



Supporting intimacy in couples relationships following brain injury

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- “Professionals frequently ignore, avoid or quite innocently overlook the sexual needs of their patients until they begin to exhibit sexually inappropriate behaviour”.

Miller (1994, p.19)

- Survivors complain, and professionals acknowledge, that they are rarely asked about their sexual lives in brain injury (Fraser, Downing & Ponsford, 2021; Hwang et al., 2021; Moreno et al., 2015)

and stroke services (Richards et al. 2016)



1st Step to being supported...

- Being asked!
 - How have things changed?
 - What is the impact of these changes on your life, your
 - identity, people close to you?
 - Many services neglect these questions
 - Fewer still offer support to manage these issues





Common Neurosexuality Changes in Acquired Brain Injury

- Rates in identified problematic changes in survivors range from 37-54% (Fraser et al., 2021)
- Key changes are hypo-sexual, including a **reduction** in desire, arousal and activity for most survivors, plus erectile dysfunction and difficulties with orgasm (Fraser, Downing & Ponsford, 2020; Moreno et al., 2013; Moreno & McKerrell, 2017; Ponsford et al, 2003)
- Hyper-sexual changes – increased arousal, desire and activity, disinhibition are represented in a minority of survivors (Elliott & Biever, 1996).
- Changes in focus of desire, fetishes (Yeates & Kahn, submitted)

○ Reasons for –ve changes:

- tiredness/fatigue (47%)
- low confidence (31%)
- restricted mobility (31%)
- feeling unattractive (23%)
- pain (22%)
- difficulties in communicating (21%)
- loss or decrease in sensitivity (19%)
- decline in relationship (19%)
- limited access to intimate social contact (19%)
- arousal/sex drive problems (17%)
- behaviour problems (15%)

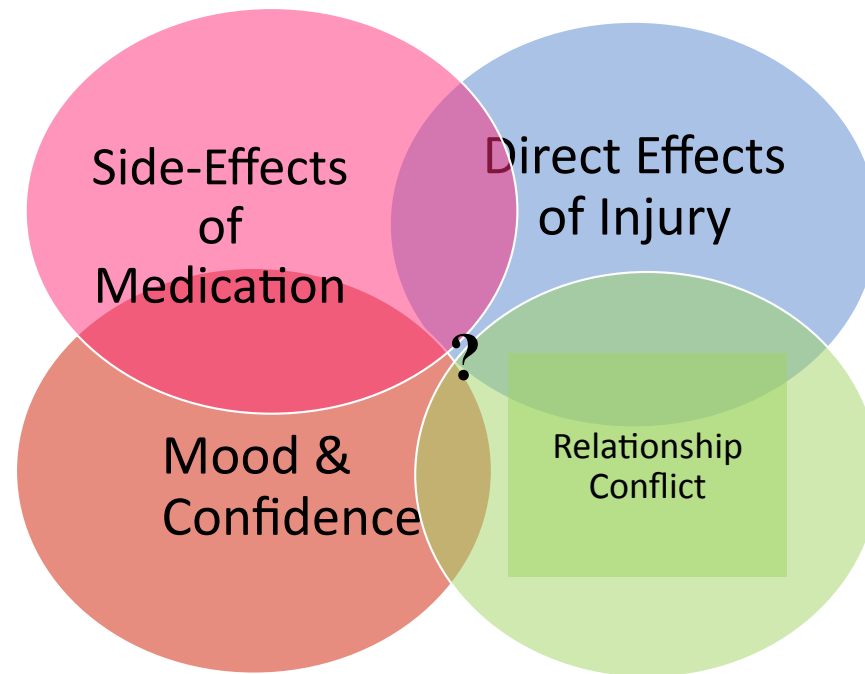


SEXUALITY CHANGES FOLLOWING BRAIN INJURY

Minority of changes are an increase.

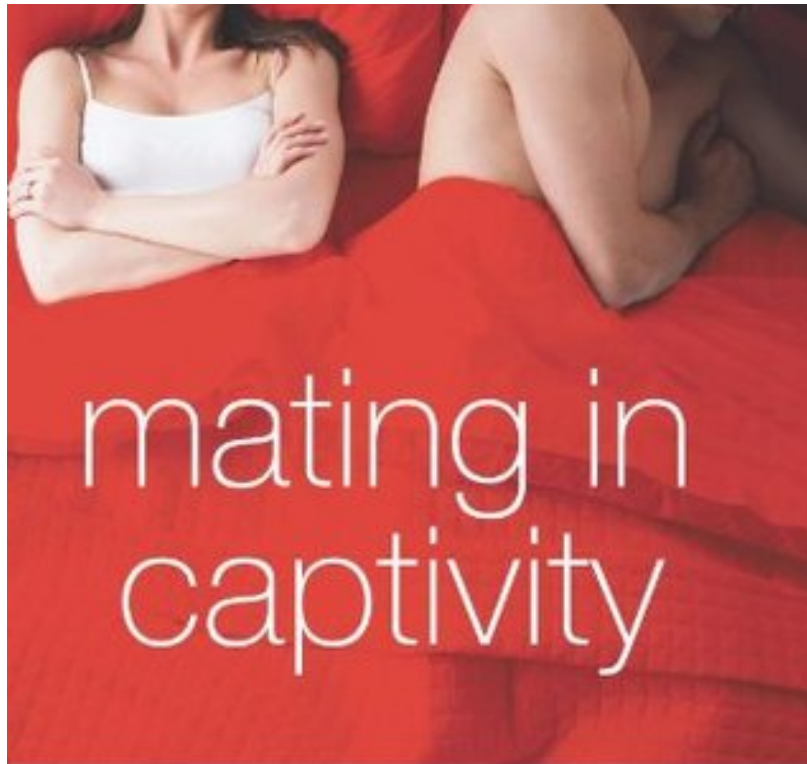
Majority are a **decrease** in:

- arousal
- desire
- sensation
- abilities mood
- self-esteem
- communication



The Balance of Desire, Excitement & Emotional safety

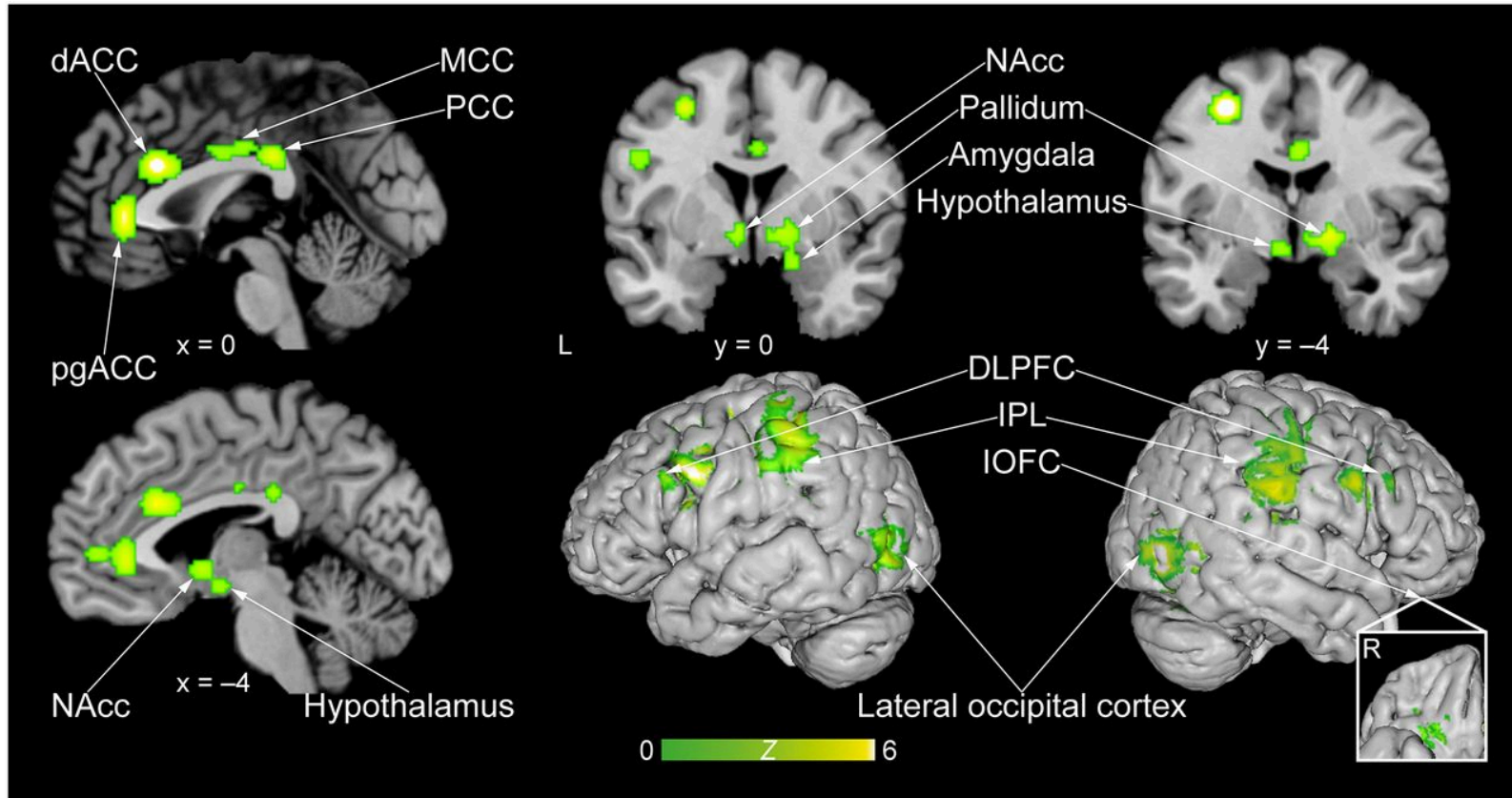
- The inter-relationship of secure base & play



Reconciling the Erotic + the Domestic

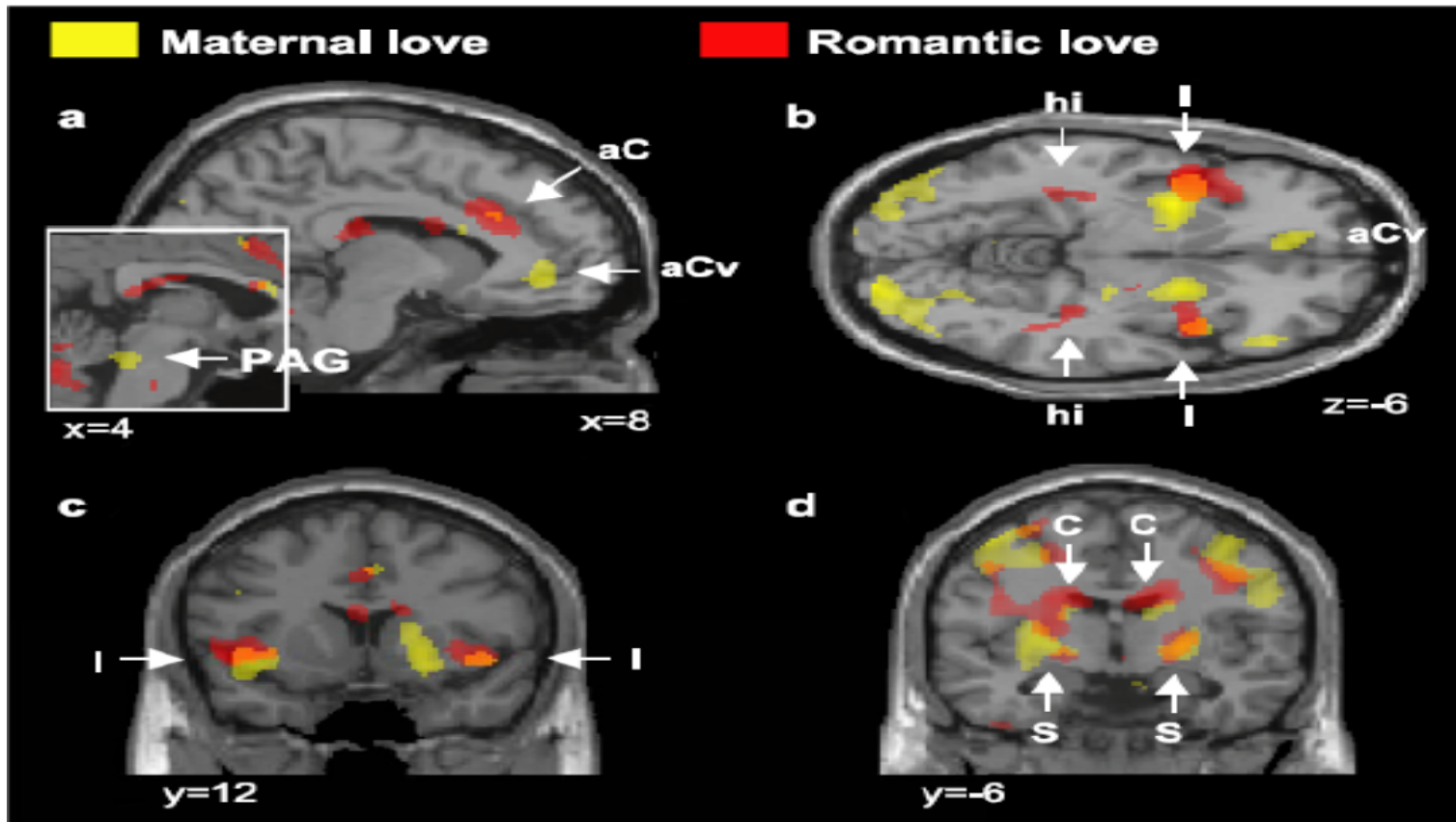
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The Sexually-Aroused Brain (Poeppel et al., 2020)



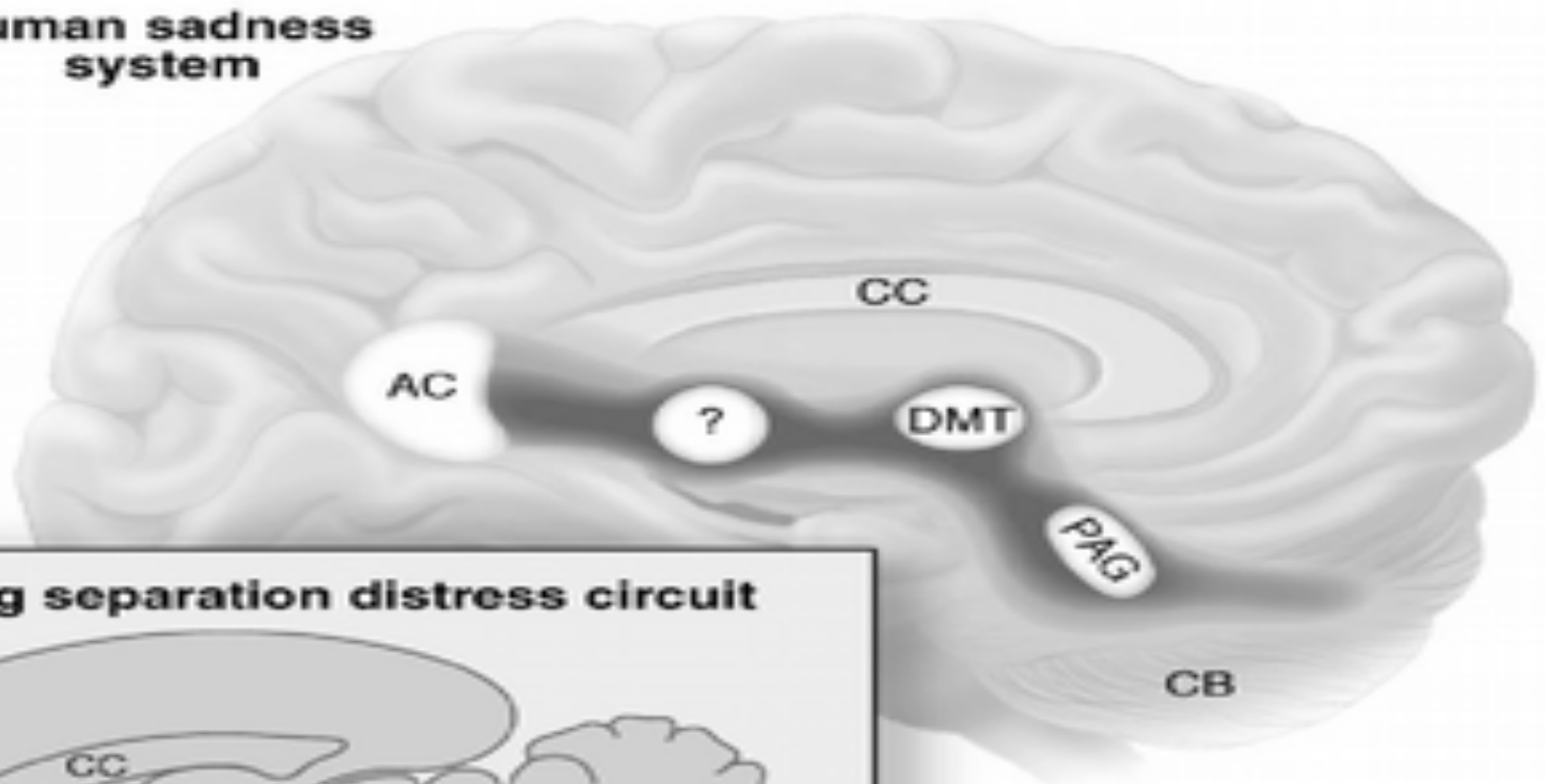


The Brain in Love (Bartels & Zeki, 2004)

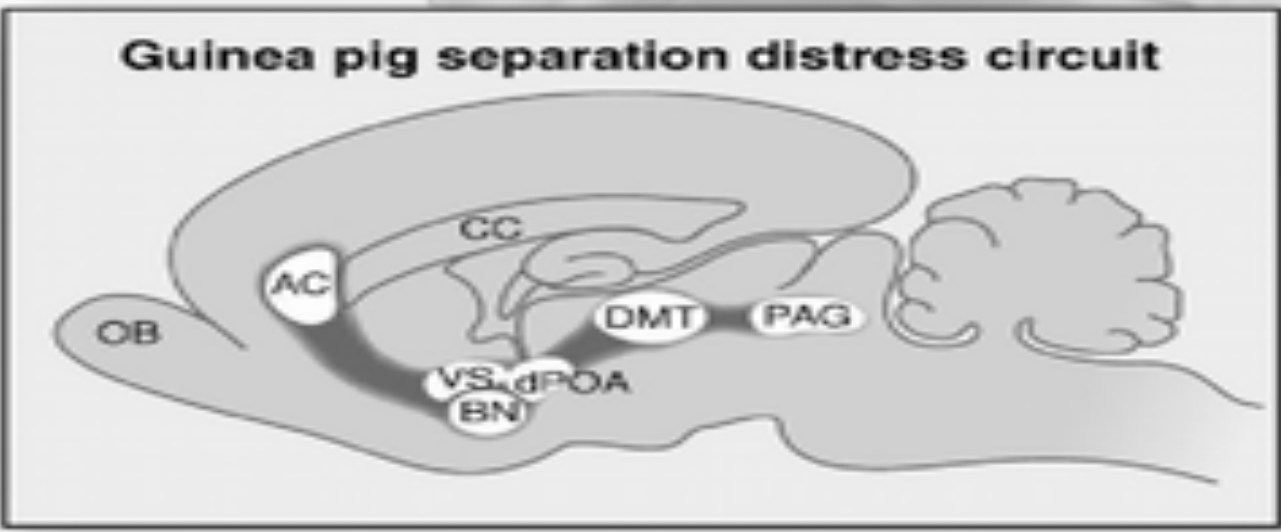


MAMMALIAN
ATTACHMENT
SYSTEM

Human sadness
system



Guinea pig separation distress circuit



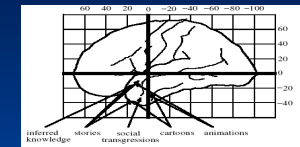
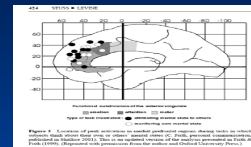
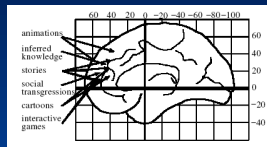


The Socio-Emotional Context of Sexual Relationships Post- Injury



1. Forming Perspectival Intersubjective Space: Intentional Decoding

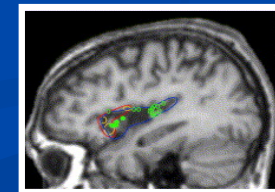
- Theory of Mind/Mentalising Deficits (e.g., Baird et al., 2006; Channon, 2004; Stuss et al., 2001)



2. Forming We-centric Intersubjective Space: Resonance/Attunement

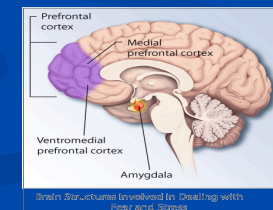
Emotion recognition & experiential deficits (Gallese, 1999; 2003):

- Fear & Anger: (R) medial-frontal & amygdala (Adolphs et al., 1994; Park et al., 2001)
- Disgust: damage to insula (Calder et al., 2000)
- Pain: anterior cingulate (Hutchison, 1999) & insula damage (Singer, 2004)
- Sadness: anterior cingulate, insula & basal ganglia? (Blair & Cipolotti, 2000)

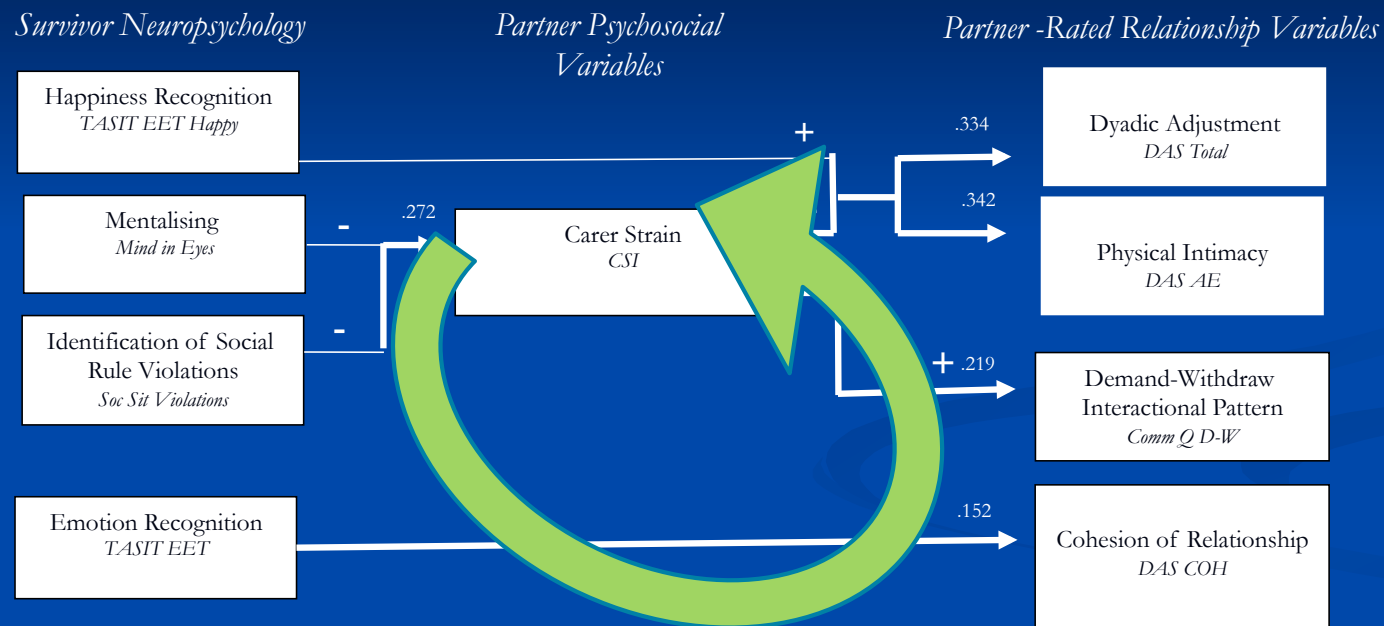


3. Closing the social loop through appropriate responding

- Accessing social knowledge (Channon & Crawford, 2000)
- Making social judgements & using social norms (Milders et al., 2003)
- Social Proxemics (Morris et al., 2007)
- Social problem solving (Grafman et al., 1996), Affect regulation (Burgess & Wood, 1990)
- Interoceptive-based decision making (Bechara et al., 1994; Damasio, 1994)



Social Cognition Predictors of Couple Relationship Functioning (preliminary findings, n= 55)



The Use of Emotionally-focused Couples Therapy (EFT) for Survivors of Acquired Brain Injury With Social Cognition and Executive Functioning Impairments, and Their Partners: a Case Series Analysis

*Giles Yeates**, *Adrian Edwards*,
Clara Murray, *Nicola Zapiain Creamer*, and
Mythreyi Mahadevan

Abstract

A breakdown of intimacy and familiarity in close romantic relationships is common and characteristic of life following acquired brain injury (ABI), yet is not commonly addressed in neuro-rehabilitation services. Recent conceptual, qualitative, and quantitative studies highlight the role of emotional and intentional misattunement in relationship breakdown and associated psychological distress of both partners, alongside the emotional withdrawal and/or critical responses of the non-injured partner. Emotionally-focused couples therapy (EFT) is an evidenced-based couples therapy that is widely used around the world for similar themes in couples' relationships unaffected by brain injury. Its use in ABI has only been reported anecdotally to date. This paper presents four couples' cases post-ABI, with both qualitative therapy process description and single case quantitative pre-post therapy comparison on a range of relationship and individual psychological distress measures. Every survivor of ABI was eighteen months post-injury or more, and identified to have an enduring mixture of social cognition and executive functioning impairments upon neuropsychological assessment, among other difficulties. The couples are presented as three therapeutic successes, contrasted with a case characterised by mixed outcomes. The applications, contributions, and limitations of EFT in brain injury services is considered.

Key words: Brain injury; stroke; social cognition; executive functioning; relationships; couples therapy.



SPECIFIC COGNITIVE DIFFICULTIES & SEX (1): TUNING INTO
BODILY SENSATIONS (YEATES ET AL, IN PRESS)

- D: it's weird to say this but when we're kissing and cuddling I feel quite strange /// I guess I feel that way when..I get lost...in umm.. the development... of.. Our arousal.. umm... it's a case of .. not being mentally aware, I suppose ...that's my feelings, I know how I'm feeling.. but it's a case of how Monica is feelings, but again, it's signs again....///recognising it, that's different
- G: and you're feeling a bit adrift from it
- D: very much so
- G: and that feels strange
- D: very-... I've never been that way with Monica ///... ummm.. it's a weird sensation, I suppose...ummm, my stomach as well as anything elsearound my stomach, and around my heart areas... it doesn't feel right. Where before.. it flowed, it went and in every aspect of the admiration, the kiss, the cuddling to intercourse it flowed from year dot to the end



M: The safety with him. Erm and the confidence to go to him and know that he's gonna open his arms to me. That's not there anymore...it's more 'get off'. I mean even as ridiculous as it sounds someone can **push you away with a kiss**. As ridiculous as it sounds. He can kiss me but it's **a kiss that pushes away**. Not an accepting kiss if that makes sense.

G: have you ever had that kind of a kiss with him before?

M: ...Since the stroke- from before the stroke *NO*. No no no.

G: And that how does that leave you feeling?

M; Well **certainly rejected**. Certainly rejected and it tells me that he doesn't want to be with me that's quite difficult to take from somebody who I knew was a very very loving person beforehand. It's like the stroke has **stolen** that from me. That's quite difficult to take.

G: Stolen what?

M: **Stolen my closeness. Stolen our intimacy.**





- “Do you know what it feels like for me to wake up every morning, look at the man in bed next to me, and wish it was the man I married, not the monster I live with now?” She wanted her real husband back....living with Jekyll & Hyde (Wood, 2005)
- “Waking up next to a stranger” (Wood, 2005)
- Married without a husband (Maus Clum & Ryan, 1981)
- The relationship and intimacy now... “feels wrong” (Gosling & Oddy, 1999)
- “The emotional side feels badly damaged. I really miss the intimacy and closeness” (Oddy 2001)
- A piece of grit wearing away at our hearts from the inside (Yeates, Whitehouse-Hart & Balfour, in preparation)



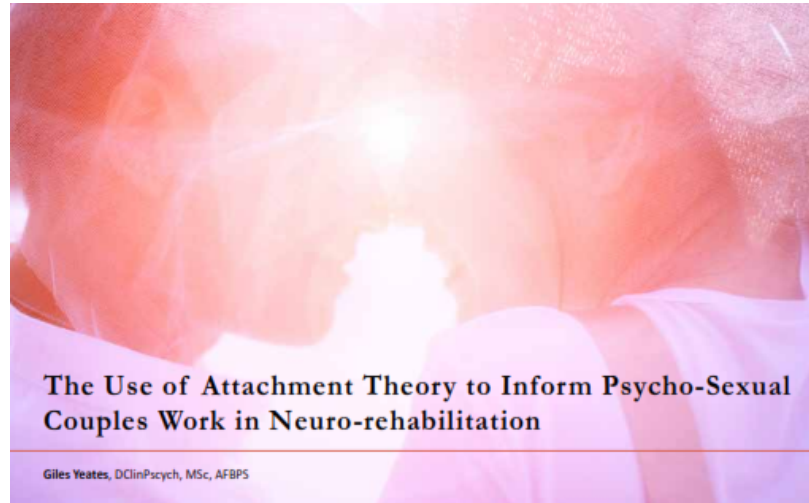
Specific cognitive difficulties & sex: switching attention

“There can’t be any unplanned time sharing with each other. I have to mentally know when it’s going to happen so I can prepare because I can’t switch gears anymore”. *Gill et al., 2011*

Key Factors in Couples Intimacy Work

- Approach/Withdrawal cycles
- Pre-injury vulnerabilities & post-injury change
- Creation of a secure base to enable exploration: individual, couple, group work





The Use of Attachment Theory to Inform Psycho-Sexual Couples Work in Neuro-rehabilitation

Giles Yeates, DCLinPsych, MSc, AFBPS

Introduction

The recognition of changes in sexual functioning for survivors of acquired brain injury (ABI) has grown and the nature of such clarified (e.g. Moreno et al., 2013; Ponsford, 2003). Psycho-educational interventions have been suggested to support survivors themselves (e.g., Simpson, 2001), and the application of techniques such as Sensate Focus (Masters and Johnson, 1976) from the wider psycho-sexual therapy field have been explored in the ABI field. Here the significance of the emotional dimension for the planning and implementation of psycho-sexual work with couples following ABI will be explored, using the framework of attachment theory (AT, Bowlby, 1969). Psycho-sexual work with survivors who are not in a romantic relationship will not primarily be considered here, although an attachment-focused perspective has relevance (e.g., the impact of isolation, rejection, and acquired problems during sexual encounters for a survivor's self-identity, mood and ability to use emotionally-significant relationships to regulate their distress).

Identifying and conceptualising Sexual and Relational Disconnection Post-Injury

The following repeating clinical impressions may be familiar. One or both partners may raise a level of dissatisfaction with the sexual relationship several months or years post-injury. A program of psycho-sexual exercises may be initiated, but an impasse may then be reached in the work, where the couple may not be attempting the exercises between-sessions. There seems in these cases to be an unspoken dimension exerting a powerful influence on both the couple's sexual life and their reporting of such in therapy sessions. A focus solely on the mechanics and physicality of couples' sexual

relationships, risks not addressing this other dimension, being ineffective as a physical sexual functioning intervention, while missing an invitation to attend to the wider status of the couple's relationship. Other studies describe a parallel process of emotional and relational disconnection between partners post-injury, alongside the sexual dysfunction. Partners disclose their feelings of "living with a monster", analogous to living with Jekyll and Hyde" (Wood, 2005). Others describe being "married to a stranger" (Wood, 2005), "married without a husband" (Maus-Clum and Ryan, 1981), wanting their real husband back (Wood, 2005). Intimacy "feels wrong" to some partners (Gosling & Oddy, 1999), with the emotional side feeling "badly damaged" (Oddy, 2001), and some partners report a dislike of physical contact (Rosenbaum and Najenson, 1976). These accounts both describe experiences and judgments of personality change but also a breakdown in familiarity, recognition of close others and psychological intimacy between partners (Yeates et al., 2013). As such, physical and psychological distance are distressingly-intertwined.

Attachment Theory: Negative Emotional & Sexual Interpersonal Cycles

AT describes how a mammal seeks the physical proximity of a caregiver to regulate its emotional distress. Articulated first by Bowlby (1969), researchers have substantiated and validated these initial observations of innate attachment behaviours in several mammalian species (e.g., Panksepp, 1998), highlighting the profound dimension of attachment experience, emotions, motivations and interpersonal behaviours for all mammals, including humans. The behavioural and subjective characteristics of disruption to this process have been identified in both human childhood (Ainsworth et al., 1978) and adulthood (Crittenden, 1995) with corresponding links to psychopathology.



Neuro Psycho-Sexual work

- Information (ABI: Blackerby, 1990; Sampson, 1999: “You and Me” programme)
- **Sensate Focus (Masters & Johnson, 1970):** facilitated step-wise and sensorily-mindful exploration of diversity in needs/experience
- **Exploration of differences in:**
 - bodily position
 - stimulation type/location (internal/external)
 - speed & fatigue
 - relationship to orgasm





ABI as an invitation into
sexual exploration:

Erotic Tales from Neuro-
rehabilitation...

IMPORTANT QUESTIONS

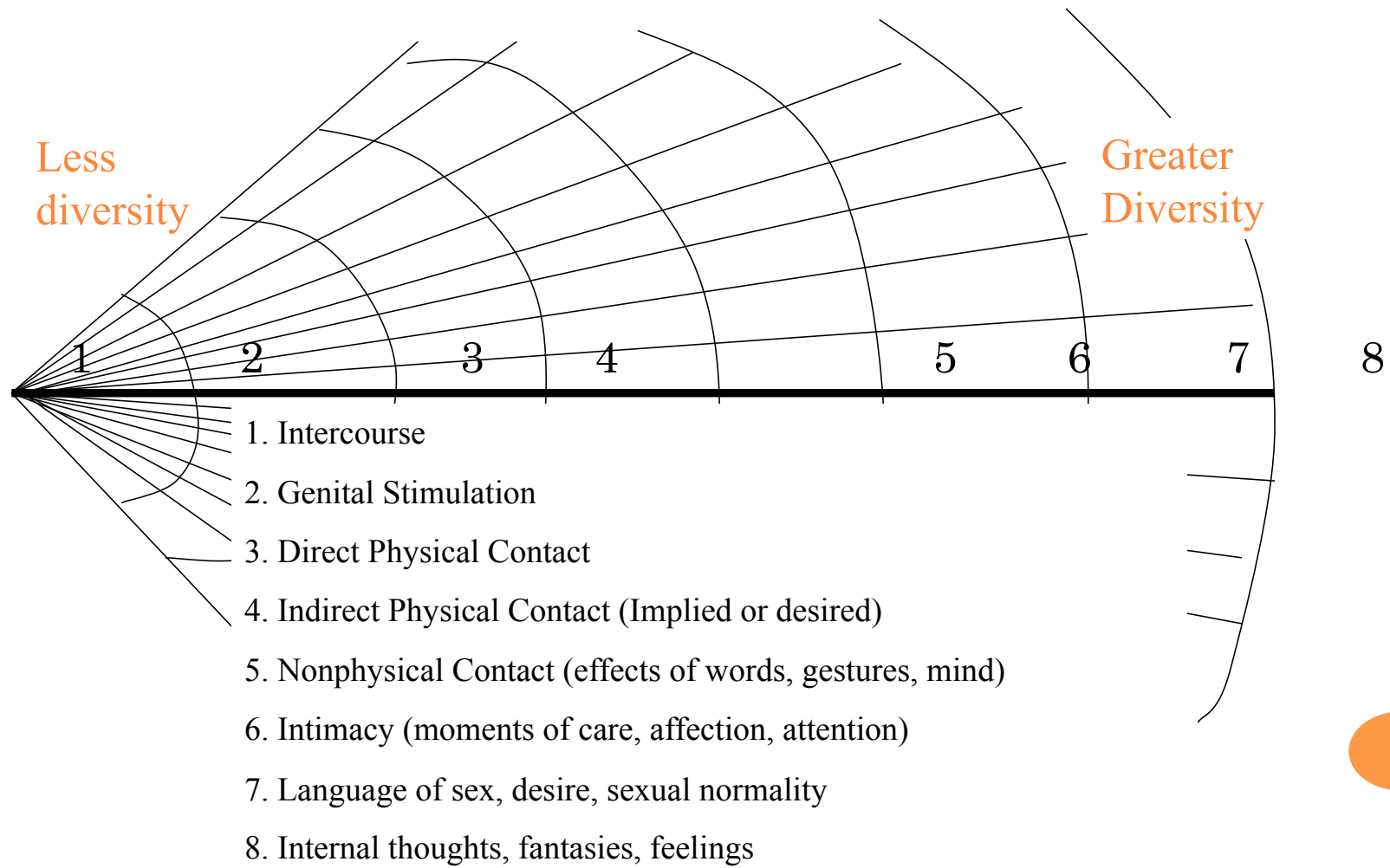
- Was there any particular time in your relationship that you would like to recreate or reclaim in terms of your sex life?
- “How many times do you approach him/her..?”
- How does x (arguments, work, beliefs, etc) affect your intimacy/sexual relationship?
- How does this leave you feeling about yourself?... why do you think this is happening?... what/who do you think is responsible?...
- Our social rules and assumptions about sex.....



POWERFUL CULTURAL MESSAGES ABOUT SEX

- men must instigate sex
- men should not express their feelings
- there are certain absolute, universal rules about what is normal in sex
- if a man loses/is unable to get an erection, he is:
 - not attracted to his partner
 - not aroused
 - not able to have sex
- Sex should always be natural and spontaneous





CONCLUSIONS

- Sexuality & sexual relationships can be significantly altered following neurological conditions
- This can be a result of interacting complex biopsychosocial influences, rather than a predominantly direct effect of the injury
- Opening up the conversation with survivors is an important first step
- Psychosexual work is a key element but needs to be situated within a wider focus on the complex emotional and social context of sexual encounters in neurological conditions





Introducing Dr. Giles Yeates - Our Sex & Relationships Expert
120 views

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WhatCult...
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Headway launches new relationships after brain injury pack

Mon 04 Sep 2017

Headway is proud to announce the launch of a brand new range of publications on the topic of relationships after brain injury.

The pack, which comprises two new booklets and five new factsheets, offers information on how different aspects of relationships can be affected after brain injury. Information and guidance is aimed towards brain injury survivors themselves, relatives, friends and colleagues. A separate new booklet addresses the sensitive topic of sex and sexuality after brain injury.

"We have known for a long time, from anecdotal evidence and research, that brain injury affects not just the survivor themselves, but often those around the survivor too," says Tamsin Ahmad, Publications and Research Manager at Headway. "Our own research conducted for our campaign A New Me found that many brain injury survivors feel that their friends, family and colleagues don't understand the nature of brain injury and how it has affected them – but they wish that they did.

"We also often speak to families and friends wishing to learn more about brain injury, as unfortunately, information and guidance is not routinely offered to them despite the impact that a brain injury can have on their lives too.

"We hope that these new publications are a step towards addressing these issues and raising awareness and understanding of brain injury."

The following publications are now all available to download for free from the [Information Library](#), or in the related resources section below:

- [Relationships after brain injury \(PDF\)](#)
- [Sex and sexuality after brain injury \(PDF\)](#)
- [Brain injury: a guide for friends \(PDF\)](#)
- [Brain injury: a guide for partners \(PDF\)](#)
- [Brain injury: a guide for grandparents \(PDF\)](#)
- [Brain injury: a guide for siblings \(PDF\)](#)
- [Brain injury: a guide for colleagues \(PDF\)](#)

They add to our existing publications on [Parenting after brain injury \(PDF\)](#), [Supporting children when a parent has had a brain injury \(PDF\)](#) and [Caring for someone with a brain injury \(PDF\)](#).

Many thanks to Dr Giles Yeates, Clinical Neuropsychologist and Couples Therapist, for providing expert guidance on these publications, and to [Irwin Mitchell](#) for their kind sponsorship.

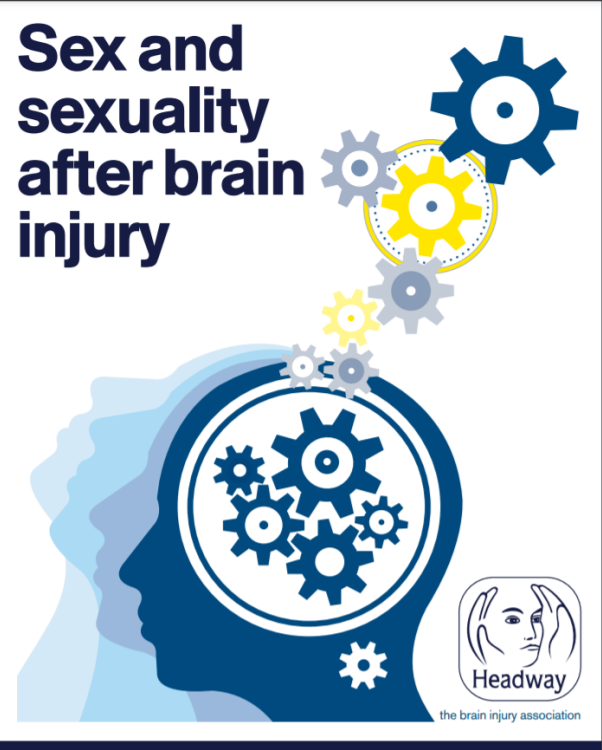
To provide feedback on any of these publications, please fill in our short [online survey](#).

Diagram - drgilesyeates@gmail.c x print x Sexuality x +

headway.org.uk/media/4995/sex-and-sexuality-after-brain-injury-e-booklet.pdf

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Sex and sexuality after brain injury



Headway
the brain injury association

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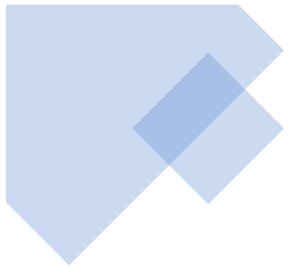
Contents

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Sex &
Brain Injury:
CONTROVERSY
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Thank you!

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