

LET'S
TALK
ABOUT
SEX

Let's talk about sex,
baby

Let's talk about you
and me

and

sexual pleasure

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Why do we have to talk about sex?

Positive sexuality and its impact on overall well-being

R.M. Anderson

Guttmacher Institute, New York

Bundesgesundheitsbl 2013 · 56:208–214

Review of 40 studies since 1990

Existing studies have generally shown that the experience of sexual satisfaction, sexual pleasure, and positive sexual self-esteem improves sexual health as well as mental and physical health outcomes.

Good sex is good for you

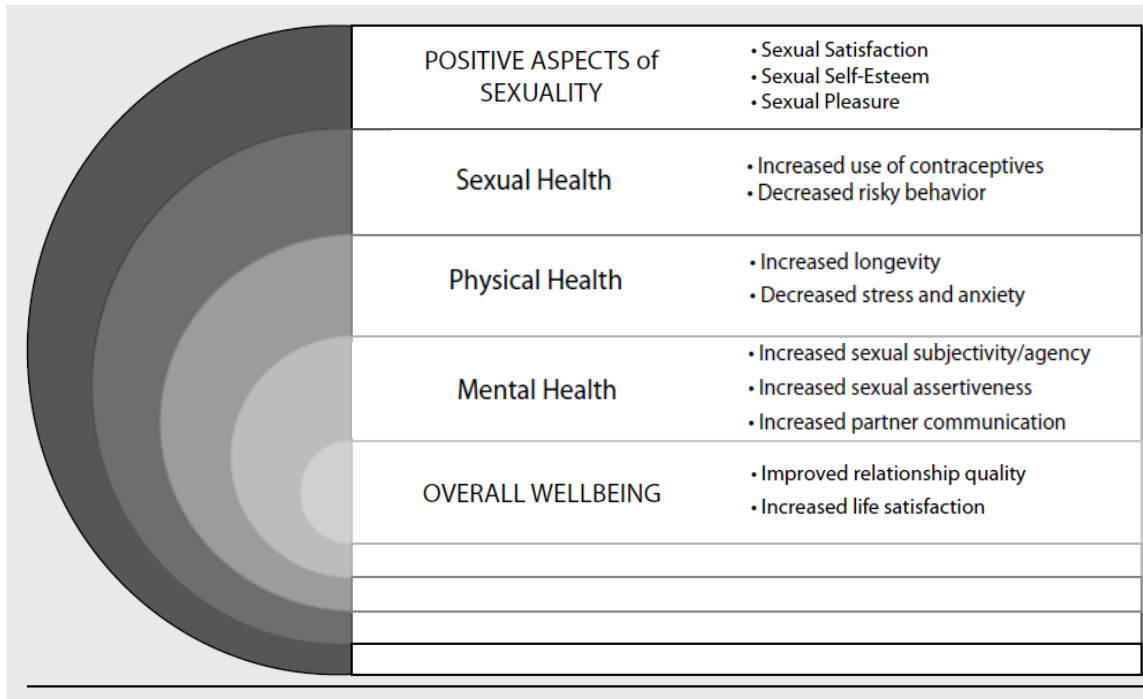
Positive sexuality and its impact on overall well-being

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Good sex is good for you

Physical health

- Swedish men (219, > 70 yrs) who engaged in more frequent sexual activity were less likely to die during the following 5 years (Persson, 1981)
- US men (270, 70 yrs) who engaged in more frequent sexual activity were less likely to die in the next 5 years. In women, *greater enjoyment* of sexual activity predicted longevity (Palmore, 1982)
- Welsh men (3,000, aged 45-59) who reported greater orgasm frequency had lower all-cause mortality at 10 yr follow-up (Davey Smith, 1997)
- Taiwanese men and women (>2,000, > 65 yrs) who were more sexually active had lower all-cause mortality over the next 14 years (Chen et al., 2017)

Good sex is good for you

Relationship quality and longevity

- The quality of a couple's sex life makes a unique contribution to the quality and longevity of the relationship (Diamond & Huebner, 2017)
- That is, over and beyond the effect of being in a committed relationship (eg, Kurdek, 1991; Sprecher, 1994; Yeh et al., 2006)

Good sex is good for you

Mental health

The Association Between Developmental Assets and Sexual Enjoyment among Emerging Adults in the United States

Adena M. Galinsky, PhD and Freya L. Sonenstein, PhD

J Adolesc Health. 2011 June ; 48(6): 610–615.

- Sexual pleasure in 3,237 adolescents (18-26 yrs) was measured using questions about orgasm and oral sex
- Sexual pleasure was unrelated to age, race/ethnicity or socio-economic status
- Sexual pleasure of women was positively related to *autonomy, self-esteem and empathy*
- Same trend in men, but not all associations were statistically significant



Women's ambivalent relationship with sexual pleasure

- "Women of pleasure"
- Until the 1950s, sex was a marital duty (as an instrument of reproduction)
- Since then, 'sexual desire' became a relevant construct, and 'reduced sexual desire' became a medical problem
- For many women, their sexuality is about being "sexy" but not "sexual"
- Many heterosexual women prioritize their partner's pleasure over their own



Good sex is good for you

Mental health

Intimacy and Belonging: The Association between Sexual Activity and Depression among Older Adults

Kathryn Ganong¹ and Erik Larson²

Society and Mental Health

1(3) 153–172

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- In 2,596 US men and women (57-85 yrs), sexual activity was associated with lower levels of depression, higher levels of self-worth, and a greater sense of belonging
- Sex that included other intimate touching was associated with decreased depression
- Affectionate sex (sex that enhances a sense of connectedness) is more important than quantity of sex

Conspiracy of silence

- Clients generally embarrassed to present sexual concerns
- Reinforces caregivers' erroneous beliefs that sexual problems are non-existent
- Silence on the part of caregivers reinforces clients' ideas that sex is not a topic for discussion



Just pop the question

- It helps to create context: “many people/couples who suffer from ... have sexual difficulties. How is that for you?”
- Ask about meanings, ask clarifications, don't be afraid to ask for details (using unambiguous language: e.g. clarify the meaning of 'sex')
- This is professional behavior, not voyeurism
- Clients will be grateful



What is good sex?

1. Individual sexual experience
pleasure, positive feelings, arousal, sexual openness, orgasm
2. Relational dimensions
mutuality, romance, expression of feelings, creativity, acting out desires, frequency of sexual activity



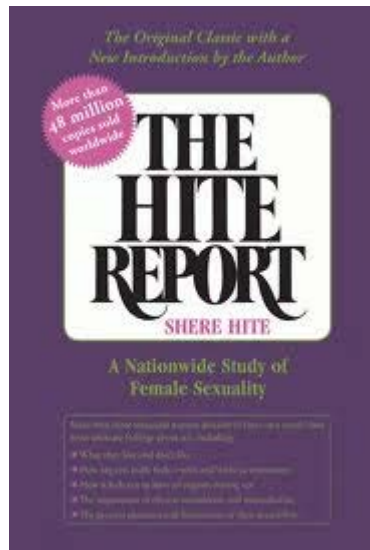
Sexual pleasure in the Netherlands

- Sexual Health in the Netherlands 2011 (de Graaf, 2012)
- Representative sample
- People who had sex in the past 6 months
- How often is the following true for you: "I greatly enjoy sex"

	Never	Sometimes	Regularly	Often	Always
% of men (N=3247)	0.7	5.0	16.7	35.7	41.9
% of women (N=3005)	0.9	15.5	23.5	35.3	24.8

Good sex is gendered

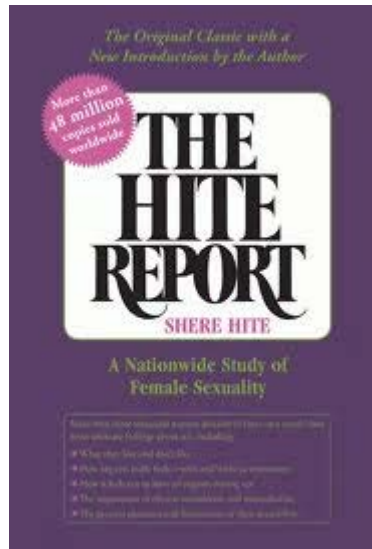
- Only 30% of women orgasm regularly through intercourse (Hite, 1976; Laumann, et al., 1994; Wade et al., 2005; Lloyd, 2005)



1976

Good sex is gendered

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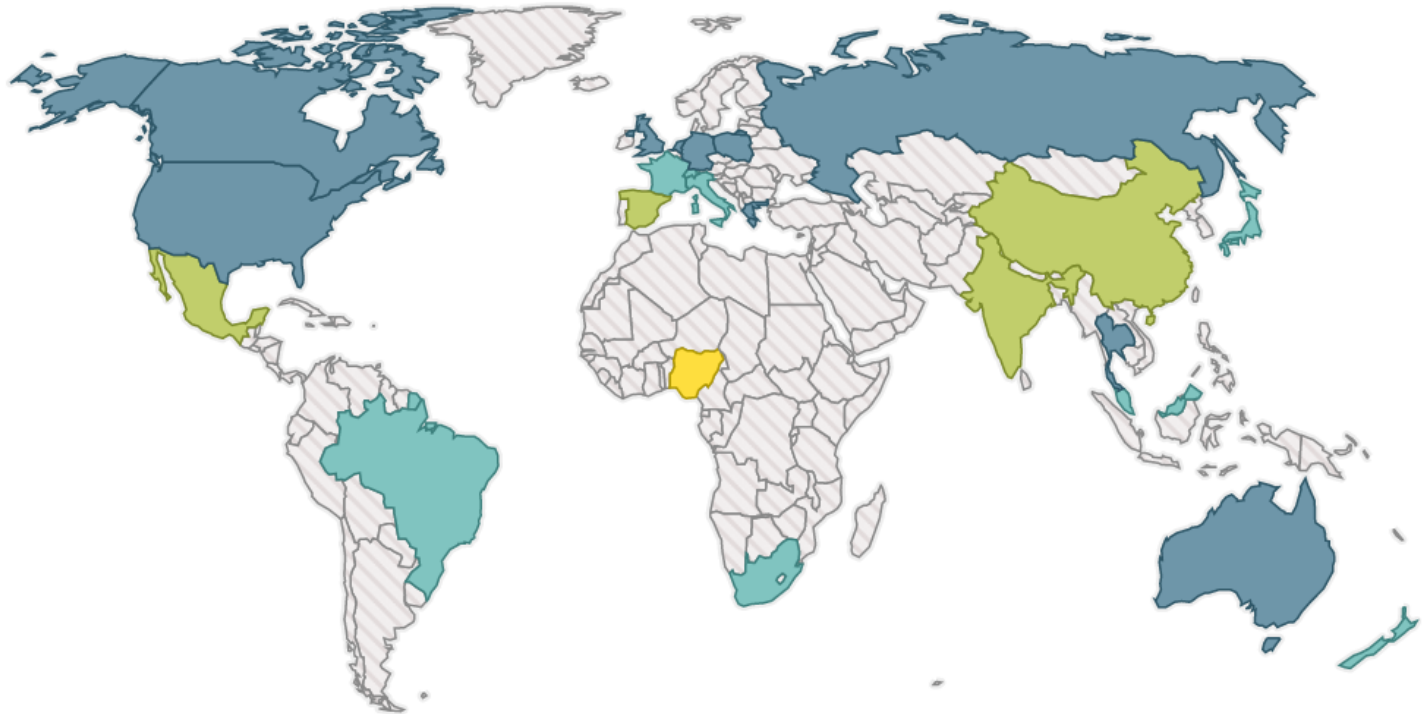
1976

- Over 90% of heterosexual men always or almost always experience an orgasm during intercourse (Hite, 1981; Wade et al., 2005)
- Heterosexual women orgasm far less often than men during partner sex: 39-91% (Wade et al., 2005), 69% versus 95% for last encounter (Richters et al., 2006)

The global orgasm gap

Calculated by subtracting the percent of women in each country reporting "always or almost always" orgasming during sex from the percent of men who report same

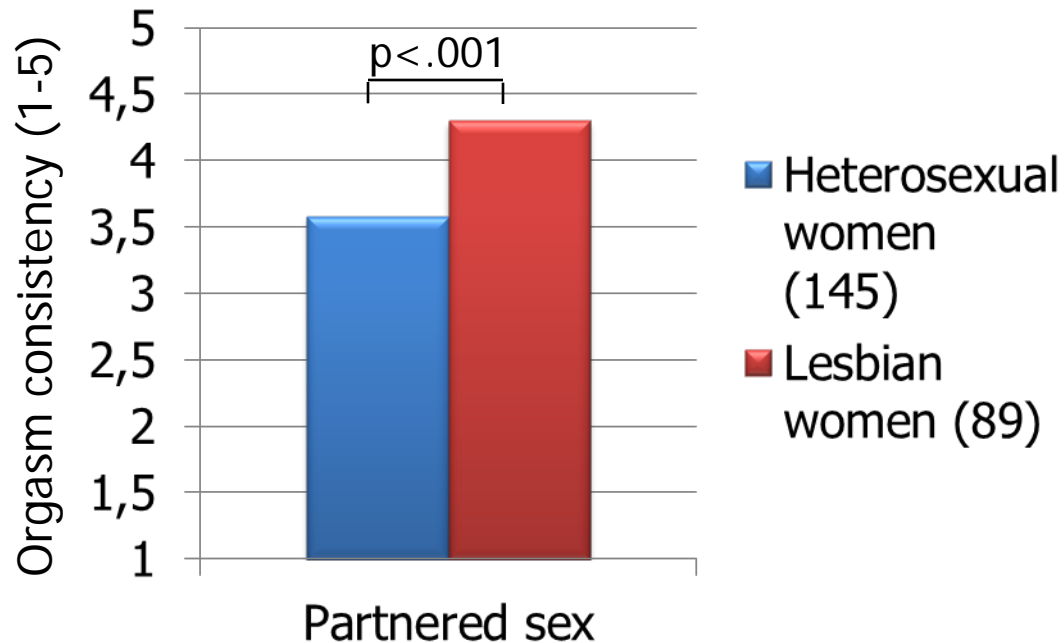
0-10 21-30 31-40 41-50



Source: Durex Sexual Wellbeing Survey



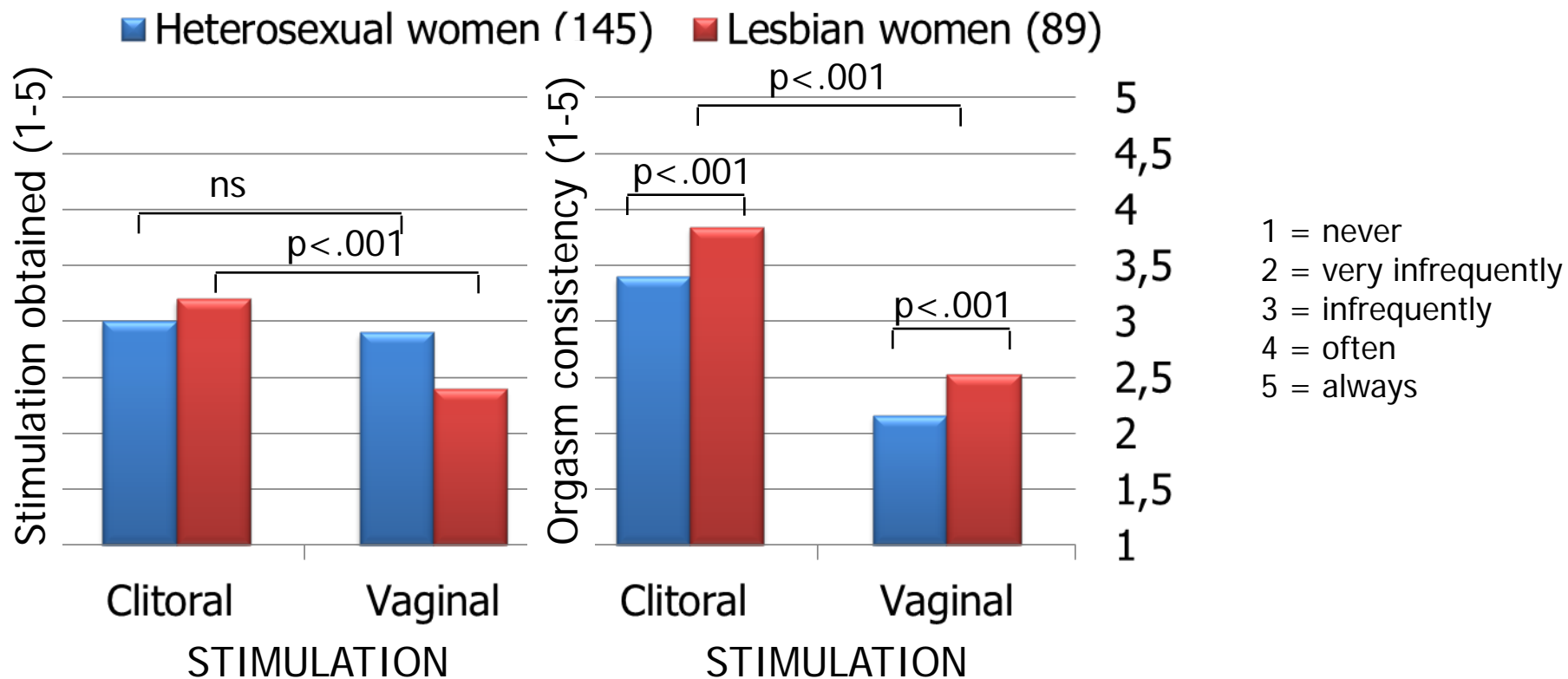
Lesbian women are more likely to orgasm during partner sex than heterosexual women



1 = never
2 = very infrequently
3 = infrequently
4 = often
5 = always

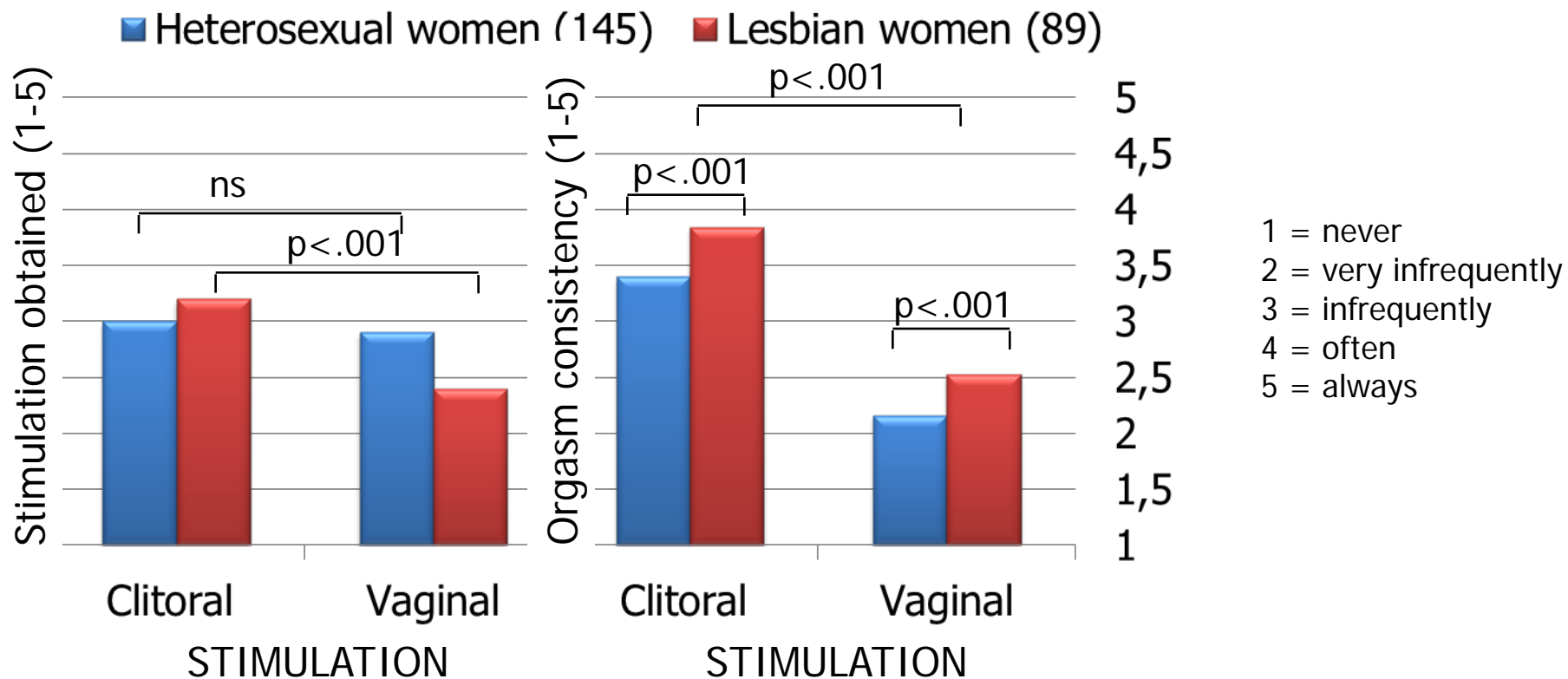
- Lesbian women are significantly more likely to orgasm during partner sex
- Effect mediated by sexual autonomy (extent to which participants feel their sexual behaviours are self-determined, Sanchez, et al., 2005)
- Lesbian women are significantly more sexually autonomous

Orgasm consistency



Orgasm consistency:
 main effect of type of stimulation: clitoral ↑
 main effect of sexual orientation: heterosexual ↓

Orgasm consistency



It's not all about type of stimulation: lesbian women have less vaginal stimulation but more orgasms from it: QUALITY? DURATION? PENIS VS FINGER(S)?

'Real sex' is intercourse

Freud (1905)

- The only adult and acceptable orgasm is the vaginal orgasm



Vaginal orgasms?

Freud's distinction between vaginal and clitoral sensations suggests that women should be able to localize the anatomical source of their sexual feelings.

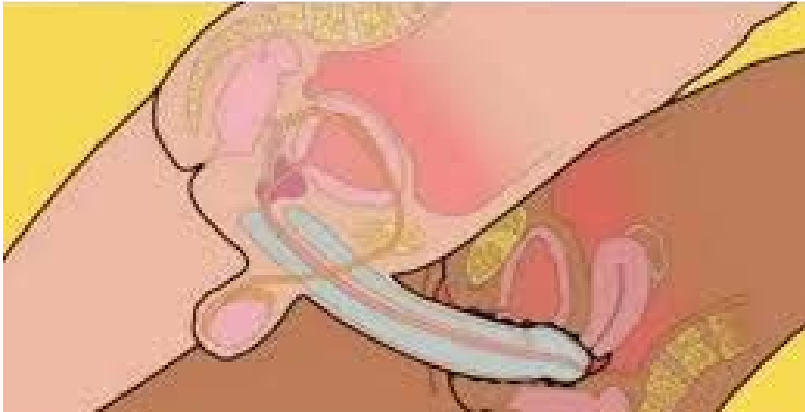
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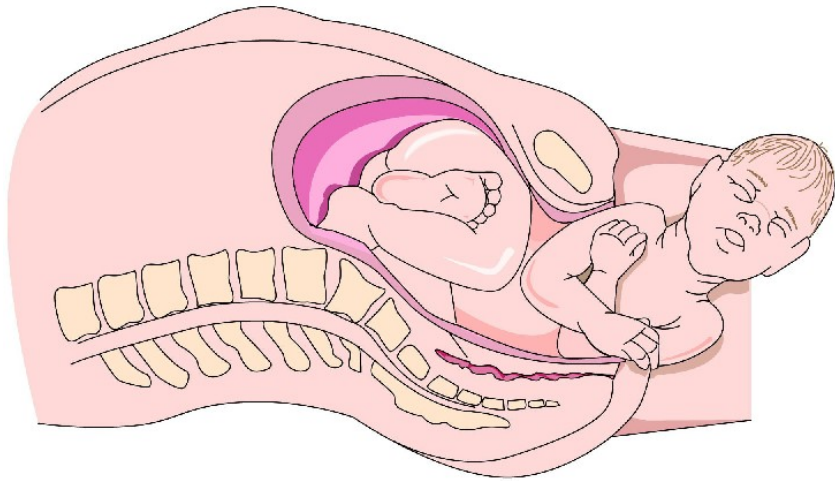
It makes you wonder: would men be able to differentiate between 'glans' and 'shaft' orgasms...?



Of course, vaginal orgasms do not exist

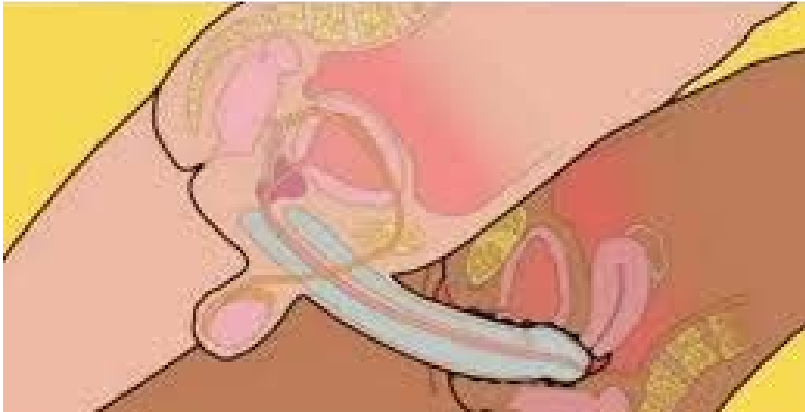


Of course, vaginal orgasms do not exist



The vagina is a birth canal!

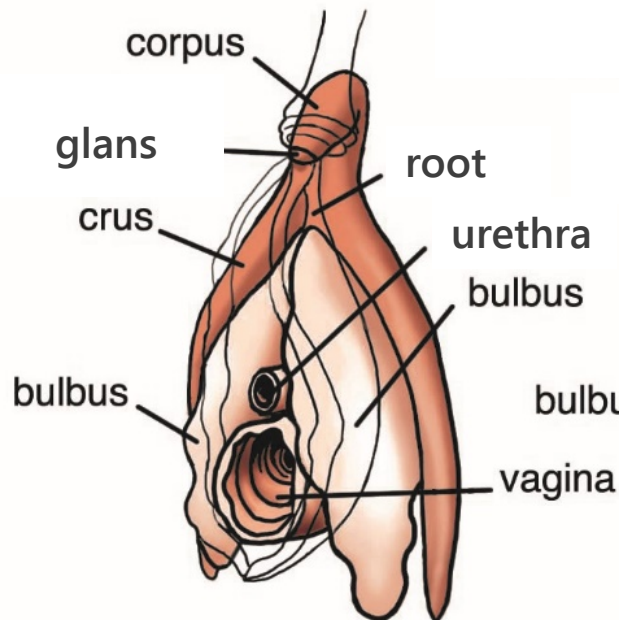
(..actually, vaginal orgasms do exist..)



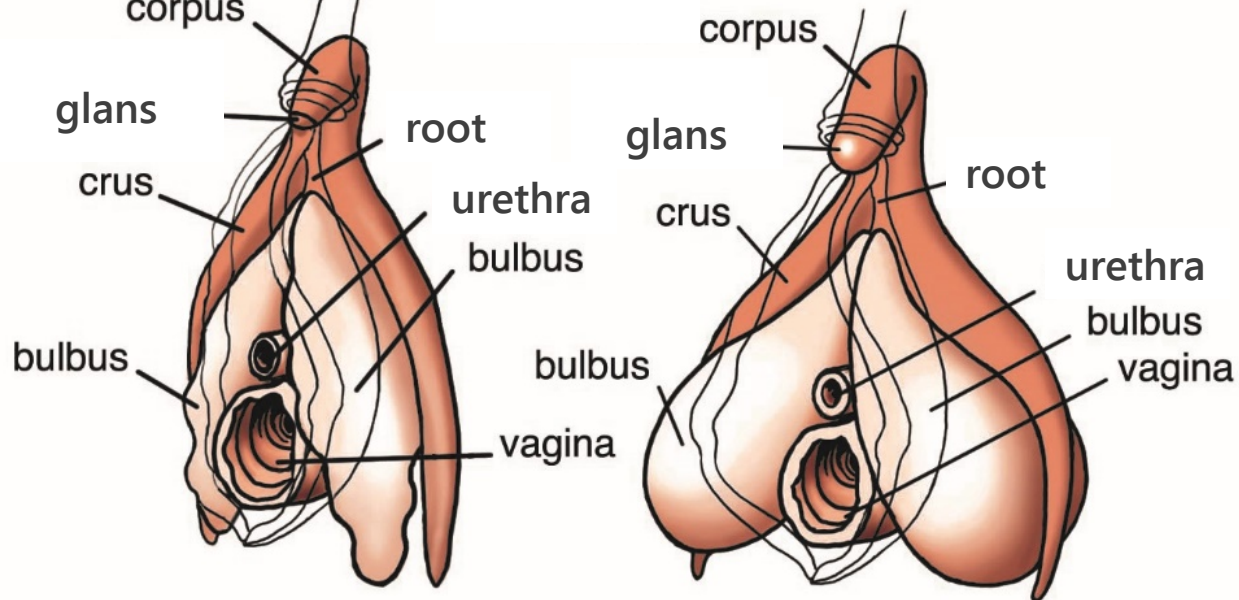
Heterosexual men have vaginal orgasms

All orgasms are clitoral orgasms (even intercourse-orgasms!)

**unaroused
state**



**aroused
state**



The vulva

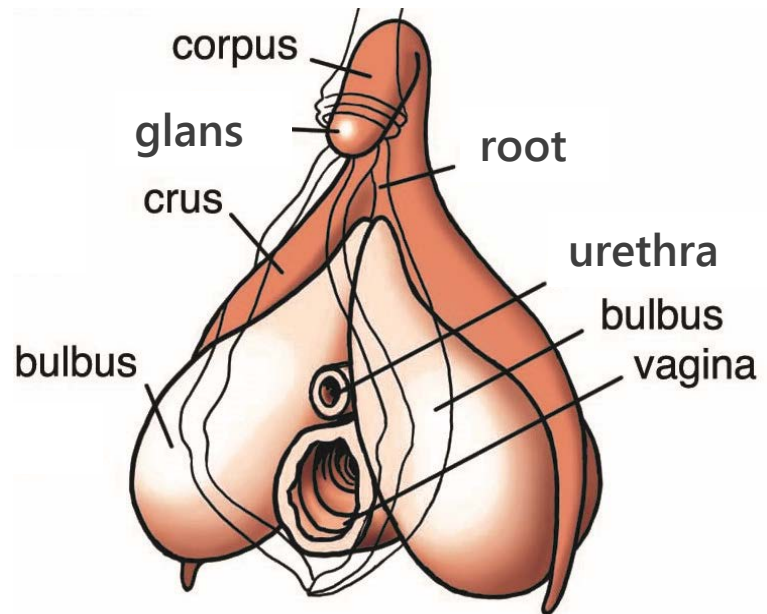
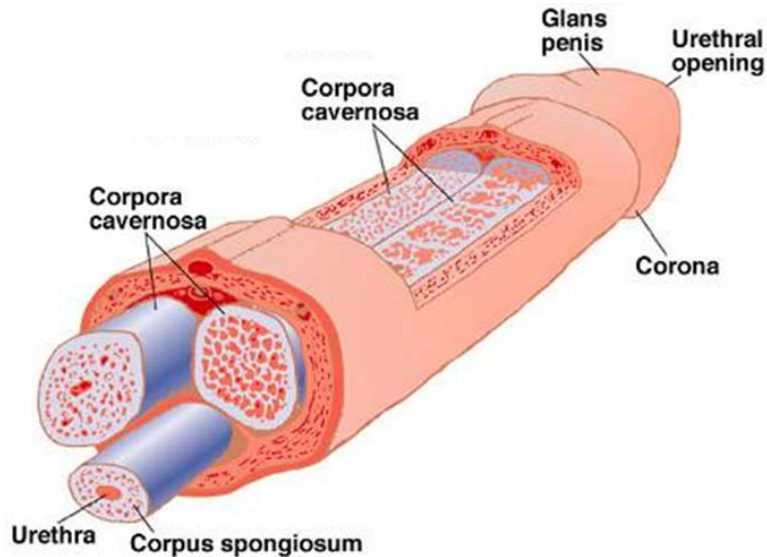


Unaroused

Aroused

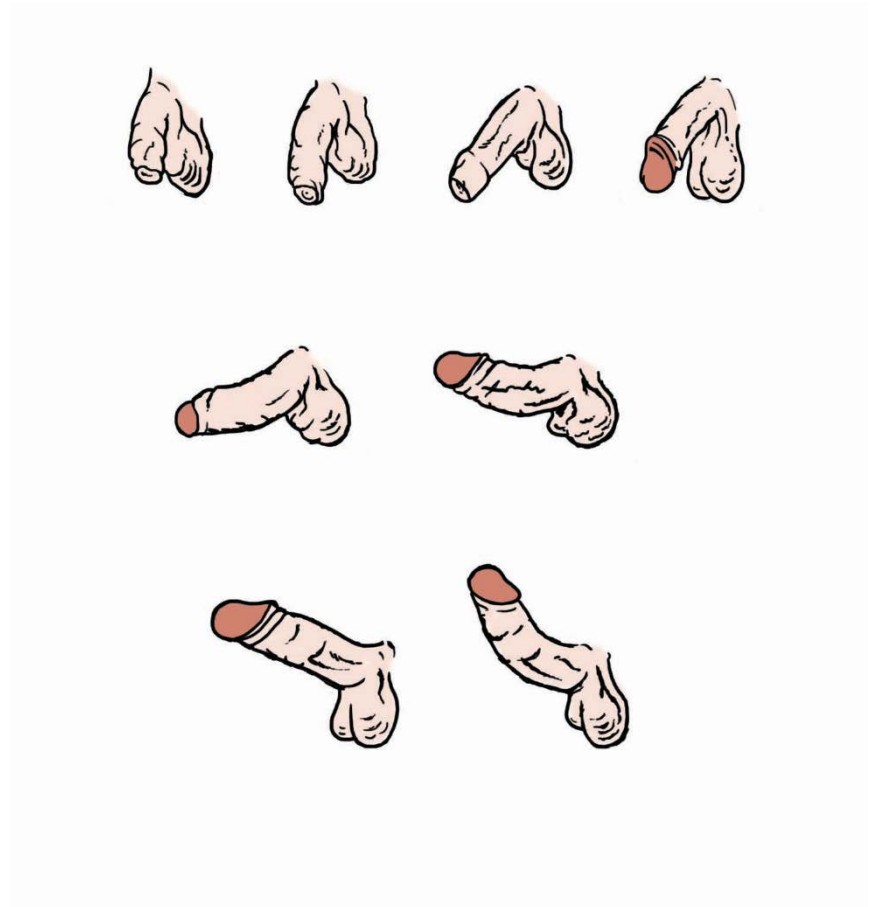
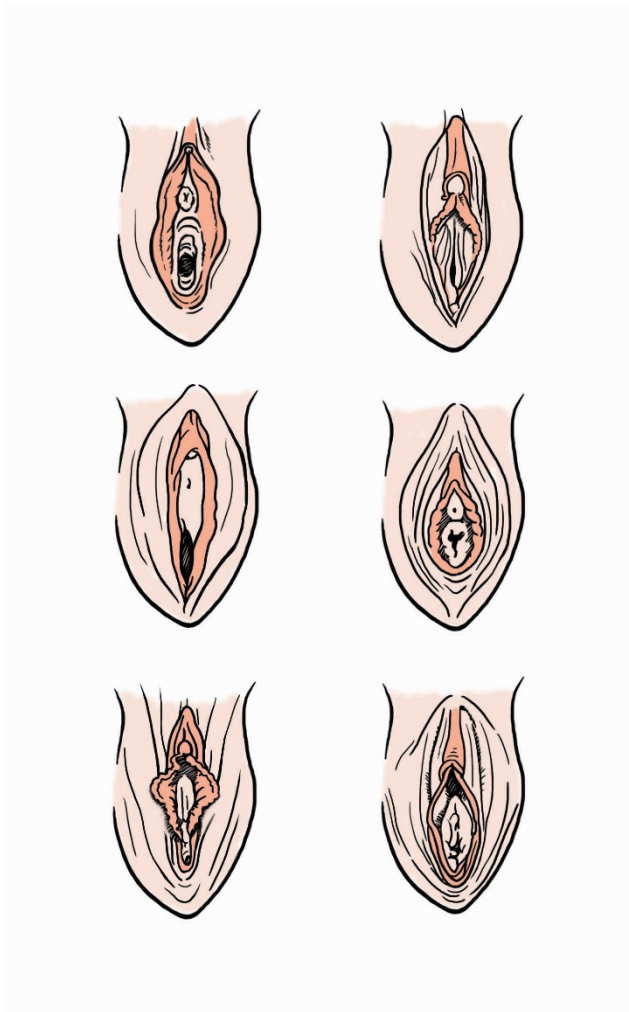
Vasodilation

Sexual arousal results in congestion of erectile tissue in penis and clitoris ('airbag') as well as in labia and vaginal wall ('homemade lubricant')



The mechanism of arousal is identical in women and men

The only difference is in the genital 'end-organ'



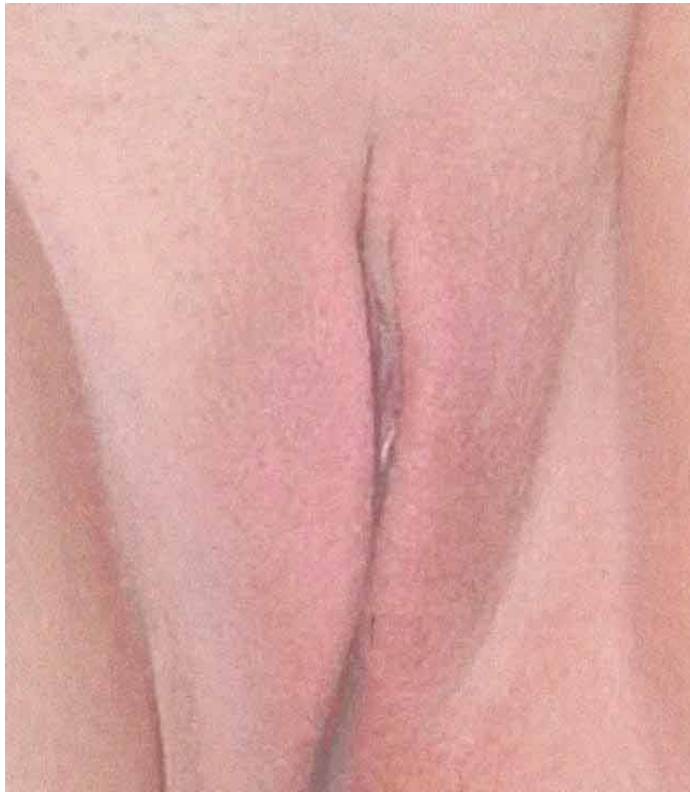
Sexual pleasure is a requirement (not a bonus.....)

- Sexual pleasure is a legitimate goal, whether or not accompanied by other (emotional) rewards
but
- Sexual pleasure also protects against sexual problems, such as sexual pain. So if you want to have sexual intercourse, sexual pleasure IS necessary



Sexual pain

Unaroused intercourse (and an overactive pelvic floor) may result in pain (dyspareunia)

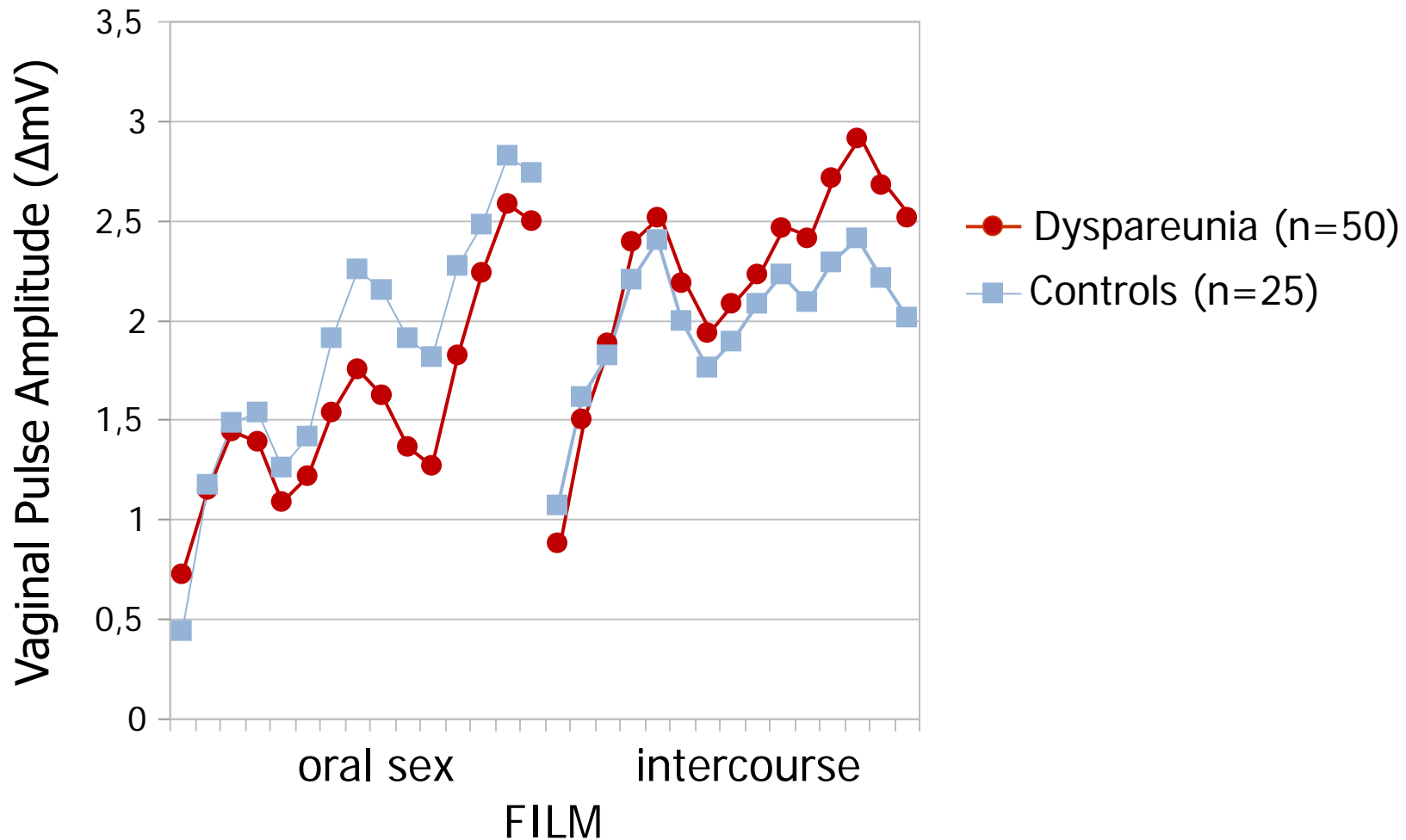


Unaroused

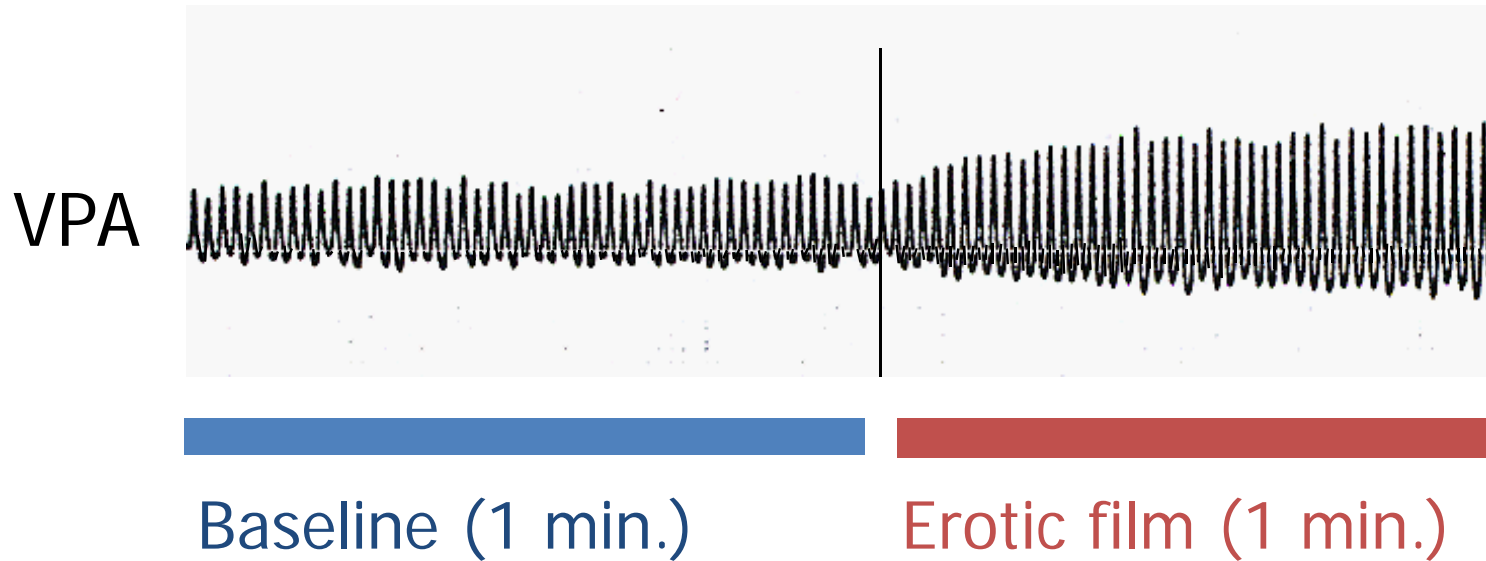


Pain

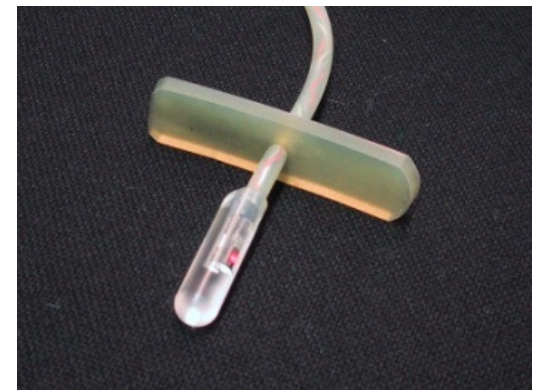
The potential to become aroused is not impaired in women with dyspareunia



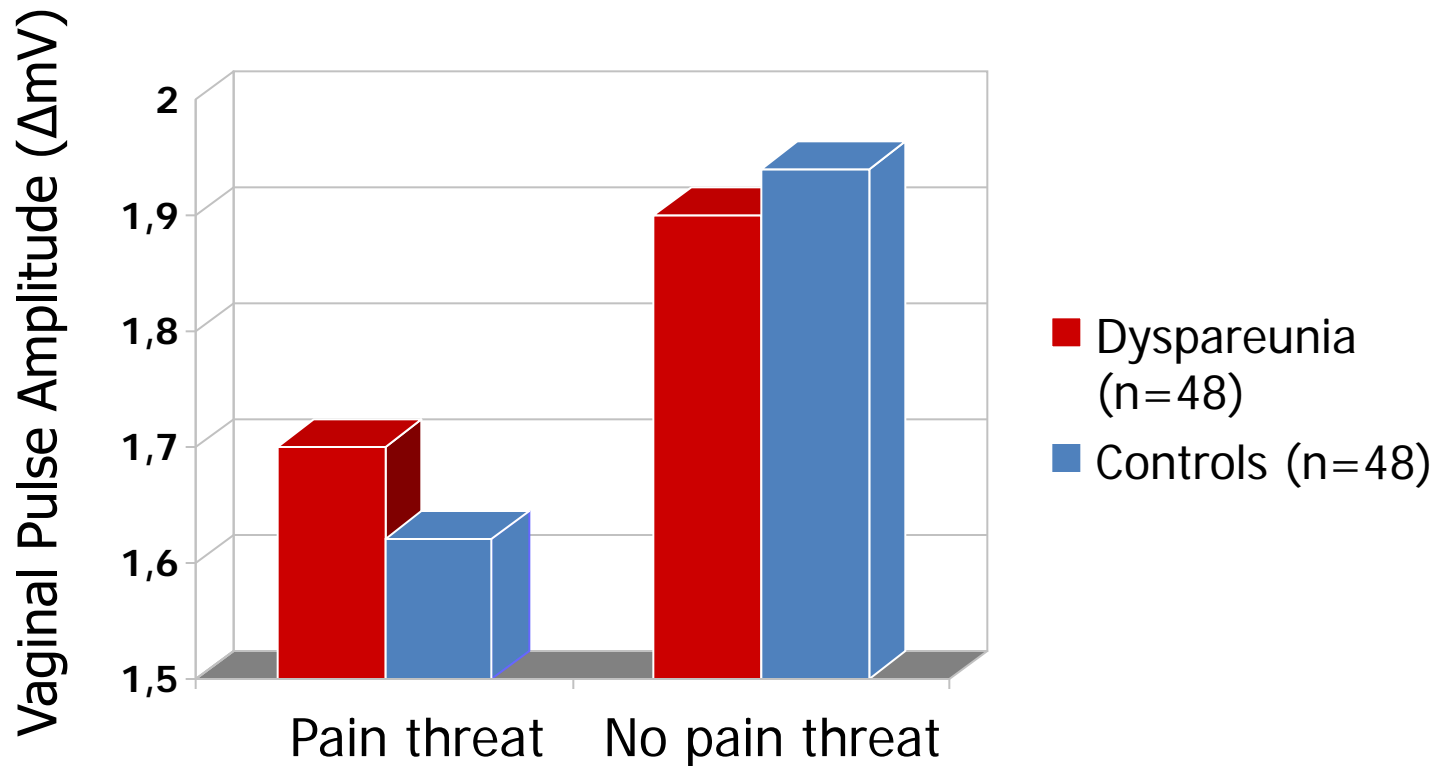
Vaginal Pulse Amplitude (VPA)



Vaginal photoplethysmograph →

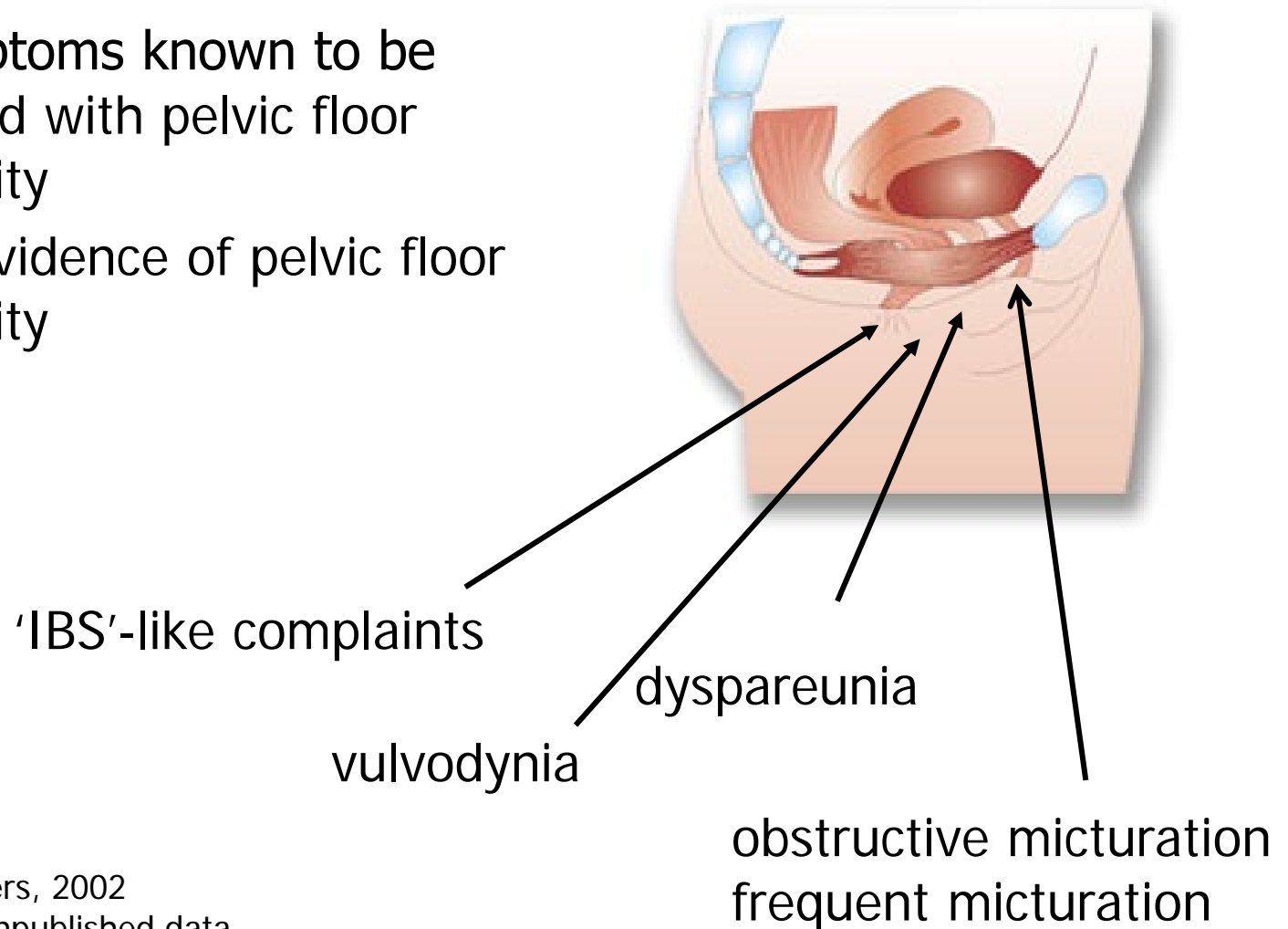


The expectation of pain does impair sexual arousal



Pelvic floor overactivity

- ≥ 3 symptoms known to be associated with pelvic floor overactivity
- Clinical evidence of pelvic floor overactivity

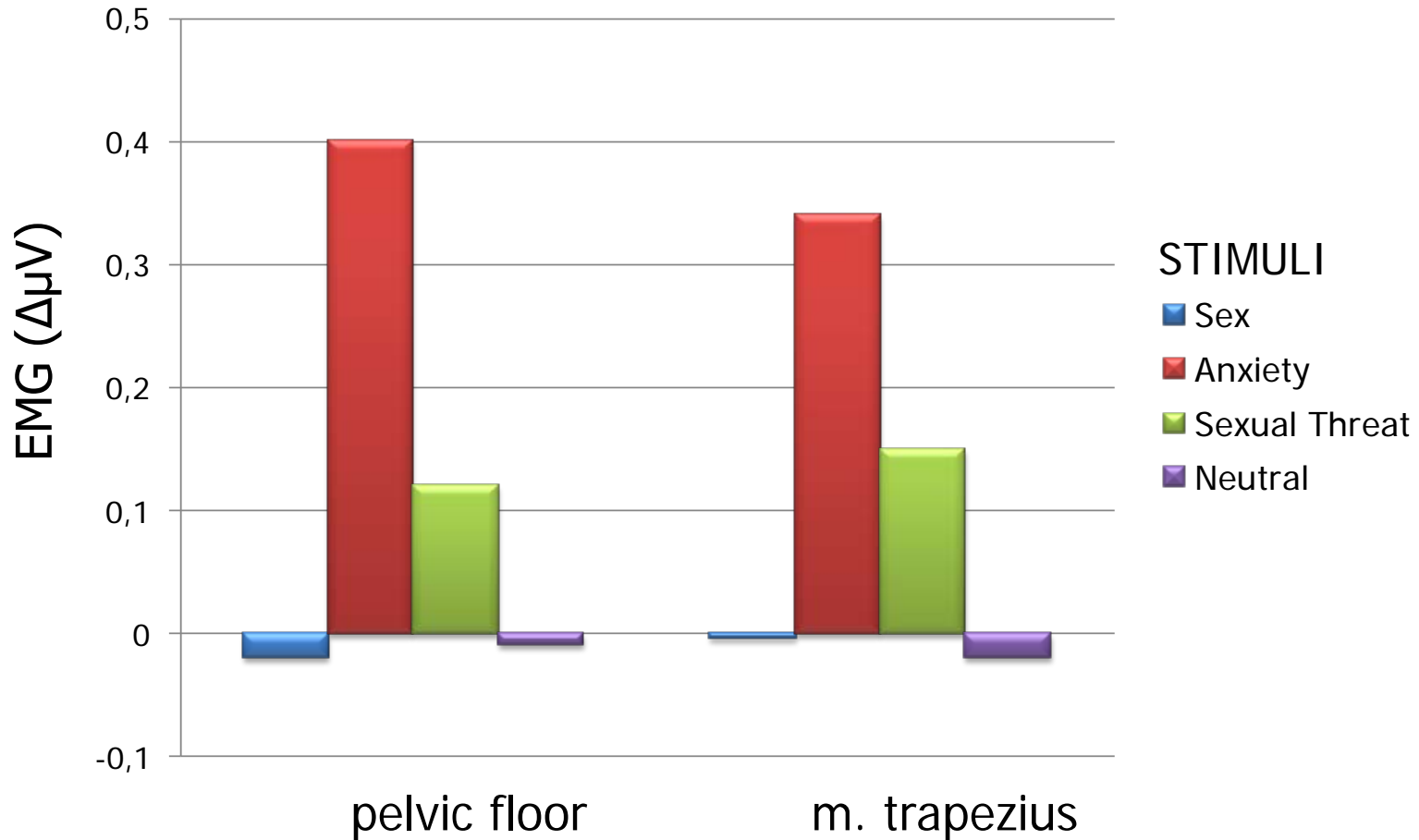


Functions of the pelvic floor

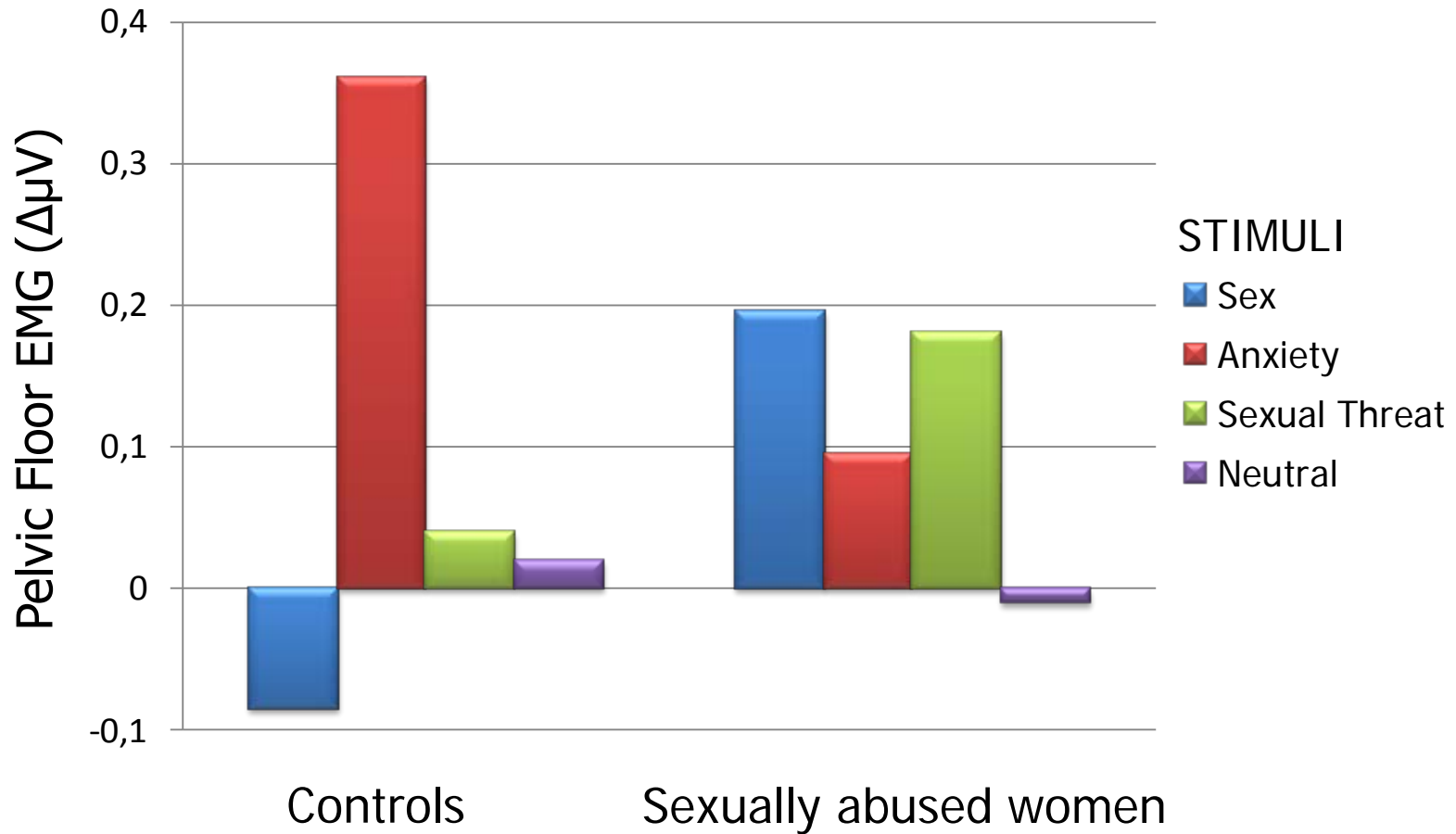
- **SUPPORTIVE:** supports vulnerable pelvic organs; a flexible pelvic floor is important for effortless micturation and defecation
- **SEXUAL:** during orgasm the muscles of the dynamic pelvic floor contract rhythmically, which contributes to sexual pleasure
- **EMOTIONAL:** pelvic floor overactivity during (threats of) mental or physical pain as part of a general defense mechanism

General defense mechanism

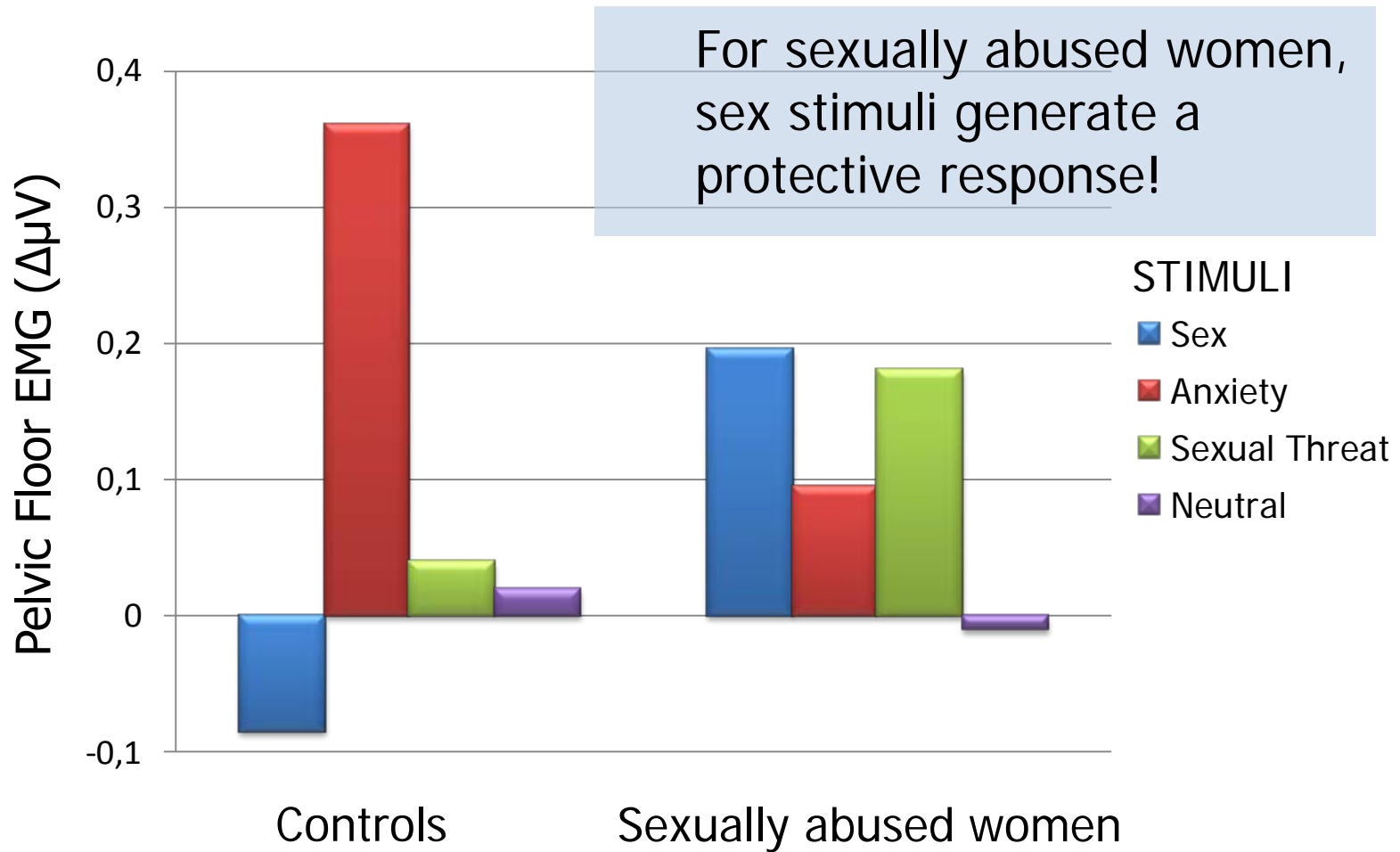
45 women with primary vaginismus and 32 controls (ns.)



Pelvic floor EMG and sexual abuse



Pelvic floor EMG and sexual abuse



Pelvic floor overactivity in raped women

- Raped women (despite earlier treatment for PTSD), relative to controls, have:
 - 2.4 x higher prevalence of sexual problems
 - 2.7 x higher prevalence of pelvic floor overactivity
- Their sexual problems are partly mediated by pelvic floor complaints (26% of the variance explained)

Pelvic floor is an 'emotional' organ

- Pelvic floor overactivity is an emotional response: a manifestation of a general defense mechanism, to trauma, pain, or fear of pain



- Patient and therapist need to understand what generated the defense mechanism, and which factors may (still) maintain the pelvic floor overactivity
- When these maintaining factors are not included in treatment, she will be less able to let go of this conditioned protective mechanism

Sexual pain behavior

Women continue behavior that predictably leads to pain

- Prevalence of pain or discomfort during intercourse is high, particularly among young women:
 - Sweden, Elmerstig et al., 2009: 49%
 - Nederland, de Graaf et al., 2005: >50%
- Half of them do NOT consider this to be a problem (Elmerstig et al., 2009)
- Prevalence of dyspareunia in the general population is 12 to 21% (Danielson, 2003; Harlow, 2008)

Sexual pain behaviour

Why do women continue behavior that predictably leads to pain?

- Because women 'can' (their anatomy 'allows' them to have intercourse without arousal and desire)
- Because they want to be 'normal' (Elmerstig, 2008)
- Love-ethos: 'I love my partner and he has a right to have intercourse'
- To avoid a negative response from their partner (Brauer et al., 2014)
- Likelihood of sexual arousal and desire in this scenario very small



Actual intercourse behavior in women with sexual pain

N (%)	Controls (n=45)	Dyspareunia (n=50)
Not at all	0	0
Once a month	0	14 (28)
More than once a month	5 (11)	18 (35)
Once/twice a week	21 (46)	9 (18)
More than twice a week	20 (44)	10 (20)

- 38% of women with dyspareunia have intercourse at least once a week

Sexual pain is psychological, relational, and sexual

1. Psychological: Low self-esteem, low autonomy
2. Relational: Prioritizing partner's sexual pleasure over that of their own
3. Sexual: Disregarding the (physiological) requirements for pleasurable sex



These women continue painful intercourse without sufficient sexual arousal and lubrication and a tense pelvic floor (as cause or consequence):

- Permanent vulvar burning through chronic irritation of the vulvar skin
- Chronic pelvic floor overactivity

Conclusions

- Good sex is important for physical and mental health
- It's up to you to break the conspiracy of silence
- Sexual pleasure is gendered, therefore, the positive health consequences are likely to be gendered as well
- Women's sexuality is not more complex than men's, it's just that current heterosexual practice (i.e. vaginal intercourse without much 'outercourse') is too complex a task, unfitting women's genitals
- Sexual pain is highly prevalent and requires multidisciplinary treatment
- Beware of trauma-related pelvic floor overactivity
- Sexual problems are an important source of individual and relational unhappiness, so let's talk about sex!

lets talk.



Thank you

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