

## **Guidelines for Revitalizing and Maintaining Sexual Desire**

The keys to sexual desire are:

1. Positive anticipation
2. Feeling you deserve sexual pleasure in your relationship

The change process is a one-two combination of personal responsibility and being an intimate team. Each person is responsible for his or her desire with the couple functioning as an intimate team to nurture and enhance desire. Revitalizing sexual desire is a couple task. Guilt, blame, and pressure subvert the change process.

Inhibited desire is the most common sexual dysfunction, affecting two in five couples. Sexual power struggles and avoidance drain intimacy and vitality from the marital bond.

### **Who is a Non-sexual Couple?**

A non-sexual couple has sex less than once a month. One in five married couples has a non-sexual relationship. One in three non-married couples who have been together longer than two years has a non-sexual relationship.

The average frequency of sexual intercourse is between three times a week to once every two weeks. For couples in their twenties, the average sexual frequency is two to three times a week; for couples in their fifties, once a week.

The idealized romantic love/passionate sex type of desire lasts less than two years and usually less than six months. Desire is facilitated by an intimate, interactive relationship.

### **Contrary to the Myth...**

that “horniness” occurs after not being sexual for weeks, desire is facilitated by a regular rhythm of sexual activity. When sex occurs less than twice a month, couples become self-conscious and fall into a cycle of anticipatory anxiety, tense and performance-oriented sex, and avoidance.

### **A Key Strategy**

A key strategy is to develop “her”, “his”, and “our” bridges to sexual desire. This involves ways of thinking, talking, anticipating, and feeling which invite sexual encounters.

Touching occurs both inside and outside the bedroom. Touching is valued for itself. Both the man and woman are comfortable initiating. Touching should not always lead to intercourse.

Both partners feel free to say “no” and to suggest an alternative way to connect and share pleasure.

Couples who maintain a vital sexual relationship can use the metaphor of touching involving “**Five Gears**”:

**1<sup>st</sup> Gear:**

Clothes on, affectionate touch (holding hands, kissing, hugging).

**2<sup>nd</sup> Gear:**

Non-genital, sensual touch which can be clothed, semi-clothed, or nude (whole body massage, cuddling on the couch, showering together, touching while going to sleep or on awakening).

**3<sup>rd</sup> Gear:**

Playful touch which intermixes genital and non-genital touching, clothed or unclothed, and may take place in bed, dancing, in the shower, or on the couch.

**4<sup>th</sup> Gear:**

Erotic touch (manual, oral, or rubbing) to high arousal and orgasm for one or both partners.

**5<sup>th</sup> Gear:**

Integrates pleasurable and erotic touch which flows into intercourse.

**What Turns You On?**

Personal turn-ons facilitate sexual anticipation and desire. These include the use of fantasy and favourite erotic scenarios, as well as sex associated with special celebrations or anniversaries, sex with the goal of conception, sex when feeling caring and close, or even sex to soothe a personal disappointment or loss.

External turn-ons (“R” or X-rated videos, music, candles, visual feedback from mirrors, locations other than the bedroom, a weekend away without the kids) can elicit sexual desire.

**Sexual Desire**

Medical problems and side-effects of medication are a major cause of inhibited sexual desire. As a couple, consult your physician about medications and health behaviours.

Sexual desire is a psychobiosocial process, so you need to use all of your psychological, physical, and emotional resources to promote openness to intimacy and sexuality.

The essence of sexuality is giving and receiving pleasure-oriented touching. The

prescription to maintain desire is integrating intimacy, pleasuring and eroticism. “Intimate coercion” is not acceptable. Sexuality is neither a reward nor a punishment. Healthy sexuality is voluntary, mutual, and pleasure-oriented.

### **Realistic Expectations**

Realistic expectations are crucial for maintaining a healthy sexual relationship. It is self-defeating to demand equal desire, arousal, orgasm and satisfaction each time. A positive, realistic expectation of sexual experiences is:

40-50% of the time	Experiences are very good for both partners
20-25% of the time	Experiences are very good for one partner (usually the man) and fine for the other
20-25% of the time	Experiences are acceptable but not remarkable
5-15% of the time	Experiences are mediocre or failures

Couples who accept occasional dissatisfaction or dysfunction without guilt or blaming and try again when they are receptive and responsive will have a vital, resilient sexual relationship. Satisfied couples use the guideline of “good enough” sex with positive, realistic expectations.

### **Action Steps You Can Take**

If the couple has gone two weeks without any sexual contact, the partner with higher desire takes the initiative to set up a planned or spontaneous sexual date. If that date does not occur, the other partner initiates a sensual or play date during the following week. If that does not occur and they have gone a month without any sexual contact, they schedule a “booster” therapy session.

### **Keep In Mind...**

Sexuality has a number of positive functions – shared pleasure, a means to reinforce and deepen intimacy, and a tension reducer to deal with the stress of life and marriage.

Healthy sexuality plays a positive, integral role in a relationship with the main function to energize the bond and generate feelings of desirability and being desired. Paradoxically, bad or non-existent sex plays a more powerful negative role in a relationship than the positive role of good sex.



Compiled by Suzanne Welstead in Counselling Services at the University of Guelph from data gathered at a workshop given by Barry McCarthy from the Washington Psychological Center of American University at the *American Association for Marriage and Family Therapy Annual Conference* during October of 2006.