

Practitioner Resources to Accompany

WHAT EVERY MENTAL HEALTH PROFESSIONAL NEEDS TO KNOW ABOUT SEX

Second Edition

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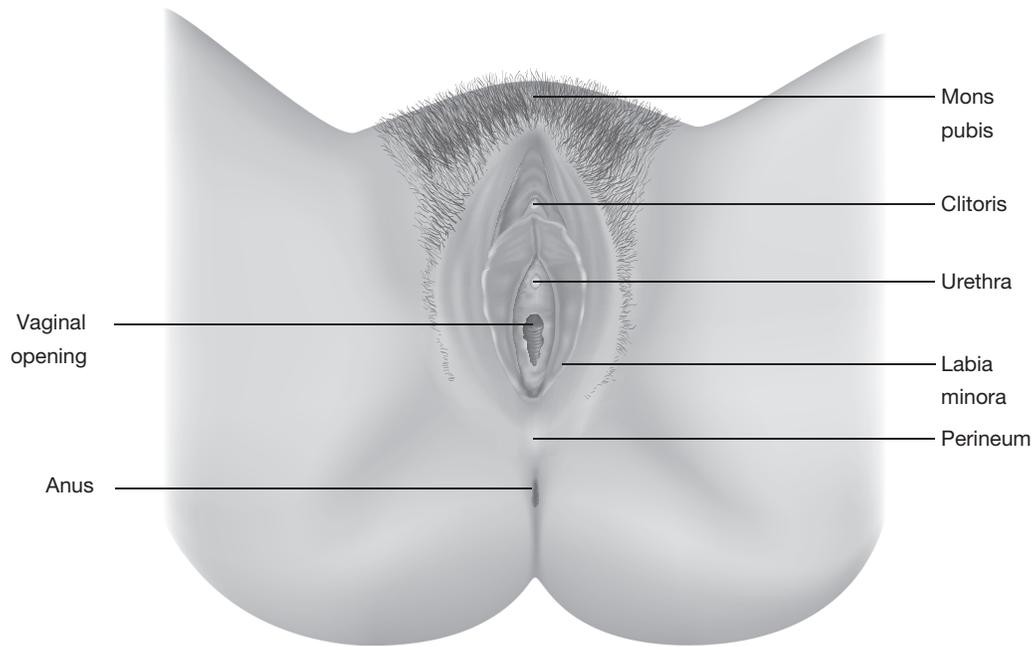
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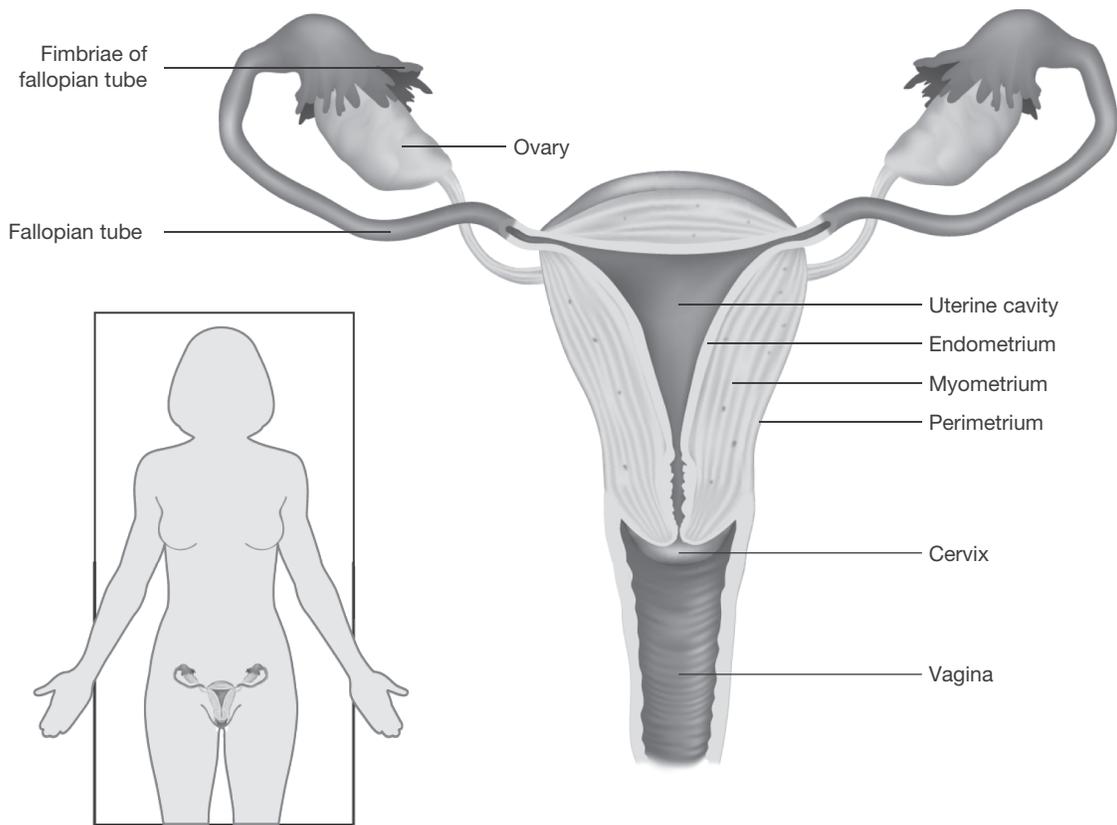
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Contents

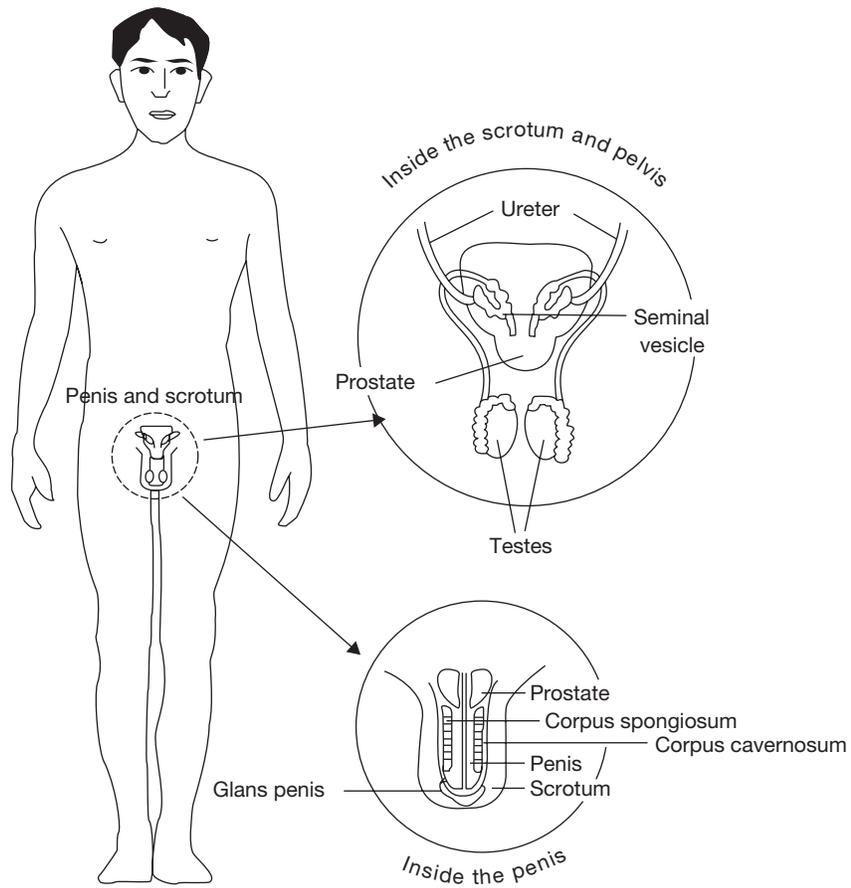
Female sexual anatomy: external structures	4
Female sexual anatomy: internal structures	5
Male sexual anatomy: external structures	6
Male sexual anatomy: internal structures	7
Kegels for everyone	8
Declaration of sexual rights	9
How to use a condom consistently and correctly	10
Sexological ecosystemic questionnaire	11
Sensate focus activities	14
Experiencing orgasm	16
Tips for better erections	17
Tips for lasting longer	18
Talking to each other about sex	19
Sex, love, and contraception	20
A trip to the sex toy shop	21
I like/I don't like. . .	22
Talking to your children about sex	23
Talking about sexual values	24
Preparing for anal sex	25
When a partner is mentally ill: relationship tips	26
Mindfulness and sexuality	27
Understanding sexual triggers	28
Understanding pain management	29
Outercourse	30
Sex after baby	31
Preparing to engage in sexual activity	32
Tips for coping with chronic illness or cancer together	33
Preventing STIs	34
Enjoying sex as a mature adult	35
Dealing with out-of-control sexual behavior (OCSB)	36



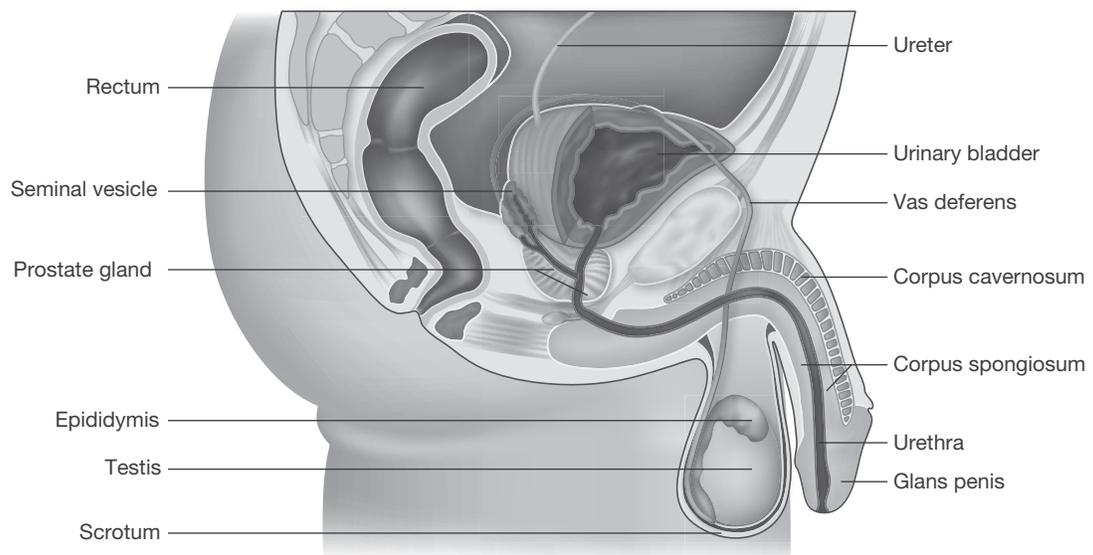
Female sexual anatomy: external structures.



Female sexual anatomy: internal structures.



Male sexual anatomy: external structures.



Male sexual anatomy: internal structures.

KEGELS FOR EVERYONE

Kegel exercises, named for Dr. Arnold Kegel, can help improve sexual function. When the pubococcygeus (PC) muscle is exercised, women report greater awareness of sexual sensation and arousal, as well as improved capacity for orgasm. It also has the added benefit of helping with childbirth and continence, or bladder control. Men can also perform Kegel exercises to improve quality of erection and increase ejaculatory timing.

FINDING THE PC MUSCLE

For women: Sit on the toilet with legs parted. Start a stream of urine and then try to stop the flow. The muscle you feel tightening when you stop the flow is your PC muscle. If you don't feel it the first time, try the next time you urinate.

For men: Pretend you are trying to keep from emitting intestinal gas or that you are trying to retract the penis by lifting the scrotum or testicles.

HOW TO EXERCISE THE PELVIC FLOOR

There are two types of Kegel exercises helpful for sexual function:

Slow Kegels: Tighten the PC muscle and hold for a count of three, then release it.

Quick Kegels: Quickly tighten and relax the PC muscle.

A "set" of exercises is to do 10 of each type. Aim for doing a set five times a day. You can do the exercises any time; no one will notice! Try doing them while you are on the telephone, waiting at a red light, reading, or watching TV.

Some women have a hard time identifying just how to tighten and relax the PC muscle and end up making the muscle too tight. If you aren't sure if you are doing the exercises correctly, you should contact a physical therapist that specializes in the pelvic floor; consult the International Pelvic Pain Society for a referral (www.pelvicpain.org).

DECLARATION OF SEXUAL RIGHTS

1. The right to equality and freedom of sexual expression.
2. The right to make decisions about one's body in regard to sexuality.
3. The right to feel safe from all forms of sexual violence and coercion.
4. The right to accurate information and education about sexuality and sexual health.
5. The right to freely create and dissolve marital and other similar relationships.
6. The right to family planning resources.
7. The right to organize freely to promote sexual rights and health.
8. The right to privacy regarding sexual matters.
9. The right to judicious laws and remedies regarding sexual rights.
10. The right to be free from inhumane treatment or punishment because of one's sexual or gender expression.

Source: Adapted from the World Association for Sexual Health (WAS) "Declaration of Sexual Rights," (2014 Mar). Retrieved from http://www.worldsexology.org/wp-content/uploads/2013/08/declaration_of_sexual_rights_sep03_2014.pdf

HOW TO USE A CONDOM CONSISTENTLY AND CORRECTLY

- Use a new condom for every act of vaginal, anal, and oral sex throughout the *entire* sex act (from start to finish).
- Before any genital contact, put the condom on the tip of the erect penis with the rolled side out.
- If the condom does not have a reservoir tip, pinch the tip enough to leave a half-inch space for semen to collect. Holding the tip, unroll the condom all the way to the base of the erect penis.
- After ejaculation and before the penis gets soft, grip the rim of the condom and carefully withdraw. Then gently pull the condom off the penis, making sure that semen doesn't spill out.
- Wrap the condom in a tissue and throw it in the trash where others won't handle it.
- If you feel the condom break at any point during sexual activity, stop immediately, withdraw, remove the broken condom, and put on a new condom.
- Ensure that adequate lubrication is used during vaginal and anal sex, which might require water-based lubricants. Oil-based lubricants (e.g., petroleum jelly, shortening, mineral oil, massage oils, body lotions, and cooking oil) should not be used because they can weaken latex, causing breakage.

Source: www.cdc.gov/condomeffectiveness/brief.html

SEXOLOGICAL ECOSYSTEMIC QUESTIONNAIRE

MICROSYSTEM

Developmental Experiences/Family of Origin

EARLY CHILDHOOD

- Can you remember first knowing that you had a gender?
- Did you feel happy knowing your gender?
- Did you sense that your parents were or were not happy about your gender?
- Do you remember first recognizing your genitals?
- Do you have any positive or negative experiences about sex early in your life?

MIDDLE CHILDHOOD

- Did your parents talk to you about sex?
- If so, what did they say?
- Did you experience any sexual abuse at any age?
- Were you prepared for puberty?
- Did you have normal sex play with your friends?
- If your parents discovered you involved in sex play or sexual self-exploration/masturbation, how did they respond?
- At what age do you remember beginning to masturbate?
- Were you exposed to inappropriate sexual material at any age?

PRETEEN

- What were your feelings about puberty? How did you feel about the changes in your body?
- What, if anything, did parents or other caregivers say about puberty?
- Was there any sexual teasing or harassment you'd like to talk about?
- Tell me about having crushes or romantic fantasies. Were they satisfying, or was there anything disturbing about them?
- At what age did you learn about sex and sexual intercourse? How and what did you learn about sex?
- Did you question your gender or orientation at any age? If so, were you able to talk to anyone about it?

ADOLESCENCE

- If you started experimenting sexually during adolescence, was it in the context of a relationship? Was the relationship a healthy one?
- Were early experiences pleasurable, or was there something about any of them that bothered you?
- If you were discovered to be experimenting sexually, how did your parents or caregivers react?
- Were you truthful with yourself and others about sexual knowledge and/or experiences? How did you relate to peers and their sexuality?
- How regularly did you masturbate? How did you feel about it?
- Did you have access to pornography? Did you use it frequently? How did you feel about it?

BIOLOGICAL ISSUES

- Did you ever have an illness that affected your sexual or social development?
- Do you now have an illness that affects your sexuality and/or your relationships?
- Are you taking any medications?
- Tell me about your alcohol and drug history.
- Have you ever been treated for a psychiatric illness? Tell me if you think it is having an effect on your sexuality.

MESOSYSTEM

Relationships

Late Adolescence and Adulthood

- Did you have any relationships lasting more than a few months? Did they include sexual activity, and, if so, was it pleasurable?
- Did you feel comfortable or insecure about your sexuality?
- Did you have anyone you could get information from as a teen?
- Was there ever, at any age, an unwanted pregnancy?
- Did you have many/a few/no sexual partners before your current relationship?
- Have you had any relationships that included satisfying sex? What made them satisfying?
- Have you had any relationships in which you were dissatisfied? What made them unsatisfactory?
- Do you believe in your relationship that one of you has a problem with drive (wanting to have sex)?
- What about arousal (getting turned on)?
- For men: Have you ever had problems with erections and/or early ejaculation?
- For men: Does it ever take longer than you'd like or expect to ejaculate?
- For women: Have you ever had problems with orgasm?
- Is sex ever painful? When? Does it prevent you from having sex?
- Do you have sexual fantasies? Do you enjoy them, or not? Do you share them?
- Do you have any sexual behaviors (e.g., a fetish) that interferes with sexual enjoyment with yourself or your partner?
- Does your partner have any behaviors that you have difficulty accepting or getting aroused by?
- What questions about your gender or orientation would you like to explore?
- Are any of your sexual problems possibly related to stress, like change in job, moving, birth of a child, death of a loved one, and so on?

EXOSYSTEM

Indirect Influence of Other Systems on Sexuality

- If you have a spiritual life, does it or does it not support your exploration of your sexuality?
- Have you left or changed religion because of differences in ideas about sexuality? How has that been for you?

- Does your workplace support work/life balance? How does this affect your sexual expression?
- Tell me about any interactions with health care providers regarding sexual concerns. Did they go well?

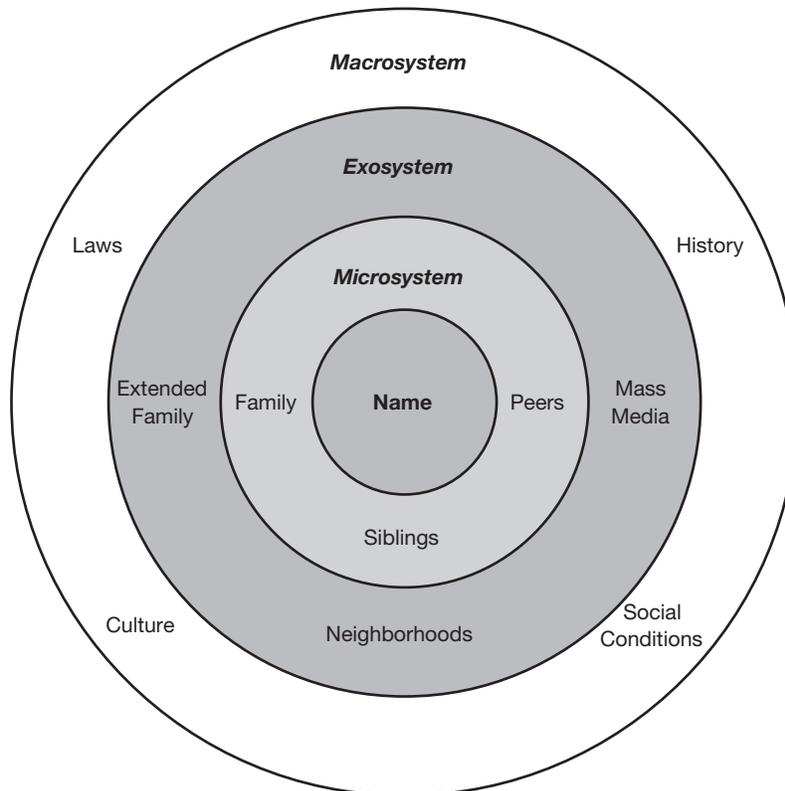
MACROSYSTEM

Sociocultural Influences on Sexuality

- Tell me about attitudes toward sex in your culture/culture of your family of origin.
- In what ways was your family more or less permissive?
- What attitudes do you have about how people of any gender are supposed to act in a sexual relationship? For example, are men supposed to be the initiators?
- How do you think your sexual development has been influenced by ideas you have read about or learned of in the media?
- What are your beliefs about the place of sexuality in a person's life? In a person's relationships?
- How do you feel about sexual experimentation?
- Do you consider yourself to have a more or less permissive attitude about sexuality?

DIAGRAM OF AN ECOSYSTEM

Make one copy for each participant. Write on the diagram or use it as a guide for interviewing. For couples, compare diagrams to see areas of similarity and difference.



SENSATE FOCUS ACTIVITIES*

William Masters and Virginia E. Johnson were the originators of sex therapy and this is their classic activity for couples. This series of activities is designed to do a number of things:

1. Focus you on pleasure instead of performance; decrease anxiety.
2. Increase a sense of connection.
3. Establish or reestablish a good sex life.

Here is the basic exercise. Variations follow. Please note that intercourse is off limits until the later stages of the activity.

SENSATE FOCUS I

- You will be taking turns sensually caressing, stroking, and feeling your partner's hands, arms, feet, and legs.
- Set aside 20 minutes, three times during the week.
- Select a setting where you will have uninterrupted privacy. You can make the scene romantic with music, candles, and so on.
- Agree to do this activity either clothed or lightly clothed, for example, shorts and tank top.
- Split the 20-minute time into two 10-minute periods. One of you will be the receiver and one the giver of touch during each 10-minute period.
- Use a coin to decide who will go first if you'd like. You can also decide ahead of time how you want to either plan or figure out who will initiate first.
- One of the reasons the word *focus* is in the title of this activity is that you are supposed to "focus" on your own sensations instead of your partner's responses (or what you *think* are your partner's responses). If what you are doing to your partner feels good to you, chances are very good it also feels good to your partner.
- Try to talk as little as possible during the exercise. You can give feedback later, perhaps the next morning or sometime before you repeat the activity. Refrain from giving feedback right after the activity when your partner's defenses may be down. He or she may feel too vulnerable then to take in your suggestions, such as the fact that you need firmer touch.

SENSATE FOCUS II

- Sensate Focus II includes exploration of the breasts and genitals.
- Follow the guidelines in Sensate Focus I regarding time, frequency, and tuning in to one's own sensations.
- Start the activity with general touching of the hands, arms, feet, and legs; don't move immediately to the breasts or genitals.
- You can do this activity nude or with light clothing, as you prefer.

*Source: Reprinted from *Sex, Love, and Mental Illness: A Couple's Guide to Staying Connected*. Santa Barbara, CA: Praeger, 2011.

- Try including a “hand riding” technique. When it is your turn to be the receiver, place your hand on your partner’s hand to gently guide him or her into understanding how much pressure, how fast or slow, or what particular areas you like to have caressed. Don’t take control; just add a little input to what the giver is doing.

SENSATE FOCUS III

- Same idea as Sensate Focus I and II, but now the touching is mutual.
- Shift your attention to your enjoyment of your partner’s body.
- If you become highly aroused, take a little break and resume touching. The point is to enjoy the journey, not just the destination.

SENSATE FOCUS IV AND V

- Continue as in previous activity sessions.
- At some point, move to the female-on-top position without attempting insertion of the penis into the vagina.
- In this position, the woman can rub her clitoris, vulva, and vaginal opening against her partner’s penis regardless of whether or not there is an erection.
- Eventually, the woman can insert the tip of the penis into the vagina if there is an erection. Go back to nongenital pleasuring if either partner becomes anxious.
- After doing this type of play a few times, you will most likely feel ready for intercourse. Keep the focus on your sensations and on nondemand pleasuring.

EXPERIENCING ORGASM

- Learning to self-pleasure through masturbation is the key to understanding what makes your body feel good so you can tell your partner during sex. If you have shame about your body or masturbation, talk to your therapist.
- You need to feel aroused in order to have an orgasm. Become aroused by reading or looking at erotic material, having a sexual fantasy, or exploring your body.
- If it is difficult to get aroused, try relaxing first in the bathtub, listening to soothing music, or getting a massage.
- You will know if you are aroused if your genitals feel more sensitive. Usually, your vagina will also be lubricated. There may be other signs that are visible, like the clitoris growing larger. You can use a mirror to notice such changes and to help you understand your sexual anatomy.
- How much friction and pressure to apply to the clitoris is a personal preference. Sometimes women find that a very light touch is best. Others need a strong touch or even powerful vibration from a toy. Still others will rub the *mons pubis*—the fatty pad of tissue covering the pubic bone—while others rub or even gently tug the labia. There is no right way—so have fun experimenting!
- If you feel your excitement build, then you find yourself putting on the brakes, you may be afraid of letting go or getting out of control. Make sure your environment makes you feel comfortable—that the door is locked and you have privacy.
- To keep building excitement, try moaning, which sends a fresh signal to the brain that you are excited. Some women find it helps to move their pelvis around in small circles, or to rock it up and down. You can also massage your breasts, buttocks, or inside of your thighs to keep sexual energy turned up.
- Women experience orgasm in lots of different ways. You may feel warm tingles up and down your body. Your muscles may contract and let go. You may thrash around, or you may get very still. Some women simply have a feeling of bliss or peace. Enjoy discovering your own orgasm style.
- When you are ready, you can let your partner know what you like by describing it. Or you can show your partner by having your partner ride your hand. Of course, you can also learn to have orgasm with your partner's help, if that is better or more arousing for you.
- Don't get discouraged. Just enjoy pleasuring yourself whenever you feel like it; that is, when you feel aroused, have had a fantasy, or when you have private time to experiment.

TIPS FOR BETTER ERECTIONS

- Maintain a healthy weight and diet. Men who are overweight can produce too much estrogen in their cells, effectively feminizing the body. A Mediterranean diet of vegetables, fruits, lean protein, and unsaturated fats like olive oil can accomplish both.
- Exercise can keep cholesterol low, which means that the arteries that feed blood to the penis will function better. Exercise also helps manage stress.
- If you smoke, stop. Smoking damages arteries that send blood to the penis.
- Limit or learn to better manage stress so that when the opportunity arises to have sex, you are ready. Be protective of time set aside for relaxation. Try taking a different perspective, like being less serious about problems at work or home.
- Understand your body and sexual arousal. Tune in to your fantasies to figure out what is a turn-on for you. Explore your entire body, not only your genitals.
- Do pelvic floor muscle exercises, which help strengthen erections.
- Communicate with your partner about your sexual preferences.
- Realize that every man, at any age, occasionally has problems with erections. Don't let a temporary problem turn into a chronic one.
- Keep alcohol use to a minimum. A recommended limit on alcohol is two 1-ounce drinks of hard liquor or 4-ounce glasses of wine per day.
- See your doctor annually. Make sure your hormones are in balance. Also be sure to ask your doctor if any of your medications can interfere with sexual function.
- Get proper sleep. If you snore, get checked for sleep apnea, which can keep the body's tissues, including the penis, from getting oxygen.

TIPS FOR LASTING LONGER

Early ejaculation can be frustrating, but most men can improve °ejaculatory control. Set a realistic goal for yourself and realize that, like any behavior, change will take time.

- Masturbate to learn more about your body. Take your time to enjoy your body first, then move to masturbation. Learn to tolerate higher levels of sexual stimulation.
- When you do masturbate, try creating a scale of excitement, with “0” being not at all aroused and “10” being the “point of no return.” What does your body feel like at a level 6 of arousal? At a 7, 8, or 9? Try to stay at a level 7 for a while, allowing yourself to slowly build to higher levels and ejaculation.
- In partnered sex, it can take pressure off if you help your partner have an orgasm first, then move to intercourse or other activities.
- During intercourse, move in circles or shallow thrusts to keep stimulation minimal.
- If you have a short refractory period (rest period between erections), go for a second round of intercourse. Men usually last longer during second intercourse.
- Exercise the pelvic floor muscles with Kegel exercises. These muscles help men have a stronger erection and develop ejaculatory control.
- Last but not least, do not let your self-esteem be affected by how you feel about early ejaculation. Feeling bad is more likely to make you anxious, which can lead to less control. Realize that you have many other ways to please your partner besides lasting longer during intercourse.

TALKING TO EACH OTHER ABOUT SEX

Couples often talk about everything and anything—except sex. Take turns asking each other some or all of the following questions to learn about each other’s sexuality.

1. Who taught you about sex?
2. What was the most ridiculous thing you ever learned about sex? How did you learn it wasn’t true?
3. Before you had sex, what did you think about having premarital sex?
4. What did you notice about your parents’ emotional and sexual relationship? How do you think it has affected you?
5. Did anything negative happen to you sexually? Is it something you would like to talk about?
6. What do you think about masturbation?
7. Do you have sexual fantasies? Are there any fantasies you would like to share?
8. Is there anything about having sex that you really don’t like? Is there something about sex that we can change?
9. What causes you to lose your mood for sex?
10. What causes you to get in the mood for sex?

SEX, LOVE, AND CONTRACEPTION

Although it may seem unromantic to draw attention to the procreation side of sex, it is important for couples to discuss and agree upon a method of birth control that will work for *both* partners. Consider the level of birth control protection you need. If pregnancy is absolutely unwanted and you are certain you have completed your family, then a vasectomy is a better choice than natural family planning, which is associated with higher pregnancy rates. Ease of use, affordability, religious beliefs, acceptability to one's partner, and side effects are other factors that you may wish to consider with your prescribing physician.

The methods of birth control currently available include:

- *Barrier methods*: Male and female condoms, as well as the diaphragm, cervical cap, and contraceptive sponge.
- *Hormonal methods*: Examples include birth control pills, as well as the vaginal ring (NuvaRing), contraceptive implant (Implanon), contraceptive injection (Depo-Provera), and contraceptive patch (Ortho Evra).
- *Intrauterine devices (IUDs)*: Examples include the copper IUD (ParaGard) and the hormonal IUD (Mirena).
- *Sterilization*: Tubal ligation, Essure, or Adiana for women, and vasectomy for men.
- *Natural family planning*: Rhythm, basal body temperature, and cervical mucus methods.
- *Emergency contraception*: Morning-after pill, used to prevent pregnancy after unprotected sex.

A TRIP TO THE SEX TOY SHOP

A visit to the sex toy shop can be fun, educational, and even arousing. Choose a shop that is clean and tidy, with toys and other items on display that you can touch with your hands and examine with your eyes. Most good toy stores will have knowledgeable staff to answer your questions, which are perfectly acceptable to ask. Here are some guidelines for a fun and educational visit.

- Explore lubricants. There are water-based, silicone-based, oil-based, and natural lubricants. Some are flavored or have special properties like warming or cooling the skin. It is okay to ask for samples to try at home.
- Try your hand on a vibrator. There are small vibrators, medium vibrators, and jumbo vibrators, with motors that range from dainty to powerful. They are designed to stimulate different parts of the genitals or anus in various ways. Ask for a tour if you aren't sure what you are looking at.
- Some toys are designed for specific kinds of play. There are "nipple clamps" for nipple play, beads for anal play, and textured mitts for exploring different kinds of touch. Some will leave you with a question mark over your head, while others may excite you in a surprising way.
- A well-stocked store may also have all kinds of costumes, from innocent to dark in nature. It's okay to buy parts of a costume to make up your own ensemble.
- It is perfectly okay to laugh and have fun looking at merchandise. But be discreet, because one customer's joke is another customer's ideal.
- Don't make other shoppers uncomfortable by peering at what they are buying or making comments.

I LIKE/I DON'T LIKE. . .

Check off what you'd like to try with your partner. Trade lists; compare and contrast. Branch out, have fun.

- Have your partner explore your body with a fur mitt.
- Have sex blindfolded.
- Try sex outdoors.
- Try sex standing up in the shower.
- Engage in oral sex.
- Engage in anal sex.
- Play with syrup or whipped cream.
- Be lightly bound up with crepe paper.
- Lightly bind your partner with crepe paper.
- Use a feather to explore your partner's body.
- Pose for erotic photographs.
- Look at books of erotic photographs.
- Tell a sexual fantasy.
- Pretend to be strangers meeting for sex.
- Have fun grooming pubic hair.
- Engage in nipple play, for example, squeezing, tugging.
- Spend an hour in foreplay with no intercourse allowed.
- Try flavored lubricant.
- Do a strip tease or dance for your partner.
- Use a variety of sex toys in one session.

TALKING TO YOUR CHILDREN ABOUT SEX

It is natural for children to express an interest in their bodies, the bodies of others, and the nature of sexual reproduction. Parents sometimes get anxious, however, about how to talk to their children about these topics in a way that is healthy but helps children to understand boundaries. What follows are some guidelines for talking about this topic.

Children can begin learning about sexuality as young as preschool. They can learn that boys and girls do have some different parts of the body, and they can be told the real terms for the penis, testicles, vulva, vagina, and clitoris. If you find your child touching his or her genitals, you can say something like, "Touching yourself feels good, but that is something people do in private," then lead your child to the bedroom.

Older children may begin to ask questions. In general, you do not want to overwhelm your child with information. Listen carefully to the question your child is asking. You can also ask some questions before answering, such as, "Where did you hear that?" or "What have you noticed?" Then you can answer the question in a straightforward way with exactly the information he or she is asking about.

Puberty is starting at earlier ages, so children as young as 9 or 10 may need to know about changes in their bodies that they can expect, or that they are observing in their peers' bodies. At this age, children need straightforward answers about the biology of reproduction, body hygiene, and maintaining appropriate physical boundaries with peers and adults.

As they reach preteen and teen years, they may experience sexual fantasies and urges. They need to know that these feelings are normal. They are at an age when they can understand that masturbation can be a healthy outlet and an alternative to acting out on sexual feelings. If this does not fit with your religious beliefs, then you should talk to the preteen about distraction techniques. They also should learn about the parents' philosophy on dating and premarital sex, if these discussions have not yet occurred.

TALKING ABOUT SEXUAL VALUES

Make copies for everyone in the home who is to be involved in a discussion of sexual values. (Adult partners may wish to have a separate initial discussion first.) Allow time for family members to mark where they stand, then have a discussion about the various topics.

1. Sex should never be a topic of polite conversation.
 Strongly disagree Agree
 Disagree Strongly agree
 Neutral
2. Most families are okay talking about sex.
 Strongly disagree Agree
 Disagree Strongly agree
 Neutral
3. Homosexuality is a choice.
 Strongly disagree Agree
 Disagree Strongly agree
 Neutral
4. Teenage girls should be able to get an abortion without parental permission.
 Strongly disagree Agree
 Disagree Strongly agree
 Neutral
5. There are types of sex that do not cause STDs.
 Strongly disagree Agree
 Disagree Strongly agree
 Neutral
6. It is best to wait until marriage to have sex.
 Strongly disagree Agree
 Disagree Strongly agree
 Neutral
7. Birth control such as condoms should be made freely available at school.
 Strongly disagree Neutral
 Disagree Agree
8. Adoption is the best choice when a single teen becomes pregnant.
 Strongly disagree Agree
 Disagree Strongly agree
 Neutral

PREPARING FOR ANAL SEX

- Always use a condom and water-based lubricant to ensure safe sex protection from HIV and other sexually transmitted infection.
- Only engage in anal sex if it is something you want to do; don't do it solely to make your partner happy.
- Practice the exercises that follow until you feel confident that you will be able to have anal intercourse.
- Begin exercises in bed lying on a towel or lying on your back in a warm bath.
- Raise your knees toward your chest.
- Explore all around your anus with a lubricated finger. You can use petroleum jelly for this purpose, but only use water-based lubrication on a condom.
- Create gentle pressure with a finger moving around the anus in a circle, which should cause the sphincter to relax enough to insert one digit.
- Once the finger can be comfortably inserted, begin to stretch the sphincter by making circular motions inside the anus.
- After doing the exercises several times, it should be possible to insert another finger and continue stretching.
- Further relaxation can be accomplished by using an anal dilator or a toy called a "butt plug," which can also be left in the anus on a regular basis to keep the anus relaxed and stretched in preparation for intercourse.

WHEN A PARTNER IS MENTALLY ILL: RELATIONSHIP TIPS

Being in a relationship when you or your partner has a mental illness—whether depression, an eating disorder, or recovery from substance abuse—can be very challenging. Different mental illnesses also can have different effects on a person’s sexuality, which your therapist can explain. Here are some tips for coping when someone you love is mentally ill.

- Become educated about the problem. Read about the illness and its treatment. If there is a support group, attend some meetings, especially at the beginning of the diagnosis.
- Agree on communication about flare-ups of symptoms or signs that medication isn’t working.
- Minimize stress and establish routines. A chaotic household or schedule can make mental illness worse.
- Accept changes brought about by the mental illness. For example, the partner may no longer want to participate in certain activities because they are triggers. Honor the needs of the mentally ill person.
- Realize you cannot fix your partner. No matter how much you may wish that your partner wasn’t depressed or traumatized, you cannot take away the mental illness.
- The well partner may want to find activities to do when the mentally ill partner isn’t feeling well in order to keep resentments from building.
- Anticipate setbacks. Even people with well-controlled mental illness can have problems with medications that once worked, or decide that they no longer need medications, creating a flare-up. Handle setbacks without judgment and by finding the best care.
- Attend couples counseling. Couples need to be able to communicate thoughts and feelings about mental illness if their relationship is going to withstand challenges.

MINDFULNESS AND SEXUALITY

Mindfulness, or staying aware of and living in the present moment, has many applications including stress reduction and pain management. But it may also be useful in helping people with a variety of sexual problems, including low desire, difficulty with arousal, anorgasmia, erectile dysfunction, and early ejaculation. Nobel Prize nominee Thich Nhat Hanh brought mindfulness, which has its roots in Buddhist meditation, to the West, while physician Jon Kabat-Zinn is credited with using mindfulness to help medical patients.

Living mindfully requires practice, but the payoff is inner serenity that can help you tune in to the sensations of your body. Mindfulness does this through both physical relaxation and nonjudgmental detachment from thoughts. As you are probably aware, the brain produces thousands of thoughts, most forming in nanoseconds. Some thoughts are important, but many are just noise. When people pay too much attention to the noise, they can start to make habitual, negative thoughts about one's self, one's actions, and one's body. Quieting the noise can help someone be more in touch with the present moment, bringing awareness and joy to sexual encounters.

The simplest mindfulness meditation is to pay attention to breathing and not much else, done without any real effort. Hanh suggests saying something easy to yourself as you notice: "Breathing in, this is my in-breath. Breathing out, this is my out-breath." If you add enjoyment to this act, you can make ordinary breathing into something pleasant as you realize that if you are breathing, you must be alive! Hahn calls this realization miraculous, but you can give it any positive meaning you wish: fundamental, real, good, wonderful, and so forth.

The next step is to add concentration, by aiding the mind to follow the body. If your in-breath lasts 3 to 4 seconds, then that can be how long you initially try to free your mind from thought. In this case, Hahn instructs that one says something like: "Breathing in, I follow my in-breath all the way through. Breathing out, I follow my out-breath all the way through." At first your mind may interrupt your concentration with thought, but eventually you will be able to breathe in and out with full concentration.

A third step is to link mind and body. This is where a connection can be made between mindfulness and sexual enjoyment. As you breathe in, you say, "Breathing in, I am aware of my body." As you breathe out, say, "Breathing out, I am aware of my body." When mind and body are unified, then you can pay attention to sensation as well as emotion. When you can calm mind and body during the initial stages of foreplay during sex, you can tune into what you are feeling and experiencing. This can increase arousal, emotional connection, and pleasure.

There are other ways to practice mindfulness, such as eating mindfully, doing walking meditation, practicing seated meditation, and so forth. Yoga can also be done mindfully. Yoga literally means "yoke," or linking together mind and body. It can also exercise pelvic floor muscles, make one more limber for sex, and can be done for either relaxation or invigoration, depending on the practice.

UNDERSTANDING SEXUAL TRIGGERS

People who have experienced sexual or other types of trauma sometimes experience flashbacks to different kinds of bad memories. These memories can occur because of “triggers,” which can be a touch, a smell, a word, even a type of light that reminds or “triggers” a person’s recollection of unwanted sex. Triggers can happen out of the blue, even with a loving partner during an enjoyable sexual encounter. That is because our bodies and minds store some memories in order to protect us. The body and mind cannot tell sometimes whether a memory is being appropriately triggered. This can make it very confusing when bad memories come up at the wrong time.

There are different ways to handle triggers. Here are some tips that may help.

1. Make sure you are relaxed both mentally and physically before you have sex. Massage, warm showers, or a long walk before sex can help.
2. Only have sex when you really want to. Remember, you always have the right to say no. That can prevent triggers caused by bad feelings.
3. Have a signal you can give your partner when you are being triggered. Agree that you will slow down or stop for a few minutes to see if you can relax and get back into the right state of mind to enjoy sex. If not, don’t be angry with yourself. Just try again another day.
4. If you experience that you are starting to get triggered, try to ground yourself in the present moment. Remind yourself that you are in a safe place with a safe person. Really look around the room and try to feel what is happening right now. Is your partner touching you? Are you touching your partner? Can you feel the bed or other surface?
5. Be sure to eliminate triggers. If the smell of beer on your partner’s breath triggers you, ask your partner to brush his or her teeth before you have sex. If having your upper thighs or abdomen touched triggers you, let your partner know that, too.

UNDERSTANDING PAIN MANAGEMENT

A referral to a psychotherapist for pain management can be upsetting to some people because they think it means that people think the pain is “all in their head.” This is not true. Pain management helps you feel less stressed, anxious, or depressed so that your perception of pain changes. The pain may decrease and you may then be able to cope better.

There are two types of pain, acute and chronic. Acute pain is a signal that tells you something is wrong and you need to react, like touching a hot stove that can leave a burn. Chronic pain occurs when there is no longer a danger of injury but the signal stays turned on. Here are some tips for managing chronic pain:

1. Keep a pain log. Write down what time you notice the pain and rate it from 1 to 10. Also include what is happening, for example, you were driving on the freeway or talking to someone on the phone. This can help you and your therapist note patterns that you may want to change.
2. Practice relaxation. You can try mindfulness or another type of meditation. Deep breathing can also help. Breathe naturally, but from your diaphragm. Try to make your out breath longer than your in breath.
3. Use coping statements, which your therapist can help you develop. Examples include, “I don’t like this pain, but if I relax I can learn to tolerate it better.”
4. Take good care of yourself by getting enough sleep, eating a healthful diet, and exercising appropriately.
5. Find things that you can enjoy doing and that pain won’t hold you back from. This can help take your mind off the pain and remind you that life can still be fun despite your physical discomfort.

OUTER COURSE

While intercourse refers to penetrative sex of the vagina, anus, or mouth, outercourse refers to non-penetrative sexual activity. Outercourse is a good alternative to intercourse when a couple wishes to avoid pregnancy; when birth control methods are unavailable or cannot be used for any reason; when couples want to avoid intercourse for religious or other reasons; when one or both partners feel too fatigued for intercourse; when intercourse is painful; or to learn more about one another's bodies.

Types of outercourse activities include:

- Kissing the lips and other parts of the body
- Masturbation, either each partner touching his or her own body or partners touching one another's genitals
- Frottage, or rubbing one's genitals against a partner's body
- Fantasy play, telling or sharing erotic stories
- Sex toys of all kinds, which can be used for stimulation
- Massage of the erogenous zones, for example, buttocks or breasts

Outercourse can help couples learn more about foreplay and the sexual response cycle and orgasm, especially in women. Caution must be used during outercourse, however, to ensure that pre-ejaculate ("pre-cum") does not enter the vagina as this fluid can contain sperm and lead to pregnancy.

SEX AFTER BABY

The doctor said it: You can have sex 6 weeks after delivering a baby and even sooner if you had a C-section. But just because your body is physically ready, you may not be mentally or emotionally ready for sex. Here are points of information and tips to help you ease back into sex.

- It is normal to have a vaginal discharge after childbirth called *lochia*. To prevent infection, you should wait until the discharge stops to have sex.
- If you had an episiotomy during delivery, you probably also have stitches. Allow the body to take time to heal.
- While you are waiting to have vaginal intercourse, you and your partner can please each other manually or using toys—if you have the energy.
- Fatigue is the most common complaint after giving birth. Try to problem solve with your partner ways for both of you to get adequate rest so that you have some energy to be with each other at least romantically, if not sexually.
- Be open-minded about what you call “sex.” Taking a warm shower together and towel-drying each other may count as “sex” during this time. It helps to have a sense of humor; maybe making toast can even be seen as an act of love.
- Sometimes women feel “touched out,” or touched too much, from handling the baby or breastfeeding. Taking a break from infant care can help a woman recharge for giving and receiving touch from her partner.
- Breastfeeding can lead to some interesting situations like milk letting down during orgasm. Accept these changes without embarrassment. Wear a nursing bra if you wish to prevent leakage or if your breasts are sore.
- Be kind to yourself about weight changes in your body. Do your best to exercise to perk up mood and improve body image.
- If you experience depression, don’t hesitate to say so. Mild postpartum depression is common; just talking with a friend can help. If depression is moderate to severe, talk to your therapist and/or physician right away.
- Let your partner talk about his or her feelings without judgment. He or she may express jealousy or sadness that it is not just the two of you anymore. This is normal. Make sure your partner knows that, even though you feel too tired or overwhelmed with infant care for sex, you still love him or her and are looking forward to connecting again.

PREPARING TO ENGAGE IN SEXUAL ACTIVITY

1. Select a time for sexual activity when you are both relaxed and have time and privacy.
2. If you are on a bowel or bladder routine, attend to it prior to sexual activity. Keep towels and cleansing cloths nearby in case of accidents.
3. Avoid drinking alcohol to prevent interfering with effects of PDE5 medications.
4. Use pillows or put pieces of furniture into use (e.g., arm of a sofa) to try different positions to make intercourse possible and/or more comfortable.
5. Use a vibrator to assist with achieving orgasm and/or ejaculation, if desired.
6. For women with neurological disorders, use of a water-based lubricant can make sex more comfortable.

Source: Adapted from Parets and Schmerzler (2008).

TIPS FOR COPING WITH CHRONIC ILLNESS OR CANCER TOGETHER

There are many movies and books about the triumph of overcoming incredibly challenging illness situations, some fictionalized and some true. Such stories are inspiring but may make it even more difficult to cope if you aren't really feeling triumphant. Here are some tips for surviving as a couple when one (or both) of you has an illness.

- Seek appropriate support. If you are the one with the illness, join a support group. If you are the well partner, find someone with whom you can share your feelings about the illness and its effect on your partner and your life.
- Don't allow illness to dominate every interaction and conversation. It will kill your romantic feelings for one another. Agree to put the illness or cancer on vacation, maybe sending it to the basement or little used room in the house for the afternoon or evening.
- Allow each other to spend time alone, to recharge or to collect thoughts. Being overly dependent on one another can also be a romance killer. Remembering that you are two people, leading two lives, can make your relationship more vital.
- Do what you are able to do romantically and sexually, and let go of the rest. Your sex life may look very different from what it was, but it is nobody else's concern. If you can only enjoy sex in one limited way, then enjoy it fully without shame.
- Be open about how you define "sex." "Sex" can be holding hands, gently rubbing each other's cheeks, trading foot or hand massage, making a favorite snack or beverage, or another loving gesture.
- If an illness should become terminal, know that some people can and do remain sexually connected until the end of life. Others are unable to do so. Do what feels right to the two of you. If you need medical intervention, such as topical estrogen for women or PDE5 inhibitor for men, let your physician know.

PREVENTING STIs

While some STIs can be readily treated, such as gonorrhea with long-acting penicillin, others such as genital herpes and HIV/AIDS have no cure at all. Even those STIs that can be treated sometimes have symptoms that are so subtle they are missed, in which case they can cause all types of damage, including infertility, birth defects, and other serious health problems. Wearing a condom offers protection, but some organisms can pass through pores in any natural material used to make a condom; they can also be living in places around the genitals that are not protected by the condom. Thus, there is no “safe” sex, there is only “safer sex.”

Here are the precautions to take if you want to avoid STIs and HIV/AIDS:

- Abstain from sexual contact with anyone until you can ascertain whether or not he or she has an STI or HIV/AIDS.
- Stay with one uninfected partner.
- Make sure that you use condoms and dental dams correctly.
- Avoid having sex when you are under the influence of drugs or alcohol because you are more likely to take risks with your health.
- Communicate with any potential sex partner about the prevention of STIs.
- Get vaccinated against HPV if you are 26 or under.
- Consider using PrEP to prevent HIV.

ENJOYING SEX AS A MATURE ADULT

People are living longer and staying more vital than ever. Often, this means that there is still interest in romance and sex. There is no reason to let old stereotypes about sex being only for the young hold anyone back from staying sexually active. Sex may be different than it was in younger years, but that doesn't make it any less fun or interesting.

- Accept that your body isn't the same now as it was 10 years ago . . . 5 years ago . . . or even 6 months ago! Our bodies are always changing as we age, from the moment we are born. So go with the flow and enjoy life without regard for the number of candles on your cake.
- Sex requires energy. Get enough rest. Try to schedule sex when you know you are the most alert, maybe in the morning or early evening, rather than waiting for bedtime.
- Sex also requires stamina, so exercise is important for good heart health and good sex.
- Communicate honestly with your partner. You may find that you need more time to get turned on, or that you need more direct stimulation to your genitals to experience arousal.
- Don't be threatened or embarrassed by the use of sexual aids, including medicines like Viagra®, sex toys like G-spot vibrators, or the use of lubricant. These things are manufactured with pleasure in mind and they can make up for what nature no longer supplies.
- Talk to your doctor if you notice that you have no interest in sex or cannot get aroused. It may mean that you have a medical problem that needs attention or that your hormones are out of balance.
- Broaden your ideas about what constitutes "sex" so that if you are tired or not in the mood for sex, you can still connect with your partner. Cuddle up and watch a movie together while you munch a favorite snack, give each other a neck rub, or spend a few minutes kissing. Promise you'll rest up for sex another time.

DEALING WITH OUT-OF-CONTROL SEXUAL BEHAVIOR (OCSB)

Problematic pornographic viewing behavior (OCSB) can interfere with your self-esteem, your sexual function, and relationships. OCSB can be thought of as a *process addiction*, that is, instead of being addicted to a substance, a person becomes addicted to a behavior. A process addiction is like a habit. Like all behaviors, some habits are healthy and some are unhealthy. Watching football can be healthy for relaxation, but unhealthy if it means not spending any time with a partner. Some people think all viewing of pornography is problematic; that will be something that you can decide with your partner and your therapist.

One way to overcome OCSB, or any process addiction, is to make a plan. Researchers think that when someone develops a process addiction, the part of the brain that protects that person from engaging in unwanted behavior doesn't work the way it should. If you have a plan, then you can compensate for that part of the brain and do a better job of stopping or avoiding OCSB. Examples of planning include the following:

- Keep a log of times when you feel like engaging in OCSB. This can make you aware of what triggers you to engage in this behavior so you can do something else instead.
- Make a list of things that will relieve whatever feeling you are trying to avoid or fix when you engage in OCSB. If you engage in OCSB when stressed, what else can relieve stress? If it happens when you are sad, what is making you sad, and what will help make you feel better? If you identify your feelings or needs, you can usually do something about them to make things better.
- Find enjoyable activities that you can plan in order to remind yourself that there are other ways to have fun besides OCSB.
- When you have an interest in OCSB, ask yourself honestly if you are avoiding dealing with an issue in your relationship. If so, be honest. Communicate your wants and needs openly with your partner. Let your partner reciprocate. In this way, you will build real intimacy and find your need for OCSB dissipates.