Sexual Problems in those identifying as LGBT+
A workshop for professionals working in sexual health

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Aims of the session
- Understand more about the sexual strengths and difficulties LGBT+ people may present us with
- To explore how popular conceptions of sex (including sex therapy) have often marginalised LGBT+ experiences
- To think about what we might do to promote a more inclusive approach to LGBT+ patient populations

Some Definitions
- What is LGBT+ anyway?
- Critiques of the use of binary categories for gender and sexuality

What’s a sexual problem anyway?
- Traditional emphasis on physical ‘performance’ (Kleinplatz, 2012)
- Heterosexual and Cisgender role ‘norms’ (Cove & Boyle, 2002)
- Privileging penetrative sex (penis in vagina) and (male) orgasm as benchmarks of ‘successful sex’ (Byers et al., 2009)
- Narrow conceptualisation lead to risk of both pathologising and missing exploration of a greater range of difficulties for our patients (Weeks et al., 2015)

What can cause sexual problems?
- Anxiety as a disruptive force for sexual function (Masters & Johnson, 1970)
- Intimacy and emotional connection as pivotal for desire and arousal (Kaplan, 1974, Bancroft et al. 2000, Bassoon, 2001)

BioPsychoSocial Model

- Cultural
- Social (and Relational)
- Psychological
- Bio
Adaptation to LGBT+ relevant contexts

- Experiencing difference from dominant 'norms'
- "Coming Out" (Pachankis et al., 2015)
- Mental Health (Leichsenring et al., 2010)
- Being pathologised or invalidated (Lue & Bengt's, 2001)
- Discrimination and marginalisation (from dominant culture)
- Negotiating new norms with few established models
- Discrimination and marginalisation (from within LGBT+ communities)

CULTURAL
SOCIAL (and relational)
PSYCHOLOGICAL
BIO

Strengths and Opportunities

- Not socialised into a model of what sex should look like
- Less reported distress in response to traditional sexual difficulties (Pexoto & Nobre 2015, Lau et al., 2006).
- Sex can be more egalitarian/reciprocal and less defined roles during sex
- Wider focus on what constitutes ‘sex’ than hetero (Sevell et al 2016)
- More open to using sex toys and lube (Reece et al, 2010)
- More open to diverse relationship structures

WSW

- Myth of the 'Lesbian Death Bed' (Cohen & Byers 2013)
- Caused by 'inadequate heterocentric/philocentric conceptualisations of what constitutes sex or good sex' (Diamond 2008)
- Traditional methods used in research omitting of lots of behaviours WSW define as sex, and counting sexual frequency as the sole marker of good sex
- WSW report greater satisfaction than WSM including greater arousal, more orgasms, and longer and more varied sex sessions. ‘Orgasm gap’ less prevalent in WSW (Frederick et al, 2017, Meana et al., 2006)
- Anodyspareunia (Pexoto & Nobre, 2015, Hollows, 2007)
- HIV and Sexual Functioning (Shindel et al, 2012; Hart et al., 2012)

MSM

- Internet, porn and hypersexualisation of MSM (Kleinplatz, 2012)
- Grindr and the rise of sex/hook up apps
  - status focussed, competitive, hierarchical and exclusionary (Turban 2018)
- Chems and contrast with sober sex (Giorgetti et al., 2017; McCall et al., 2015)
- Bi-invisibility and identity erosion (Vencill & Wiljamaa, 2016)
- Bi-phobia – prejudice on all sides (Blair et al., 2015)
- Competing sexual scripts (Gauvin & Pukall, 2018)
- Negotiation of sexual roles (McDonagh et al., 2018)
Transgender and gender non-binary

- Physical transitions and sexual functioning
- Re-gendering bodies and sexual organs (Riggs & Bartholomaeus, 2018)
- Constructing sexual roles around preferred gender identity (Iantaffi & Bockting, 2011)
- Choices around gender and sexuality fluidity (Tompkins, 2014)
- Cis-genderism (Barker, 2011)

What can we do to support our LBGT+ patients?

- Redressing power and letting our patients tell their story
- Language use and joining with self-identified perspectives
- Taking an affirmative stance (Rutter, 2012)
- Focus on strengths, skills and opportunities
- ‘Horizontalising’ (Berry & Baker 2014)
- Reflective Practice and curiosity (Berry & Lezos, 2017)

Thank you

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