**Sexual problems and the menopause**

**Vaginal dryness**  
If vaginal dryness is causing discomfort during sex, increasing the amount of foreplay and delaying penetration until you are really ‘turned on’ may help increase vaginal lubrication and make things more comfortable and enjoyable.

Estrogen levels drop after the menopause and this may lead to painful sex as the vaginal walls become thinner and less lubricated. This can be helped by using lubricants and vaginal moisturisers ( can be bought or prescribed) Your doctor can prescribe estrogen tablets, creams or pessaries which are put into the vagina

**Low sex drive**

This means different things to different people, such as

* Lack of spontaneous sexual desire
* Not getting aroused by thins that used to turn you on
* Not enjoying sex when it happens
* Not being able to orgasm

Think about why you might feel the way you do about sex. Having a low sex drive is not in itself a problem unless it is causing you anxiety.

Be honest and consider if other factors might also be affecting this, for example your relationship, tiredness, menopausal symptoms, work pressures, concerns about family members, lack of time and so on. Low self-esteem and thinking you are sexually undesirable are common contributors to ‘ low sex drive’

Work first on these, building back intimacy with your partner and taking time to invest in your relationship together. Communicate with your partner, telling them how you feel and working together to build sex back into the relationship. You will want to feel good about yourself too. Investing time for yourself, doing whatever it is that makes you feel sensual and healthy, will enhance your feeling as a sensual woman.

**How Can I improve emotional connection with my partner?**

Take time for emotional [intimacy](https://www.webmd.com/sex-relationships/bhc-healthy-sex-life/default.htm). You can still show your partner love and affection without having sex. Make time to enjoy each others company

Enjoy time together: take walks and hold hands- enjoy the feeling of having your hand held

eat dinner by candlelight

cuddle up on the sofa and watch a film- enjoy feeling close

give each other back rubs

**What’s normal?** 80% of women in long term relationship report not feeling spontaneous desire. See sensate focus below for one way to address this. Some people find date nights or a weekend away helps recapture the desire they had earlier in their relationship.

**Age changes things**

After the menopause many women say that the vaginal area and breasts become less sensitive to touch, and that orgasm may take longer. You may require different stimulation than before. Often the clitoris needs to be stimulated directly.

**Sexual technique**

If you are willing to engage in sexual activity, it may allow you to become aroused, which in turn may make you feel desire. You are more likely to want to be sexually active again if your last experience was positive, physically and/or emotionally.

If you find sex unrewarding, this may be because your partner doesn’t know what you like. One of the best things you can do is tell your partner what you ’turns you on’, and where and how you like to be touched.

If you need help learning what ‘turns you on’, there are many sexual or erotic materials easily available online, including books, DVDs, vibrators, clitoral stimulators, erotic games and lingerie.

If you lack sexual desire and/or arousal, you may have no interest in self-masturbation (pleasuring yourself). However, this may help you become more knowledgeable about your body, learning where and how you like to be touched.

If your partner often ejaculates or ‘comes’ before you do, and sex usually stops at this point, you could ask them to continue to stimulate you with their hand or mouth. They will probably enjoy being able to please you.

Some women find it difficult to concentrate during sex. If this applies to you, fantasizing about something sexual may excite you and reduce any negative feelings. If you are close to orgasm, alternately tightening and relaxing your pelvic floor muscles may help you get there

**Can I have good sex without penetration?**

Yes, most definitely. For men and women, sex in later years may change, but can be just as emotionally satisfying as before and perhaps more so. The importance is in learning to communicate in a way that will lead to emotional and physical fulfilment for you.

To improve your physical intimacy, try these ideas:

* **Consider experimenting with** erotic videos or books, [masturbation](https://www.webmd.com/sex-relationships/guide/masturbation-guide), and changes to sexual routines.
* **Use distraction techniques** to boost relaxation and ease [anxiety](https://www.webmd.com/balance/stress-management/rm-quiz-stress-anxiety). These can include erotic or non-erotic fantasies, exercises with sex, and music, videos, or television.
* **Have fun with foreplay**, such as sensual [massage](https://www.webmd.com/balance/massage-therapy-styles-and-health-benefits) , oral sex or stroking each other with feathers. These activities can make you feel more comfortable and improve communication between you and your partner.
* Some couples find it useful to agree not to have penetrative sex for a bit so they can enjoy sensual activities without feeling it has to lead to something they are not ready for yet…banning something is also a good way to make you want it!
* **Minimize any**[**pain**](https://www.webmd.com/pain-management/default.htm) you might have by using sexual positions that allow you to control the depth of penetration. You may also want to take a warm bath before sex to help you relax, and use vaginal lubricants to help ease pain caused by friction.
* **Tell your partner**what's comfortable and what's not.

**Books that some people have found helpful**

# How to Make Love to the Same Person for the Rest of Your Life... and Still Love It

by [Dagmar O'Connor](https://www.amazon.co.uk/Dagmar-OConnor/e/B001KDF09W/ref=dp_byline_cont_ebooks_1)

# Sexual Healing-The Complete Guide to Overcoming Common Sexual Problems by [Sanjib Kumar Shil](https://www.amazon.co.uk/s/ref=dp_byline_sr_ebooks_1?ie=UTF8&field-author=SANJIB+KUMAR+SHIL&text=SANJIB+KUMAR+SHIL&sort=relevancerank&search-alias=digital-text)

How to have an orgasm as often as you want Rachel Swift

One for partners: Satisfaction guaranteed, what women really want in bed Rachel Swift

NHS information:

<https://www.nhs.uk/conditions/loss-of-libido/>

### **What is sex and relationship therapy?**

Sex and relationships therapy is a talking therapy.

An individual or couple work with an experienced therapist to assess and treat their sexual and/or relationship problems. Together they will identify factors that trigger the problems and design a specific treatment programme to resolve or reduce their impact.

Sex therapy is considered highly effective in addressing the main causes and contributing factors of sexual difficulties. And it helps people to develop healthier attitudes towards sex, improve sexual intimacy, become more confident sexually, and improve communication within the relationship

Find out more: <https://www.cosrt.org.uk/factsheets/>

**Sensate focus** is a technique used to improve intimacy and communication between partners around sex, reduce sexual performance anxiety, and shift away from ingrained, goal-oriented sexual patterns that may not be serving a couple.

The technique, developed by Dr. William H. Masters and Virginia E. Johnson in the 1960s, consists of a series of touching exercises that a couple completes in a sequence. A major aim of the exercise is for the partners to let go of their expectations and judgements of mutual touching, and instead focus solely on the sensory aspects of touch like temperature, texture, and pressure. The idea behind sensate focus is that it allows the couple to relax and be mindful of the sensual touching experience, without being weighed down by preconceived ideas of what “should” happen. Sensate focus has also been described as mindful touching, or non-orgasm/non-arousal focused touch.

Sex therapists may recommend sensate focus to couples who want to address problems related to body image, arousal, desire, orgasm, premature ejaculation, and erectile dysfunction. However, it is important to note that these problems can also be caused by an underlying medical condition, so it is a good idea to complete a physical to rule out other potential causes of sexual dysfunction before getting started.

While there are different variations of sensate focus, Masters and Johnson originally outlined the technique as a five-step process.

Step 1: Non-Genital Touching

Ideally, both partners should be clean, well-rested, and unclothed during sensate focus exercises. If they are not able to be naked, they should wear loose, comfortable clothing.

The couple begins by deciding who will be the toucher and who will be the receiver for the first phase of the process. They will switch roles halfway through this step, so each person will have a chance to touch and to receive touches. The receiver will lie down in a comfortable position, and the toucher will touch him or her anywhere on the body that is not the breasts or genitals. Masters and Johnson kept the genital regions “off limits” during the first step to reinforce the importance of sensuality in touch, as opposed to touch for the purpose of arousal or sexual stimulation. That said, if one or both partners find themselves becoming aroused at any point during this step, they should avoid turning the experience into a sexual encounter because this may lead to them falling back on ingrained sexual behaviors or patterns. Instead, the couple can experience touch at a purely sensory level, feeling the fingers or body of their partner without judgement, expectations, or preconceived notions.

For this step, the toucher can focus on the temperature, textures, and contours of their partner’s body. The toucher might vary the rhythm or pressure of the touch, switch between touching their partner with a full hand or just their fingertips, or notice the changes in texture or temperature between one part of their partner’s body to another.

The receiver should not comment on or guide their partner’s touches in any way, unless something feels uncomfortable, in which case, they should speak up. Otherwise, the receiver should focus on the tactile feelings of their partner’s hands and fingertips, noting sensations throughout the experience. There are no set timeframes for this step, but it is a good idea to switch roles before one or both partners feel bored or worn out. Masters and Johnson suggested about fifteen minutes of touching per partner may be enough time to fully explore these sensations without reaching a point of fatigue. Couples can repeat step one for a series of days, moving on to step two when both feel ready to do so.

Step 2: Genital (and Breast) Touching

The second step follows the same basic structure of the first step, with the partners taking turns being the toucher and the receiver. However, in this step, the toucher can also touch the genital regions of their partner. Nevertheless, the goal is still exploration, not sexual stimulation, so the toucher should not devote more or less time to the genitals than other parts of the body. It is okay if one or both partners become aroused during the process, but again, they should avoid turning the experience into a sexual encounter.

In step two, the couple may also use a technique called “hand-riding,” in which the receiver puts their hand over the toucher’s hand and gives gentle, nonverbal cues to the toucher such as lightly increasing pressure at times. To allow for this technique, the receiver might sit between the legs of the toucher during this step. Again, after the desired amount of time, the couple will switch roles.

Step 3: Adding Lotion/Lubricant

Step three is the same as step two, with the addition of lotion or baby oil for body touching and a lubricant for any genital touching. Masters and Johnson believed that “one of the ways of enhancing sensory awareness is to alter the medium of touch.” The couple should avoid using cold oil or lotion. To do this, the toucher might warm the lotion in his or her hand before putting it on the receiver. Alternatively, the couple could warm the entire container of lotion or oil in a tub of warm water before starting step three.

Step 4: Mutual Touching

In step four, both partners are allowed to touch one another at the same time. Following the same basic principles of the previous three steps, the partners should not touch one another with the intention or expectation of sexual arousal, but rather with the mindset of simply noticing the sensations and feelings of contact. For this step, the couple may also use their lips and tongues to touch one another but should avoid kissing and oral sex. In this way, they avoid reverting to old sexual patterns and they allow themselves to discover a new level of sensuality and sensory appreciation.

Step 5: Sensual Intercourse

Masters and Johnson were very intentional about the title of the last step of sensate focus: “sensual intercourse.” Throughout this technique, the couple has been focusing on developing a new level of awareness related to touch. Therefore, they do not want to return to the sometimes mechanical, orgasm-driven nature of sexual intercourse. Instead, they can continue practicing mindfulness during sensual touch by noticing the temperature, shape, and texture of their genitals as they come into contact again. They might insert and remove fingers or the penis into the vagina slowly several times before engaging in instinctive thrusting patterns. Perhaps, they will vary their breathing and see how this affects the sensations. However the couple chooses to proceed, they should try to remain aware of touch and physical sensations in the same way that they practiced throughout the process.

A knowledgeable sex therapist can provide further information and guidance on sensate focus and other sex therapy techniques. If you believe that you and your partner could benefit from sex therapy, you can search for a licensed sex therapist in your area here.

Resources:

Boskey, E. Medically reviewed by Carly Snyder, MD. (2020, June 4). Sex Therapy With Sensate Focus. Verywell mind. https://www.verywellmind.com/sex-therapy-with-sensate-focus-4145783

Cornell Health. (2019, Oct. 18). Sensate Focus. https://health.cornell.edu/sites/health/files/pdf-library/sensate-focus.pdf?source=post\_page

Miles, J.R. Medically reviewed by Lynn Byars, MD, MPH, FACP. (2021, Feb. 22). Sex Therapy With Sensate Focus: How It Works & What to Expect. https://www.choosingtherapy.com/sex-therapy-sensate-focus