Voicing Needs and Boundaries

Learning to Ask for What You Need and Say "No" With Confidence, Respect and Less Guilt

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Introduction

In my clinical work in sexual disorders, reproductive health and infertility, I often meet patients who can describe a physical problem very easily but find it extremely difficult to describe what they actually need from their partner.

A man may tell me that he is experiencing erection difficulty, premature ejaculation or performance anxiety, but after a deeper conversation we discover that he has never told his partner that criticism during intimacy makes him anxious.

A woman may consult for low sexual desire, painful intercourse or fear of penetration, but she has never felt able to say:

"I am uncomfortable."

"Please slow down."

"I need more time."

"I do not want intercourse today."

Another patient may want more affection, reassurance or emotional closeness but remains silent because asking feels embarrassing or "needy."

In these situations, the problem is not necessarily a lack of love. Sometimes people simply have never learned how to **voice needs and establish boundaries**.

This is not a disease in the same way that diabetes, infection or hormonal illness is a disease. It is better understood as an important **communication, relationship and sexual-health skill**. Difficulties with assertiveness may nevertheless contribute to

emotional distress, relationship dissatisfaction, sexual anxiety and difficulty communicating about consent, pleasure, discomfort or treatment needs.

The World Health Organization defines sexual health broadly: it includes physical, emotional, mental and social well-being and requires a respectful approach to sexual relationships, including experiences that are safe and free from coercion and violence. WHO also recognizes communication, relationships, consent, bodily integrity and decision-making as important components of healthy sexuality.

In my view, one of the most important sexual-health skills is therefore surprisingly simple:

Being able to say both "yes" and "no" honestly.

What Does "Voicing Needs and Boundaries" Mean?

Voicing a need means communicating something that is important for your physical comfort, emotional security, relationship well-being or sexual health.

A need might involve affection, privacy, reassurance, communication, medical attention, emotional support, time, rest, sexual comfort or a preference about intimacy.

A boundary is slightly different.

A boundary identifies what you are comfortable with, what you are not comfortable with, and what you will do when that limit is reached.

For example:

Need: "I need more emotional connection before I feel interested in sexual intimacy."

Boundary: "I do not want sexual activity when I am feeling pressured."

Preference: "I would prefer more time for affection before intercourse."

Consent: "Yes, I am comfortable with this particular activity now."

These concepts overlap, but they are not identical.

Understanding the difference is useful because many relationship conflicts occur when people expect their partner to understand an unspoken need.

Why Is It So Difficult to Ask for What We Want?

Patients sometimes tell me:

"Doctor, I know what I want, but I cannot say it."

The reasons can be surprisingly deep.

A person may have grown up believing that expressing needs is selfish.

Another may have learned that disagreement causes conflict.

Another fears being abandoned.

Someone else believes a “good spouse” should always adjust.

Some women have been conditioned to remain silent about sexual pleasure or discomfort.

Some men have been conditioned to believe that discussing insecurity or emotional needs makes them weak.

Others fear rejection:

“What if I tell my partner what I need and they laugh at me?”

Some feel guilty:

“My partner will feel bad if I say no.”

And some do not even recognize their own boundaries because they have spent years adapting themselves to other people's expectations.

This is why learning assertive communication is not merely learning a few sentences. It often requires changing deeply learned patterns about **self-worth, guilt, conflict, gender roles, intimacy and responsibility**.

WHO specifically recognizes that sexual health is influenced by social, cultural, religious, psychological and relationship factors, including gender roles and power dynamics.

Assertiveness Is Not Aggression

One misunderstanding I frequently see is the belief that speaking firmly means becoming rude.

That is not assertiveness.

There are generally three broad communication styles.

A **passive** person repeatedly suppresses their own needs to avoid disagreement.

An **aggressive** person communicates their wishes while disregarding another person's dignity or boundaries.

An **assertive** person communicates clearly while respecting both themselves and the other person.

Assertiveness sounds like:

“This is important to me, and I want to discuss it respectfully.”

Aggression sounds like:

“You will do what I want.”

Passivity sounds like:

“It doesn't matter what I want.”

Healthy relationships require a middle path:

My needs matter, and your needs matter too.

Research outside sexual relationships also suggests that assertiveness skills can be taught and improved through structured communication training rather than being a fixed personality trait. A systematic review of assertiveness-training programmes found improvement in assertive communication across several studied groups, although the populations were primarily healthcare professionals rather than couples.

A Boundary Is Not a Punishment

This distinction is particularly important.

A healthy boundary describes what **you are willing to participate in**.

It is not a method for controlling another adult.

For example:

Healthy boundary:

“If we are shouting at each other, I am going to pause the conversation and return when we are calmer.”

Control:

“You are not allowed to speak to anyone I dislike.”

Healthy boundary:

“I am not comfortable having intercourse without contraception.”

Control:

“You must agree with everything I want sexually.”

Boundaries support autonomy.

Control removes autonomy.

This principle becomes especially important in sexual relationships.

Why Boundaries Matter in Sexual Health

Sexual intimacy involves vulnerability.

A person may be undressed, emotionally exposed, physically stimulated and concerned about satisfying a partner.

Without communication, each partner is left guessing.

One person assumes:

“They did not stop me, so they must like it.”

The other thinks:

“I was uncomfortable, but I didn't know how to say anything.”

Healthy sexual communication reduces this guessing.

RAINN's updated consent guidance emphasizes that consent should be voluntary, clear and ongoing. Agreeing to one sexual activity does not imply agreement to everything else, previous consent does not automatically apply to the present situation, and a person may change their mind during an encounter.

This is not merely a concept for new relationships.

Communication remains important in long-term relationships and marriage.

Closeness should increase our willingness to communicate—not eliminate the need for communication.

Silence Is Not Always Agreement

In sexual medicine, this is an extremely important principle.

A person may become silent because they are:

anxious, embarrassed, confused, frightened, uncomfortable or emotionally overwhelmed.

A person's bodily response also cannot be treated as consent.

Physical arousal, erection, vaginal lubrication or orgasm can sometimes occur automatically. RAINN specifically notes that involuntary physical responses do not by themselves establish consent.

Therefore, partners should not rely simply on the absence of resistance.

Good intimacy involves checking that both people are comfortable.

Why Saying "No" Can Produce Guilt

Many patients understand intellectually that they have the right to refuse something, yet emotionally they feel terrible after doing so.

They think:

"I disappointed my partner."

"Maybe I am selfish."

"What if they become angry?"

"A spouse should not refuse."

"If I really loved them, I would agree."

This guilt may have been learned over many years.

The person begins confusing two very different experiences:

"My partner is disappointed."

and

"I have done something wrong."

These are not necessarily the same.

A loving relationship cannot guarantee that partners will never disappoint each other.

Sometimes respecting your own health, energy, comfort or values means another person does not get what they wanted at that moment.

That does not automatically make the boundary wrong.

Guilt Versus Responsibility

Healthy responsibility means considering how our choices affect other people.

Unhealthy guilt means assuming we must prevent everyone else from ever feeling disappointed.

Suppose a woman is experiencing painful intercourse.

Her partner wants sex.

She says:

“I love you, but intercourse is painful today and I don't want penetration.”

Her partner may understandably feel disappointed.

But she has not harmed him simply by protecting herself from pain.

Similarly, if a man is experiencing severe performance anxiety and says:

“I want affection tonight, but I don't want intercourse to become a performance test,”

he is communicating a need.

The healthiest response is conversation—not shame.

Sexual Communication Is Associated With Better Sexual and Relationship Outcomes

Communication is not simply a theoretical ideal.

A large meta-analysis involving **93 studies and 38,499 people in relationships** found that better sexual communication was positively associated with both relationship satisfaction and sexual satisfaction. Importantly, the **quality** of communication showed stronger associations than merely how frequently couples talked about sex. Because these studies are largely correlational, they do not prove that communication alone causes satisfaction, but the relationship is consistent and clinically meaningful.

Another meta-analysis examining 48 studies found that sexual communication was positively associated with several dimensions of sexual functioning, including desire, arousal, orgasm, erectile function and overall sexual function. Again, these findings demonstrate association rather than proving that communication will cure a sexual dysfunction.

A more recent 2025 meta-analysis involving 9,239 people also found that sexual assertiveness and satisfaction with sexual communication were among the strongest correlates of greater sexual self-disclosure to romantic partners.

The message is not that couples must discuss every intimate detail.

It is that being able to communicate important information seems closely connected with sexual and relationship well-being.

Communication Quality Matters More Than Talking Constantly

Some couples tell me:

“But Doctor, we talk all the time.”

Talking frequently does not necessarily mean communicating effectively.

One partner may criticize.

The other becomes defensive.

One repeatedly asks questions.

The other avoids answering.

The conversation may continue for an hour without either person actually understanding the other.

Research suggests that the **quality of sexual communication** may matter more than frequency alone.

High-quality communication usually involves honesty, emotional safety, listening, respect and clarity.

Learning to Express What You Want

Many people are better at saying what they do **not** want than identifying what they actually need.

For example:

Instead of:

“You never understand me.”

Try:

“I need you to listen for a few minutes before offering advice.”

Instead of:

“You don't care about intimacy.”

Try:

“I would like us to spend more affectionate time together without phones or other distractions.”

Instead of:

“You're always rushing.”

Try:

“I feel more comfortable when intimacy develops slowly.”

This difference is important.

The first version attacks the person's character.

The second describes the speaker's experience.

A Simple Assertive Communication Formula

I often encourage patients to organize difficult conversations into three parts:

What happened → How it affects me → What I need.

For example:

“When sexual activity begins very quickly, I become anxious. I would like more time for affection first.”

Or:

“When jokes are made about my erection, I feel embarrassed and my anxiety increases. Please don't joke about that during intimacy.”

Or:

“I am very tired tonight. I would still like to be close, but I don't want intercourse.”

Clear communication does not guarantee agreement.

But it gives the relationship something concrete to work with.

Saying “No” Without Writing an Essay

People who struggle with boundaries frequently over-explain.

They say:

“I'm sorry, I know you wanted this and I know I'm being difficult and maybe tomorrow and please don't misunderstand me...”

The explanation grows because the person hopes the other will approve of the boundary.

But a boundary does not always require permission.

A respectful refusal can be brief:

“No, I'm not comfortable with that.”

“I don't want to do that.”

“Please stop.”

“Not tonight.”

“I need some time.”

“I changed my mind.”

The clearer the message, the less room there is for misunderstanding.

You Are Allowed to Change Your Mind

Consent is not a contract signed at the beginning of an evening.

Someone may initially want sexual activity and later become uncomfortable.

Someone may agree to kissing but not intercourse.

Someone may agree to intercourse but ask to stop because of pain.

Someone may have enjoyed an activity previously and not want it today.

RAINN's current consent guidance specifically emphasizes that consent is ongoing and may be withdrawn at any point.

A respectful partner adapts when this happens.

Consent and Marriage

Some patients find this topic uncomfortable because they assume discussion of boundaries suggests emotional distance between spouses.

I see it differently.

Communication about consent can strengthen marital intimacy.

A spouse should ideally be the person with whom we are **most able** to communicate honestly.

Marriage does not mean:

“I no longer need to know whether you are comfortable.”

It should mean:

“Your comfort matters to me because our relationship matters.”

WHO's sexual-health framework emphasizes relationships and sexual experiences that are respectful and free from coercion.

Sexual Assertiveness Does Not Mean Selfishness

A particularly interesting recent study published in 2026 examined sexual assertiveness among adults in romantic relationships in China.

The researchers distinguished healthy responsiveness to a partner from **unmitigated sexual communion**, in which a person places the partner's sexual needs above their own to an excessive degree. Lower sexual assertiveness was associated with greater sexual distress in this sample. The authors emphasized the importance of balancing responsiveness to one's partner with personal autonomy.

This is a useful concept clinically.

Healthy intimacy is not:

“Only my needs matter.”

Nor is it:

“Only my partner's needs matter.”

Healthy intimacy asks:

“How can we respect both people?”

Boundaries and Female Sexual Health

Women may experience particular difficulty voicing sexual needs because social expectations sometimes reward silence, compliance or modesty.

A woman may therefore struggle to say:

“I am not ready.”

“That hurts.”

“I need lubrication.”

“I would like more time.”

“I do not want pregnancy right now.”

“I would like medical evaluation before we continue.”

This silence can have consequences.

Pain may be tolerated instead of investigated.

Low desire may be interpreted as rejection.

Pelvic-floor guarding may worsen when intercourse continues despite fear.

The woman may eventually avoid intimacy entirely.

Research in couples has found that women's sexual assertiveness—particularly communicating initiation and preferences—can be associated with sexual satisfaction, although findings regarding refusal assertiveness vary between studies and cultural settings.

The important clinical principle is not that women should always initiate sex.

It is that they should be able to communicate honestly without fear.

Boundaries and Male Sexual Health

Men may face different pressures.

A man may believe he must always want sex.

If he is tired, depressed, anxious or simply not interested, he may feel embarrassed refusing.

Men may also struggle to tell a partner:

“I'm anxious.”

“I need more reassurance.”

“Please don't compare me with someone else.”

“My erection is not a measure of my feelings for you.”

“I need medical help.”

Instead, emotional distress may appear as irritation, avoidance or withdrawal.

Sexual medicine works better when men can discuss vulnerability without interpreting it as loss of masculinity.

Boundaries and Erectile Dysfunction

Consider a man experiencing erectile dysfunction.

Every sexual encounter has become an examination.

The partner repeatedly asks:

“Why is it not happening?”

He becomes more anxious.

His erection decreases further.

He may benefit from saying:

“I am getting anxious because I feel watched and evaluated. I would like us to focus on affection rather than checking my erection.”

This communication does not medically treat vascular erectile dysfunction.

But when anxiety is contributing, reducing performance pressure may help interrupt the psychological component.

Physical causes such as diabetes, vascular disease, hormonal problems, neurological disease and medication effects still require appropriate assessment.

Boundaries and Premature Ejaculation

A similar problem occurs with premature ejaculation.

A man may feel ashamed to tell his partner that he is anxious.

Instead, both silently focus on duration.

Every encounter becomes a test of control.

A healthier conversation may be:

“I am working on this problem, but pressure makes it worse. I want us to focus on intimacy rather than measuring every encounter.”

Premature ejaculation may require medical, behavioural or psychological treatment depending on the case.

Communication does not replace treatment.

It makes treatment easier.

Boundaries and Painful Intercourse

Pain should never be treated as something a person must simply tolerate to preserve a relationship.

Painful intercourse may have many causes, including:

vaginal dryness, infection, pelvic-floor dysfunction, endometriosis, vulvodynia, hormonal changes, genitourinary syndrome of menopause, dermatological disease, fear or other medical conditions.

If penetration is painful, saying:

“Please stop; this hurts.”

is not failure.

It is appropriate health communication.

Repeatedly overriding pain can increase anxiety around future intimacy.

Boundaries and Infertility Treatment

Infertility can make sexual boundaries particularly complicated.

Couples may receive advice to have intercourse around the fertile window.

Suddenly sexual activity becomes scheduled.

One partner may feel exhausted but thinks:

“We cannot miss tonight.”

The other may develop performance anxiety because conception depends on successful intercourse.

Semen collection, ultrasound, genital examination and fertility procedures can also feel deeply personal.

WHO considers fertility and infertility care part of sexual and reproductive health, which includes autonomy, relationships and well-being rather than reproductive organs alone.

At Saira Health Care, I therefore believe fertility treatment should include respectful communication about both partners' emotional and sexual experience.

A Boundary Can Protect Intimacy Rather Than Destroy It

Patients sometimes fear:

“If I say no, my partner will feel rejected.”

But never expressing boundaries can create a much larger problem.

Imagine repeatedly agreeing to intimacy you do not want.

Initially you avoid conflict.

Over time, intimacy begins to feel like obligation.

You start avoiding physical affection because affection might lead to sex.

Your partner notices distance.

They pursue more.

You withdraw further.

A boundary that initially seemed dangerous might actually have prevented the cycle.

For example:

“I want affection tonight, but I do not want intercourse.”

This allows closeness without pretending.

Boundaries Are Not Rejection of the Person

One of the most valuable relationship skills is learning to distinguish:

“No to this activity”

from

“No to you as a person.”

Your spouse may decline sexual activity tonight and still love you.

Your partner may need privacy and still value the relationship.

Someone may disagree with you and still respect you.

This emotional distinction can prevent many unnecessary conflicts.

Healthy Boundaries Require Listening Too

Learning to voice your boundaries is only half of the skill.

You must also be able to hear your partner's boundaries.

This can be difficult.

If your partner says:

“I don't want sexual activity tonight,”

you may feel disappointed.

The appropriate response is not to punish them emotionally.

Similarly, if your partner says:

“That kind of joke makes me uncomfortable,”

the question should not immediately become:

“Why are you so sensitive?”

Healthy relationships require curiosity.

“Thank you for telling me. What would feel better?”

This is how boundaries gradually create trust.

When “No” Is Followed by Pressure

Sometimes the problem is not lack of communication.

The person has communicated clearly, but the partner refuses to respect the answer.

Repeatedly asking after someone has refused, threatening to leave, using guilt, humiliation or fear to obtain sexual activity are examples of coercive behaviour.

RAINN describes sexual coercion as attempts to pressure or manipulate someone into sexual activity they do not want, including guilt-tripping, threats and repeatedly ignoring refusal.

In such situations, the therapeutic goal is not simply teaching the person to communicate more politely.

Safety and support become more important.

Why Some People Freeze Instead of Saying No

Another important point is that not everybody can immediately voice a boundary during a frightening situation.

Under threat, people may freeze, become silent or mentally disconnect.

Therefore, we should never ask a survivor:

“Why didn't you just say no?”

The ability to speak assertively is valuable, but responsibility for coercion belongs with the person who ignores or violates another person's autonomy.

RAINN emphasizes that silence, lack of resistance and involuntary bodily reactions should not be interpreted as consent.

Boundaries After Sexual Trauma

Patients with previous sexual trauma may find boundary-setting especially complicated.

Some become extremely avoidant.

Others agree automatically because refusing feels dangerous.

Some know intellectually that their present partner is safe but their nervous system reacts as though disagreement could produce harm.

These patients may benefit from trauma-informed psychological treatment.

The objective is not forcing them to become sexually available.

It is helping restore:

choice, bodily autonomy, safety and confidence.

Sexual Shame and Difficulty Asking for Needs

Sexual shame can make communication almost impossible.

A person may think:

“If I tell my spouse what I enjoy, they will think badly of me.”

Or:

“If I admit I don't enjoy something, they will think something is wrong with me.”

Accurate sexual-health education can help separate normal anatomy, preferences and communication from shame.

WHO's 2026 comprehensive sexuality education guidance includes communication, negotiation, consent, bodily integrity, respectful relationships and decision-making among important life skills.

These communication skills are useful far beyond adolescence.

Many adults were never taught them.

Cultural and Religious Values Should Be Respected

Discussing sexual boundaries does not require rejecting culture or religion.

Patients may have clear religious or personal values regarding sexual behaviour.

Those values should be respected.

Clinical care should not tell a patient:

"You must become comfortable with everything."

The goal is the opposite.

A person should be able to identify:

What do I believe?

What am I comfortable with?

What does my health require?

What am I freely choosing?

What am I doing only because I am afraid of saying no?

Someone may choose conservative sexual boundaries and still have excellent sexual communication.

Asking for Pleasure Is Also a Communication Skill

Sexual communication is often discussed only in relation to refusal.

But healthy intimacy also includes being able to communicate what feels good.

This does not require explicit or embarrassing language if the couple is uncomfortable with that.

A simple statement may be enough:

"I like it when we take more time."

"That feels comfortable."

"Please continue."

"I prefer this."

“Can we slow down?”

Research consistently finds associations between better sexual communication and greater sexual satisfaction.

Communication allows partners to learn rather than guess.

How to Begin a Difficult Conversation

Do not always wait until the middle of sexual activity to discuss every major issue.

Sometimes the best conversation happens outside the bedroom.

Choose a time when neither partner is angry, exhausted or rushing.

I recommend starting with the relationship rather than the complaint:

“Our relationship matters to me, so I want us to talk about something that could make intimacy better for both of us.”

Then speak about your own experience rather than accusing:

“I notice that I become anxious when...”

Then make a specific request:

“I would like us to...”

This structure reduces defensiveness.

Learning to Tolerate Another Person's Disappointment

This may be the hardest part of boundaries.

You can communicate respectfully and still receive:

a disappointed expression, disagreement or temporary frustration.

The temptation is to immediately withdraw the boundary.

But if every boundary disappears whenever someone looks disappointed, it is not really a boundary.

Emotional maturity includes being able to think:

“I care about your feelings, but I do not need to violate my own comfort to remove every uncomfortable feeling you experience.”

That is different from cruelty.

It is balanced responsibility.

How to Say No More Confidently

For patients practicing assertiveness, I generally suggest one simple sequence:

- **Be clear:** "No, I am not comfortable with that."
- **Avoid unnecessary apology:** You may be polite without apologizing for having a boundary.
- **Give a brief explanation if you want:** "I am tired and need rest."
- **Offer an alternative only if you genuinely want one:** "I don't want intercourse, but I would like to sit together."
- **Repeat rather than debate:** "I understand that you are disappointed, but my answer is still no."
- **Leave or seek support if the situation becomes threatening:** A boundary discussion should not require enduring intimidation or violence.

The goal is not to become rigid.

The goal is to communicate without abandoning yourself.

What If My Partner Says "No" Frequently?

Respecting boundaries does not mean relationship problems cannot be discussed.

Suppose one partner repeatedly does not want sexual intimacy for months.

The other partner may feel lonely or concerned.

The answer is not pressure.

The answer is investigation and communication.

Possible contributing factors include:

low desire, hormonal changes, depression, medication effects, relationship conflict, pain, fatigue, trauma, erectile dysfunction, sexual dissatisfaction, pregnancy-related changes or chronic illness.

A couple can respect "no" today while still discussing the larger pattern tomorrow.

This distinction is essential.

Boundaries and Medical Consultations

The same principles apply in healthcare.

Patients should understand what an intimate examination involves and why it is being recommended.

Sensitive sexual-health, genital, breast and pelvic examinations should be conducted respectfully.

A patient can say:

“Please explain before you examine me.”

“I would like a chaperone.”

“I need a moment.”

“Please stop.”

A patient's ability to communicate concerns can improve the quality and safety of medical care.

At Saira Health Care, I consider this particularly important because patients presenting with sexual disorders or infertility may already feel embarrassed or vulnerable.

When Difficulty Setting Boundaries May Need Professional Help

Some people improve simply through education and practice.

Others have deeper barriers.

Professional counselling may be useful when a person repeatedly cannot say no despite severe discomfort, experiences extreme guilt whenever expressing a need, remains in coercive relationships, avoids all disagreement, experiences panic around conflict, has significant sexual trauma, experiences major relationship dysfunction, or finds that communication difficulties are contributing to persistent sexual problems.

Individual therapy, couple therapy, psychosexual counselling or trauma-focused care may be appropriate depending on the underlying problem.

Learning assertiveness is a skill; seeking help with it is not evidence of weakness.

Cognitive Behavioural Approaches

Cognitive behavioural therapy can help identify beliefs that make boundaries difficult.

A patient may believe:

“If I say no, they will leave me.”

The therapist may examine:

Has every disagreement actually resulted in abandonment?

Could a secure relationship tolerate disagreement?

Another patient thinks:

“My needs are selfish.”

The question becomes:

Would you call your partner selfish for having the same need?

These exercises help challenge rigid assumptions.

Role-Playing and Rehearsal

Assertiveness becomes easier with practice.

In therapy or counselling, patients can rehearse difficult conversations before having them.

For example, instead of waiting until a stressful situation, the patient practices:

“I care about you, but I don't feel comfortable doing that.”

The therapist may then simulate the partner responding:

“But why?”

The patient practices remaining calm:

“Because it isn't comfortable for me. I don't need you to agree, but I need you to respect it.”

Structured assertiveness-training research in other healthcare contexts has found that role-playing, feedback and multimethod communication training can improve assertive communication skills.

The Role of the Unani System of Medicine

The Unani system has traditionally viewed health through an interaction between physical condition, lifestyle and psychological state.

The Ministry of AYUSH's 2024–25 annual report describes Unani medicine as emphasizing the psychosomatic relationship between mind and body. It also identifies

six essential factors—**Asbab-e-Sitta Zarooriya**—including food and drink, activity and rest, sleep and wakefulness, elimination and mental well-being. Official AYUSH material also describes **Nafsiyati Tadbeer**, or psychological measures, within traditional Unani care.

This holistic perspective can be useful in patients whose sexual or relationship difficulties are accompanied by stress, disturbed sleep, fatigue, anxiety or unhealthy lifestyle patterns.

However, I want to make an important evidence-based distinction.

There is no established Unani herbal medicine that by itself teaches a person to communicate boundaries or removes guilt about saying no.

Voicing needs and boundaries is primarily a psychological and relationship skill.

Therefore, responsible Unani care should be **supportive and integrative**, not used as a replacement for appropriate counselling or psychological treatment.

Unani Principles and Emotional Balance

In Unani thought, psychological condition is not viewed as completely separate from physical health.

This is clinically relevant.

Consider a patient with chronic emotional stress.

Stress disturbs sleep.

Poor sleep produces fatigue.

Fatigue reduces sexual desire.

The partner interprets reduced desire as rejection.

Conflict increases.

Anxiety increases.

Sexual difficulties worsen.

A broader treatment approach may therefore consider lifestyle, sleep, physical health and psychological factors together.

This is where traditional holistic principles and modern biopsychosocial sexual medicine can complement one another.

Ilaj bil Ghiza – The Role of Diet

Diet cannot directly teach assertiveness.

However, general nutritional health supports energy, metabolic function and overall well-being.

When poor nutrition, digestive problems or chronic disease contribute to fatigue and reduced sexual health, individualized dietary advice may be part of a broader Unani plan.

Treatment should remain specific to the patient rather than applying one diet to everyone.

Sleep and Wakefulness

Sleep is particularly relevant to emotional regulation.

A chronically sleep-deprived person may become more irritable, anxious and emotionally reactive.

Relationship conversations become harder when both partners are exhausted.

The traditional Unani emphasis on **Naum-o-Yaqza**, or sleep and wakefulness, therefore fits well with modern attention to healthy sleep as part of general well-being.

Again, improving sleep will not automatically solve communication problems, but it may improve the conditions in which better communication becomes possible.

Physical Activity and Rest

Balanced physical activity supports cardiovascular health, metabolic health and psychological well-being.

From the Unani perspective, appropriate balance between movement and rest is one of the essential lifestyle factors.

In sexual-health practice, this becomes particularly useful when a patient also has obesity, diabetes risk, fatigue or poor general fitness.

The communication work remains separate, but the person is treated as a whole.

Nafsiyati Tadbeer and Supportive Counselling

Official AYUSH descriptions recognize psychological measures—**Nafsiyati Tadbeer**—within the Unani tradition.

In contemporary clinical practice, supportive counselling may therefore fit naturally within an integrative Unani approach.

But when a patient has PTSD, severe depression, major anxiety, a coercive relationship or another significant mental-health condition, appropriately qualified psychological or psychiatric care should also be involved.

A healthcare system serves patients best when disciplines collaborate rather than compete.

The Role of Herbal Medicines

A frequent misconception is that every sexual-health complaint requires a sexual tonic.

That is not true.

If a patient cannot tell their spouse:

“I am uncomfortable,”

an aphrodisiac does not teach assertiveness.

If a woman is experiencing coercion, medicine does not make the relationship safe.

If a man is ashamed to discuss erectile anxiety, medication alone may not resolve the communication problem.

Unani medicines may be considered for genuine associated clinical conditions after individualized assessment, but they should not be represented as a cure for poor boundaries.

This distinction protects patients from inappropriate treatment.

My Approach at Saira Health Care

At **Saira Health Care**, I consider sexual communication an important part of evaluating many sexual disorders.

When someone presents with low desire, erection difficulty, premature ejaculation, painful intercourse, fear of intimacy or infertility-related sexual stress, I do not only ask:

“What is happening physically?”

I also try to understand:

“What happens between the partners?”

Can the patient ask for what they need?

Can they describe discomfort?

Do they feel able to refuse something?

Do they fear criticism?

Is sexual activity becoming an obligation?

Is there coercion?

Is the partner supportive?

Is there unresolved trauma?

Is a physical disorder creating the communication problem?

These questions sometimes reveal the true structure of the difficulty.

The Saira Health Care Integrative Model

My preferred approach is not to label every sexual problem psychological.

Nor do I assume every complaint requires medication.

Instead, assessment may include physical health, sexual functioning, fertility, relationship circumstances, emotional health and relevant lifestyle factors.

If erectile dysfunction is present, it receives an appropriate medical assessment.

If painful intercourse is present, physical causes should be investigated.

If premature ejaculation is present, we evaluate the pattern and possible contributing factors.

If infertility is present, reproductive evaluation should be undertaken.

If communication and boundaries are contributing to the problem, counselling and communication work become part of the plan.

Where Unani lifestyle and supportive measures are suitable, they can be integrated.

Where specialist psychological, psychiatric, gynecological, urological or psychosexual treatment is required, referral should be considered.

Why This Matters in Sexual Disorders

Sexual medicine cannot be reduced to laboratory tests and medicines.

A hormone report cannot tell me that a woman is afraid to say she is experiencing pain.

A semen analysis cannot tell me that a man is afraid to tell his wife that infertility has affected his confidence.

An ultrasound cannot show that a couple has stopped communicating.

And an erection medicine cannot automatically create emotional safety.

Laboratory science remains essential.

But patient communication supplies information that technology cannot.

Why This Matters in Infertility

Infertility often places couples under enormous pressure.

Sex becomes scheduled.

Medical appointments multiply.

Family questions increase.

One partner may want to continue treatment immediately.

The other may need a break.

If neither can communicate honestly, resentment can develop.

Healthy boundaries may sound like:

“I want to continue fertility treatment, but I need us to discuss the financial and emotional pressure first.”

Or:

“I know the fertile window matters, but I am feeling overwhelmed. Can we talk about other options with our doctor?”

This does not mean giving up on pregnancy.

It means protecting the relationship while pursuing treatment.

The Role of Dr. Nizamuddin Qasmi

My professional focus at **Saira Health Care** is sexual disorders and infertility.

My educational and professional background, as provided for this clinical practice profile, includes:

BUMS – Hamdard University, Delhi
MD
CGO
Certificate in Infertility – MGBIMS, Delhi
Certificate in Urology – London, UK
Masters in Male Infertility – MasterHealthPro (HealthPro)
Integrated Sexual and Reproductive Health – ISRH, UNFPA

My approach is to combine clinical assessment of sexual and reproductive conditions with appropriate attention to emotional health, communication and relationship factors.

I believe a sexual-health specialist should be comfortable hearing not only:

“My erection is weak.”

but also:

“I am frightened of disappointing my wife.”

Not only:

“Intercourse is painful.”

but:

“I don't know how to tell my husband to stop.”

Not only:

“We are not conceiving.”

but:

“Infertility treatment is affecting our marriage.”

These statements often contain information essential to treatment.

Saira Health Care's Contribution to Sexual Health and Infertility Care

One of the major challenges in sexual healthcare is silence.

Patients frequently delay consultation because they feel embarrassed.

Some purchase medicines online without diagnosis.

Others tolerate pain or dysfunction for years.

At Saira Health Care, our broader objective is to help make conversations about sexual disorders and infertility medically understandable, confidential and respectful.

This includes patient education about:

sexual function, reproductive health, fertility, sexual disorders, relationship communication, consent and appropriate medical assessment.

The aim is not to encourage patients toward any particular sexual lifestyle.

The aim is to help them make informed, safe and mutually respectful decisions within their own relationships and values.

Frequently Asked Questions

Is it selfish to tell my partner what I want?

No. Communicating a need does not require demanding that the other person satisfy it. Healthy communication means expressing your need and allowing the other person to respond honestly.

Is saying "no" harmful to a relationship?

Not by itself. Respectful disagreement is normal. Repeatedly suppressing discomfort may sometimes damage intimacy more than a clear boundary.

What if my partner feels rejected when I say no?

Acknowledge their feelings without automatically withdrawing your boundary. You might say, "I understand that you're disappointed. I still don't feel comfortable with this tonight."

Do I have to explain why I am saying no?

You may explain if you want to, but a refusal does not require an extensive justification.

Can I change my mind after initially agreeing?

Yes. Consent is ongoing and may be withdrawn during an activity.

Does consent still matter in a long-term relationship or marriage?

Yes from a health, dignity and respectful-relationship perspective. WHO's sexual-health framework emphasizes safe relationships free from coercion, while contemporary consent guidance describes consent as ongoing rather than permanently granted by relationship status.

Is refusing sex the same as rejecting my partner?

No. A person can love their partner and still not want a particular activity at a particular time.

Can poor communication affect sexual function?

Research shows associations between sexual communication and sexual desire, arousal, orgasm, erectile function, overall sexual function and sexual satisfaction. These associations do not mean communication is the sole cause or treatment of sexual dysfunction.

Can Unani medicine help?

Unani medicine can contribute a holistic supportive framework through attention to mental well-being, sleep, activity, rest, nutrition and general health. These principles may be valuable when stress and lifestyle are contributing to sexual-health difficulties. However, herbal medicine itself is not an evidence-based substitute for learning communication, addressing coercion or obtaining psychotherapy when needed.

What if I am afraid of my partner's reaction?

If saying no may lead to threats, violence, coercion or serious intimidation, the issue is no longer simply communication skills. Personal safety and appropriate professional or social support should take priority.

A Message From Dr. Nizamuddin Qasmi

One of the questions I sometimes ask patients is:

“If you could speak freely to your partner without fear of judgment, what would you say?”

The answer can tell us a great deal.

A woman may say:

“I would tell him that intercourse hurts.”

A man may say:

“I would tell her that I am frightened of failing sexually.”

Another woman may say:

“I need affection without always expecting sex afterwards.”

Another man may say:

“I need my wife to understand how much infertility has affected my confidence.”

These statements are not weaknesses.

They are information.

And information allows treatment, understanding and intimacy to improve.

In medicine, we often speak about giving patients a voice.

In sexual medicine, that voice is especially important.

The patient should be able to speak in the consultation room.

They should also be able to speak in their relationship.

They should be able to say:

“I want this.”

“I don't want this.”

“This hurts.”

“This feels good.”

“I need help.”

“I need time.”

“Please stop.”

“Can we talk?”

Those simple sentences can be clinically important.

Final Perspective

Voicing needs and boundaries is not about becoming demanding.

It is about becoming **clear**.

It is not about always saying no.

It is about knowing that when you say yes, the yes is meaningful.

It is not about ignoring your partner's needs.

It is about ensuring that your own needs are not erased while caring for someone else.

Healthy intimacy requires two people who can communicate, listen, negotiate and respect one another.

Current evidence strongly supports the connection between better sexual communication and sexual and relationship satisfaction, while emerging 2026 research

also highlights the importance of balancing responsiveness to a partner with sexual autonomy and assertiveness.

The Unani system adds a useful holistic perspective by recognizing mental well-being, sleep, lifestyle, activity and diet as interconnected aspects of health. At the same time, the scientific limits should be stated clearly: communication and boundary difficulties are primarily addressed through education, counselling, assertiveness training, relationship work and treatment of any associated physical or psychological condition—not by promising that a particular herbal formulation alone can resolve them.

At **Saira Health Care**, my goal is to bring these dimensions together: physical health, sexual function, fertility, emotional well-being and respectful communication.

Because good sexual healthcare is not only about helping the body function.

It is also about helping the patient feel sufficiently safe, informed and confident to have a voice.

About the Author

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Medical Disclaimer

This article is intended for general health education and does not replace an individualized medical, psychological or relationship assessment. Difficulties involving sexual boundaries may coexist with pain, sexual dysfunction, trauma, anxiety, depression, infertility or relationship problems that require separate evaluation. If a relationship involves coercion, threats, violence or immediate danger, appropriate safety and professional support should take priority over ordinary couples communication.