TRI HEALTH CLINIC

SEX & COUPLES THERAPY

A FREE GUIDE FROM TRI HEALTH CLINIC

The Sexual Response Cycle.

A roadmap for what helps and what hurts your sexual response — the same tool I use with nearly every client, now yours to keep.

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ONTARIO'S SPECIALIZED SEX & COUPLES THERAPY PRACTICE

Sex Is Everywhere. And Nowhere.

Sex is a strange part of life: it's everywhere and nowhere, all at once. Every person reading this is proof that sex happens — and yet most of us never really talk about it. Which means that figuring out what's "normal" can be very tricky. Most of what we know comes from movies, media, religion, and the messages we received (or didn't receive) growing up. Not exactly a rigorous education.

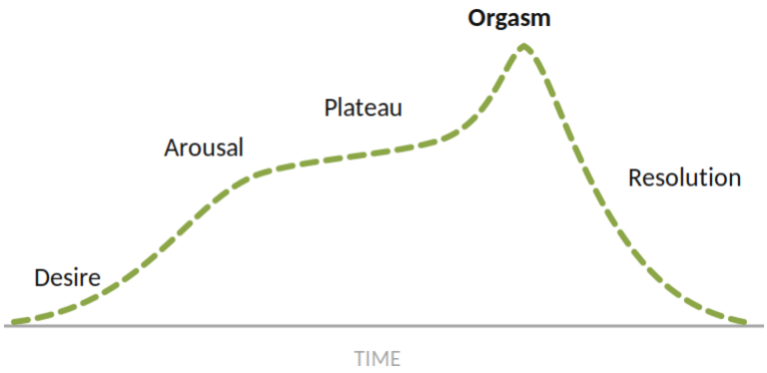
Here's the good news: sex researchers have spent decades mapping how sexual response actually works. The result is called the sexual response cycle, and it's the single most useful tool in a sex therapist's toolkit. I use it with nearly every client who walks through our (virtual and real-life) doors.

> **Think of it as a roadmap for what helps and what hurts your sexual response** — what hits your gas pedal, and what slams on your brake. Once you can see the map, you can figure out where your own route gets bumpy… and what to do about it.

One important note before we start: this is not a one-size-fits-all model. It's a rough guide to help you understand your own response — which can change across your life, your relationships, and honestly, your week. You may be surprised to find your map is less straightforward than you expected. That's not a problem. That's the point.

The Old Map: The Linear Model

In the 1950s and 60s, two researchers named William Masters and Virginia Johnson — the grandparents of sex therapy — did something radical: they studied sex in a lab. Real people, real equipment, real clipboards. (Yes, there was a TV show about them. No, sex therapy is not that Hollywood.) Thanks to their work, and later additions from Helen Singer Kaplan, we got the first scientific model of sexual response. We call it the linear model because it's a straight line:



THE LINEAR MODEL (MASTERS & JOHNSON / KAPLAN)

- **Desire** — the urge to engage in sex kicks things off. In this model, it seems to come out of nowhere.
- **Arousal** — sexual feelings build, in the body and the brain.
- **Plateau** — things are good. Pleasure may still climb, dip, and climb again.
- **Orgasm** — the peak of sexual arousal. Some people have one; some have several; some don't reach one and still have a lovely time. All normal.
- **Resolution** — arousal settles back down to baseline.

This model was the standard for decades. And for some people, in some seasons of life, it fits well. But there's a problem...

The Problem With the Straight Line

A sexual medicine physician named Dr. Rosemary Basson kept meeting patients — men and women — who said the same thing: *"I never just spontaneously want sex. I love my partner. I'm attracted to my partner. I want to want it. But the urge never shows up out of nowhere."*

And yet, many of these same people found that once sex got going — in the right circumstances — it could be genuinely enjoyable. The desire showed up later. The straight line couldn't explain that. So Basson drew a new map. Spoiler alert: it's a circle.

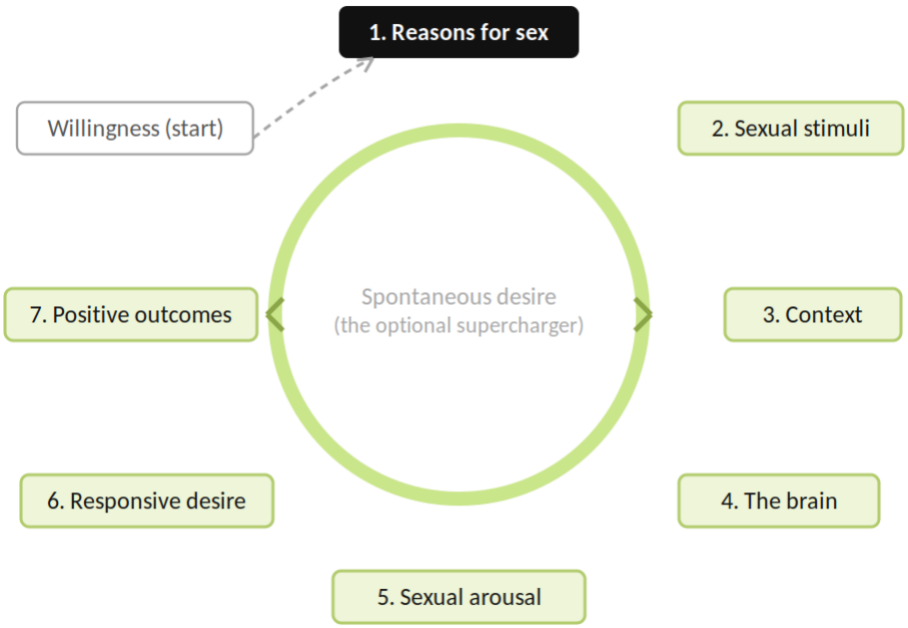
FUN FACT

Research shows that people experiencing sexual difficulties — especially low desire — overwhelmingly say the circular model fits their experience better than the straight line. If the linear model has never quite described you, you are in very good company.

THE NEW MAP

The Circular Sexual Response Cycle

Based on the Basson model



THE CIRCULAR SEXUAL RESPONSE CYCLE

In this model, desire doesn't start the show — it shows up partway through. Let's walk the circle, step by step, and at each stop ask the two magic questions: **what helps, and what hurts?**

STEP 01

Reasons for Sex

Researchers once surveyed thousands of people of every age, gender, and orientation with one simple question: *why do you have sex?* Care to guess how many distinct reasons they collected? Two? Fifty?

Try **237**. Two hundred and thirty-seven individual reasons — in a single study. Turns out "because I was in the mood" is just one item on a very long list. Reasons for sex fall into two categories:

AVOIDANCE REASONS (HURT)

Having sex to dodge a negative outcome: "My partner gets grumpy if we don't." "I'll feel guilty if I say no." "A real man/woman would want this." These reasons might get you to engage — but they don't leave you wanting more.

APPROACH REASONS (HELP)

Having sex to move toward something good: "I want to feel close to my partner." "I want to feel loved — or show my love." "I want to feel good." "It's fun." These are the reasons that keep you coming back.

The goal isn't to judge your reasons — it's to notice them, and to engage for approach reasons as much as possible.

STEP 02

Sexual Stimuli

With good motivation on board, how do we get from "sexually neutral" to aroused? We need sexual stimuli — and stimuli can involve any of the senses: sight, sound, touch, smell, taste. They can be happening in real time, or they can be memories and fantasies. A few highlights from the research:

- **Humans are visual creatures.** Sex in a pitch-black room might feel safer if you're self-conscious, but it may be doing your sexual response a disservice — you and your partner literally can't see each other.

- **Touch is the most important — and most neglected — stimulus.** Nobody teaches us how to communicate our touch needs. And here's the kicker: your partner cannot read your mind. The touch you need is likely different from the touch they need, it changes day to day, and it even changes over the course of a single encounter. If you're not saying it, they're guessing.
- **Stimuli can hurt, too.** A partner's natural scent? Potentially lovely. A partner fresh from the gym who hasn't showered in four days? A firm foot on the brake pedal.

> COMMON TRAP
> Some people skip the stimuli step entirely in the interest of "getting it over with." That breaks the cycle before it has a chance to get going — and pretty much guarantees an unsatisfying experience.

STEP 03

Context

Your physical context

Paper-thin apartment walls. Kids who might burst in. A dog staring at you from the corner. (True story from our practice: one couple's new puppy barfed on the bed at the critical moment.) Dinner reservations in ten minutes. None of these are a "safe space" for a sexual response to unfold. Small efforts — a locked door, music, unhurried time — genuinely matter.

> THE TIMING TRAP
> Research shows sleep really matters for sex — being well-rested matters even more for women than men. And yet most couples attempt sex at the exact moment they have nothing left in the tank: teeth brushed, comfy pyjamas on, fully horizontal… and *then* someone asks, "want to?" Right before bed is honestly one of the worst possible contexts for sex. Consider literally any other time of day.

Your relationship context

Mid-argument? Feeling unloved or lonely? Probably not fertile ground (though hey, some people love makeup sex — it depends). And connection cuts both ways: for some people, low-stakes sex with someone new feels easiest; for others, sex gets easier and better with deep trust and familiarity, because they can finally let their guard down. Interestingly, high stakes can backfire: many erection difficulties happen precisely because someone cares *so much* about their partner and wants so badly to please them that the pressure itself hits the brakes. (Partners often assume it means the opposite. It usually doesn't.)

STEP 04

The Brain

Pop quiz: what's the most important sexual organ? (I'll wait.)

It's the brain. The brain takes in everything so far — your reasons, your stimuli, your context — and decides: green light or red light. We split this step into two parts.

The body

- **Age.** An 18-year-old's sexual response looks different from a 98-year-old's. Erections naturally become less firm and less reliable; after menopause, natural lubrication decreases. This is normal, and it does not stop sex from being wonderful — but expecting your body to perform like it did at 16 is a myth worth busting.
- **Health.** Ever had the flu and thought, “wow, I could really go for sex right now”? Exactly. Illness, fatigue, chronic pain, and chronic conditions all put weight on the brake.
- **Medications.** Many common medications — antidepressants are the big one — can affect desire, arousal, and orgasm. This does not mean you should stop taking medication that helps you; it means it's worth a

conversation with your prescriber, and it means sex can still be good even when medication is part of the picture.

The mind

Two things reliably slam the brakes: **stress** and **distraction**. A stressed nervous system is simply incompatible with a sexual response. And a distracted mind — replaying the workday, eyeing the laundry pile, wondering "are they enjoying this? do they think I'm attractive?" — isn't paying attention to any of the good stuff happening right now.

> FROM MY SEX-RESEARCH DAYS
>
> When researchers need study participants to lose arousal quickly, we ask them to count backwards from 700 in multiples of seven, out loud. It works instantly, every time. Why? It spikes anxiety (math, in front of strangers!) and demands total concentration. Stress plus distraction: the two fastest ways to shut a sexual response down. Now consider how much of daily life is exactly that combination.

The feedback loop

The body and mind talk to each other — and sometimes they spiral. The body says, "this erection just went from a 9 to an 8." The mind says, "oh no, I'm losing it." Anxiety rises; the erection drops to a 6; the mind panics harder; and around it goes. The same loop shows up with pain: remembering that sex hurt last time makes the body brace and muscles tense, which makes pain more likely, which confirms the fear. Recognizing your own loop is often the first big "aha" of sex therapy — because a loop you can see is a loop you can interrupt.

STEP 05

Sexual Arousal

If the brain gives the green light: arousal. Here's something most people don't know — arousal comes in two forms, **physical** (what your body is doing) and **mental** (how turned on you feel). And they don't always match.

Researchers can measure both at once, and the correlation between body and mind — called *sexual concordance* — is surprisingly loose: roughly 0.6 for men and about 0.2 for women (where 1.0 would be a perfect match). In other words, it is completely possible — and completely normal — to have physical arousal without feeling mentally aroused, or to feel very turned on while your body lags behind. Your body and brain are not always on the same page. The good news: that connection can be strengthened (more on that in a moment).

STEP 06

Responsive Desire (the Plot Twist)

Remember how the linear model says desire comes first, out of nowhere? Here's the most important discovery in this entire guide: **for most people, most of the time, desire doesn't show up until now** — after the good reasons, the good stimuli, the good context, and the beginnings of arousal. We call it *responsive* or *triggered* desire.

Desire is a motivational state — the "wanting" that keeps you engaged and brings you back. And it is usually a response to a sexual experience that's already going well, not the spark that starts it.

> MYTH: "IF I DON'T FEEL DESIRE, SOMETHING IS WRONG WITH ME"
>
> If you've been sitting around waiting for the urge to strike before engaging in intimacy, you may be waiting… forever. That's not brokenness — that's just how responsive desire works. The fix isn't to wait harder. It's to start with willingness and good reasons, build the right stimuli and context, and trust that desire can and will show up along the way.

STEP 07

Positive Outcomes

Every sexual experience has outcomes, and we want them to be positive. Orgasm is the obvious one — but don't stop there. Feeling closer to your partner. Feeling relaxed. Feeling desired. Sleeping well. Having fun. These outcomes matter enormously, because they feed directly back into your reasons for next time. Positive outcomes are what turn a circle into a cycle. (And without them, motivation understandably dwindles — which is the cycle working exactly as designed, just in the wrong direction.)

BONUS

Spontaneous Desire & Willingness

“But wait,” you might say, “I have felt desire out of nowhere!” Great — there's a spot for it, right in the middle of the circle. Spontaneous desire acts like a *supercharger*: when it shows up, it can boost any part of the cycle. But notice that the cycle runs perfectly well without it. That matters, because spontaneous desire tends to fade with age, with relationship length, and for some people (especially women) it was never really there at all. Not required. Not broken.

Finally: we all start from neutral, and the cycle begins with a decision — a **willingness** to engage. That's not unromantic; it's empowering. It means your sex life is something you can actively choose and shape, rather than something you wait around for.

WHY THIS MATTERS

Sex Is Complicated. That's the Good News.

If your takeaway so far is “wow, there are a lot of moving parts” — yes! And that is genuinely hopeful news. If sexual response were an on/off switch and yours was stuck, you'd have exactly one thing to fix and no way to fix it. But it's not a switch. It's a cycle with many parts, which means there are many places to make small, strategic tweaks — a better reason here, better stimuli there, one context change, one interrupted feedback loop — that add up to big improvements.

Your sexual response cycle is also remarkably **resilient**. It wants to work. Most of the time, it doesn't need an overhaul — it needs a tune-up.

One Tool That Helps Almost Everywhere: Mindfulness

Mindfulness — present-moment awareness, without judgment — has some of the strongest research support of any intervention in sexual health. (My postdoc was all about this, so consider me biased and informed.) Here's why it fits this map so well:

- It helps you **notice your reasons** for sex, so you can catch avoidance reasons before they run the show.
- It pulls your attention to the **stimuli and context** actually happening — touch, warmth, your partner — instead of the laundry pile.
- It directly targets the mind's two big brakes: **stress and distraction**.
- Research shows mindfulness practice can improve **sexual concordance** — the brain–body connection — and structured mindfulness programs have been shown to improve sexual desire in women diagnosed with low desire.

Mindfulness is a skill, not a personality trait — which means it can be learned, and it's one of the things we teach.

Now It's Your Turn

On the next page, map your own cycle. Go through each stop and jot down what helps and what hurts — be specific. Your map can change across years, relationships, and even days, so answer for right now. If you have a partner, this makes an excellent (and surprisingly fun) conversation — remember, they can't read your mind, and you can't read theirs.

WORKSHEET

My Sexual Response Cycle

What does your cycle look like right now?

STOP ON THE MAP	WHAT HELPS?	WHAT HURTS?
Reasons for sex Remember: approach vs. avoidance reasons		
Sexual stimuli Sight, sound, touch, smell, taste — be specific and detailed		
Context Environment, timing, self, relationship		
The body What experiences in the body help or hurt your sexual response?		
The mind What thoughts, images, or memories help or hurt?		
Sexual arousal How do you know you're mentally or physically aroused?		
Responsive desire Signs that desire has shown up for you		
Positive outcomes What good things keep you coming back?		

TRI HEALTH CLINIC

Sex & Couple's Therapy Ontario

Want a Guide for the Journey?

Reading the map is one thing — navigating it is another. If parts of your cycle feel stuck, confusing, or painful, that's not a character flaw. It's a signal, and it's exactly what we do all day. Tri Health Clinic is Ontario's specialized sex and couples therapy practice. Our therapists are extensively trained in evidence-based sexual health care, and we work with individuals and couples across the province — virtually and in person. No awkwardness, no judgment. Just a team that talks about this stuff so comfortably, you'll forget it was ever hard to bring up.

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