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# Sexocorporel - why it is important to consider the Body in Sex Therapy

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# Sexocorporel

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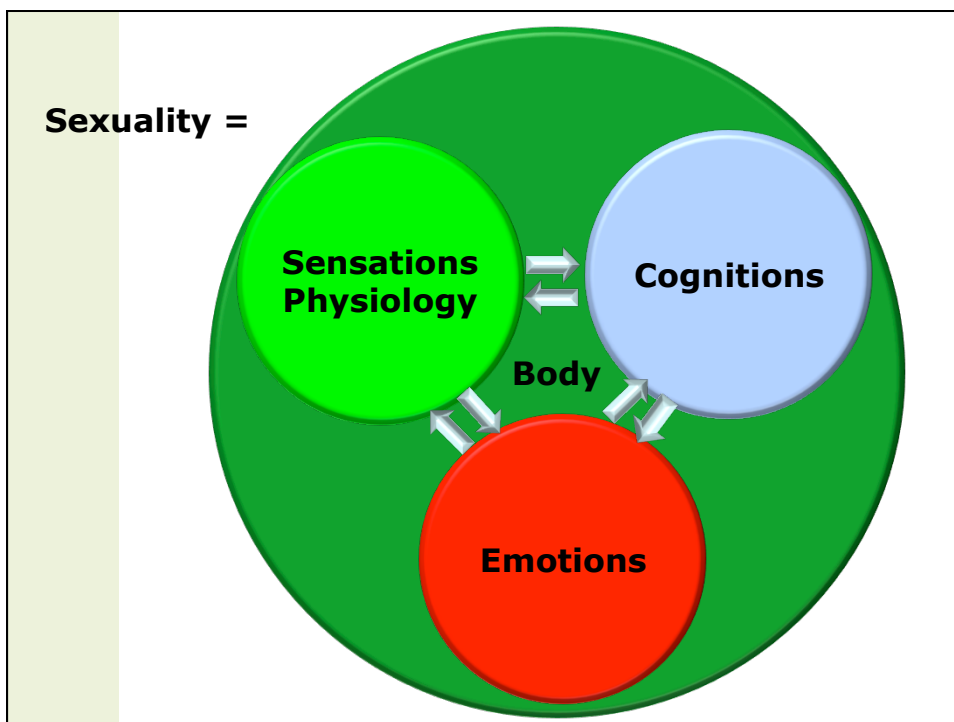


Jean-Yves Desjardins 1931-2011

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# Sexocorporel

**Sex + Body**



## „Embodiment“

= Body – mind interaction

- **Embodied cognition** (top-down):
  - specific thought → re-experience sensory signals
  - negative beliefs about sexuality → impaired arousal response
- **Bodily feedback** (bottom-up):
  - alter body → change emotions and thoughts

Barsalou 2008, Nobre 2008, Price 2015

## „Bodily feedback theories of emotion“

Manipulated bodily states influence (bottom-up)

- emotive behavior
- psychophysiological processes related to emotion and motivation
- associated cognitive processes.

Price 2015

## „Bodily feedback theories of emotion“

Craig, A. D. (2002). **How do you feel? Interoception: The sense of the physiological condition of the body.** *Nature Reviews Neuroscience*, 3, 655–666.

Craig, A. D. (2009). **How do you feel—now? The anterior insula and human awareness.** *Nature Reviews Neuroscience*, 10, 59–70.

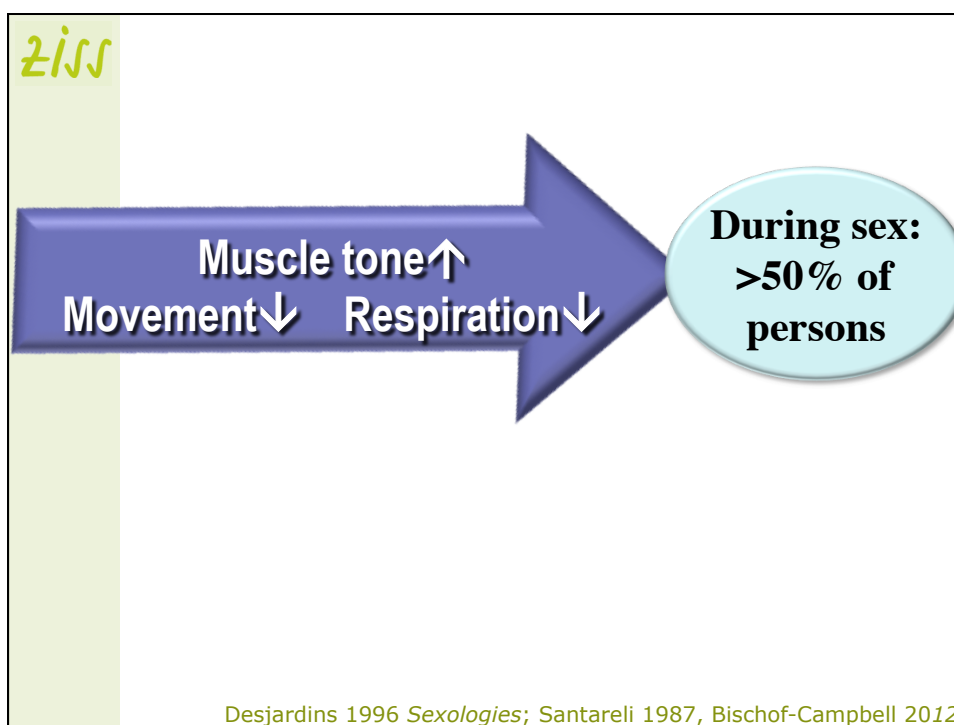
Harmon-Jones E, Gable P, Price TF (2011). **Leaning embodies desire: Evidence that leaning forward increases relative left frontal cortical activation to appetitive stimuli.** *Biol Psychol* 87, 311–13.

Carney, D. R., Cuddy, A. J. C., & Yap, A. J. (2010). **Power posing: Brief nonverbal displays affect neuroendocrine levels and risk tolerance.** *Psychological Science*, 21, 1363–1368.

Price, T F., Dieckman LW, Harmon-Jones E. (2012) **Embodying approach motivation: Body posture influences startle eyeblink and event-related potential responses to appetitive stimuli.** *Biological psychology* 90.3 : 211-217.

Price, TF, Harmon-Jones E. (2015) **Embodied emotion: the influence of manipulated facial and bodily states on emotive responses.** *WIREs Cogn Sci* 2015, 6:461–473

Kraft TL, Pressman SD. (2012) **Grin and bear it: the influence of manipulated facial expression on stress response.** *Psychol Sci*, 23:1–7.

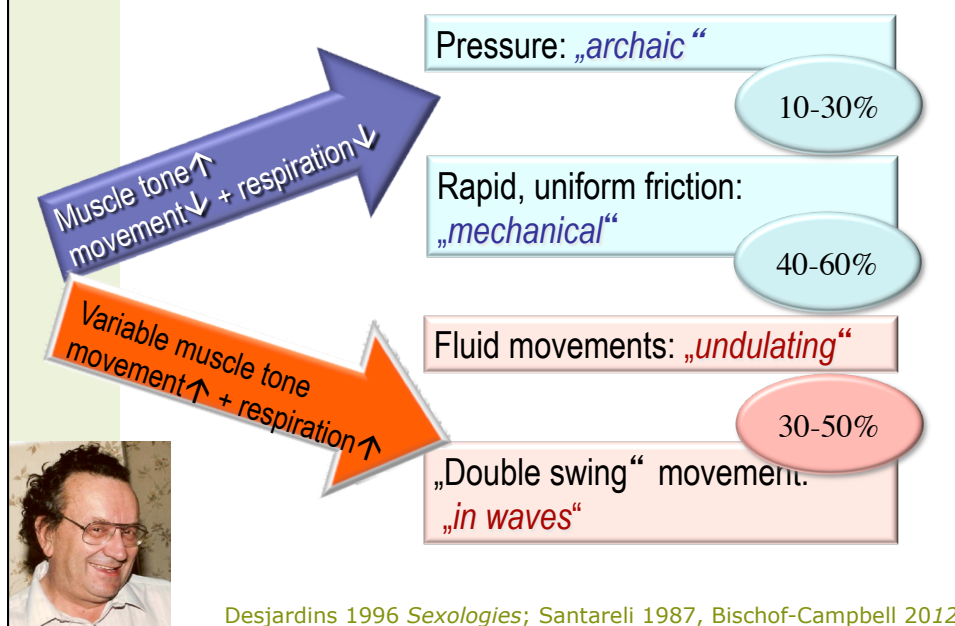


## Sexual arousal modes

- = acquired patterns of movement and stimulation to augment sexual arousal (from childhood on).
- Automated through repetition (self-stimulation).
- Work well in self-stimulation, +/- in partner sex
- Can be enhanced with practice

Desjardins 1996, Bischof 2012, Hansen 2008, Young 2005 *Pediatrics*

## Sexual arousal modes



## Sexual arousal modes

“Most males restrict themselves to a limited number of masturbation techniques to which they have been erotically **conditioned.** “

A small subgroup of men don't use their hands to masturbate but **rub against the bed.**

(Kinsey 1948 p. 509 f)

“Not a few females have also learned that voluntary contractions of their buttocks and **movements of the pelvis** may develop their erotic reactions and even **effect orgasm** in masturbation, petting, coitus, and homosexual activities”

(Kinsey 1953 p. 619)

## Sexual arousal modes

n = 1237 women (18-75y)

Body movement predicted a higher rate of orgasm during intercourse (with or without additional stimulation of external clitoris) as body immobilization.

Body movement was associated with a higher degree of reported sexual pleasure.

Bischof-Campbell A, Hilpert P, Bischof K, Burri A, (in prep): Body Movement is Associated With Orgasm during Vaginal Intercourse in Women



## Sexual arousal modes – clinical implications

Perelman, Michael A., Rowland DL (2006). **Retarded ejaculation**. *World J Urology* 24.6: 645-652.

Althof, Stanley E. (2012) **Psychological interventions for delayed ejaculation/orgasm**. *International journal of impotence research* 24.4: 131-136.

Bronner, G., Ben-Zion, I. Z. (2014). **Unusual masturbatory practice as an etiological factor in the diagnosis and treatment of sexual dysfunction in young men**. *J sex med*, 11(7), 1798-1806.

Porto, Robert (2016) Habitudes masturbatoires et dysfonctions sexuelles masculines [**Male masturbation habits and sexual dysfunctions**] *Sexologies* 25, 160–165.

Blais M, Chaffai I., Desjardins J. Y. (2006). **Body-related factors associated with male sexual dysfunction and skills promoting sexual health**. *J Sex research* 43, 11-12.

Chaffai, I., Blais, M., & Desjardins, J. Y. (2006). **Body-related factors associated with female sexual dysfunction and skills promoting sexual health**. *J Sex research* 43. 13

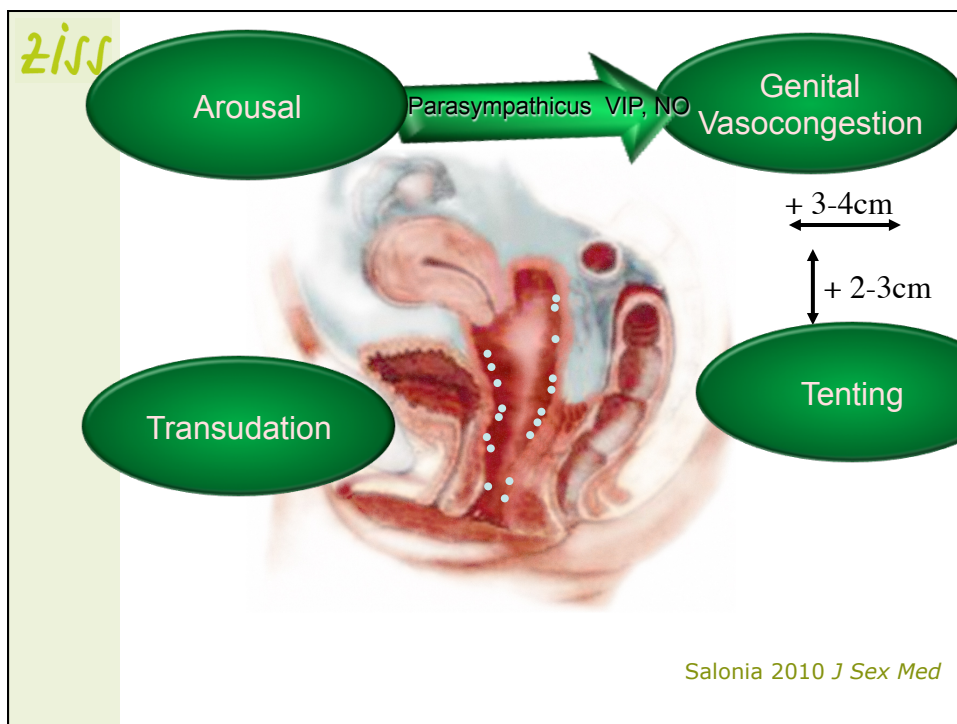
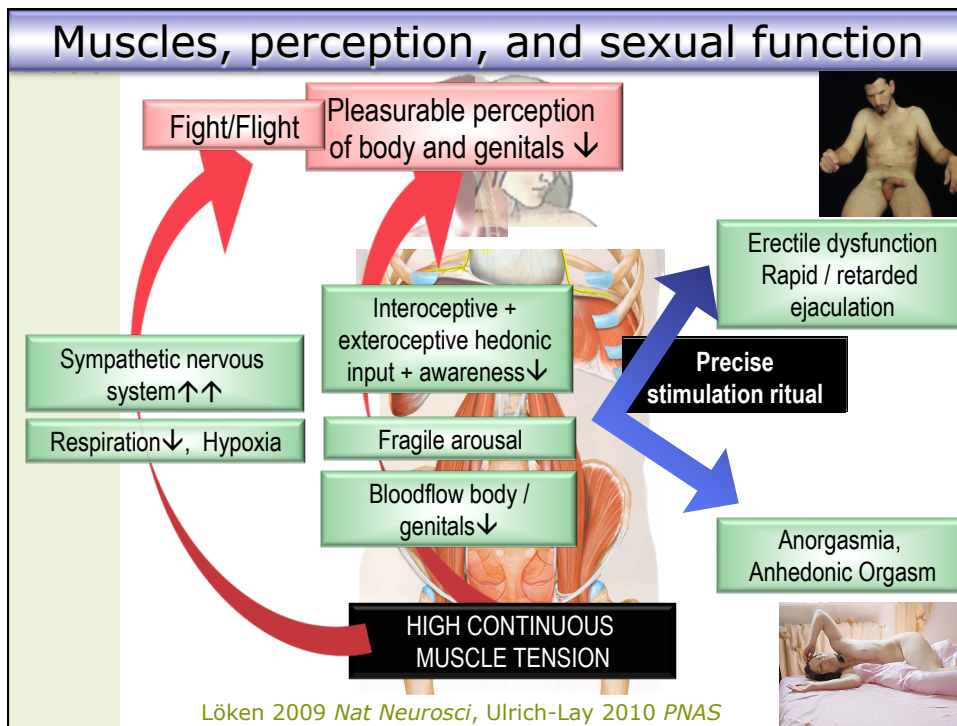
## Sexual arousal modes – clinical implications

“Idiosyncratic masturbation = a technique **not easily duplicated by the partner’s hand, mouth, or vagina**”.

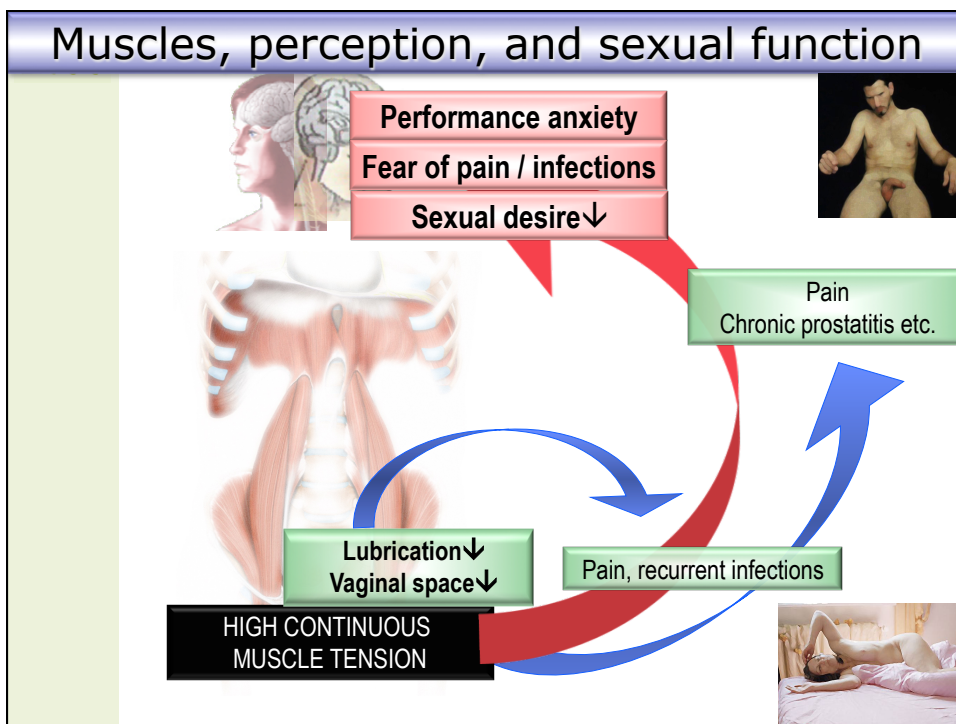
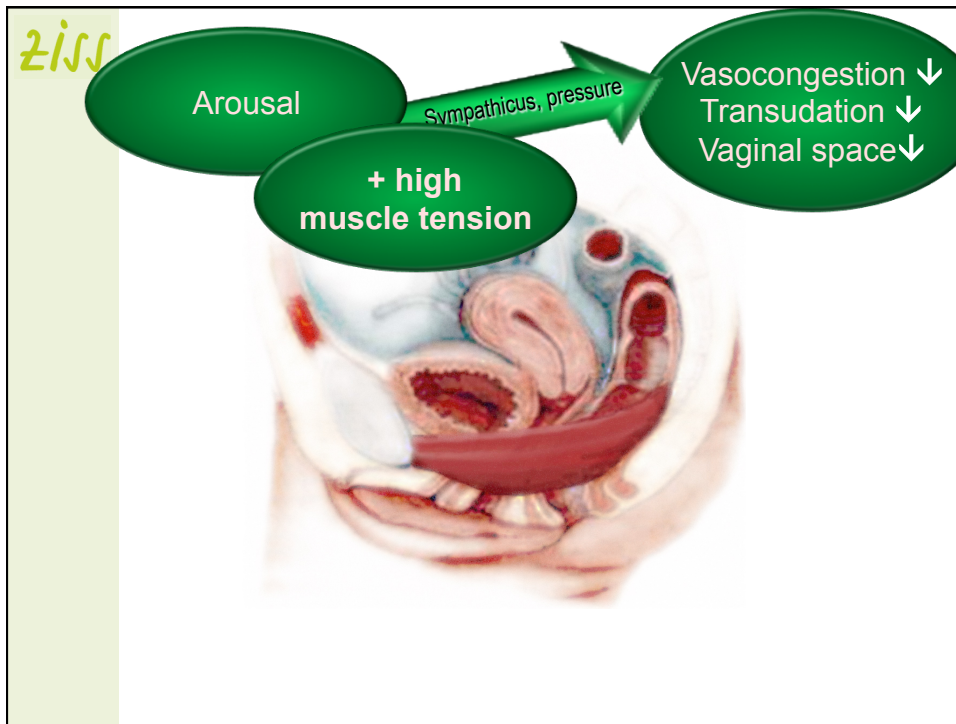
Many men with retarded ejaculation engage in self-stimulation that is “striking in the **speed, pressure, duration, location and intensity** necessary to produce an orgasm, and dissimilar to what they experience with a partner”

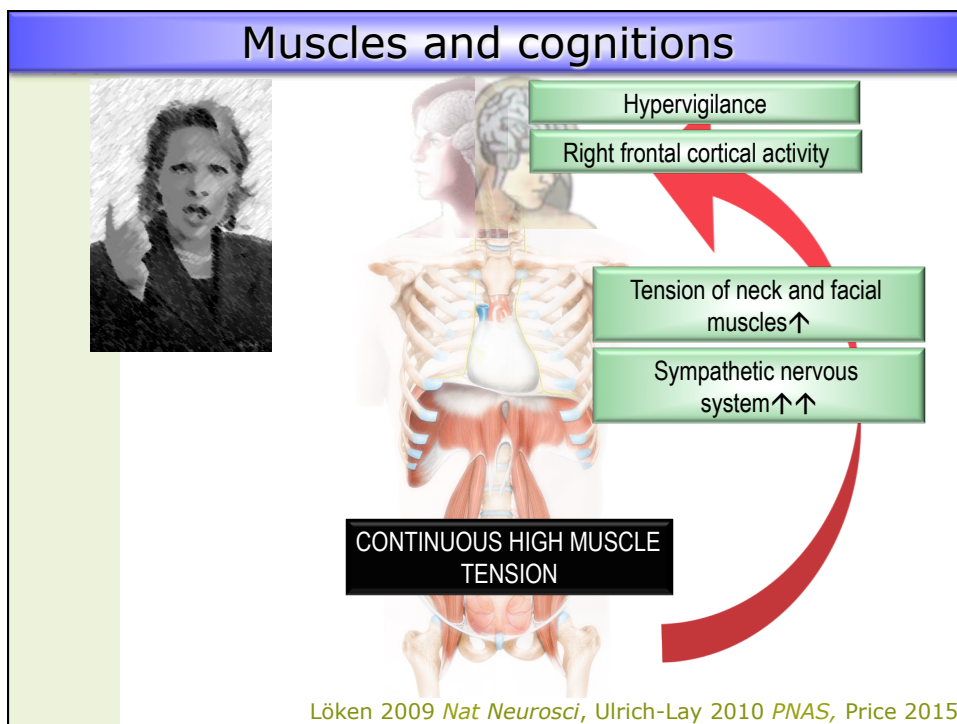
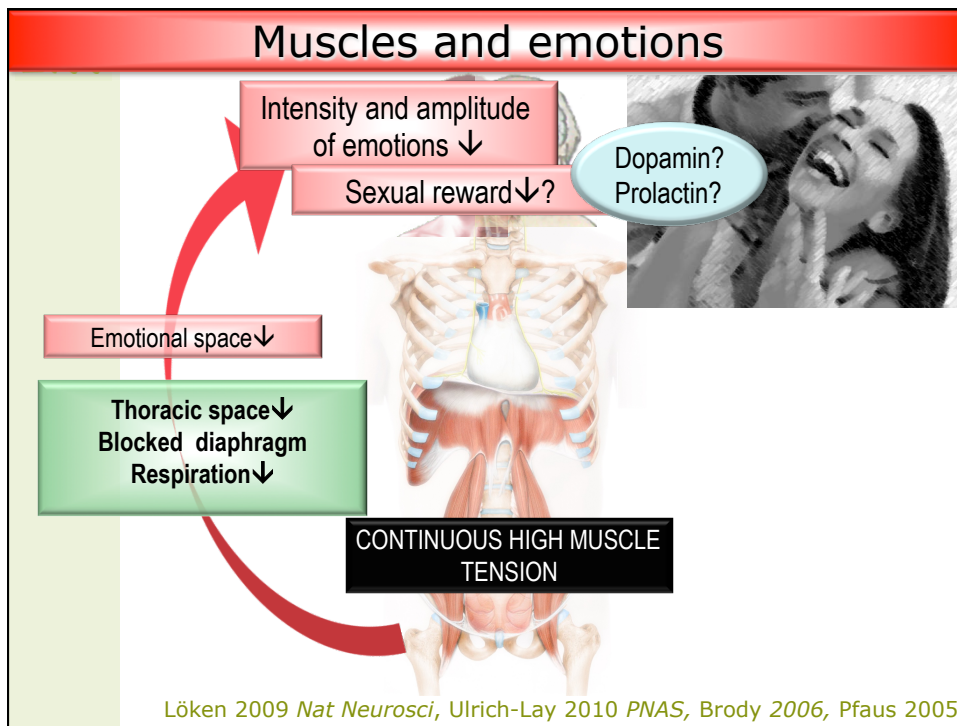
(Perelmann 2006)

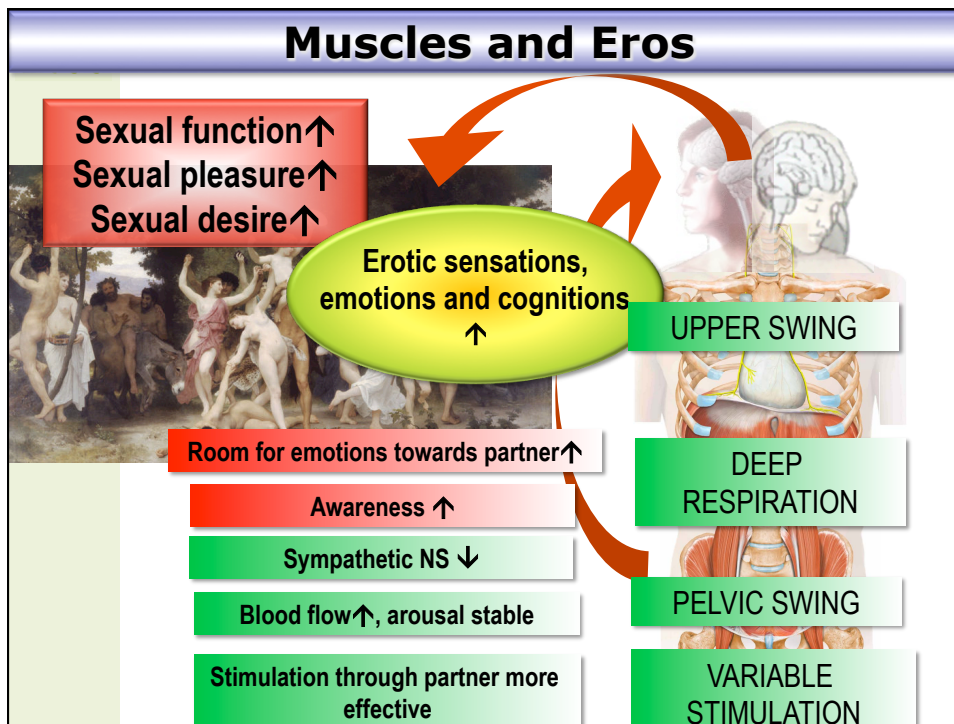
= „archaic“ or „archaic-mechanical“ arousal mode












**ziss** **Take home messages**

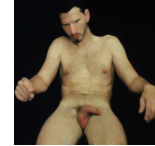
- Sexual arousal modes = acquired patterns of movement and stimulation
- +/- transferrable to partner sex
- Arousal modes with **high muscle tension** and **little movement and respiration** may limit sexual pleasure and sexual function → should be part of clinical evaluation in sexual problems and in research.
- Introducing movement and respiration can improve sexual functioning, sexual pleasure, how one thinks about sex, the perception of oneself as an erotic person and of the partner as an erotic counterpart.



## Sexual arousal modes

### Archaic arousal mode: possible limits

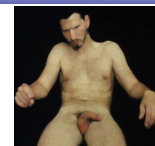
- Narrow pattern, reduced Vasocongestion → Loss or arousal
- Body immobile → limited sexual pleasure
- No mentalization of active penetration → limited desire for penetration
- Risk of ED (even at young age) → Need for stronger stimuli / risk of limited attraction codes (search for younger partner, porn, fantasies, Fetishism, etc.) / high risk behavior



## Sexual arousal modes

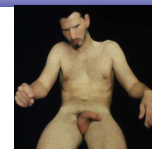
### Mechanical arousal mode: possible limits

- Limited perception of penis → Difficulty steering arousal → risk of rapid ejaculation
- Need for rapid friction → Coital Anejaculation, risk of ED (Condoms, postpartum)
- Immobility of upper body → limited sexual pleasure → low sexual desire
- Immobility of pelvis → penis is experienced as „outside attachment“
- Risk of ED after 40y (Testosterone ↓, Penis sensibility and blood flow ↓, illnesses, drugs, smoking)



## Sexual arousal modes

### Arousal mode in waves



- Pelvic swing → bloodflow to genitals↑, sensual perception of penis↑, penis integrated part of the whole man, steering of arousal ↑
- Upper swing → sexual pleasure ↑, perception of body ↑ letting go ↑
- Deep respiration → vagotone, anxiety↓
- Double swing → erotic perception and mentalization of penetration as a whole man, feeling of pride as a man, ability to meet and perceive partner sensually and emotionally

## Sexual arousal modes

### Archaic arousal mode: possible limits



- Narrow pattern, reduced Vasocongestion  
→ Loss of arousal with partner
- Reduced Vasocongestion, high tension → limited lubrication, risk of dyspareunia, 2° vaginismus (menopause!)
- Reduced steering of arousal → rapid orgasm
- Body immobile → limited sexual pleasure
- No mentalization of active reception → limited desire for penetration
- Fragile arousal → Use of stronger emotional stimuli / limited attraction codes (intense penetration, porn, fantasies, scenarios, etc.)

## Sexual arousal modes

### Mechanical arousal mode: possible limits



- Limited perception of genitals, precise stimulation ritual → Difficulty increasing arousal → partner anorgasmia
- Sex is hard work → low sexual desire
- Focus on vulva → little perception of vagina, penetration not arousing → low desire for penetration, dyspareunia after menopause
- Immobility of upper body → limited sexual pleasure → low sexual desire
- Immobility of pelvis → „partner is responsible for stimulation“, sexual assertivity and pride as erotic woman ↓

## Sexual arousal modes

### Arousal mode in waves



- Pelvic swing → bloodflow to genitals ↑, sensual perception of vulva and vagina ↑, active seeking of stimulation, steering of arousal ↑
- Upper swing → sexual pleasure ↑, perception of body ↑ letting go ↑
- Deep respiration → parasympathetic ↑, anxiety ↓
- Double swing → erotic perception and mentalization of active receptivity as a whole woman with a vagina, feeling of pride as erotic woman, ability to meet and perceive partner sensually and emotionally

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**Thank you!**

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A nighttime photograph of a city skyline reflected in a body of water. The most prominent feature is a tall, illuminated church spire with a clock face. Other buildings and streetlights are visible along the waterfront, and their lights are reflected in the calm water.