

Sex.

Relevant to: Depression:  Anxiety:  Irritability/Anger:  General emotional control: 

Sigmund Freud famously believed that sex and sexuality lay at the heart of many mental problems. Modern thinking places less emphasis on it as a cause of mental illness, but it is certainly a subject that preoccupies many people, and which can cause a great deal of distress as well as happiness. Fortunately, surveys have been undertaken (Kinsey's being the earliest large scale one) and so we know a significant amount about people's habits and what concerns them.

Performance and Frequency.

It was John Betjeman who reputedly said when he was dying, that he wished he had had more sex, which may or may not be what one would expect from a Poet Laureate, but does beg the question of how many people would wish the reverse. Sex is important to most people, and to accuse your partner of 'not being good in bed' – or to believe it of oneself – is one of the most wounding things.

Plenty has been written about 'being good in bed' and there are two themes that recur: (a) not to view it as a competitive sport, i.e. to have as much or as little sex as you wish, without regard to anyone other than yourself and your partner, and (b) to be 'moderately selfish', i.e. to do what pleases you – and your partner.

Sexual Orientation.

There are some people who enjoy 'almost anything sexual' but most people have a clear sexual orientation towards either a different-sex or same-sex partner. There is little to be said about the relative 'merits' of heterosexuality and homosexuality, although it is worth noting that trying to change one's orientation usually seems to be difficult or impossible.

Infidelity and Jealousy.

Many people like to have 'variety' in their partners, and this can lead to either infidelity or 'serial monogamy', both of which can cause a lot of distress, either sooner or later. For infidelity, the most apposite metaphor is probably "If you pick up one end of a stick, you pick up the other end too", i.e. starting an affair is a great deal easier than dealing with the later results of it.

Jealousy may be unfounded, or founded. In either event it can be an intensely distressing emotion, resistant to reassurance. There is no easy answer, although open communication and – particularly – empathy and negotiation, appear to be helpful in many cases.

Sexual Dysfunction.

Sexual dysfunction in its various forms is so frequent as to be 'normal' in statistical terms, and it is outside of our scope to deal with here. For women the most common dysfunctions are vaginismus and a failure to reach orgasm with a partner; for men they are erectile dysfunction and premature ejaculation. Until recently they tended to be seen as problems with a psychological cause, but advances in medication have shifted the thinking towards more biological explanations and resolution. There is extensive information about these on the web, and help can be obtained through one's GP.

Solo Sex.

Masturbation is so common as to be the norm, and some people claim to prefer it to having a partner.

Sexual Fantasy.

Sexual fantasy has received a lot of study and there are numerous findings. For example:

1. Some sexual fantasies can lead to enjoyable activity, both for couples and individuals.
2. Some people fantasise about activities they would not necessarily want to happen to them, and many people fantasise about illegal or immoral activities, notably 'coercive sex' (making people do things they don't want to do).
3. Some people are disturbed by sexual thoughts that come into their minds spontaneously.

People adopt various strategies towards their fantasies. One is to have a very clear boundary between fantasy and reality. Such people say "You can fantasise about whatever you like; there are laws about what you do, not what you think". This is morally defensible in that no-one is hurt by one's mental activity, so long as it is not fed by, for example, web-based pornography. The common alternative view is "Purity in thought, word and deed". Although this may be morally commendable, it is very demanding on the person, and may lead to guilt even about unavoidable, spontaneous and short-lived thoughts. So both have pros and cons. The strategy that has nothing to commend it is 'acting out' illegal or immoral fantasies, which almost always leads to legal or relationship difficulties.

Pregnancy.

'Unwanted' pregnancies are, by definition, best avoided, and the 'mechanisms' for achieving this are available readily enough in most cases. 'Trying to conceive' is the other side of the coin, and some people will go to great trouble to work out 'their most fertile times'. Intuitively, one might think that this may be counterproductive: the sex drive resides in a quite different part of the brain from the 'planning' function - the former doesn't need the latter. It may even be that planning interferes with the normal drive to 'perpetuate the species'.

In-session discussion.

Discuss any aspects of this sheet you wish. Sex is such an emotive topic that you may feel that it is best not to allow the discussion to wander away from the topics on the sheet.

Out of session project.

If there is anything on this sheet that is relevant to you and constructive for you, either new information or new attitudes, consider acting on it. Make notes to report back to the group next time if you wish.

Mythbuster:

People are only sexual in any way once they reach puberty.

Not so. The evidence is that people have a sexual identity and sexual feelings many years before puberty.