

Chapter 1 : Sexual Pleasure |

5 Pleasure-Maxing Positions We decided to break from our regular randy programming and give you a major bliss bonus instead: a mix of brand-new, sexy-as-hell bedroom moves created specifically to.

Failure of various organs such as the heart and lungs Endocrine disorders thyroid, pituitary, or adrenal gland problems Hormonal deficiencies low testosterone, estrogen, or androgens Some birth defects Sexual dysfunctions are more common in the early adult years, with the majority of people seeking care for such conditions during their late 20s through 30s. The incidence increases again in the geriatric population, typically with gradual onset of symptoms that are associated most commonly with medical causes of sexual dysfunction. Sexual dysfunction is more common in people who abuse alcohol and drugs. It is also more likely in people suffering from diabetes and degenerative neurological disorders. Ongoing psychological problems, difficulty maintaining relationships, or chronic disharmony with the current sexual partner may also interfere with sexual function. Types of Sexual Problems Sexual dysfunction disorders are generally classified into 4 categories: Sexual desire disorders decreased libido may be caused by a decrease in the normal production of estrogen in women or testosterone in both men and women. Other causes may be aging, fatigue, pregnancy, and medications -- the SSRI anti-depressants which include fluoxetine Prozac , sertraline Zoloft , and paroxetine Paxil are well known for reducing desire in both men and women. Psychiatric conditions, such as depression and anxiety , can also cause decreased libido. Sexual arousal disorders were previously known as frigidity in women and impotence in men. These have now been replaced with less judgmental terms. Impotence is now known as erectile dysfunction , and frigidity is now described as female sexual dysfunction , a term that covers a range of several specific problems with desire, arousal, or anxiety. For both men and women, these conditions may appear as an aversion to, and avoidance of, sexual contact with a partner. In men, there may be partial or complete failure to attain or maintain an erection, or a lack of sexual excitement and pleasure in sexual activity. There may be medical causes for these disorders, such as decreased blood flow or lack of vaginal lubrication. Chronic disease may also contribute to these difficulties, as well as the nature of the relationship between partners. As the success of erectile dysfunction treatments show, many erectile disorders in men may be primarily physical, not psychological conditions. Orgasm disorders are a persistent delay or absence of orgasm following a normal sexual excitement phase. The disorder occurs in both women and men. Again, the SSRI antidepressants are frequent culprits -- these may delay the achievement of orgasm or eliminate it entirely. Sexual pain disorders affect women almost exclusively, and are known as dyspareunia painful intercourse and vaginismus an involuntary spasm of the muscles of the vaginal wall, which interferes with intercourse. Dyspareunia may be caused by insufficient lubrication vaginal dryness in women. Poor lubrication may result from insufficient excitement and stimulation, or from hormonal changes caused by menopause, pregnancy, or breast-feeding. Irritation from contraceptive creams and foams may also cause dryness, as can fear and anxiety about sex. It is unclear exactly what causes vaginismus, but it is thought that past sexual trauma such as rape or abuse may play a role. Another female sexual pain disorder is called vulvodinia or vulvar vestibulitis. In this condition, women experience burning pain during sex which may be related to problems with the skin in the vulvar and vaginal areas. The cause is unknown. Symptoms Lack of interest in sex loss of libido Inability to feel aroused Pain with intercourse much less common in men than women Men: Inability to attain an erection Inability to maintain an erection adequately for intercourse Delay or absence of ejaculation, despite adequate stimulation Inability to control timing of ejaculation Women: Inability to relax vaginal muscles enough to allow intercourse Inadequate vaginal lubrication before and during intercourse Inability to attain orgasm Burning pain on the vulva or in the vagina with contact to those areas Diagnosis Specific physical findings and testing procedures depend on the form of sexual dysfunction being investigated. A complete history is usually taken and a physical examination performed to: Identify predisposing illnesses or conditions Highlight possible fears, anxieties, or guilt specific to sexual behaviors or performance Uncover any history of prior sexual trauma A physical examination of both the partners should include the whole body and not be limited to the reproductive system. Call your doctor if: Call for an

appointment with your health care provider if sexual problems persist and are a concern. Treatment Options Treatment depends on the cause of the sexual dysfunction. Medical causes that are reversible or treatable are usually managed medically or surgically. Physical therapy and mechanical aides may prove helpful for some people experiencing sexual dysfunction due to physical illnesses, conditions, or disabilities. Medications For men who have difficulty attaining an erection, the phosphodiesterase type 5 inhibitors PDE-5 inhibitors such as sildenafil Viagra , tadalafil Cialis , avanafil Stendra , or vardenafil Levitra , Staxyn are commonly used for erectile dysfunction. PDE-5 inhibitors increase blood flow to the penis, and can be taken 15 minutes to 4 hours prior to intercourse depending upon the drug. Cialis can be given on a daily basis without regard for sexual activity timing, but it is given at a lower dose. The American College of Physicians ACP recommends that selection of a PDE-5 inhibitor be patient-specific, taking into consideration cost and insurance coverage, ease of use, onset of action and duration, and side effects and possible drug interactions. Mechanical aids and penile implants are also an option for men who cannot attain an erection and who find that PDE-5 inhibitors are not helpful. Other options besides PDE-5 inhibitors are available. Testosterone may be prescribed by either skin patch or injection, especially if the problem is related to age. A study published in the New England Journal of Medicine suggested that testosterone therapy may restore some sexual desire and function in older men whose natural hormone levels have declined, but testosterone therapy is not an appropriate therapy for erectile dysfunction alone. Alprostadil Caverject, Edex injected intracavernous injection or inserted as pellets, improves blood flow to the penis. This technique is usually more effective than medications taken by mouth. For some patients, a vacuum pump or penile prosthesis implant may also be recommended or required. Yohimbe or yohimbine has been promoted as a "natural" alternative for impotence in men. Yohimbe comes from bark from a West African tree. The bark is rich in the alkaloid yohimbine and has been used as an aphrodisiac in traditional medicine. In the US, yohimbine is available by prescription as a dietary supplement. Yohimbine acts to block the alphaadrenergic receptors in the corpus cavernosum, increasing blood flow to the penis. Alphablocker activity can occur in the CNS, as well. A number of studies have reported an effect greater than placebo in treating erectile dysfunction in men; however, results were mixed and studies were not always of high quality. Many experts do not recommend the use of yohimbine supplements due to questionable studies and high success rates with PDE-5 inhibitors. Other side effects might include nausea, vomiting, headache, sweating and psychiatric effects. Agents Used in the Treatment of Impotence Women with vaginal dryness may be helped with lubricating gels, hormone creams, and -- in cases of premenopausal or menopausal women -- with hormone replacement therapy. In some cases, women with androgen deficiency can be helped by taking testosterone. Vulvodynia can be treated with testosterone cream, with use of biofeedback, and with low doses of some antidepressants, which also treat nerve pain. Surgery has not been successful. Basically, ospemifene acts on some tissues like an estrogen and on other tissues like an anti-estrogen. Other drugs on the U. Vaginal tissues and linings may thin just prior to, or during menopause. Vaginal secretions may decline making sex very painful. Topical estrogen treatments, such as topical cream, tablet, or the vaginal ring have been used effectively for this condition. However, ospemifene may increase the risk of developing endometrial hyperplasia, a condition that may lead to cancer of the uterus. Addyi was originally developed as an antidepressant. While Addyi showed modest benefit in clinical trials, its side effects, including fainting with alcohol use, prompted many labeling restrictions: Addyi is given nightly as a milligram bedtime dose. Addyi should not be used in liver disease, with alcohol, and with many prescription drugs. Selective serotonin reuptake inhibitor SSRI -induced sexual dysfunction is a common problem, occurring in up to 50 percent of patients. Sexual problems can include decreased libido in women and men, lowered sexual arousal, inability to orgasm in women, and increased ejaculation latency time taken to ejaculate during vaginal penetration in men. Initial options are to wait for 6 to 8 weeks to determine if sexual dysfunction will reverse on its own watchful waiting , or to lower the dose, but these options are not often effective. Patients who respond to the antidepressant therapy and have moderate sexual dysfunction can augment their SSRI with bupropion women or a phosphodiesterase-5 inhibitor men with erectile dysfunction. Sexual dysfunction due to SSRIs appears to worsen with higher doses. Behavioral Therapies Behavioral treatments involve many different techniques to treat problems associated with orgasm and sexual arousal

disorders. Self-stimulation and the Masters and Johnson treatment strategies are among the many behavioral therapies used. Simple, open, accurate, and supportive education about sex and sexual behaviors or responses may be all that is required in many cases. Some couples may benefit from joint counseling to address interpersonal issues and communication styles. Psychotherapy may be required to address anxieties, fears, inhibitions, or poor body image. Prevention Open, informative, and accurate communication regarding sexual issues and body image between parents and their children may prevent children from developing anxiety or guilt about sex and may help them develop healthy sexual relationships. Review all medications, both prescription and over-the-counter, for possible side effects that relate to sexual dysfunction. Avoiding drug and alcohol abuse will also help prevent sexual dysfunction. Couples who are open and honest about their sexual preferences and feelings are more likely to avoid some sexual dysfunction. One partner should, ideally, be able to communicate desires and preferences to the other partner. People who are victims of sexual trauma, such as sexual abuse or rape at any age, are urged to seek psychiatric advice. Individual counseling with an expert in trauma may prove beneficial in allowing sexual abuse victims to overcome sexual difficulties and enjoy voluntary sexual experiences with a chosen partner.

Chapter 2 : How to regain pleasure in just about anything

Enjoyment vs Pleasure "Enjoyment" and "pleasure" are two English words that are difficult for ESL speakers to distinguish between and use correctly. This is because many languages have phrases that directly translate to something like "X is pleasing to me" or "X gives me pleasure."

In this article we will examine the reasons sexual pleasure might be lost, and offer some simple tips and methods that can be employed to once again make intercourse the enjoyable experience that it should be. Losing interest in sex is often a frustrating, potentially relationship-altering occurrence. The event may be precipitated by numerous biological, environmental and personal causes in both men and women including:

Diminished Hormonal Levels The major culprit when it comes to hormone-induced sexual performance and desire problems is testosterone. Both men and women with low bodily concentrations of this chemical often report experiencing sexual desire issues. Diminished testosterone levels could be the result of a variety of health concerns.

Relationship Challenges Sometimes people in committed relationships lose interest in their partners, be it from an emotional or intellectual standpoint. The Novelty Wears Off For some people, sex and relationships are akin to new toys. When one first gains access to it, he or she enjoys playing with it for a while. However, as time progresses, the novelty wears off and what was a new experience quickly grows old and with it goes the enjoyment.

Mental Health Issues People afflicted with some form of mental illness such as depression or an anxiety disorder are more likely to lose interest in sex and suffer from low libido.

General Health Problems Sexual desire or performance difficulties may be elicited by any number of physical health concerns. Like any other activity that has been repeatedly engaged in, intercourse might become boring and stagnant. A dull or predictable sexual routine could once again be made exciting and interesting by considering one of the following seven natural ways to regain sexual pleasure.

Liven Up The Environment Redecorating a bedroom or the space in which a couple engages in sex can make a world of difference. Investing in a mirror to be placed over a bed or using racier sheets and blankets might make the surroundings more trust-encouraging. Any activity that is restricted by a schedule could become mundane. Having sex spontaneously or at different times of the day breaks from an existing routine. Spontaneity can equal excitement.

Share Your Fantasies Most everyone has some type of sexual desire, fantasy or yearning they would like to see fulfilled. Explore New Positions Engaging in intercourse the same way over and over again can become boring and unfulfilling. There are countless different sexual positions sex partners can engage in to make the act of fornication interesting, exciting, challenging and fulfilling. Occasionally, concerns over performance might be the cause of the mental block. In such instances, addressing and overcoming the reasons behind this performance anxiety might help conquer a diminishing desire for intercourse. However, sometimes the problem may be the result of a more severe condition such as depression. Depression could be brought on by many different mental, health and brain chemistry issues and often requires diagnosis and treatment with medication or other therapeutic protocols. Arguably the most common physical sexual performance problem is the erectile dysfunction ED seen in some men. Physical maladies like ED can sometimes be mental. However, as is the case with declining bodily hormonal concentrations, the cause can be some internal problem. Overcoming such issues might necessitate a full examination by a physician. Once the underlying medical or biological cause is identified, the afflicted individual and his or her doctor can formulate the safest and most effective treatment plan.

Use Products Containing Natural Libido Boosters There are many naturally-occurring plants, roots and herbs known to enhance sexual performance and stimulate the sex drive in both men and women. The extracts of these items are then often placed into supplements designed to help overcome various sexual challenges. One such popular and efficient product is Macabido. Macabido contains some of the most powerful libido-driving substances ever discovered or scientifically studied. Macabido can be purchased online [here](#).

Chapter 3 : ENJOYMENT & DRAWING

Study Suggests Method for Regaining Pleasure July 6, 2014 Contributed by Zawn Villines, calendrierdelascience.com Correspondent Boredom with life is a common complaint in therapy.

Understanding Addiction How Addiction Hijacks the Brain Addiction involves craving for something intensely, loss of control over its use, and continuing involvement with it despite adverse consequences. Addiction changes the brain, first by subverting the way it registers pleasure and then by corrupting other normal drives such as learning and motivation. Although breaking an addiction is tough, it can be done. Addiction exerts a long and powerful influence on the brain that manifests in three distinct ways: For many years, experts believed that only alcohol and powerful drugs could cause addiction. Neuroimaging technologies and more recent research, however, have shown that certain pleasurable activities, such as gambling, shopping, and sex, can also co-opt the brain. Although a standard U. New insights into a common problem Nobody starts out intending to develop an addiction, but many people get caught in its snare. Consider the latest government statistics: Nearly 23 million Americans—almost one in 10—are addicted to alcohol or other drugs. More than two-thirds of people with addiction abuse alcohol. The top three drugs causing addiction are marijuana, opioid narcotic pain relievers, and cocaine. In the s, when researchers first began to investigate what caused addictive behavior, they believed that people who developed addictions were somehow morally flawed or lacking in willpower. Overcoming addiction, they thought, involved punishing miscreants or, alternately, encouraging them to muster the will to break a habit. The scientific consensus has changed since then. Today we recognize addiction as a chronic disease that changes both brain structure and function. Just as cardiovascular disease damages the heart and diabetes impairs the pancreas, addiction hijacks the brain. This happens as the brain goes through a series of changes, beginning with recognition of pleasure and ending with a drive toward compulsive behavior. **Pleasure principle** The brain registers all pleasures in the same way, whether they originate with a psychoactive drug, a monetary reward, a sexual encounter, or a satisfying meal. In the brain, pleasure has a distinct signature: All drugs of abuse, from nicotine to heroin, cause a particularly powerful surge of dopamine in the nucleus accumbens. The likelihood that the use of a drug or participation in a rewarding activity will lead to addiction is directly linked to the speed with which it promotes dopamine release, the intensity of that release, and the reliability of that release. Even taking the same drug through different methods of administration can influence how likely it is to lead to addiction. Smoking a drug or injecting it intravenously, as opposed to swallowing it as a pill, for example, generally produces a faster, stronger dopamine signal and is more likely to lead to drug misuse. The hippocampus lays down memories of this rapid sense of satisfaction, and the amygdala creates a conditioned response to certain stimuli. **Learning process** Scientists once believed that the experience of pleasure alone was enough to prompt people to continue seeking an addictive substance or activity. But more recent research suggests that the situation is more complicated. Dopamine not only contributes to the experience of pleasure, but also plays a role in learning and memory—two key elements in the transition from liking something to becoming addicted to it. This system has an important role in sustaining life because it links activities needed for human survival such as eating and sex with pleasure and reward. The reward circuit in the brain includes areas involved with motivation and memory as well as with pleasure. Addictive substances and behaviors stimulate the same circuit—and then overload it. Repeated exposure to an addictive substance or behavior causes nerve cells in the nucleus accumbens and the prefrontal cortex the area of the brain involved in planning and executing tasks to communicate in a way that couples liking something with wanting it, in turn driving us to go after it. That is, this process motivates us to take action to seek out the source of pleasure. Do you have addiction? But acknowledging the problem is the first step toward recovery. Do you use more of the substance or engage in the behavior more often than in the past? Have you ever lied to anyone about your use of the substance or extent of your behavior? **Development of tolerance** Over time, the brain adapts in a way that actually makes the sought-after substance or activity less pleasurable. In nature, rewards usually come only with time and effort. Addictive drugs and behaviors provide a shortcut, flooding the brain with dopamine and other

neurotransmitters. Our brains do not have an easy way to withstand the onslaught. Addictive drugs, for example, can release two to 10 times the amount of dopamine that natural rewards do, and they do it more quickly and more reliably. In a person who becomes addicted, brain receptors become overwhelmed. The brain responds by producing less dopamine or eliminating dopamine receptors—an adaptation similar to turning the volume down on a loudspeaker when noise becomes too loud. People who develop an addiction typically find that, in time, the desired substance no longer gives them as much pleasure. Compulsion takes over. At this point, compulsion takes over. The pleasure associated with an addictive drug or behavior subsides—and yet the memory of the desired effect and the need to recreate it the wanting persists. The learning process mentioned earlier also comes into play. The hippocampus and the amygdala store information about environmental cues associated with the desired substance, so that it can be located again. These memories help create a conditioned response—intense craving—whenever the person encounters those environmental cues. Cravings contribute not only to addiction but to relapse after a hard-won sobriety. A person addicted to heroin may be in danger of relapse when he sees a hypodermic needle, for example, while another person might start to drink again after seeing a bottle of whiskey. Conditioned learning helps explain why people who develop an addiction risk relapse even after years of abstinence. Cultivate diverse interests that provide meaning to your life. Understand that your problems usually are transient, and perhaps most importantly, acknowledge that life is not always supposed to be pleasurable. Paths toward recovery , a special health report published by Harvard Health Publications. This site is for information only and NOT a substitute for professional diagnosis and treatment. We depend on support from our readers. All donations help and are greatly appreciated.

Chapter 4 : Sexual Intimacy after a Stroke Â« Aphasia Corner Blog

Comic Book Reading, Reading Enjoyment, and Pleasure Reading Among Middle Class and Chapter 1 Middle School Students Joanne Ujije and Stephen D. Krashen.

Common illnesses and medication may hinder sexual functioning after age. But you can learn how to regain physical intimacy. However, it does mean that you have to be proactive about caring for your health, which can make all the difference in your ability to be physically intimate. Here, experts share insights on maintaining your sexual health now and in the years ahead. Does sexual desire change with age? Not necessarily, says Stacy Tessler Lindau, M. One in four adults ages 75 to 85, for example, reported an active sex life. Health conditions that affect sexuality are frequent among older adults, but sexual problems are infrequently discussed with physicians, who can evaluate, diagnose and often treat the problems. Symptoms vary from person to person, and may include fatigue, loss of body hair, bone loss, reduced sexual desire, hot flashes, and sweats. If you or your doctor suspects low testosterone, a blood test will be ordered to test your levels. Even a man who experiences no symptoms should seek treatment, since low testosterone can lead to poor sugar control, osteoporosis and cardiovascular disease. Women frequently have concurrent problems. Lindau says, "although the mechanism of those effects may differ. In men, having either high blood pressure or diabetes can contribute to erectile dysfunction. Women with diabetes may have diminished orgasm, leading some to engage in sexual activity less often. Other conditions such as heart disease and cancer can also interfere with sexual functioning. Sexual problems may be a warning sign or consequence of a serious underlying illness such as diabetes, an infection, urogenital tract conditions or cancer. Undiagnosed or untreated sexual problems, or both, can lead to or occur with depression or social withdrawal. In addition, many people who are widowed or divorced are in the dating world for the first time in decades. Twenty-five percent of people living with HIV are age 50 or older; and genital herpes is a prevalent problem. Arthritic hands or an incomplete erection may make it difficult to apply a condom; and poor lubrication may make condom use uncomfortable for some women. Your doctor can suggest ways to help these problems. Talk to your doctor about prevention, having regular pelvic exams and whether you should be evaluated for STIs. Those that can affect seniors include HIV, herpes, genital warts, syphilis, trichomoniasis, gonorrhea and chlamydia. Many medications that doctors prescribe to older adults are known to affect sexual function, says Dr. But, for many people, medications can have negative sexual side effects. Anti-depressants SSRIs may suppress libido in men and women, although some can have a positive effect. Antihistamines taken on a daily basis can cause vaginal dryness. But you can work with your doctor to change your medication or the dosage to try to alleviate these problems," says Dr. Are there lifestyle changes that can improve sexual health? For example, doing aerobic activities to the extent that your health allows helps keep your body physically strong for intercourse, since they aid your heart, promote good circulation to the pelvic floor and genital tissues and maintain bones and joints. Exercises that increase flexibility, such as yoga, tai chi and swimming, can also help. Kegel exercises strengthen the pelvic muscles used in intercourse. If you drink alcohol, do so in moderation the Dietary Guidelines for Americans suggest limiting daily alcohol consumption to two drinks for men and one drink for women because too much alcohol can lead to high blood pressure and heart failure, which can hinder sexual functioning. If you smoke, quit: Smoking constricts blood vessels and impedes blood flow to genital tissues as well as other areas of your body. Sleep maintains your energy levels and promotes good mental functioning, so aim for about eight hours of quality sleep a night. Finally, focus on your romantic relationship. Expect your doctor to listen, to take a sexual history, to conduct a physical exam and to work towards diagnosis and treatment," says Dr. Your doctor will also help you discover how health conditions and medications may be affecting your sexual functioning, and refer you to a specialist when needed. Mulhall says, the physical exam is focused on testicular size, which can be an indicator of testicular cancer or low testosterone production, and examination of the penis. For women, the physical exam includes a pelvic exam that involves checking for thinning of the genital tissues, decreased skin elasticity, scarring or pain, and other specific examinations based on the complaint, says Dr. Cultural, religious and comfort issues can be barriers

to getting a good sexual history. With time and more information on how to help patients with sexual problems, we hope doctors will do better at raising these issues. Be direct and clear: This can be frustrating for you both. Talking to a doctor can alleviate some of your worry. Speaking with a doctor is also an opportunity to learn more about your body. Make a separate appointment to discuss sexual health. You want your doctor to have enough time to discuss these matters with you. When health problems interfere with sexual functioning, it affects both partners. Are there times when I should consult a mental health professional? It helps to talk about all aspects of your relationship, including the benefits of companionship and having assistance when you need it, in addition to sexual intimacy. You may want to seek a mental health professional trained specifically in sexual dysfunction. What sex-enhancing medications are available? For some women who have had their ovaries removed, androgen or testosterone replacement therapy may be helpful in addressing libido, but the FDA has not approved androgen therapy for this purpose. Many other drugs to treat a variety of female sexual problems are currently being tested in clinical trials. However, some problems are caused by or signal underlying medical or gynecologic problems, so sharing your symptoms can help your doctor find the right diagnosis and treatment. More information is needed about these treatments, so some of them may only be offered as part of a research trial. Hormonal and nonhormonal therapies can be beneficial for treating vaginal dryness, one of the most common problems experienced by older women. In older men, erectile dysfunction usually has a physical cause, such as disease, injury or side effects of drugs. Incidence increases with age: About 5 percent of year-old men and 15 to 25 percent of year-old men experience erectile dysfunction. But it is not an inevitable part of aging.

Chapter 5 : Pleasure, Meaning & Eudaimonia | Authentic Happiness

Students should have ample time to read for enjoyment and pleasure. As a major goal of their instruction, teachers should seek to cultivate a liking for reading in their students. Reading materials available for students--library books and children's magazines--need to cover a wide variety of genres.

June is Aphasia Awareness Month View our online Aphasia Simulations and help us raise awareness by sharing simulations with your friends. Palmer on July 13, Couple laying in bed Are you frustrated by the lack of romance in your relationship after a stroke? You are not alone—most couples want to be intimate after a stroke, but there are a number of things that can make this challenging. Physical problems, including medication side effects, incontinence, medical illnesses, and limited movement or sensation can cause a drop in sexual desire or function. But the biggest obstacles are psychological—fear of another stroke, depression, and lack of communication between partners. When your spouse has aphasia, sending and receiving messages about love, affection and sexual desire is especially difficult. Regaining sexual intimacy after a stroke is possible, and well worth the effort. Here are some tips that may help you: Tips for Enhancing Sexual Intimacy with Aphasia Find nonverbal activities that you and your spouse can enjoy together, such as listening to music, painting or drawing, daytrips, or dancing. These shared experiences create the emotional closeness that sets the stage for sexual intimacy. Use a combination of communication techniques to develop closeness and intimacy. Smiling and other facial expressions, touching, pictures, writing and gestures are ways that you can enhance communication when your spouse is unable to understand spoken language. Communicate your sexual interests and desires using gestures, caressing, kisses, and loving words, sounds, or even songs. Create the mood for intimacy with romantic music and lighting, wear attractive or sexy clothing, or take a shower with your spouse. These actions speak louder than words! There is little evidence that sexual activity will cause another stroke. If you have any concerns about this, ask your doctor. Changing medications, treating other medical conditions or better managing bladder incontinence may greatly improve your sex life. Nothing kills the mood for romance like depression. If you or your partner is depressed, discuss this with a doctor or mental health professional. Treatment for depression is likely to increase your interest in sex and your ability to enjoy relating to your partner. There are many demands on your time, and sex tends to slip to the bottom of the list unless you make it a priority. Be creative, experiment and have fun! Sexual intimacy can also be affected by changes in cognitive abilities, self-esteem, body image, and marital roles after a stroke. For more tips on improving your sexual relationship—as well as many other aspects of your marriage after a stroke—refer to When Your Spouse Has a Stroke: Share this post via email, Facebook, Twitter by clicking on the icons below:

Chapter 6 : Understanding Addiction: How Addiction Hijacks the Brain

How to regain pleasure in just about anything. So, the authors suggest, by simply doing regular things in a completely different way, we may be able to regain a lost sense of enjoyment.

Quizzes How to Get More Enjoyment Out of Every Day When you are busy working toward a long term goal do you find it difficult to maintain your sense of enjoyment? Does it seem like your life requires you to play so many different roles that it is almost impossible to stay focused on any one project for very long? When our attention gets spread too thin it can be challenging to stay motivated over the long run. Projects that we are passionate about keep getting shoved into the background and end up taking much, much longer that we thought they would. How can we maintain our enthusiasm and keep our focus with so many distractions? What steps can we take to regain some control of our schedule? The simpler things are the less distracted we will be. This means we need to de-clutter our environment and our minds. For some reason we seem to accumulate physical, mental, and emotional clutter. So we end up rushing from one demanding situation to another with no real feeling of enjoyment or accomplishment. To quiet our minds and restore a sense of order to our lives we need to value simplicity. How often are you doing one thing and thinking about another? How can we find enjoyment in anything if our focus is somewhere else? If we never take the time to actually be in the moment then can we say that we are really living our life? Even the most mundane activities can be enjoyable if we stay centered on the actual experience. Savor the little things. The next time you eat a piece of fruit or enjoy a cup of coffee or tea, simply enjoy it. Wrap your senses around it and savor the experience. When we gulp down our food and rush off to whatever comes next, we are actually robbing ourselves of enjoyment. Our senses of smell and taste are connected to our brains pleasure center. When you savor what goes into your body you tend to eat less and enjoy it more. Add variety to your routine. It could be something as simple as taking a different route to get to work or as complex as learning to play a musical instrument. Make time for what you love. If all we ever did was work on and attend to our obligations it could become difficult to find any sense of enjoyment in our day-to-day experience. If we never make the time to do things we are excited about, we could easily start resenting our lives. Just as we need to make time for doing things we love, we also need to work toward minimizing the things that just consume time and energy with no real payoff. Is it enhancing your life, or is it just adding more stress? Focus on what matters. There is productivity and there is busy work. Sometimes it can be difficult to recognize the difference because it varies for each of us. For someone whose livelihood comes from social media marketing, spending time on sites like Twitter and Facebook might represent productivity. For others however, anything more than minutes on those sites might just be a distraction from what really matters. Learn to just let go. When it comes to relaxation the body follows the mind. There are almost endless opportunities to contribute to the lives of others. Any act of kindness is an act of generosity. Smile at strangers, hold the door open for the person behind you, listen while someone else is talking, and be respectful. Do a daily gratitude review. It is so easy to get caught up in selfish pursuits and forget how much there is to be grateful for. Gratitude is the antidote for selfishness. If you take a minute every morning and every evening to review your blessings, you will start to notice more and more things to be grateful for. Of all the ways to get more enjoyment out of every day, this is the simplest and the most powerful. If you only put one thing from this list into action in your life, this should be it. Make sure you know what is truly important to you, and why. Give your top priorities first place in your life or they will get swallowed up by everything else. Everyone you know probably has an opinion about what should be important to you. Keep in mind that this is your life and you need to set your own priorities. Choose wisely and you too will find enjoyment in your every day life. Did any of these points resonate with you? Do you have a special tip for more daily enjoyment?

Chapter 7 : Sexual Health Information from calendrierdelascience.com

Want to regain sexual pleasure? In this article we will examine the reasons sexual pleasure might be lost, and offer some simple tips and methods that can be employed to once again make intercourse the enjoyable experience that it should be.

Search this website Sexual Pleasure Bodies of every species are designed with the built-in capability to attract a sexual partner. What sets human sexuality apart from animal and plant sexuality is our capacityâ€”or even driveâ€”to discover how to give and receive pleasure through sexual activity. And if we enjoy sexual activities without a partner, we understand and love ourselves enough to give and receive sexual satisfaction to ourselves. Our enjoyment of specific sexual behaviors and practices varies from one individual to another. For example, pornography may be irresistible to some people and repugnant to others. The point is that no matter what stimulates our individual sexual desires or which sexual practices we use to satisfy them, we are all sexual beings. How we choose to behave as sexual beings is up to us. Health Benefits Remember, sex has been shown to promote better sleep habits, less stress, more happiness, etc. Sex is a healthy bodily function. Our bodies thrive on the chemicals released during orgasm, so a healthy sex life is indeed part of a healthy body. How will you experience sexual pleasure? Talk about it with your partner. Understand that sexual pleasure is a matter of mutual interest. Remember that consenting adults can be as sexually adventurous as they please. Communication is Key Successful, long-term relationships are based on communication. Feeling safe from disease and trusting our partner is the foundation for comfortable, relaxed healthy sex. Safety, comfort and trust allow us to freely discuss our sexual needs and limitations with a partner. Not everyone wants a partner. Some people are between partners. Orgasm not only relieves stress; it also boosts the immune system and burns calories! Indulge in whichever solitary sexual behaviors bring the most pleasure. A satisfying sex life begins and ends with an acknowledgement and understanding of our own sexual needs and responsibilities. Ultimately, we are responsible for our own sexual pleasure. Then we can acknowledge the needs and responsibilities of our partners.

Chapter 8 : Sex After Age 50 - Sexual Pleasure - calendrierdelascience.com

Talk to a health care provider, work on emotions, relax, and communicate to regain your hibernating sexual desire. Just be sexy! For many women, when they go through menopause, one of the biggest issues that you hear about are the daily hot flashes and night sweats.

Chapter 9 : Loss of Interest | Symptoms & Treatment | Military Veterans | Make the Connection

She devised a scale reflecting hedonic motives (i.e., pursuing pleasure, enjoyment, and comfort) and a scale reflecting eudaimonic motives (i.e., pursuing personal growth, development of their potential, achieving personal excellence, and contributing to the lives of others).