

# Treatment of sexual dysfunctions: psychological principles and approaches (*Part I*)

Kapila Ranasinghe<sup>1</sup>

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## Introduction

Treatment of sexual dysfunctions and problems are broadly known as sex therapy. How we deliver therapy has evolved for a long period but scientifically sound sex therapy paradigms only start to emerge from late 1960's. Today, clinical sex therapy research and practice are hugely influenced by commercial interests, chiefly the global pharmaceutical industry. After the advent of several effective oral medications it became increasingly apparent that treating genital organs alone is unlikely to lead to sustainable success. One solution to this has been found by incorporating forgotten aspects of humanistic sex therapy which were initially formulated in the 1970's. At the same time therapists should acknowledge that there is more and more evidence gathering about effectiveness of potency enhancing medications, drugs for premature ejaculation and treatments for other sexual dysfunctions. These developments have directed sex therapy to be more holistic evidence based therapeutic endeavour. At the moment most of the clinicians who practice sex therapy adopt an integrated approach to sexual disorders and complaints. However this article discusses only the basic psychological principles that are known to be useful or effective. These psychological approaches are not difficult to comprehend and can be easily integrated into clinical practice by any medical practitioner who is interested in helping couples with sexual difficulties or dysfunctions.

When it comes to psychosexual therapy most practitioners use some admixture of systemic and cognitive behavioural interventions including sex education, sexual permission, communication training, couple counselling, sensate focus, genital-sensate focus, addressing aetiological and maintaining factors, treatment of concomitant psychiatric problems and specific pharmacotherapy.

These different elements of therapy are integrated into individual or couple therapy in a creative and flexible way. The goal of therapy is to help the patients achieve a more satisfying relationship and quality of life using the most effective and least costly means rather than targeting any predetermined set of objective sexual criteria.

## Handling the non-sexual problems in the couple

Stress, anxiety and relationship problems are known to keep the sexual problems alive. Whenever it is needed, it is important to take measures to improve the quality of the relationship of the individual before specific sexual issues are addressed. Sexual problem often reflects other areas of disharmony or misunderstanding in the marriage or between the couple. In such a case the relationship as a whole is treated, with emphasis on sexual functioning as a part of that relationship. Initial few sessions are devoted to improve communication in sexual and nonsexual. Open communication between the partners is urged while the expression of mutual needs is encouraged. Few couples may need long term counselling or therapy for their relationship problems.

A doctor can attempt to change the dysfunctional way the couple interact depending on the identified issues. This often helps to improve the overall quality of relationship as well as the sexual difficulties. The general approach is one of problem solving and there is little emphasis on finding the 'cause' of the problem. It is also important to allow the couple to understand that the focus of therapy is building the relationship including the sexual aspects. Therapeutic paradigms deriving from the Behavioral Systems Couple Therapy (BSCT) which was developed by Michel Crow<sup>2</sup> is known to be effective in improving the quality of relationship in couples with sexual difficulties. Couples or families can be helped by addressing their problems at different levels depending on the nature of the relationship problem they are having. Usually therapy is started at a lower level and as it progresses couples may need to be helped using the higher strategies. However, strategies in all levels need not to be used for most of the couples, only difficult relationships may need higher level exposure in the therapy. Principles deriving from the therapeutic

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<sup>1</sup>Consultant Psychiatrist, National Institute of Mental Health, Angoda, Sri Lanka.  
E-mail: kapila\_ranasinghe@hotmail.com

strategies can be used by any medical practitioner or therapist who is helping a couple with major relationship problems together with sexual difficulties. First few paradigms in the simplest form can be outlined as follows:

i. Reciprocity negotiation

This is similar to the literal meaning of reciprocity and in any given situation the couple provides some help or advantages to each other. This is usually the first resort in couple therapy and couple is encouraged to take specific issues on which they disagree and negotiate more positive ways of solving the problem. Here when one partner takes an initiative to resolve the problem the other person also has to reward it by doing something to help the situation.

Ex: *Problem* - When the husband come home very late daily from work the wife immediately starts to complain bitterly.

*Reciprocity negotiation*- the husband has to try and come home early at least few days for a week or he has to call if he is to get late. In turn wife has to stop complaining or nagging.

ii. Communication training

Poor communication hurts both partners and when this goes on for quite some time, it affects the relationship. Each partner feels that they are putting up a lot and they tend to forget that they are the two most important people on earth for each other. Hence, communication training in couple therapy helps to rejuvenate the relationship and understand each other better.

This is done with a view of improving the way of expressing the needs of each other and interaction. In this it is assumed that the couple have good motivation and the problems in communication are due to lack of knowledge or experience. The partners can learn to talk in brief sentences listening and acknowledging other persons feelings. In the simplest form a partner should talk the other how she or he is liked to be called.

Ex: *Problem* - Wife always talks as if she is complaining - "well...where did you go today?"

*Positive communication* - The wife has to greet the husband in a friendly manner "Hi! So... how is your day?"

iii. Arguments and role play

Some times couples continue to be with each other even when the marriage goes 'stale' for a while.

They carry on their lives looking after children and doing the day to day activities and they do not even argue with each other any more. It is important to tell them to at least start arguing about how they feel. Then the communication can be gradually improved through role playing. Role playing is a useful tool to understand each other's feeling and emotions preventing mind reading. It is often better to encourage them to argue in a reflective manner when they have entered a level when there is no positive interaction between them.

iv. Time tables and tasks

If the relationship is severely affected, couples are given time tables and tasks because they don't do anything together and sleep in different rooms or beds. Then they can be asked to do things together according to a time table or try to sleep together as a task. This is usually given as homework exercises at the end of the session.

v. Adjusting to the symptoms/Problems

It is necessary to remember that all types of problems are amenable to therapy or interventions. Some of the issues raised by the couple could be due to personalities of individuals or behavioral patterns that are unlikely cause major harm to any one. In such instances 'symptoms' or the behaviour have to accepted and lived with.

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