



Frigid & Frustrated

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Self Introduction

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Clinical Sexologist

- **Doctorate in Human Sexuality**
- **Masters in Public Policy and Management**
- **Bachelor of Arts (Comm)**
- **Cert in Sex Therapy**
- **Cert in Practical Counselling**
- **Cert in Life Coaching**



Covering

- 1. What: Definitions of LSD**
- 2. Contributing Factors of LSD**
- 3. Treatments/ Suggestions**
- 4. Quiz/ Resources**



Quiz

1) What is the DSM 5 definition of low sexual desire?

- a) Frigidity
- b) Inhibited Sexual Desire Disorder
- c) Hypoactive sexual desire disorder
- d) Female sexual interest/ arousal disorder
- e) None of the above

Quiz

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A Name is Just a Name?

Frigidity



Inhibited Sexual Desire
Disorder - DSM-3



Hypoactive sexual desire
disorder - DSM-3-R



Female sexual interest/
arousal disorder - DSM-5



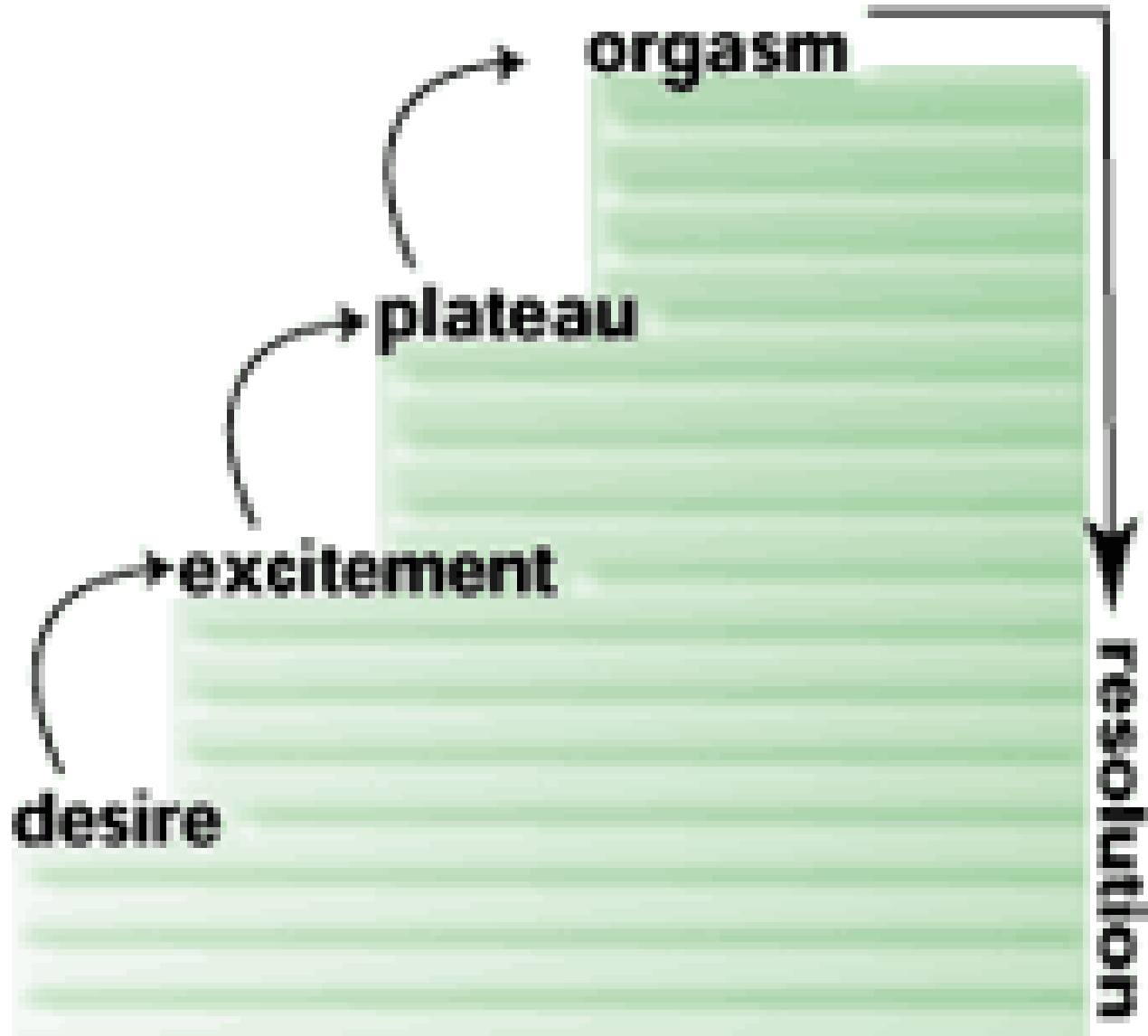
DSM-5 Female Sexual Dysfunctions

- Hypoactive Sexual Desire Disorder
 - Sexual Arousal Disorder
 - ~~Sexual Aversion Disorder~~
 - Female Orgasm Disorder
 - Sexual Pain Disorder
 - Dyspareunia
 - Vaginismus
- Female sexual interest/ arousal disorder
- Genito-pelvic pain/penetration disorder

More on DSM-5

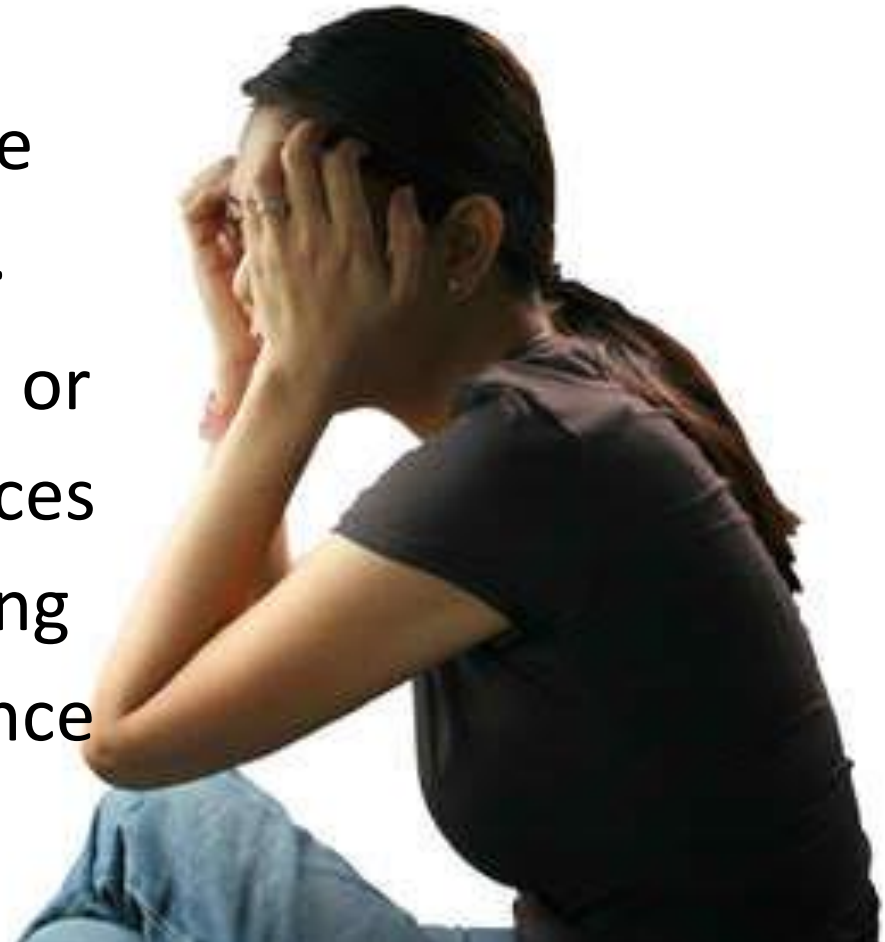
- Sexual dysfunctions (except substance-/medication-induced sexual dysfunction) now
 - Require a duration of approximately 6 months and
 - More exact severity criteria
- Subtypes for all disorders include only
 - “Lifelong vs. acquired” and
 - “Generalized vs. situational”
- Two subtypes were deleted:
 - “Sexual dysfunction due to a general medical condition” and
 - “Due to psychological versus combined factors”

Sexual Response



Sexual Desire

- Begins in the brain.
- The experience of sexual fantasies, thoughts, and wanting to engage in or be involved in sexual activity.
- Includes being responsive or receptive to sexual advances by a partner and of wanting to continue the activity once physical contact begins.



Sexual Dysfunction

- Can occur at ANY age!
- Affects self esteem, self-confidence and quality of life for both partners
- Often has an organic basis, but ALWAYS has a psychological component!
- May signal or accompany other serious illness
- A couple's concern - Partner should be involved in management
- Expert evaluation and counseling will assure optimal outcomes

Sexual Dsyfunctions

Female sexual interest/ arousal disorder

- The immediate cause of desire disorders manifest in the patient's avoidance of sexual feelings, sexual thoughts and fantasies.
- Does not initiate sexual activity.
- Not responsive to partner's initiation of sexual activities.

Sexual Dysfunctions

Female sexual interest/ arousal disorder

- The persistent or recurrent deficiency (or absence) of sexual fantasies/ thoughts, and/ or desire for or receptivity to sexual activity
- Involves biological, intrapsychic and interpersonal determinants
- Dimensions must be independently evaluated when making a diagnosis.

Specify:

- Lifelong or acquired
- Generalized or situational

Factors Influencing Sexual Response

- **Vascular** (*Blood Vessels*)
- **Neurological** (*Brain*)
- **Hormonal**
- **Psychological** (*Mental mind*)
- **Relational**
- **Psychosexual skills**



Psychosocial Issues

- Lifelong or acquired
- Symptom or situational
- Unresolved history of sexual abuse or trauma
- Body image/ Self-esteem issues
- Psychiatric history
- Stress, anxiety, sadness
- Relationship conflict
- Partner's sexual dysfunction

Relationship Problems

- Anger
- Poor Communication
- Criticism
- Neurotic Interactions
- Incompatible Sexual fantasies
- Alcoholism & Sexual Abuse
- Phobic Avoidance of Sexual Intercourse
- Unconscious Conflict About Sex, Commitment, Pregnancy
- Sexual Abuse Issues

Medical Factors

- Chronic medical illness
- Medications
- Pelvic trauma or surgery
- Neurological illness
- Endocrinological illness
- Infection/ Sexually transmitted diseases
- Depression/ Major mental illness



Evaluation of Sexual Disorders

- Background information
- Chief Complaint
- History of Chief Complaint
- Sexual Status
- Masturbatory Status
- Medical Assessment
- Psychiatric Assessment
- Sexual History
- Family History
- History of Relationships
- Current Relationship
- Summary and Feedback

Factors Associated with Orgasmic Problems

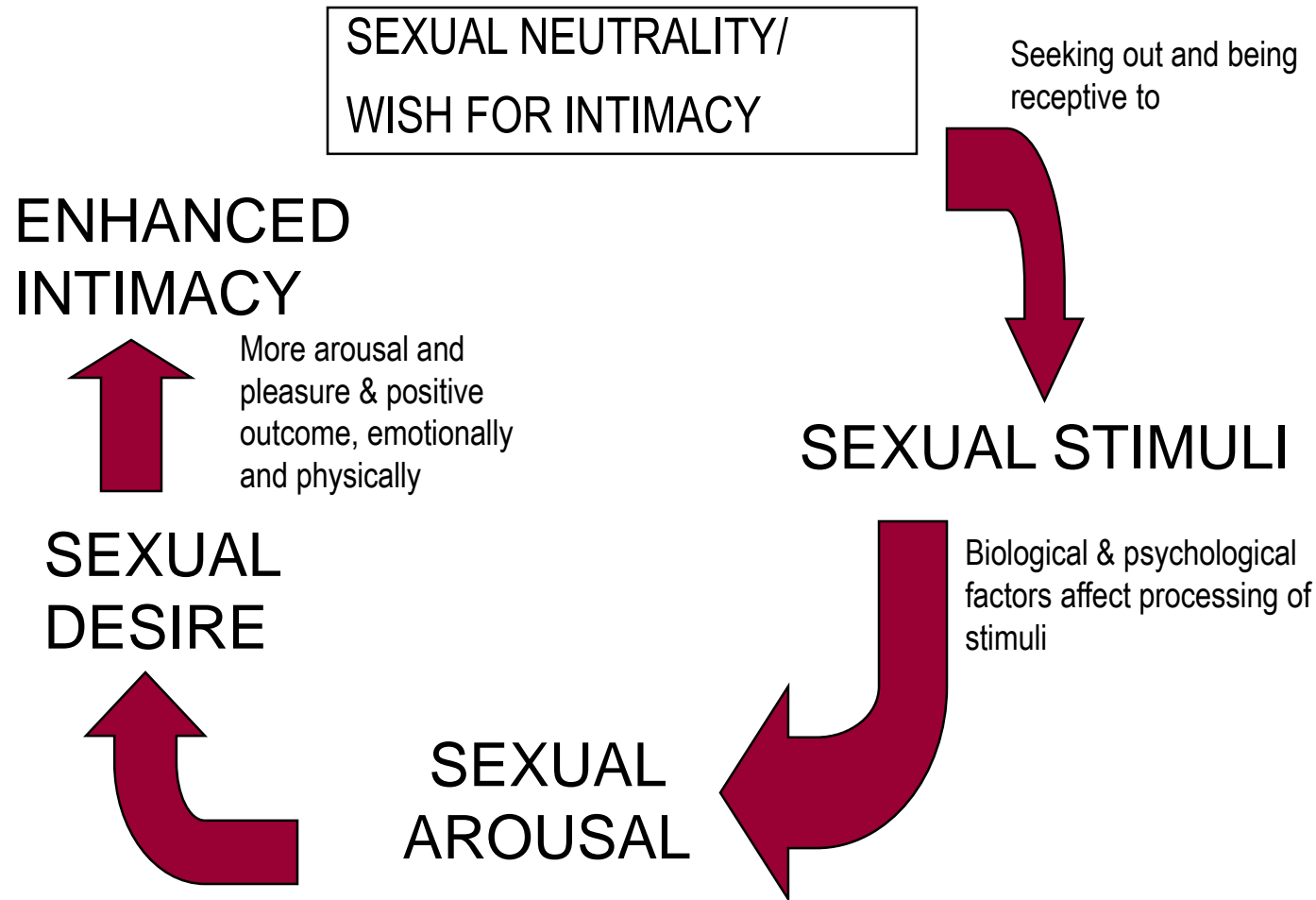
- Distraction
- Performance anxiety
- Negative sexual beliefs or misconceptions
- Ignorance about genital sensitivity/poor technique
- Anxiety about “letting go” – need to control
- Lack of trust, feelings of safety
- High religiosity negatively correlated with orgasm; high education positively correlated with orgasm.
- History of Sexual Abuse/Trauma
- Early abandonment by an important male figure (*Fisher, 1973*)
- Current relationship dissatisfaction (*Mah & Binik, 2001*)
- Partner’s lack of understanding of woman’s sexual preferences and need for particular kind of stimulation
- Partner’s dysfunction – Premature ejaculation, Erectile dysfunction


The Responsive Component of Women's Sexual Desire

The need for trust, respect, communication, affection, and the pleasure from sensual touching.

Women's motivation (or willingness) to have sexual experiences stem from a number of "rewards or "gains" that are not strictly sexual.

Women's Sexual Response



A woman with blonde hair, wearing a purple dress, is shown in profile, looking upwards and to the right. Her hand is near her face, with her index finger pointing upwards. The image has a purple tint and is framed by a dark purple border.

**So
How?**

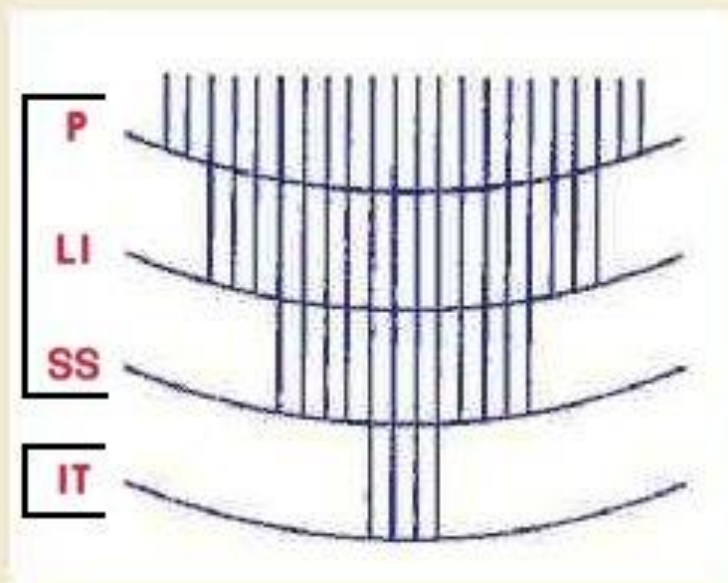
Sex Therapy is...

- A Bio/ Psycho/ Social modality
- Looks at multi-dimensional aspects of sexual expression
 - Individual
 - Relational/ Interpersonal
 - Psychosocial
 - Biological



The PLISSIT Model of Sex Therapy

(developed by Jack Annon)



P = Permission

LI = Limited Information

SS = Specific Suggestions

IT = Intensive Therapy

PLISSIT Model

Permission to self – Pleasure; to use vibrator, Ask for certain kinds of touch, caress.

Limited **I**nformation – Changes in sexual response with pregnancy, menopause, aging. Impact of medication(s) on sexual function.

Specific **S**uggestions – HRT benefits and risks, use of lubricants; Positions.

Intensive **T**herapy – Refer to specialists for couple therapy, resolution of long-standing problems.

The Orgasmic Diet

1. Take supplements (especially fish oil); a multivitamin; calcium, magnesium, and zinc; and extra iron and vitamin C.
2. Balance of 40 percent carbs, 30 percent protein, and 30 percent fats at every meal.
 - Avoid trans fats and polyunsaturated fats, including vegetable oils such as corn oil, soybean oil, and safflower oil, that counteract the benefits of the omega-3 fatty acids
 - Eat monounsaturated fats like olive or canola oil or moderate amounts
 - Eat a half-ounce of quality dark chocolate every day.
3. Avoid things that interfere with sexual function, including caffeine, cigarettes and other stimulants; hormonal birth control; and drinking alcohol to excess.
4. Exercise the PC muscles

Aphrodisiac Food for Women

Almond

Avocado

Chocolate

Licorice

Soy

Angelica

Basil

Damiana

Papaya

Truffles

Artichokes

Cardamon

Ginger

Saffron

Source: Weiss, S. I. (2010) Eco Sex, Ten Speed Press, p76



Aphrodisiac Food for Men

Basil	Bay leaf	Cardamon
Cayenne	Celery	Chiles
Cinnamon	Cnidium seeds	Fennel
Figs	Ginger	Ginko
Ginseng	Goji berries	Grapes
Hemp seeds	Lavender	Mango
Mustard	Nutmeg	Peach
Pineapple	Pumpkin	Sea cucumber
Squash	Vanilla	Watermelon

Source: Weiss, S. I. (2010) Eco Sex, Ten Speed Press, p76

Testosterone

- 1) Level is 20-40% higher in men than women.
- 2) Increase testosterone levels in men's blood rise accordingly with doses of vitamin D.
 - After exposure to sunlight
 - Can also be obtained from eating oily fish and meat.



Source: Sunbathing 'boosts men's sex drive'

<http://www.telegraph.co.uk/health/healthnews/7127197/Sunbathing-boosts-mens-sex-drive.html>

(accessed 4 Aug 2014)

The Low Down on Low Libido

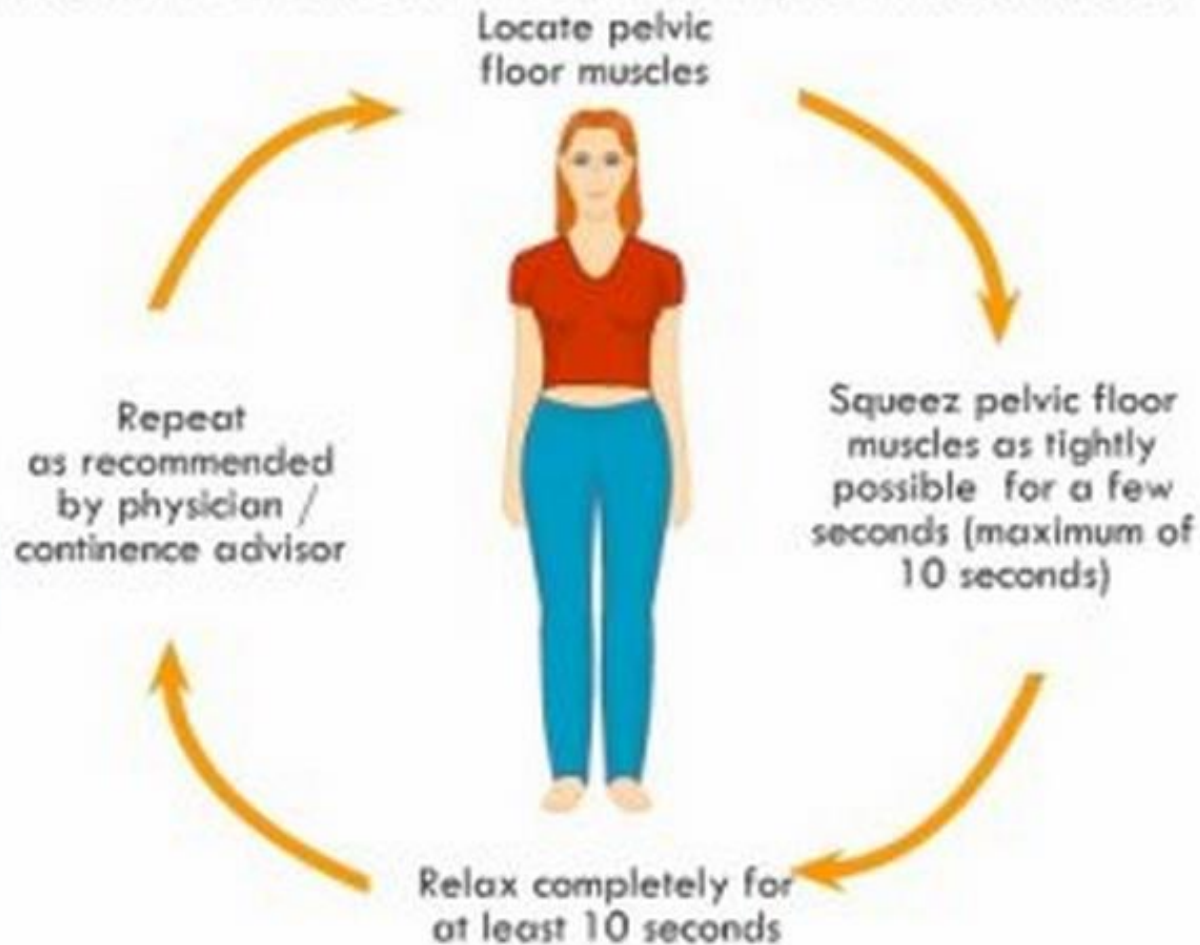
- Increase sea vegetables
- Increase beans
- Increase root vegetables
- Increase water
- Increase spicy foods
- Increase chocolate
- Reduce alcohol

Source: Vitti, A. (2013) Woman Code, HarperOne, p. 298



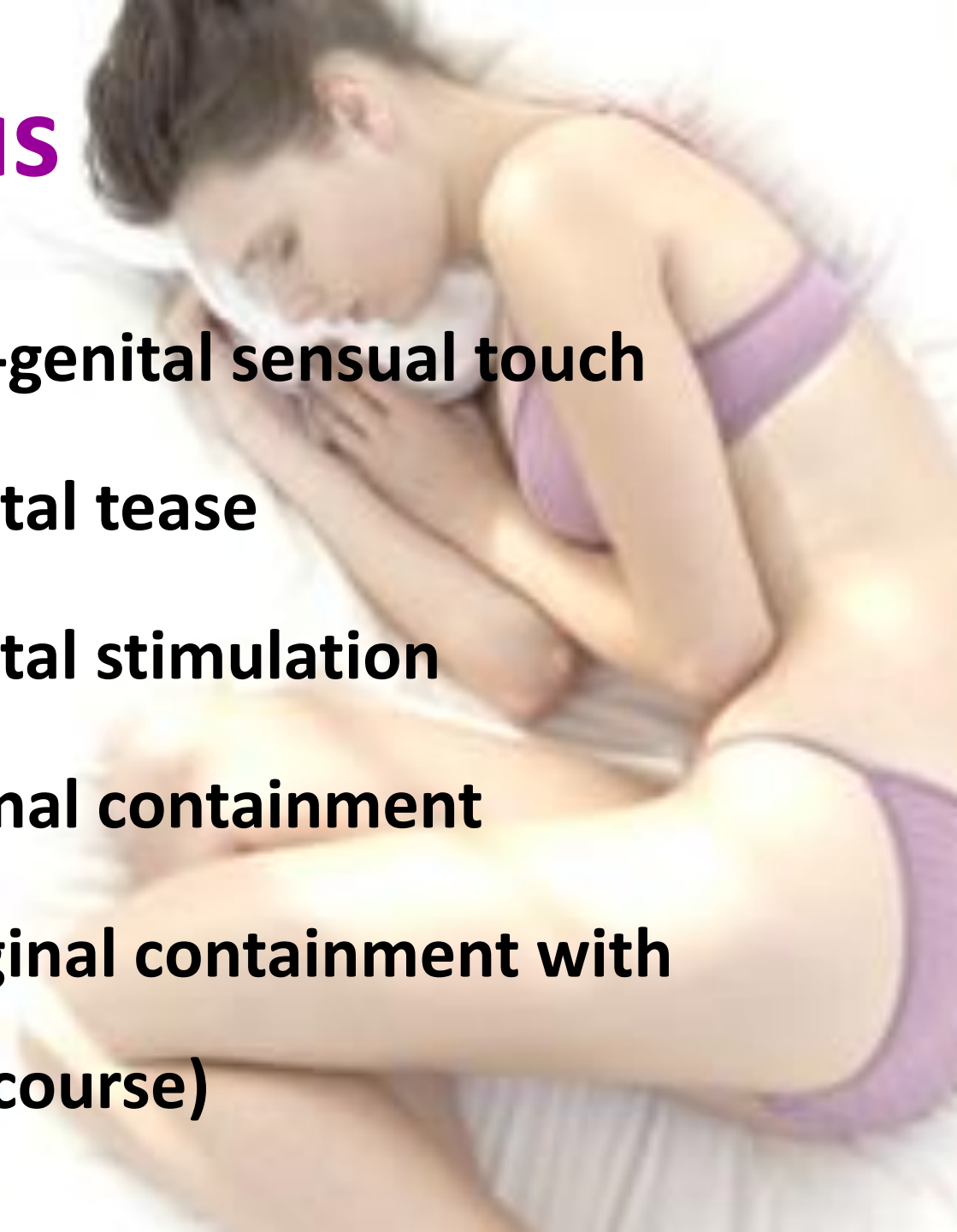
Kegels

HOW TO PERFORM PELVIC FLOOR EXERCISES



Sensate Focus

- **Week 1 & 2: Non-genital sensual touch**
- **Week 3 & 4: Genital tease**
- **Week 5 & 6: Genital stimulation**
- **Week 7 & 8: Vaginal containment**
- **Week 9 & 10: Vaginal containment with movement (intercourse)**



Lack of Sexual Drive

1. Communicate
2. Get Tested
3. Arms on Deck
4. Schedule Sex
5. Prepare for sex
6. Self care
 - a. Exercise
 - b. Quit smoking
 - c. Food



Lack of Sexual Drive

7. Expand your ways of having sex
 - a. Masturbation witnessing
 - b. Mutual masturbation
 - c. One-way sex
 - d. Sex toys
8. Recruit a Taskforce
9. Give it some time

Principles of Feminine Energy

The principle of

- Living in harmony with my biochemistry and self-care
- 360-degree emotional expression
- Pleasure
- Leadership
- Conscious, Collaborative Relationships
- Receiving
- Being my own authority

Source: Vitti, A. (2013) Woman Code, HarperOne, p. 269

What Would You Do? - Quiz

2) A couple comes in and say the wife has low sex drive. A sexologist would...

- a) Find out what their definition of low sex drive is
- b) Ask if they have gone for medical check ups
- c) Check what they tried
- d) Explore the sexual attitude of the woman
- e) All of the above

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3) A lady comes in and attribute her low sex drive to being sexually violated when she was 5 - 15. A sexologist would...

- a) Encourage her to get over it – it's all in her head
- b) Insist she must tell her husband about it
- c) Tell her to go to the police so justice is served
- d) Teach her to do kegels
- e) Explore what her goals are

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What Would You Do? - Quiz

4) A couple comes in and say the wife has low sex drive. The lady is very negative about everything that is discussed. She gets angry and defensive. A sexologist would...

- a) Ask if she has gone for a medical check up
- b) Tell her she has an attitude problem
- c) Sit back and let her talk – It's her money
- d) Admit she is beyond hope
- e) Check if she has depression

What Would You Do? - Quiz

4) A couple comes in and say the wife has low sex drive. The lady is very negative about everything that is discussed. She gets angry and defensive. A sexologist would...

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- d) Admit she is beyond hope
- ☒ e) Check if she has depression

What Would You Do? - Quiz

5) Your patient starts crying in consultation. She admits she is feeling depressed. Do you...

- a) Pass her tissue, and tell her to stop crying
- b) Just do your job and give her the drugs she came for
- c) Refer her to staff nurse
- d) Send her to a mental health professional
- e) Ask if she has suicidal thoughts

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Books

1. **Reclaiming Desire**, by Andrew Goldstein, M.D., and Marianne Brandon, Ph.D — Helps readers understand what life events can influence a person's mood and romantic willingness, along with suggestions on how to de-stress enough to revive a slowed-down sex drive.
2. **Reclaiming Your Sexual Self**, by Kathryn Hall, PhD— Discusses the reasons people experience low libido and gives helpful suggestions for creating the right conditions in your life for more desire and libido.
3. **The Return of Desire**, by Gina Ogden, PhD— An excellent book for women of all ages and orientations who want to bring desire back into their lives. Explores the spiritual side of sexuality as well.
4. **The Heart of Desire**, by Stella Resnick, PhD — A useful reference for people in long-term relationships who want to rekindle desire. Includes a Ten-Step Loving Sex Program to help nourish your sexual relationship.
5. **Mating in Captivity**, by Esther Perel — A refreshing, original look at the way sexual relationships change over time, the choices we make that create those changes, and what we can do to rekindle the flames.

Common Sexological Issues



- **Body image and sex-negative conditioning**
- **Sexual desire**
- **Courtship concerns**
- **Obstacles to Intimacy**
- **Sexual development, maturation and aging**
- **Sexual communication and negotiation**
- **Medical considerations affecting sexuality**
- **Atypical sexual behaviours**
- **Sexual trauma**
- **Gender identity**
- **Sexual orientation**
- **Sexual education for parents**
- **Women's concerns**
- **Men's concerns**

Online Program



SEX POSSIBLE
28 DAYS TO OVERCOMING VAGINISMUS

- **Online**
- **Affordable**
- **24 x 7 Access**
- **Multiple access**
- **Personalised email support**



What is Your Approach?

- **Sex-positive**
- **Non-judgemental**
- **Educational**
- **Client-centered**
- **Do no harm**



**KEEP
CALM
AND**

**CHANGE THE
BATTERIES**

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