable framework for clinicians and individuals seeking to improve their sexual health and satisfaction. More research and awareness are needed to further validate and expand the effectiveness of integrated sex therapies, ensuring that individuals and couples can access the support they need to lead fulfilling and satisfying sexual lives.

## KEYWORDS

## INTRODUCTION

Sexuality and the expression of that sexuality is an essential aspect of our lives. Abraham Maslow, in his hierarchy of human needs, recognizes sex as a basic physiological need as well as a psychological need pertaining to love and belongingness. Sexual expression enriches our relationships, strengthens the psychological bonds between couples, and provides a meaningful physical way to express care for our partners. However, as in all interpersonal or physical aspects of our lives, there can be problems in sex, and sexual behaviour too. The world view on discussions about and exploration of human sexuality has undergone a long process of evolution with time, from being considered a taboo to playing a pivotal role in efforts to abolish gender inequality as well as efforts to aid gender-specific empowerment and freedom. Simultaneously, dysfunctions related to sexuality have also come to light and opened up a new paradigm for redressal of the same, equipping the medical world with comprehensive knowledge and necessary tools to alleviate the mental anguish of many suffering behind closed doors.

## 1. Sex Therapy And Integrated Sex Therapy: An Overview

Throughout the length of this book, you might have noticed that a number of factors linked intimately to human sexuality and thereby to human sexual dysfunctions have been elucidated in great detail. It seems pretty obvious that if the causation is multifaceted, then the treatment approach should incorporate that knowledge too.

Integrated Sex Therapy does precisely that. But, before we get into discussions about it, let us acquaint ourselves briefly with what sex therapy and psychotherapy in general entails and what challenges in sexuality we face just to give it a premise.

A. Sex therapy is a specialized type of psychotherapy that addresses concerns about sexual functioning, sexual feelings, and intimacy, either in individual therapy or couple or family therapy. It is effective for individuals of any age, gender, or sexual orientation. Through Sex therapy, you can learn to express your concerns clearly, better understand your own sexual needs, and better understand your partner's sexual needs.

Sex therapy is usually provided by licensed psychologists,

psychiatrists, or licensed therapists who have advanced training in issues related to sexual and relationship health.

Through sex therapy, you may focus on issues such as:

- i. Concerns about sexual desire or arousal
- ii. Concerns about sexual interests or sexual orientation
- iii. Impulsive or compulsive sexual behavior
- iv. Erectile functioning concerns
- v. Ejaculating early (premature ejaculation)
- vi. Difficulty with sexual arousal
- vii. Trouble reaching orgasm (anorgasmia)
- viii. Painful intercourse (dyspareunia)
- ix. Intimacy issues related to a disability or chronic condition
- x. Concerns regarding past unwanted sexual experiences

B. Integrative psychotherapy, as the name suggests, combines elements from different schools of psychotherapy in the treatment of a patient.

Some of the most commonly used forms of psychotherapy are:

i. Psychodynamic (psychoanalytic) psychotherapy	A psychoanalytic therapist will encourage you to say whatever is going through your mind. This will help you become aware of hidden meanings or patterns in what you do or say that may be contributing to your problems.
ii. Cognitive behavioural therapy (CBT)	A form of psychotherapy that examines how beliefs and thoughts are linked to behaviour and feelings. It teaches skills that retrain your behaviour and style of thinking to help you deal with stressful situations.
iii. Cognitive analytical therapy (CAT)	Uses methods from both psychodynamic psychotherapy and CBT to work out how your behaviour causes problems, and how to improve it through self-help and experimentation.
iv. Interpersonal psychotherapy (IPT)	Looks at the way an illness can be triggered by events involving relationships with others, such as bereavements, disputes or relocation. It helps you cope with the feelings involved, as well as work out coping strategies.

v. Humanistic therapies	Encourage you to think about yourself more positively and aim to improve your self-awareness.
vi. Family and couple (systemic) therapy	Therapy with other members of your family that aims to help you work out problems together.
vii. Biofeedback	It is a mind-body technique that uses visual or auditory feedback to gain control over involuntary functions. This may include gaining voluntary control over such things as heart rate, muscle tension, blood flow, pain perception, and blood pressure.

C. Integrated Sex therapy quite simply put, refers to Integrative psychotherapy directed towards addressing sexual dysfunctions of the patient.

But, a very recent approach based on the Bio-psycho-social model of Sexual Dysfunction advocates for adoption of a combination treatment integrating sex therapy and sexual pharmaceuticals. It views Integrated Sex Therapy as a holistic approach which combines different forms of psychotherapy and counselling strategies in addition to pharmacologic and surgical interventions, if needed, to address the patient's sexual concerns. It gives equal importance to physiological, organic and psychosocial-cultural factors related to sexuality and sexual dysfunction. This approach can be undertaken by an individual clinician in treating mild to moderate sexual dysfunctions but more commonly is undertaken by a multidisciplinary team comprising of physicians, psychologists and/or sex therapists in treating the more severe sexual dysfunctions.

**2. Sexual Dysfunction And Its Types: A Brief Review**

Even though it has been previously mentioned in this book, let me briefly mention the different types of sexual dysfunctions and the common symptoms experienced once more to help you remember.

- A. Sexual dysfunction also called Psychosexual dysfunction refers to a problem occurring during any phase of the sexual response cycle (excitement, plateau, orgasm and resolution) that prevents the individual or couple from experiencing satisfaction from the sexual activity.
- B. It is generally classified into four categories:

i. Desire disorders	lack of sexual desire or interest in sex
ii. Arousal disorders	inability to become physically aroused or excited during sexual activity
iii. Orgasm disorders	delay or absence of orgasm
iv. Pain disorders	pain during intercourse

C. What are the symptoms of sexual dysfunction?

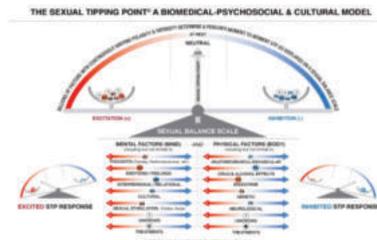
In men	<ul style="list-style-type: none"> <li>i. Inability to achieve or maintain an erection suitable for intercourse (erectile dysfunction)</li> <li>ii. Absent or delayed ejaculation despite adequate sexual stimulation (retarded ejaculation)</li> <li>iii. Inability to control the timing of ejaculation (early or premature ejaculation)</li> </ul>
In women	<ul style="list-style-type: none"> <li>i. Inability to achieve orgasm</li> <li>ii. Inadequate vaginal lubrication before and during intercourse</li> <li>iii. Inability to relax the vaginal muscles enough to allow intercourse</li> </ul>
In men and women	<ul style="list-style-type: none"> <li>I. Lack of interest in or desire for sex</li> <li>ii. Inability to become aroused</li> <li>iii. Pain with intercourse</li> </ul>

**3. Etiology Of Sexual Dysfunction**



Among mental health professionals, a commonly upheld view of causation of any disorder is the Biopsychosocial model of causation first proposed by George L. Engel in 1977. The Biopsychosocial model is an interdisciplinary model that looks at the interconnection between biology, psychology, and socio-environmental factors. Simply put, this model recognises that any illness manifests as a result of different factors and restoration of health requires a holistic approach in identifying all the possible contributing factors and addressing them all systematically, rather than a strictly one-way approach.

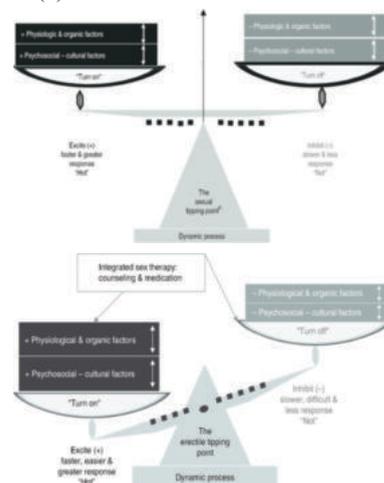
In congruence with this Biopsychosocial model, a novel model to understand human sexuality has been introduced by Michael A. Perelman, PhD called the Sexual Tipping Point. This etiological model provides a foundation for a fuller understanding of the interface between Psycho-socio-cultural factors (PSCFs) and the medical and surgical treatments of Sexual Dysfunction.



According to Perelman, "the mind and the body both inhibit and excite sexual response. PSCFs may simultaneously excite (turn on) or simultaneously inhibit (turn off) sexual response. Reciprocally, organic factors, also, both excite (turn on) and inhibit (turn off) sexual response. These factors combine dynamically in a manner that predetermines a person's sexual readiness or capacity. The point at which the person's 'turn-ons' are meaningfully greater than their 'turn-offs' is their STP. Therefore, sexual response may be inhibited or facilitated as a result of a mixture of both PSCFs and organic factors. The STP is the characteristic threshold for the expression of a sexual response for any individual person, which may fluctuate dynamically within and between individuals for any given sexual experience. That threshold is determined by multiple factors for a given moment or circumstance, with one factor (or more than one) dominating, while others recede in importance.

The physical factors that both inhibit (-) and excite (+) include, but are not limited to: anatomical, endocrinological, and neurological factors. For instance, these neurological factors can be both activated and deactivated, actively turning on or turning off like millions of microswitching stations. The 'mental' factors include various turn-ons (+) and turn-offs (-) in the realms of psychology (cognition, emotions, behavior), social interactions (relationships), and culture (contextual zeitgeist). These forces interact with each other in a unique way that influences the nature and quality of sexual capacity and experience at any moment. The balance beam symbolizes the dynamic or continuously readjusting nature of the STP."

Sexual Dysfunction is a negative balance of these various complementary and opposing forces ('turn off'), reflecting the fact that positive arousal (+) factors were not sufficient, or were overwhelmed by the negative (-) factors.



The aim of Integrated Sex Therapy is to combine medicine and sex counselling to bring this equilibrium back.

#### 4. Treatment Strategies

Perelman recommended that clinical expertise, as well as the complexity of psychosociocultural factors determine whether the treating physician/psychiatrist works alone or as part of a multidisciplinary team. Combination treatment under the new Integrated Sex Therapy model may or may not require collaboration between the physician and sex therapist. However, research evidence supporting a multidisciplinary combination treatment approach is increasing in the areas of treatment optimization, adherence, and continuation. Recently, a study by Banner LL et al showed that Erectile Dysfunction patients who received Sildenafil and a structured sex education or sex counseling group treatment achieved higher rates of clinical success within the first 4 weeks of therapy than a Sildenafil-alone cohort.

A. Following routine physical examination and laboratory tests done by a physician/psychiatrist to rule in or rule out organicity of the sexual dysfunction, a psychologist/sex therapist undertakes the following :

- a. Focused sex history
- b. Sex status examination
- c. Addressing partner issues
- d. Sex education of the patient
- e. Sexual scripts and pharmaceutical choice
- f. follow-up and therapeutic probing to manage noncompliance, weaning, and discontinuation;
- g. Relapse prevention
- h. Referral

##### a. Focused Sex History

A focused history integrates psychosexual and medical factors in a flexible manner and can be adapted by a physician with only 7 minutes consultation time available, or by a sex therapist with 45 minutes for a patient.

##### b. Sex Status Examination

The sex status is a summation of the patient's current sexual desire, arousal, and orgasmic capacity. The details of the physical and emotional circumstances surrounding the onset of difficulty are important for the assessment of both physical factors and psychosocio-cultural factors. It is informative to assess if the sexual dysfunction was slowly progressing with age, or whether it was an acute shift.

Descriptions of insufficient stimulation, lack of desire or arousal, fatigue, and negative thinking should be elicited as well and an assessment of the last sexual encounter and comparison with prior experiences should be done. Inquiries can be made about desire, fantasy, frequency of sex, and the effects of drugs and alcohol.

##### c. Partner Issues

The sex status frequently leads to a brief review of the current relationship, which should be assessed for contextual factors and interpersonal relationship difficulties and for whether the partner has any sexual dysfunction. Evaluation of the patient's sexual function must also capture information about the partner's sexual function, attitudes, and behavior. Partner cooperation must be anticipated before treatment initiation.

##### d. Sex Education

Educating the patient regarding the broad spectrum of normalcy in sexuality and exploring the values and beliefs of the patient may help address many psychosociocultural factors of sexual dysfunction being faced by the patient and has thus been found to effectively adjunct medical and other therapeutic interventions.

##### e. Sexual Scripts

Understanding the couple's 'sexual script' can help the clinician to fine-tune pharmaceutical selection, leading to better orgasm and sexual satisfaction. Sexual script refers to the style and process of the couple's pre-morbid sex life. Couples must be instructed to focus on returning to previously successful sexual scripts as if medication was not a necessary part of the process. Fitting the right medication based on pharmacokinetics to the couple will increase efficacy, satisfaction, and compliance and will improve continuation rates. Rather than changing the couples' sexual style to fit the treatment, efforts are made to fit the right medication to the couple. This is done by the treating physician/psychiatrist.

##### f. Follow-up

As with any therapy, follow-up is essential to ensure an optimal outcome. Retaking a quick sex status provides a convenient model for managing follow-up. Other components of the follow-up visit include

monitoring side-effects, assessing success, and considering whether an alteration in dose or treatment is needed. A continuing dialogue with patients is critical to facilitate success, prevent relapse, and differentiate treatment non-responders from biochemical failures.

##### g. Weaning and Relapse Prevention

Follow-up sessions help the patient to stay the course and provide an opportunity for additional treatment. Additionally, sex therapy concepts offer potential for minimizing dose and temporarily or permanently weaning the medication based on severity of psychosociocultural factors and organic risk factors.

##### h. Referral

Presence of severe psychosociocultural factors requires simultaneous initiation of pharmacologic treatment along with a referral to a mental health professional/psychotherapist/sex therapist.

B. The approaches that are usually used by a sex therapist to address the most common types of sexual dysfunction after careful delineation of all the biopsychosocial factors of causation have been explained briefly. Depending on the severity of the dysfunction and the need assessed, a single form of therapy or a combination may be used to achieve desired results in the patient.

##### a. Treatment Of Impaired Sexual Desire

- i. Group therapy along with orgasm consistency training which consists of directed masturbation, sensate focus exercises, male self-control and the timing of male orgasm.
- ii. Multimodal cognitive behavioural approach which includes sexual intimacy exercises, sensate focus, reinforcement training, cognitive restructuring, sexual fantasy training, communication skills training, emotional skills training and couple sex group therapy.
- iii. Affectual awareness training: This is used to identify negative emotions through techniques such as list making, role-playing and imagery.
- iv. Insight and understanding: to make couples aware about their feelings using strategies like Gestalt therapy and Transactional analysis.
- v. Cognitive and systematic therapies help by providing coping mechanisms and also help in resolving underlying relationship problems.
- vi. Behavioural therapy
- vii. Mindfulness-based cognitive therapy
- viii. Multistage treatment approach

##### b. Treatment Of Erectile Dysfunction

- i. **Masters & Johnson Technique:** This revolutionary sex therapy developed in the 1950's by Dr. Bill Masters and Virginia Johnson is divided into three stages
  - 'Non-genital sensate focus' aims to provide the couple with an opportunity to establish closeness and physical intimacy but no genital stimulation.
  - Genital sensate focus' allows stimulation of the genitals.
  - Vaginal containment' is the final stage where couples eventually engage in intercourse.
- ii. **Cognitive Therapy:** This is based on reinforcement of certain common realities about sexuality:
  - Patient is reassured that occasional erectile problems are normal occurrence.
  - Patient is taught to view intercourse as a natural continuation of erotic flow and not as a test.
  - The partner is viewed as an intimate friend and not as a demanding critic for whom he has to perform optimally.
- iii. **Behaviour Therapy:** This approach helps the patient to engage in sensual activities which makes the process enjoyable and helps the patient to slowly transition to intercourse:
  - Having intimate conversations with partner, lying next to each other in intimate manner
  - Engaging in foreplay activities like oral and manual stimulation between partners without progressing to intercourse
  - Empowering patient to stop the sexual exploration process whenever he wants to, if the experience stops being pleasurable for him
  - Engaging in sexual activity at a time of day when the patient feels most positive and desirous and not necessarily at night-time when mental and physical exhaustion sets in

##### c. Treatment of Premature Ejaculation (PE):

- i) Traditional Techniques
  - **Squeeze Technique:** This technique is used to raise the threshold

of penile excitability. The female partner is asked to manually stimulate the penis causing erection. When the male partner experiences 'ejaculatory inevitability', the female partner squeezes the penis on the coronal ridge thus delaying ejaculation.

- **Start – Stop Technique:** This variant of squeeze technique was developed by James H. Semans. The woman stops all stimulations of the penis just when the man senses an impending ejaculation, resuming again when the arousal has diminished substantially in intensity.
- ii) Individual procedures:
  - **Relaxation Techniques:** Breathing exercises and Mindfulness exercises to help the patient concentrate on his own physical sensations and to ease bodily tension.
  - **Pubococcygeal Muscle Control Technique:** It capitalizes on the natural ejaculatory inhibiting effect of relaxing the muscle involved in ejaculation. In this, conscious capacity to relax pelvic muscles and pubococcygeal muscle relaxation is taught while experiencing sexual arousal.
  - **Pelvic Floor Rehabilitation Training:** Physiokinesiotherapy of the pelvic floor, electrostimulation, and biofeedback are the 3 techniques taught here to provoke contractions of the pelvic floor, strengthening the muscles and improving self awareness of motor activity.
  - **Cognitive And Behavioural Pacing Techniques :**
  - **Cognitive Arousal Continuum Technique:** A thought pacing technique to regulate arousal and inhibit ejaculation by focusing specifically on varying levels of sexually arousing activities.

Steps are:-

1. Identify, observe and distinguish those detailed thoughts (fantasy), actions, feelings, scenarios and sequences that lead to individual's arousal pattern
2. Make a hierarchy of them based on the understanding of the individual's incremental arousal.
3. Thereafter during intercourse, individual is better able to regulate his level of stimulation by concentrating on items in order to increase or decrease his level of arousal.

**Sensual Awareness Training/Enhancement Arousal:** Premature ejaculation occurs commonly when one's erotic stimulus is outside one's own body, typically in the sexual partner. The individual is therefore guided to focus on visual and tactile exploration of his own body and gradually learns to be familiar with his own physical sensations. This helps him to cognitively and behaviourally orchestrate his sexual arousal.

iii) Couple procedures:

- **Couple Sensate Focus Pleasuring Exercise:** Couples are instructed to gently pleasure each other until the man relaxes and is slowly able to concentrate on his physical sensations during gentle stimulation by his partner.
- **Partner Genital Exploration Relaxation Exercise:** Partners gradually become more comfortable and relax while carrying out mutual exploration, observation and stimulation of each other's body including genitals.
- **Intercourse Acclimatization:** This next step requires the man to vaginally penetrate and then stop movement and rest while the penis acclimatizes to the internal atmosphere of the vagina until reaching a pleasure saturation point.

#### d. Treatment of Dyspareunia

Treatment involves psychotherapeutic techniques and physiotherapy to help strengthen and relax pelvic floor muscles:

- Kegels exercise
- Relaxation therapy
- Postural education
- Biofeedback

#### e. Treatment of Vaginismus

Studies over time have found that the use of Cognitive Behaviour Therapy (CBT) is very effective in the treatment of vaginismus. CBT strategies mainly consist of–

- Sensate focussing which helps in reducing performance anxiety
- Vaginal dilatation using vaginal dilators or self-finger approach helps to desensitize.
- Cognitive restructuring addresses the dysfunctional thoughts that interfere with sexual functioning.

- behavioral, cognitive, and medical approaches. in C.C.Carson, R.Kirby, I.Goldstein, M.Wyllie(eds.). Textbook of Erectile Dysfunction. London. CRC Press. 2008; 298-305.
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