

Let's Talk About Sexuality and Relationships

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Introduction

Three prominent models are used in the assessment and treatment of sexual problems in New Zealand. The current Diagnostic and Statistical Manual (DSM-IV-TR) is based on a primarily biological perspective of sexual problems, and therefore does not capture the complexity inherent in problems of sexual functioning. Tiefer's New Classification Model explores a broader range of causal factors involved in sexual problems, and Salisbury's Individual Sexual Response Model highlights the key factors for a satisfying sexual relationship. Various aspects of these models are incorporated into the therapeutic services offered by Sex Therapy New Zealand Ltd (STNZ), which was established in 2003. Given that research on sexual disorders in New Zealand is limited, the present study investigated the types of problems of sexuality seen by STNZ therapists, and was carried out as a pilot internal audit of STNZ services with a view to developing further local research in this field.

Current Study

The present study described the nature of sexual problems seen by STNZ therapists and the potential ability of the three models to account for problem complexity in a small sample of 47 STNZ clients. Information gathered included the presenting problem, perceived causal factors, comorbidity with other mental and physical disorders, impact on life, and therapy outcome.

Results

Presenting Problems: Problems most frequently identified by the referrer differed from those of the therapist:

- Referrers more frequently identified problems with lack of desire and infrequent intercourse.
- Therapists more often noted relationship problems, lack of capacity for intimacy, need for psychosexual education and sexual abuse or trauma.

Causes: Perceived causes of sexual problems most often reported by therapists included:

- Lack of communication (19%).
- Lack of psychosexual education (19%).
- Internal factors, such as anxiety and family beliefs, were causal factors for 26% of clients.
- External factors, such as the problem being the partner's fault or due to societal pressure were identified for 30% (both factors were noted as causal for 43% of cases).
- Childhood experiences played a causal role in presenting problems for 47% of clients, with avoidant attachment highlighted as a cause in 21% and childhood sexual abuse in 15% of cases.

Age of Onset: Difficulties were evenly spread across three main age groups:

- Adolescence (21.3%).
- Ages 30-39 (23.4%).
- Ages 40-49 (21.3%).

Comorbidity:

- Thirty percent of clients had psychological disorders (mostly depression).
- Twenty-three percent had physical problems (mostly age-related difficulties, sexual pain, and back pain).

Life Impact:

- Therapists reported problems impacted on functioning in 91% of cases.
- Most commonly problems impacted upon clients in some, but not all, aspects of their lives (53%).

Outcome: Descriptions of therapy outcomes were:

- Increased communication and consideration (30%).
- Increased intimacy (17%).

Methods

Measures and Procedure: The 187 STNZ clients seen from March 2006 to March 2007 were mailed information about the study by STNZ and asked for consent for their STNZ therapist to complete a brief questionnaire in relation to their case. Of these clients, 25% ($N = 47$) consented to their information being included in the study. The therapist of each consenting client was then asked to complete a brief questionnaire about the case which was based on file information held by the therapist, to ensure confidentiality of the data.

Participants: There were 24 men and 23 women, and the average age of the sample was 48.26 years ($SD = 0.51$). There were no significant differences in age between men and women, $t(39) = 0.25$, $p > .05$ (eta squared = 0.0001). The majority of participants were being seen as a couple (66%), with both members of the couple taking part in the study. Others were being seen for individual therapy (28%) or both individual and couple work (6%).

Table 1

Presenting Problems Identified by the Referrer and Therapist

Presenting Problems	Identified by Referrer (Frequency)	Identified by Therapist (Frequency)
Lack of Desire	25	19
Infrequent Intercourse	24	13
Relationship Problems	16	32
Sexual Avoidance	11	13
Sexual Anxiety/Fear	10	12
Erection Difficulties	5	2
Lack of Capacity for Intimacy	4	17
Sexual Addiction	3	2
Unpleasant/Painful Sex	3	5
Lack/Loss of Love for Partner	3	2
Need for Psychosexual Education	3	11
Orgasm Difficulties	2	4
Infidelity	2	4
Early Ejaculation	2	1
Abusive/Risky Sexual Behaviour	1	3
Retarded Ejaculation	1	1
Sexual Abuse/Trauma	1	8
Paraphilia	0	1
Other (e.g., grief)	2	11

Conclusions

The present study found differences in the views of presenting problems according to the referrer and therapist, as well as a range of problems, causal factors, ages of onset, comorbidity and impact on life. Therapists tended to identify a broader range of problems than did referrers, incorporating elements of Tiefer's and Salisbury's models such as issues of relationship, intimacy, and communication. This reinforces the potential utility of a more comprehensive and integrated model of sexual problems than is currently provided by the diagnostic classification systems. This would allow for a full and broad description of a person's presenting problems including relevant contextual factors.

The importance of relationship factors was re-iterated in therapy outcome which was most often described as improved communication and enhanced intimacy. People are unique and diverse, therefore treatment models should reflect this!