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MSD



NHIVNA Plenary Session - The Many Lenses of Sexual Pleasure

Chairs:

Garry Brough, Fast-Track Cities London

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The Many Lenses of Sexual Pleasure

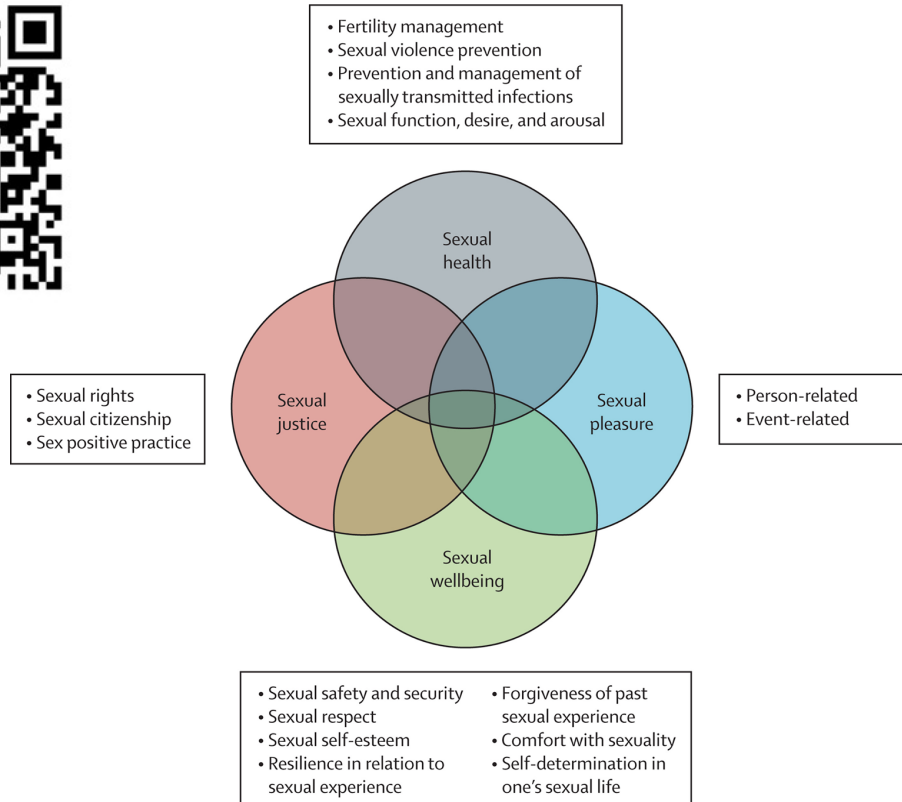
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Disclosures

- ▶ Dr Naomi Sutton
 - ▶ Honoraria for speaker services from ViiV Healthcare, Gilead Sciences and Bayer
 - ▶ Support for accommodation and travel to conferences from ViiV Healthcare and Gilead Sciences
 - ▶ Trustee for the charity Saving Lives UK and Ambassador for the FPA
- ▶ Dr Angela Wright
 - ▶ FSRH menopause guardian
 - ▶ PCWHF Education and BSSM Committee member
- ▶ Silva Neves
 - ▶ COSRT accreditation assessor
 - ▶ Editor of the SRT Journal

Sexual pleasure is a key determinant of sexual wellbeing



➤ Public health policies and education often use a risk-focussed approach

- This means that other aspects of sexuality are often overlooked, such as sexual pleasure, sexual function and sexual wellbeing, despite health rarely being the primary reason for engaging in sex, if ever

➤ This truncated perspective limits our ability to understand and address everyday sexual issues

Why does pleasurable sex matter?

- Sexual wellbeing and satisfaction are correlated with;
 - Increased relationship satisfaction ¹
 - Positive psychological well-being ²⁻⁴
 - Good physical health outcomes (i.e. cardiovascular health, pain relief and longevity) ³⁻⁴
- All of these impact quality of life for **all of us**, including people living with HIV³⁻⁴
- To provide a holistic approach for people living with HIV we need to consider more than the narrow parameters of 'sexual health' and 'risk' which we may feel more comfortable discussing



1. Regan PC. Social Behavior and Personality: An International Journal 2000;28:51-9
2. Lutfey KE, et al. Arch Sex Behav. 2009;38:514-27; 3. Gianotten WL, et al. Int J Sex Health 2021;33:478-93
4. Levin RJ. Sexual and Relationship Therapy 2007;22:135-48

How often do you ask about aspects of sexual pleasure?

- ▶ Research suggests HCPs worry about offending patients or seeming inappropriate¹
 - This is increased when we feel a sense of difference (gender/age/culture)
 - Other cited reasons are lack of training, lack of practice, lack of time, fear of opening the flood gates, lack of effective treatments ²
- ▶ Patients report worrying it's not acceptable to talk about, and hope that the HCP will ask^{3,4}
- ▶ If we feel empowered to enquire about sexual pleasure with our patients we will validate them as sexual beings

We all have varying influences on our own sexual self and ideas of pleasure

- ▶ Cultural 'norms' and sexual scripts
- ▶ Religion and faith based beliefs
- ▶ Education
- ▶ Parenting
- ▶ Films / porn / other forms of social media
- ▶ Individual experiences of relationships and sex
- ▶ Gender
- ▶ Sexuality

Concepts of our sexual self and pleasure will change with life experiences, changing roles, illness, medication, drug use, body image etc

“

We don't see things as they are, we see them as we are.

—
ANATIS NIN

We all have unconscious biases

The sexual response cycle

- ▶ Sexual desire, arousal and orgasm are mediated by complex, yet still not fully understood, interactions of the somatic and autonomic nervous systems operating at central and peripheral levels
- ▶ Detection of sexual stimuli such as touch, smell, visual images, merged with experience, can trigger autonomic as well as motor responses
- ▶ Disruption of endocrine, neural or vascular response caused by ageing, medical illness, neurological diseases, surgery or drugs can cause significant disruption to these processes, and in so doing, lead to sexual problems
- ▶ **COGNITIVE CONTROL IS OVERWHELMING – it can both slam on the brakes or push down on the accelerator!**



HIV can have a significant impact on sexual pleasure

Mind^{2,3}

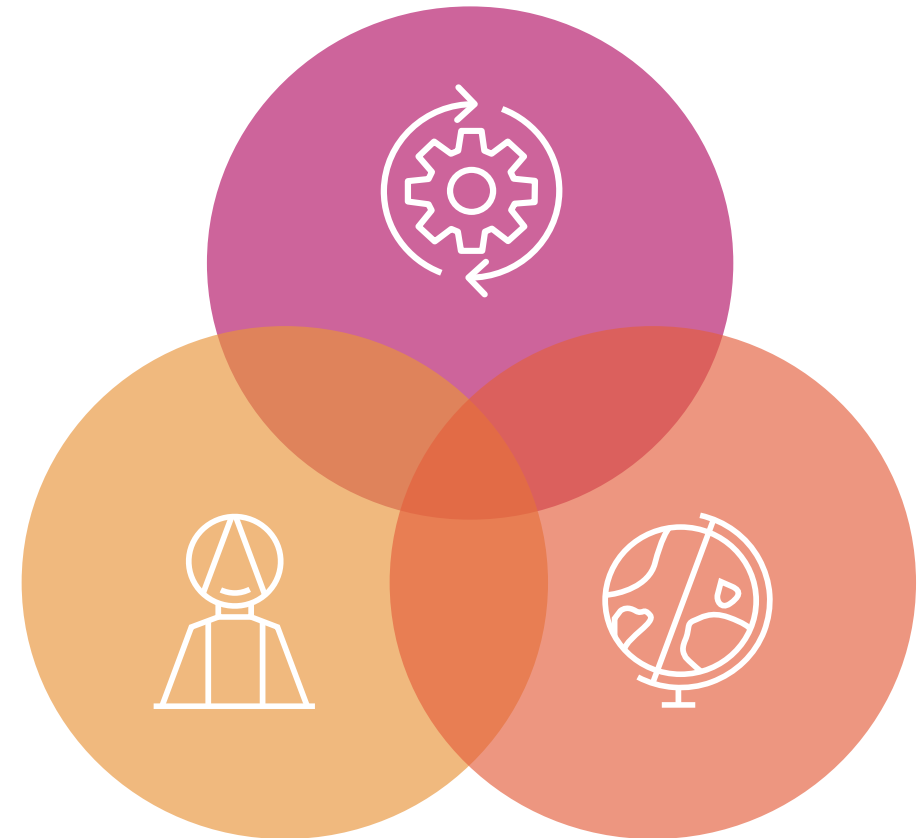
- HIV self-stigma/perceived stigma/fear of rejection
- Prevalence of anxiety, low mood, loss of self-esteem, shame
- Body image
- Previous trauma/sexual abuse
- Preoccupation with infecting others despite U=U

Body^{1,3}

- Fatigue
- Depression and anxiety
- Lack of sleep
- Weight gain
- CVD
- Menopause

World^{3,4,5}

- Enacted HIV stigma
- Expectations of others, partner, children
- Changes in relationships – effect on dynamic
- Sexual scripts
- Cultural and religious concerns
- Adaption of sexual behaviour





Following your **nose** in supporting patients with sexual problems

DR ANGELA WRIGHT FECSM



I am here to remind you about what
you already **know**



Shifting from the medical model to a **pleasure focus**

Our focus and training often
majors on diagnosis, dysfunction,
and prescribing treatments

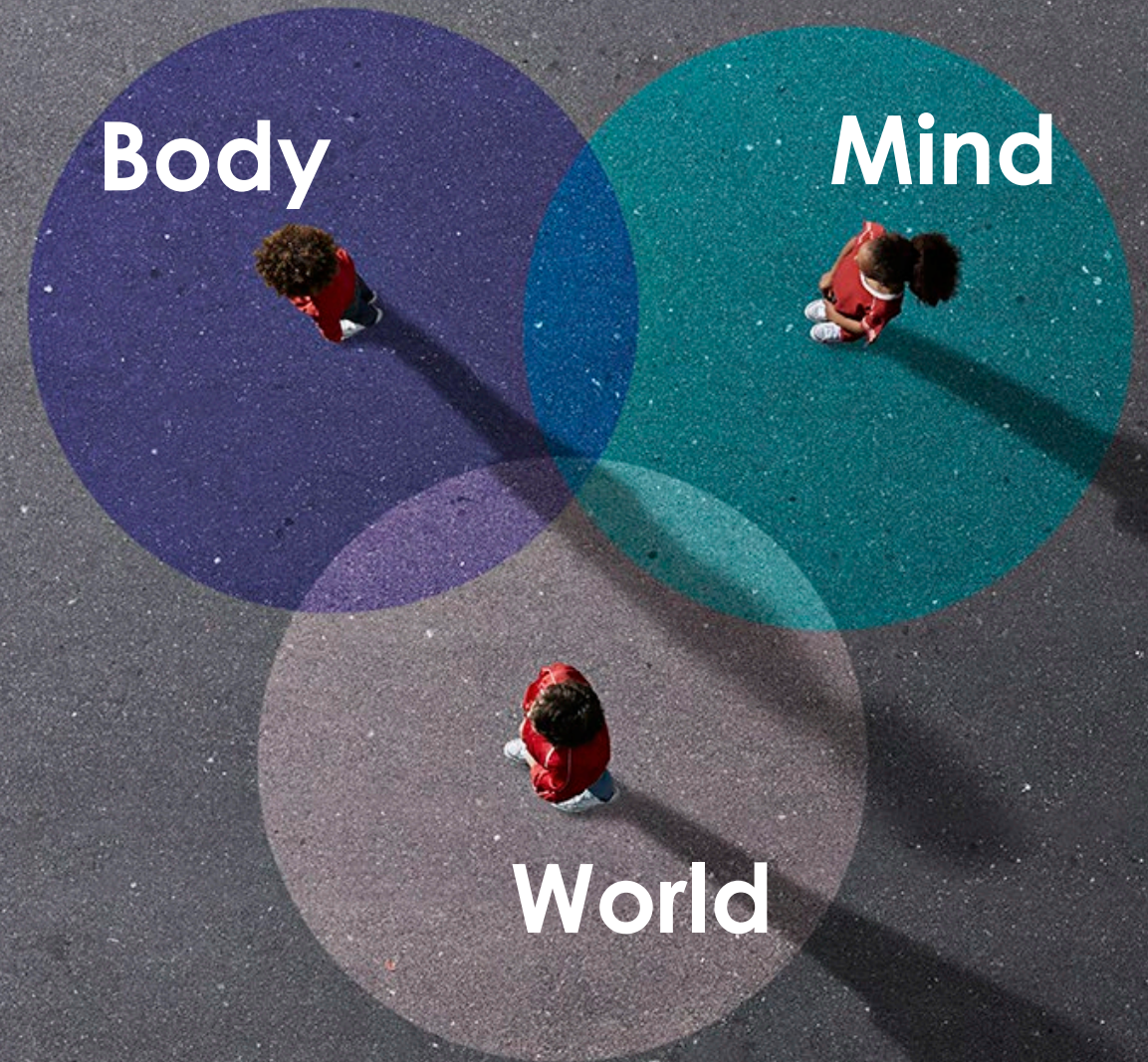
Often taught to make a diagnosis,
and define ORGANIC vs
PSYCHOLOGICAL causes

In the real world, this didn't always
work

Why?

An **integrated** view

- ▶ **The biopsychosocial model exists in a flow state:**
 - ▶ How we think affects how our body works
 - ▶ Head down, body up
- ▶ **We need to work integratively in each of these spaces**



Head down / bottom up **examples...**

- ▶ How the COCP affects who we perceive as attractive
- ▶ How male T levels fall during a partner's pregnancy
- ▶ **The impact of pleasure on:**
 - ▶ partner preference
 - ▶ sexual preference
 - ▶ desire and arousal

.....is just another example

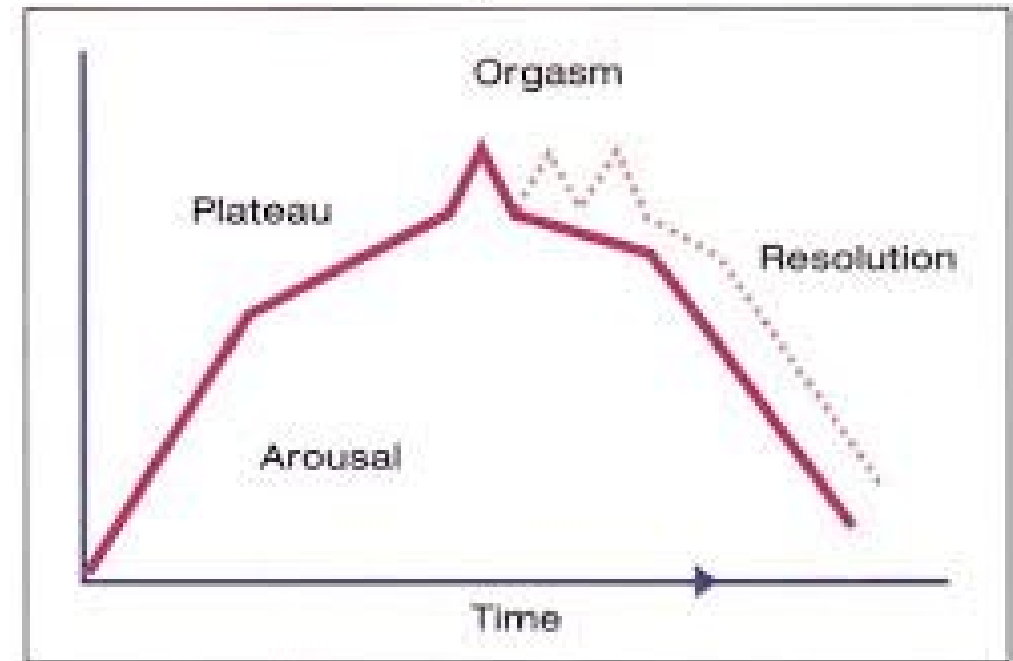


We do what we like

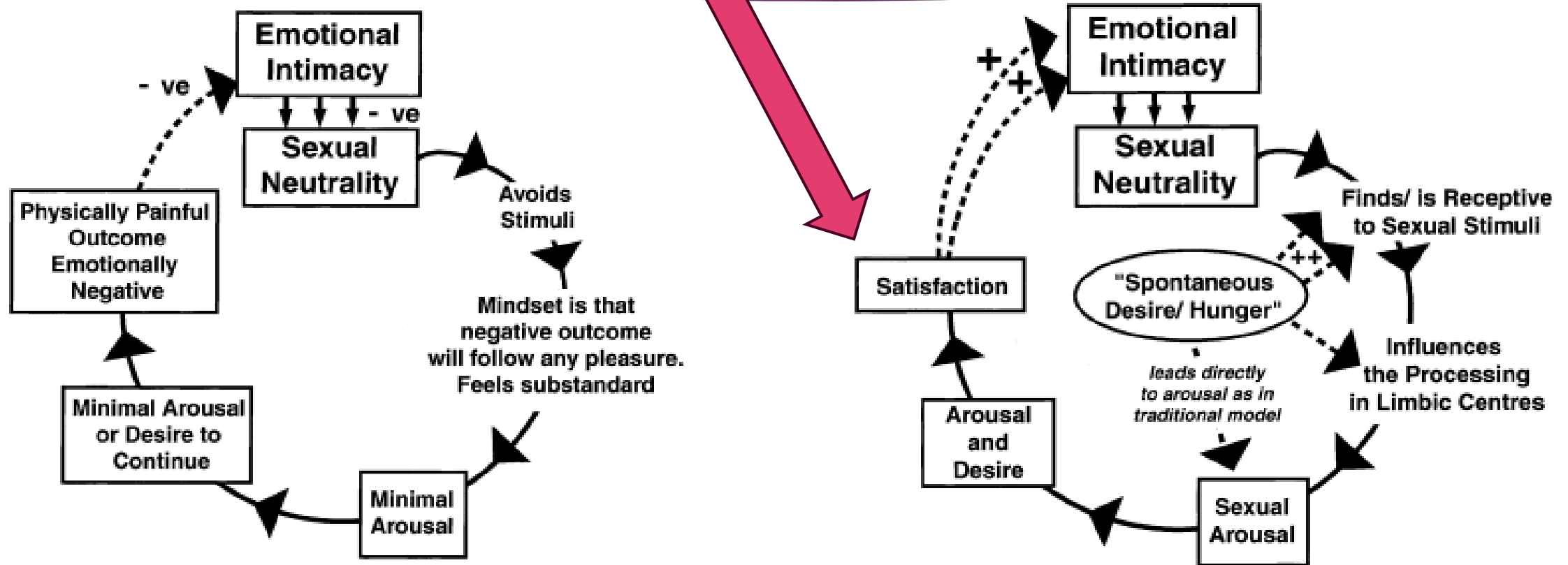
Where is the pleasure in sexual arousal models?

- ▶ Master's and Johnson – EPOR
- ▶ Kaplan – DEPOR (broke down excitement into desire and excitement)
- ▶ Basson – desire and arousal/excitement could come in either order
- ▶ The anticipation of pleasure (the CUE) ramps up arousal further
- ▶ Giorgiadis: wanting, liking, learning/expectation, consummation, satiety

Masters and Johnson's sexual response model



Look! Here it is



Why is **pleasure** missing?

- ▶ The idea of pleasure (especially for anyone other than cis het men) caused moral panic
- ▶ Consider the history of:
 - ▶ The clitoris (the devil's teat!)
 - ▶ The speculum
 - ▶ Masturbation
- ▶ Much of this thinking still lies beneath our own sexual scripts as practitioners, and professional norms

THEY'RE OUT TO MAKE THE MOST OF MAY
...and those hot-blooded Spaniards are wild



THE PLEASURE SEEKERS

ANDRE LAWRENCE · GENE TIERNEY · BOB KEITH · COLOR · MUSIC · CHERRY · DANCING · JASON · EDIT

What does this mean in **Practice?**

We have feedback systems where we learn from what we did and want it more next time

Both reflexive and incentive-based systems "learn"

The pleasure we feel comes to sensitise arousal and desire

Negative consequences come to do the opposite.

- This means we have to get comfortable talking about

PLEASURE



We do what
we like

How does following pleasure help **neurobiologically?**

Opiates are responsible for our **PLEASURE**

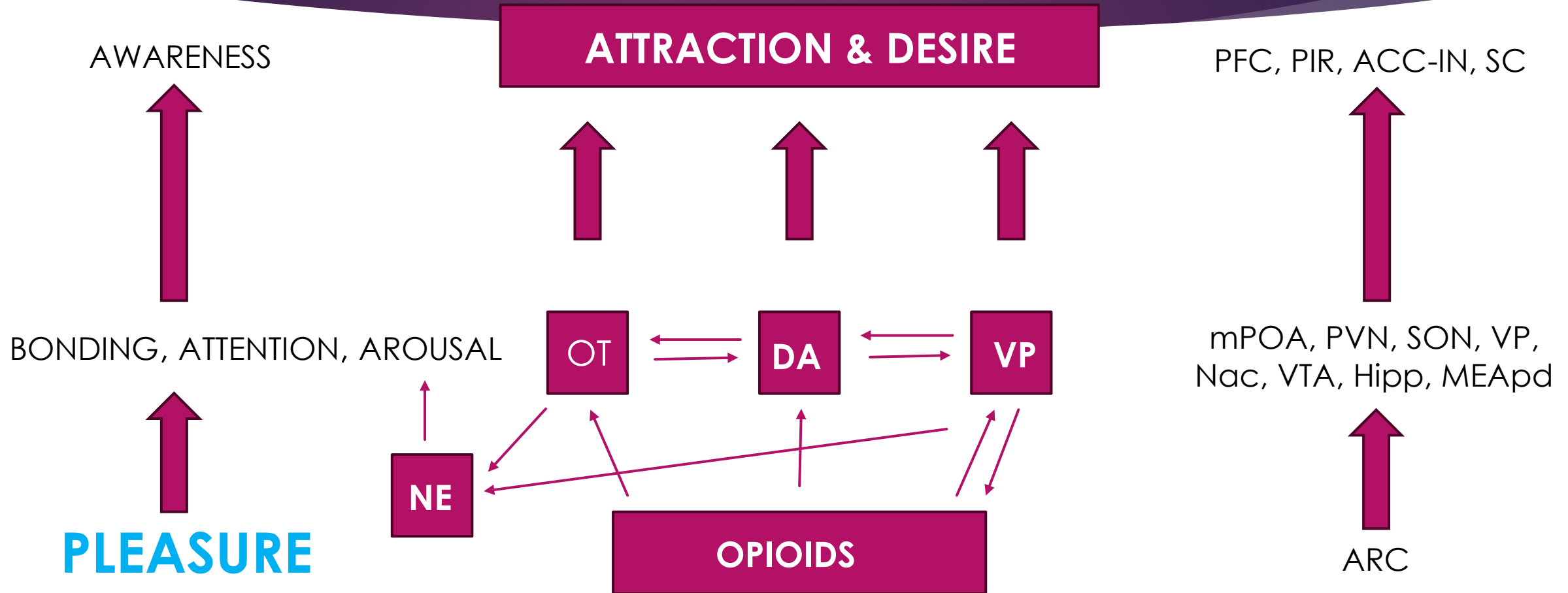
There are opiate receptors all through the areas of the brain that coordinate our sexual response

We know that when we block opiates with naloxone or naltrexone, sex is pleasureless

Rat studies: the rat will not initiate, will not show lordosis to stimulus (i.e. no spontaneous or responsive desire)

- ▶ **Opiates sensitise us to the thing that created the pleasure**
- ▶ **They also form partner preference (our “type”), and inform our kinks & fetishes**

Pleasure creates **bonding, attention, attraction and desire**





We do what we like

The erotic mind is vast and different





**Don't Yuk
someone's
Yum**

Oppression & Stigma

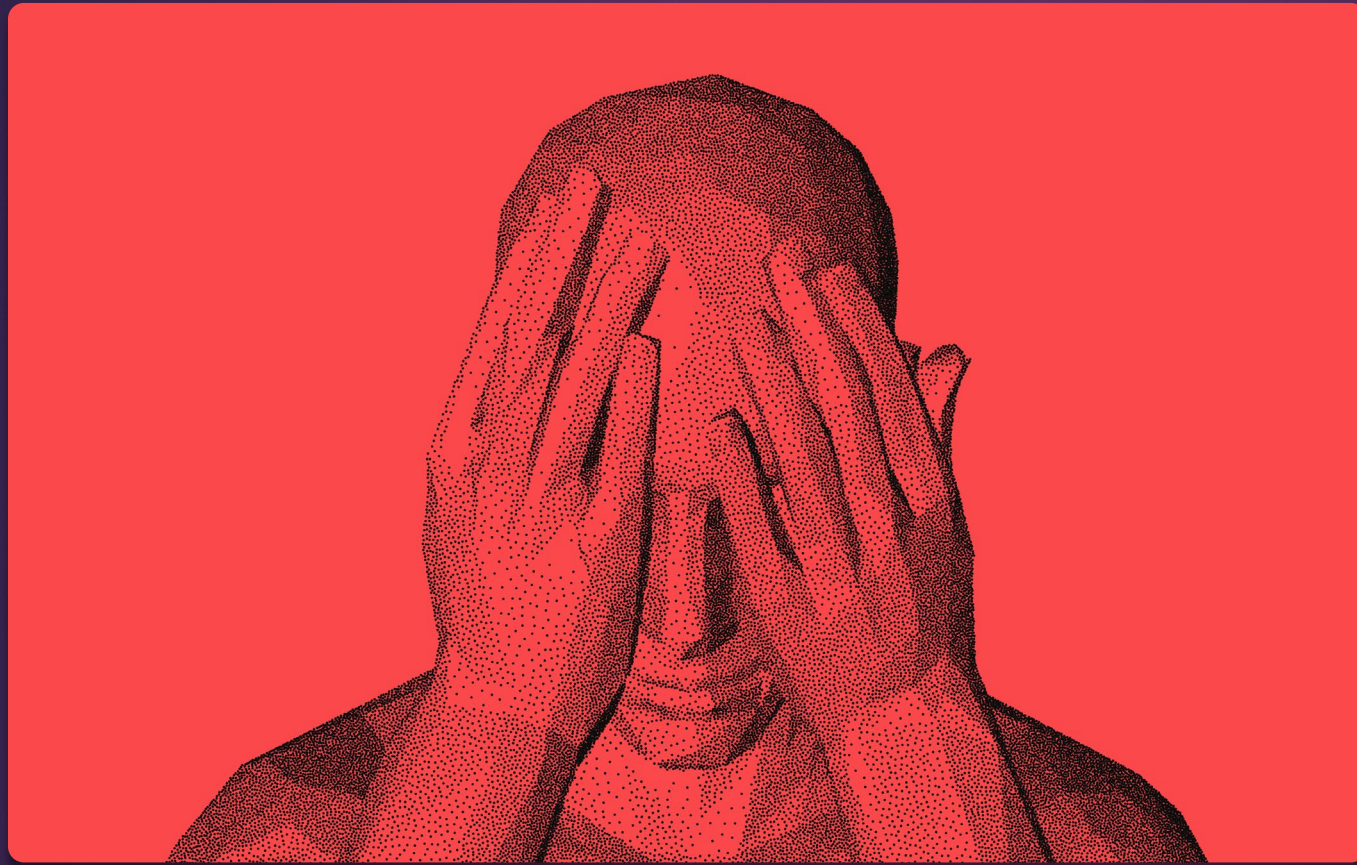
Sex-negativity

Heteronormativity

Mononormativity

Cisnormativity

Amatonormativity



Shame

Chemsex is popular with gay, bi & MSM because:

- ▶ “Resolves” shame and oppression
- ▶ Exploration of sexuality, shame-free
- ▶ Sense of intense and immediate connection
- ▶ No judgements about HIV status
- ▶ **Pleasure**



Working with clients struggling with Chemsex

- ▶ Understanding that the entry point to Chemsex is for good reasons
- ▶ Sex-positivity: Harm-reduction strategies, not abstinence
- ▶ Open erotic exploration
- ▶ Pleasure-focused exploration
- ▶ Sexual health
- ▶ Trauma therapy: in case of non-consensual sex experiences, homophobia, etc.
- ▶ Psychosexual & gay-affirmative therapy: treating internalised homophobia, adding strategies to manage minority stress
- ▶ Increasing resilience to navigate the HIV stigma: Family of Choice
- ▶ Queer Joy



Learning points

- ▶ Sexual wellbeing and satisfaction are correlated with a better quality of life making a holistic approach to the sexual wellbeing of people living with HIV essential
 - ▶ Asking about sexual pleasure can positively validate our patients as a sexual person deserving of satisfaction and pleasure
 - ▶ Encouraging sexual pleasure can promote better sexual function
- ▶ We need to work with individuals and communities to better understand different factors which might impact sex and pleasure for people living with HIV so we can combat these
- ▶ Chemsex is a response to societal stigma and oppression. Effective treatment requires sex-positivity, an understanding of the effect of oppression, and a pleasure-focused frame
- ▶ The erotic mind is vast, unique and we must keep in touch with it because it changes
- ▶ The Pleasure Project <https://thepleasureproject.org/trainers-toolkit/>
- ▶ <https://controllingchemsex.com/>

Resources / reading material

