



Transcript Episode 2: The Arousal Paradox

Clare

Hello and welcome to The Sex and Relationships Podcast. I'm Claire Prendergast.

Janet

And I'm Janet Eccles.

Clare

This is the podcast where we draw on our years of experience as sex and relationship therapists. And today we thought we'd have a chat about the arousal paradox. Yes, you've heard that right: the arousal paradox? Janet what on earth is the arousal paradox?

Janet

Obviously, arousal and desire and problems that people have with arousal and desire is something that we see a lot in our consulting rooms. You know, I would say that those problems probably make up, gosh even something like 50% of the problems that clients present with. Do you find that similar?

Clare

Easily. Yeah.

Janet

And so, I thought actually talking about the arousal paradox. And by the way, this isn't a technical term. I just sort of made it up because I was thinking about what we commonly see is people presenting with a mismatch and they work completely differently. And I was thinking about that in terms of, say, the Hollywood version of what desire arousal is supposed to look like. Which is that, you know, two people meet for a sexual encounter and, you know, they have a kiss and a cuddle, and it's all very passionate, and they all get aroused at exactly the same time, at the same point, and then has this amazing orgasm at the end of it at exactly the same time. And, you know, we know that's nonsense. Probably most of the people listening to this know that that's nonsense. So, I thought it would be really interesting to talk about why arousal and desire differs so much in people, and why and how it happens at different times.

Clare

You know, it makes me laugh, Janet, because I, it just sounds such a thing, the arousal paradox. So, since we decided to talk about it, I have been furiously googling who coined the expression the arousal paradox. I've been flicking through all my books. Bear in mind I've been in this game 15 years. But I was like, what is this arousal paradox? And I just want you to know, I think it's fantastic. It absolutely captures and look at. Also, I was thinking in terms of how to 'fix it', quote unquote. The solution is kind of paradoxical as well.

Janet

Oh, I love the fact that you went down a rabbit hole on Google, and all the time it was little old me! So, I suppose what I sort of wanted to start off talking about was the sort of the difference between plot and story. So, I'm sort of keeping with the film references here. So, you got up this morning, Clare, and you put on your favourite clothes and your six inch heels, and you came into the room and you sat down and you made a podcast with your friend Janet. And actually, that's just the – 'Clare did this, Clare did that, Clare did the other'.

Clare

Is that the plot?

Janet

That's the plot. Yeah. So, the story is Clare. Clare woke up this morning feeling a bit sassy and she thought she'd put on her favourite clothes because they make her feel good. And then she thought she'd put on her special heels and her favourite shoes, cause they make her feel amazing. And then, you know. And then she went in. And by the time she sat down to do the podcast, she's like, 'yes, I'm ready to go'.

Clare

I love it, I love it, I love it.

Janet

That's the story. Because now we know what's going on for Clare. Now we know where she's at. You know, she could have decided that. It's like, oh, God, I've. I've got to speak to Janet this morning. I'm just going to wear my onesie and not bother getting ready and then, you know, and then you come to this encounter and you're like, yeah, whatever, Janet. And again, that's. But you've still done the same thing. You've still got out of bed, you still come down the stairs, you still, you know, logged on and done a podcast. That's the plot. But the story is very, very different because now we know how you're feeling and how you expressing those feelings. And we're working with clients that they often will. Well, you know, because we ask them, they will come and say, okay, well, uh, okay, so we're beginning, you know, to get together and get close. And, you know, sex might be on the agenda. But then actually, for me, you know, I don't get turned on or I can't get an erection, or I get an erection, and it goes again, or, you know, I just don't get in the mood. And, you know, I'm distracted and I'm feeling about this, that and the other.

Janet

That's the plot, if you like. And we've got to find out Okay, well what's the story behind that. And we do that by looking at these other factors which are, you know: Biological - well what's your health like? Are you taking any medications? You know, how did you feel that day? Psychological: which is, you know, are you worrying about something else? Are you dealing with work stress? You know, the social stuff. How are you in the relationship? You know, so all of these things that surround sex massively impacting on what we want to do sexually that day, how we feel about our partner.

Janet

And the way that I encourage clients to think about that, is to think about arousal on a 1 to 10 scale. Again, not very sexy, you know, but sex is a science, and we understand it in these ways sometimes. But if you think about arousal on a scale of 1 to 10. Okay. So, ten is, you know, you reach the peaks you're having a climax orgasm. And one out of ten is pretty stone cold. And, as we are having some kind of sexual experience and that might be with a partner, it might be by ourselves, what we want to do is we want to sort of work up this scale from 1 to 10. And sometimes, you know, that might shoot up very quickly for some people and for other people, you know, it might take a bit more warming up and getting into the mood and feeling close and connected or thinking about a favourite fantasy. And we may go from a sort of a 1 to a 3 to a 5 to a 6 or back down to a 4 because, you know, heard the neighbours go out next door and, and then you might sort of creep up and then other people might be, you know, 1 to 7 just like that. But you've got two people here working their way up these two scales and back down again. And that's what you're working with basically, is figuring out how your arousal works.

MUSIC

Clare

And I'm thinking about how often a couple will measure their arousal system against what's happening for the other. So, using your scale system, if the other is catapulted to an 8 and they're at zero, they're just not in the mood, they're not feeling it and they've got this very, very horny person in the room, that can then psychologically, you know, you can mentally get into that's where I should be. I should be in 8. I'm not an 8 and therefore I'm a problem. I have a problem, they're right, I'm wrong. And suddenly you're now you were minus 1. Now you've gone down to minus 10, you know. So just getting back to zero, just getting back to a starting point is, is really uphill work. And it's, it's, it's because that that piece that's just implicit in what you've said, which is know what number you're at and have the conviction to be able to say, you need to come and join me down here rather than just be in that other, other, other place. And I've seen it with in heterosexual couples, with both men and women. It's like, I don't want to sort of see a gender bias here. Many of us are programmed to think we need to do what the other person wants, and that just sets us up for disappointment again and again and again.

And yet when I work with people on coming back to self and what, what do I want and what am I comfortable with and what is what number am I? Quite often people are completely mystified. It's like, uh, they just genuinely don't have a clue how they are because all the attention is on the other.

Janet

It is so common isn't it Clare, that what generally often happens is the person with the higher desire for sex, and it's on their radar a lot more presents as being the normal one, and it's the one who presents with, well, I'm not like them, you know, my desire for sex isn't as great as theirs. They're the one with the problem. And it's really quite, you know, amazing how often they both own that and slip into these roles, that there is this accepted norm that the person who wants sex more is, is the one who's who's normal and the other one, therefore, by definition is abnormal. And again, we know that this just isn't true and that there are lots of reasons why, uh, you know, the person who has much lower desire for sex, why that might be happening, and it might be that, you know, conditions for sex just aren't working for them. It might be that they're not happy in the relationship, or that they're just not that sexually attracted to the partner anymore. But actually also, you know, it might be that they work in terms of sexual response, uh, in a very different way, because we know that some people have a spontaneous sexual arousal system, and lots of other people have what's known as a responsive or reactive sexual arousal system. Is that something that you work with a lot?

Clare:

Yeah. Yeah, yeah for sure for sure.

Janet

Yeah. It's pretty evenly matched this. It's not like, you know, 90% of people are spontaneous and ten is responsive is I would say it's fairly even, you know, split across people. But responsive reactive is actually just not recognising whether you're in the mood or not because it just isn't on your radar, because that's not how your sexual desire and sexual arousal system works. But it's, you know, if the conditions are right, the relationship is right. If you know, you're doing things that you're enjoying, that's when the arousal might begin to happen, might kick in.

Clare

And Janet, is that something you think can change in the course of a life? Do you know, do you think you could be spontaneous in your 20s and 30s and then responsive, reactive in your 40s and 50s and back to spontaneous? Or do you think it's something that you kind of are just born that way?

Janet:

I think both of those things, actually, Clare. And it's not just an age thing. I think also it's about the life of a relationship and how a relationship evolves. Because very often when two people meet in are sexually excited by each other and they're really attracted to each other, then that attraction and the desire for sex is, is greater. And often when we first get together with somebody, sex is kind of how we bond. Because when we're sexual, when we're touching, you know, oxytocin, that wonderful bonding hormone, makes us feel amazing. And that's how sort of attachment often begins to happen. And then once we are attached, so maybe 6, 12, 18 months down the line and, and we know that we're bonded but also there's a deeper emotional connection there as well. It's kind of like the need for sex isn't as urgent, it isn't as great because we are bonded now. So sex can then evolve into something else that is less urgent. But do you know, you know as well as I do that that often when we're working with couples who've been together some time and you say, you know what, what do you want? How do you want your sexual relationship to be? A lot of people will say, well, we want it to be like it was when we first got together. We want spontaneous sex, do you know? And often I'm like, well, I'm a sex therapist, not a miracle worker because I can't help you reproduce those early times, those early months because you bonded now, you're in a different place. But it doesn't mean to say that you can't have a fantastic sexual relationship. Again, it's just going to be different.

MUSIC

Clare

You talked about the biological, the psychological and the social. And I think I just want to pick up the biological. If you have known yourself to be someone who has a spontaneous arousal system, you have known yourself as someone who wants it regularly. It's just something that's been easy for you. And it isn't. It is really important to rule out a biological cause for that.

Janet

That's absolutely right. And always the first port of call is if you notice that your desire for sex is changing, it's always a good idea to go and see your GP and just check that things are okay physically and medically. Because as we know, sometimes a loss of desire can be an indicator of a health issue. You know, like how sometimes losing early morning erections in men can be the first symptom of cardiovascular problems. So, it's always a really good idea first port of call just get yourself checked out physically, you know. And then if you want to go and speak to a psychosexual therapist, we know that we can rule that out.

Clare

Yeah. And if you don't and come to us first, then we will just signpost you back to your GP because it's like there's no point looking for psychological, emotional, even spiritual issues if actually this is a physical problem and we do need to rule that out. So, if you've experienced some mental health difficulties, if your GP has prescribed antidepressants, so any of the SSRIs, many can have a direct impact on your arousal system.

Janet

That's very common, isn't it? Depression and anxiety can lower desire for sex, but also the medication can lower desire for sex as well and impact sexual functioning. And I think what researchers has uncovered in recent times, Clare, is, you know, even if you stop taking those SSRIs, if you've been on them a number of years, that the negative impacts on sexual arousal may continue for quite some time afterwards. So, SSRIs for sure. But also, lots of other medications and health conditions as well. Things like diabetes and thyroid problems we see impacts on sexual arousal. Many other biggie is stress of course.

Clare

100% stress and I thought you were going to say with the other biggie is um, you know, this is not a medical condition. This is just an absolutely normal part of the life cycle. But big impact on arousal is the menopause. Many, many women find just the whole thought of having sex can just be completely transformed while they're passing through that menopause passage.

Janet

Yeah, not that I've ever experienced it being 28 years old, of course, but, um, but, you know, just something like having a hot flush, you don't want to be close because or, you know, or you get close and then, 'oh, my God, I'm having a hot flush'. And then, you know, you've got to push them away. You know, and obviously also with menopause because it's lowering, the oestrogen levels and then you might not be lubricating the same. And then, you know, intercourse, vaginal intercourse might become painful. And so, the whole sex business can become a bit of a faff, can't it? But that's I think it's also important to say that's not all women.

Clare:

And it's not, it's not a medical condition. You're not, it's not there with diabetes and clinical depression. But I think it is, you know, when there are difficulties in this area, it's really useful to look, you know, just recognise there's a biological component that we need to engage with.

MUSIC

Janet

And stress, of course, is I mean, it's a very normal natural stress. And we know that there are good amounts of stress. But when that stress tips over into something that is sort of quite severe and it's on your mind all the time, our body reacts to stress and anxiety. It's a threat response. And as a threat response. You know, if we think about it in the most basic sort of primal terms, that survival comes above procreation in terms of how our bodies will respond to it. So, the sex side of ourselves, the arousal sides, will get shut down, because actually we're focusing on survival. And that's why stress can affect desire so much. But obesity, Clare, is another thing that does impact on sex hormones and androgens in men. You know, if a man is obese, then his testosterone levels will be, you know, quite decreased by some degree, which will then obviously impact on his ability to become aroused for sex. So, there are lots of different things.

MUSIC

Clare

So, we've spoken a fair bit, Janet, about, um, the things that can get in the way of our ability to become aroused and one of the sort of sexologists, for want of a better word, that I found really, really helpful in this area is Emily Nagoski, Dr Emily Nagoski, and her book, *Come As You Are*. and we'll, we'll put a link to that on the website. But she speaks about accelerators and brakes in terms of arousal. And you were speaking earlier about inhibitors and exciters, which I'm assuming is the same thing you're speaking about what makes it go up and what brings it down.

Janet

Yeah, well, Nagoski's model, which she does so beautifully in *Come As You Are* is actually sort of taken from a piece of research that the Kinsey did actually in the 90s and called the dual control model because, you know, they noticed, you know, when they were sort of doing this research is that in all people, the nervous system, you know, it has things that that are huge stimulus and also things that turn that that stimulus off. So hence the things that turn us on and the things that turn us off. And those are the things to think about. So, what gets you going and what is the ick factor?

Clare

So shall we just brainstorm things that can get you going with the sort of caveat that everybody's different. And we're going to throw out some ideas, but they might catch, they might stick, they might not.

Janet

Yeah, yeah, yeah. In terms of, uh, you know, things that we've heard from clients over the years that we've worked with, you know. Yeah. Because talking about things that turn you off are absolutely as important as talking about the things that turn you on.

Janet:

When you sort of see stuff in the media or read things in magazines. Often the tips about improving your sex life, you know, they've always been about, I don't know, this terrible phrase spicing things up or, you know, buy some new lingerie or buy some sex toys. And it's almost the implication with that is well, you're not trying hard enough. And actually, you know, you're not quite enough. So, you need to get these bells and whistles on to make it more exciting. And actually, if you think about what turns you on,

what turns you off. So, you might be feeling like this sexiest woman in the world and you're going into a sexual encounter with, let's just say, somebody you just met and you've gone to their place for the first time, and you walk in and you really feeling it, and you're really buzzing, and you hate the décor. And the bedclothes haven't been changed for three months. And there's clutter all over the floor. And that is one of your big turn offs, you know, and you get the 'oh, no, actually, I think, you know, taxi!' that's that's an environmental ick. Where it's like, oh, there's nothing wrong with that person. That's just their big turn off. So yeah, those sorts of things. So yeah. Sorry.

Clare

So yes. Well, I think yeah, that's a good thing to think about isn't it. In terms of what turns you on environmentally. Do you know, I mean, I'm always tempted to kind of have a sort of a checklist of criteria for environmental requirements. So, you know, the space needs to be private. The space needs to feel safe, the space needs to feel warm. And yet, really, those are no more than my notions of what's required. You know, another person might find their you know, what really gets them going is a little bit risky, a little bit dangerous, a little bit unsafe, a little bit cold. But it's being able to let yourself in on environmentally, contextually, what are the things likely to help my arousal kick in.

Janet

Yeah so, is it too light? Is it too dark? Is it too hot? Is it too cold? You know here in the neighbours. It's amazing how often that comes up with clients. You know, they were already and then they could sort of hear the neighbours and then suddenly arousal crashes because I don't want to be heard, you know, like, like you said, for some people that might be a turn on. And for that couple one might be fine with that. 'I don't care if they hear us or not'. And the other person would be like, 'no, I will die if they hear us.' So immediately you've got one going up, one going down. So, a couple have, uh, have a conflict, have a bit of a row, and one person wants make up sex, and it's really, you know, and so that's, um, you know, that would be an exciting because I really want to be close to you. And I need to know that we're okay, whereas the other person is like, 'are you joking? I'm not having anything to do with you until at least next Saturday. You know, you can toddle off'. And again, it's just different, different responses.

Clare

Just one more on this sort of environmental context thing. I think that's worth sort of thinking about time of day. Do you know some of us vary in in terms of, you know, we're more likely to feel it in the morning than we are late at night. And then clothes, do you want to come into this encounter dressed or naked? And music. But yes, the environmental stuff and then, yes, the relational stuff. And certainly for me, nine times out of ten, I encourage clients who come to see me around sexual difficulties to bring if they're in relationships, to bring their partners, because nine times out of ten, there is a relational piece in the mix that hasn't been revealed. It's hidden. And it's something around maybe one, uh, I saw I hate this expression, but I'm going to use it for shorthand. One is a bit passive aggressive. Do you know, they just have these little one liners or facial tics that erode the other's ability to be vulnerable and come into a sexual encounter. And being able to work on the communication in the couple, it just allows that to become visible and the person on the receiving end able to kind of speak up and say, hey, what was that face for? Or hey, what was that? What's that comment? That has just been kind of running in the background and has been eroding this person's ability to open up and be sexual.

Janet

It doesn't do your confidence any good, does it? If you feel like your partner's being a bit snippy with you.

Clare

So, it could be big conflict, but it could just be low level. I think body stuff. You earlier talked in the medical bit about obesity, but I think also how I feel about my body. If I'm looking in a full-length mirror and going, yuck, it is going to affect my ability to be able to kind of dive into arousal. It's going to be holding me back.

Janet

Yeah. But that's why we do a lot of work on self, isn't it. You know, that we try and help our clients really begin to love their bodies and, um, you know, often how women feel about looking at their vulvas is exactly that response. You know, and actually, poor old vulva gets a really tough time because you know, it's packed full of nerve endings. It gives loads of pleasure. The clitoris is there. And actually, once they've explored that part of the body and understand, you know, how much pleasure it can give, their

reaction can change. And I think that's not just about the vulva, but also about the rest of the body as well, that how you look is normal.

Clare

Yes. And you're however much, you know, weight you've gained or lost or surgery you've had or scarring you've got, or the marks of your life lived that are carried on and in your body do not have to negatively impact arousal. But unnoticed, if there is a negative self-talk going on about my body being wrong, my body being bad, my body being less than, that is going to get in the way of my arousal. So how to identify that you've got these judgments running and then overlay that negative self-talk with what I call it's not even sort of positive affirmation or positive spin. I call it truth telling. Do you know, this is my body. This is the body that's carrying me through my life. And this body is worthy of my attention and my respect and my love, which in turn will allow me to, with my lover, receive and give that physical attention, which is very, very difficult when we're contracted and in self-loathing about our bodies and our vulvas.

Janet

Yeah. And sometimes it can be quite helpful to say, okay, so that's how you feel about it, but is it okay for your partner to find your body attractive? You know, even if you don't. Do you kind of give them permission to find you attractive, you know, whilst accepting that it's not how you feel, will you allow them to feel that they're, you know, attracted to it.

Clare

Which links beautifully with another sort of key way out of this is bringing your attention to your relationship with giving and receiving. Because there you're describing, receiving, receiving recognition, receiving your partner's desire and delight in your body. Can you also receive their attempts at initiation, their attempts at pleasing you, pleasuring you? You know, are you able to surrender to that receiving and then flip it on its head? Are you also able to engage in giving so that dance between initiation and responding to initiation, which I think sometimes couples get caught in, I do all the initiating or, you know, I always say no or I sometimes say yes. But actually, seeing it more of a dance and can it be more of an ebb and flow and, and noticing there are days when I'm much more comfortable giving, but then there's also days when I'm better at

receiving. But we don't have to be black and white about it. Do you get, am I making myself clear? Do I make sense?

Janet

Absolutely. And I suppose it's just, you know, uh, for some people, yeah, there'll be times when they want to give and there'll be times when they want to lie back and just receive. And that's what is going to work for them that day. That's their exciter. And there's going to be other times when actually, you know, depending on how the partner initiates, it's going to be a real turn off. And no, I'm not going to open myself up to receiving that today because it's just not where I'm at. And here again, it's just one of those things that will, like you say, will ebb and flow. It's going to change. And as long as you can talk about it and say, um, no, not where I'm at or possibly don't know yet or yeah, let's go. Yeah. And, and that's the thing about these two scales going on side by side of each other and waving my hands up and down here, which I know isn't a great look for a podcast. But you know, that we do both sort of go up and we both come down often at different rates.

Janet

So, I suppose, you know, what I would really encourage people to do is, you know, have a look at Emily Nagoski's *Come As You Are* and have a look because she's done these questionnaires, hasn't she, about, okay, what are your exciters? What are your inhibitors? And you can fill in these questionnaires separately from your partner and then come together and discuss the results and see how either similar or, you know, very different that you might be. And it's just a great way to start a conversation and start understanding yourself a bit better and understanding your partner a bit better. And just to circle right back to where we started today, Clare, you know, which is that couple who presents to us with this mismatch, one being, you know, the 'normal one' because I want sex more than they do that actually they're usually I would say absolutely 99% both of them 'normal' just different. And when we understand the story behind that, then we'll help them figure out how to manage it differently.

Clare

Well, Janet, I suspect we've come to the end for this podcast. I also suspect we're going to be revisiting this subject.

Janet

I think so, yeah.

Clare

And I just love it. Definitely get patenting that name coined the arousal paradox. It's just Bob on. If you'd like to read more about what we've been talking about then please do visit our website: thesexandrelationshipspodcast.com, yep that's it: thesexandrelationshipspodcast.com . And on the site, you'll find a section where you can leave questions that you'd like us to explore in our chats. There's also an Ask Clare page. You'll also find us on social media. It's been lovely chatting Janet. Until next time. Bye, bye.

Janet

Always a pleasure, Clare, always a pleasure.