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

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Sexocorporel

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Sexocorporeal

Sex + Body

Sexuality =

Sensations
Physiology

Cognitions

Body

Emotions
„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


„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"


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**During sex:**

>50% of persons

Muscle tone↑

Movement↓

Respiration↓

Desjardins 1996 *Sexologies*; Santareli 1987, Bischof-Campbell 2012
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


Sexual arousal modes

Pressure: „archaic“
10-30%

Rapid, uniform friction:
„mechanical“
40-60%

Fluid movements: „undulating“
30-50%

„Double swing“ movement: „in waves“

Desjardins 1996 Sexologies; Santareli 1987, Bischof-Campbell 2012
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)

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.

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
Muscles, perception, and sexual function

- Pleasurable perception of body and genitals ↓
- Interoceptive + exteroceptive hedonic input + awareness ↓
- Bloodflow body / genitals ↓
- Fragile arousal
- Sympathetic nervous system ↑
- Respiration ↓, Hypoxia
- Fight/Flight
- HIGH CONTINUOUS MUSCLE TENSION

- Precise stimulation ritual
- Erectile dysfunction Rapid / retarded ejaculation
- Anorgasmia, Anhedonic Orgasm

Löken 2009 Nat Neurosci, Ulrich-Lay 2010 PNAS

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Arousal

Parasympathicus VIP, NO

Genital Vasocongestion

+ 3-4cm

Transudation

+ 2-3cm

Tenting

Salonia 2010 J Sex Med
Arousal → Vasocongestion ↓
Transudation ↓
Vaginal space ↓

+ high muscle tension

Sympathetic, pressure

Muscles, perception, and sexual function

Performance anxiety
Fear of pain / infections
Sexual desire ↓

Pain
Chronic prostatitis etc.

Lubrication ↓
Vaginal space ↓

Pain, recurrent infections

HIGH CONTINUOUS MUSCLE TENSION
CONTINUOUS HIGH MUSCLE TENSION

Muscles and emotions

Intensity and amplitude of emotions ↓
Sexual reward ↓ ?
Dopamin? Prolactin?
Emotional space ↓
Thoracic space ↓
Blocked diaphragm
Respiration ↓

Muscles and cognitions

Hypervigilance
Right frontal cortical activity
Tension of neck and facial muscles ↑
Sympathetic nervous system ↑↑
CONTINUOUS HIGH MUSCLE TENSION

Muscles and Eros

**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

### 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 ➔ bloodstream 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

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#### 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
Thank you!

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