

# SMART MARRIAGES 2009 – ORLANDO, FLORIDA

Saturday Workshop, July 11, 2:00–3:30 pm

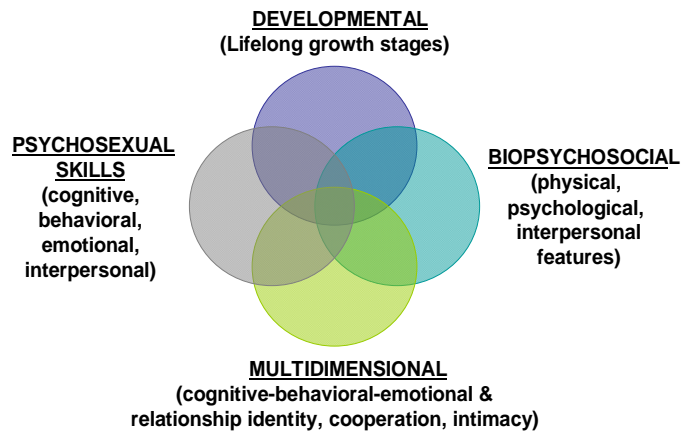
## 707 Blending Sexual Meaning

Michael Metz, PhD

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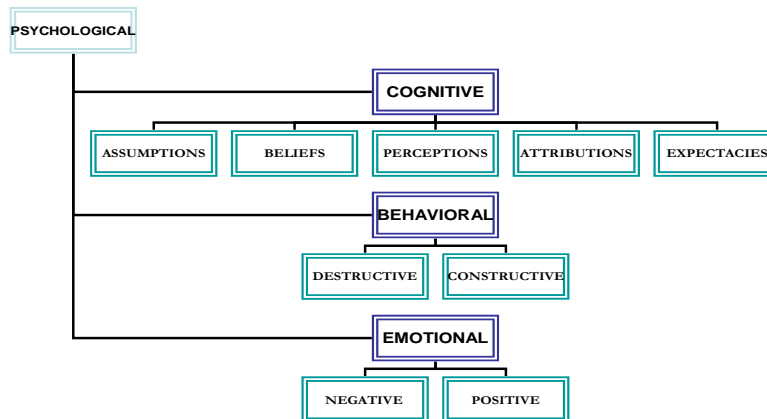
Heal couples fractured due to problems with male sexuality: porn, strip clubs, etc. by integrating sexual meaning more deeply into the marriage to strengthen cohesion and promote intimacy.

### Features of the Integrative Approach



(From: Metz, M. E. (2009). Healing Sexually Fractured Couples from Problems with Men's Sexual Health)

### Cognitive-Behavioral-Emotional Psychological Components



## Recognizing Compulsive Sexual Behavior

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Recognizing potentially compulsive sexual behavior involves assessing the range and meaning of excessive preoccupation with sexual content such as:

- Excessive sexual fantasies (e.g., eye focus (“visual docking”) on a woman’s breasts, butt, or other physical characteristics (other than during love-making) for more than 5 seconds, or replaying a sexual fantasy to the point of distraction from work tasks or alienation from your sexual partner.
- Extreme frequency of masturbation (e.g., 3 times per day) without the demonstrated ability (e.g., no masturbation for 1 month) to cease.
- Inability to limit internet pornography (e.g., to less than 1 hour per week).
- Seeking the services of a prostitute.
- Frequenting “strip bars” more than 3 times a year, especially going alone.
- Significant financial expenditures, beyond your financial means.
- Excessive or rigid sexual demands (rather than requests) with your partner.
- Extra-relationship affairs.
- Having more sexual interest in, and/or emotional vulnerability to, other women than your partner?

**National Health and Social Life Survey**  
(Laumann et al., 1994)

• **Men's Sexual Complaints** (31%):

– Premature Ejaculation	1 in 4	28.5 %
– Performance Anxiety	1 in 6	17.0 %
– Lacked interest	1 in 6	15.8 %
– Erectile Dysfunction	1 in 10	10.4 %
– Ejaculatory Inhibition	1 in 11	8.3 %
– Sex not pleasurable	1 in 11	8.1 %
– Pain with coitus	1 in 33	3.0 %

(N = 1,410, ages 19 – 59)

**National Health and Social Life Survey**  
(Laumann et al., 1994)

• **Women's Sexual Complaints** (43 %):

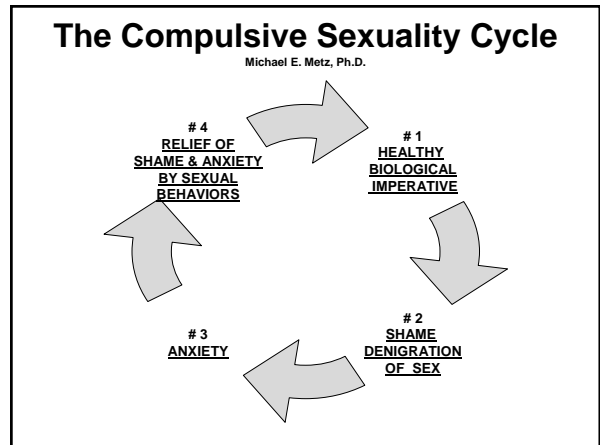
– Low Desire	1 in 3	33.4%
– Inhibited Orgasm	1 in 4	24.1%
– Sex not pleasurable	1 in 5	21.2%
– Pain with intercourse	1 in 7	14.4%
– Performance Anxiety	1 in 10	11.5%
– Lubrication trouble	1 in 10	10.4%
– Climax too soon	1 in 10	10.3%

(N = 1,740, ages 19 – 59)

**Visual Pornography Continuum**

1	2	3	4	5
Sensual Erotica	Nudity, explicit sex	Mutual sex acts	Dominant sex acts	Violent sex acts
<u>Examples:</u> Sensual art	Playboy	Penthouse, Screw	S & M "dominance"	rape "snuff" murder
Pro-Intimate	←----->			Anti-Intimate

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**“Paraphilia”**  
(Variant (not “deviant”) arousal pattern)

- recurrent, intense sexual urges, fantasies, or behaviors that involve unusual objects, activities, or situations;
- cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. (DSM-IV)
- Prevalence estimates:
  - c. 1 in 30 men.
  - women?

**Severity of Variant Arousal Patterns (Paraphilia)**  
(e.g., fetish, cross-dressing, bondage, S&M...)

1. **AROUSAL DEPENDENCY:** How often is the variant content needed for arousal:

0 \_\_\_\_\_ 10  
Never Almost Always

2. **RANGE OF ENACTMENT:** To what extent does your sexual arousal require the use of fantasy vs. enacting behavior?

0 \_\_\_\_\_ 10  
Fantasy Only Always Behavior

To score: Sum the two ratings and enter below to indicate severity:

0 \_\_\_\_\_ 20  
← mild moderate severe→

*The Level of Severity of Paraphilia* \_\_\_\_\_

(McCarthy & Metz, Men's Sexual Health, NY Routledge 2008)

## Appreciation of Biopsychosocial Human Sexual Drives

Michael E. Metz, Ph.D.

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A deeper appreciation of the primordial human sex drives, and appreciating there are gender differences, can be powerful invitation to understand one's feelings as well as to reach out to better understand the other. Such appreciation serves as the foundation for couple's relationship and sexual cooperation and inoculates against sexual conflict and dysfunction as a couple. Helen Fisher, in *Why We Love* (2004) describes the three kinds of love.

LUST is sex drive, passion, "biological imperative", "urge to merge" or craving for sexual gratification to motivate individuals to seek sex. Its function: reproduction, procreation. Physiologically, lust is associated primarily with androgens (testosterone) and estrogens and related brain pathways in both sexes.

ROMANTIC LOVE is characterized by ecstasy, heightened energy, focused attention on a preferred mating partner, attraction, "limerence," infatuation, exhilaration, obsessive thinking and emotional craving for him or her. Its function: to motivate or enable individuals to select among potential partners, prefer specific features, and focus their courtship attention on genetically appropriate individuals. Physiologically, romance is associated with elevated levels of central dopamine (DA) and norepinephrine (NE) and decreased levels of central serotonin (5-HT).

ATTACHMENT involves feelings of calm and emotional union with a long-term, committed partner, yielding or surrender, security, and social comfort. Its function: to motivate individuals to sustain affiliative connections to fulfill parental duties; care-giving, and emotional bonding for infant survival. Physiologically it is associated with the neuropeptides oxytocin and vasopressin and their neural circuits. Oxytocin, produced in the pituitary and hypothalamus, is associated with stress reduction, calming and soothing (e.g., orgasm), memory, learning.

Such basic biopsychosocial sex information can help couples appreciate differences and promote working as an "intimate team." For example, research suggests that male sex drive is stimulated to a greater degree by visual stimuli (which drive up dopamine for men) and are more aroused by novel things (e.g., a smile) than the female sex drive (Ellis & Symons, 1990) (Hamann, Herman, Nolan, & Wallen (2004), while women are more sexually aroused by romantic words, images, and themes in stories and films (Ellis & Symons, 1990).

Male sex drive is more constant while the female sex drive is more periodic but more intense (Basson, 2002), and male sex drive is focused more directly on copulation while the female sex drive is embedded in a wider range of stimuli (Fisher, 1999). Both sexes express romantic love with approximately the same intensity. Both men and women are attracted to partners who are dependable, mature, kind, healthy, smart, educated, sociable, and interested in home and family (Buss, 1994). There are differences in what men and women find attractive in a mate. In the most basic dimensions, men tend to be more attracted to a partner's physical appearance – particularly signs of beauty and health. Women are more inclined to be attracted to men with success, education, and/or position (Buss, 1994)

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## **Three Essential Sexual Health Learnings for Men**

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Throughout life with its various “stages” (e.g., childhood, adolescence, young adult, middle age, older age), men developmentally learn three important psychosexual skills for sexual health. Men develop and adapt a maturing awareness of thoughts, feelings, and motivations for behaviors, as well as the ability to balance and “regulate” the physiological, psychological, and interpersonal dimensions of sexuality.

Learning  
Task #1 →

**You value and embrace your male sexuality as good. You accept the male “BIOLOGICAL SEXUAL NATURE”, “biological imperative,” “lust” or “urge to merge” without shame. You respect this fundamental power of sex and accept the need to self-regulate. You learn to regulate this drive with accurate sex knowledge and healthy attitudes, and physically healthy habits, exercise, and self-discipline. When this regulation is in balance, your lust does not create problems for you and you can freely enjoy sex with your appropriate partner. When under-regulated, sex drive can cause a variety of personal, sexual, and relationship problems by mechanically acting out; or conversely, when over-regulated deprive you of healthy lust and passionate pleasure.**

Learning  
Task #2 →

**You accept as normal and healthy your male biological tendency to be VISUALLY ATTRACTED BY EXTERNAL SEXUAL STIMULI. Accepting this requires you to regulate this tendency toward sexual “objectification” by disciplining your thoughts, and placing conscious priority to “personalize” your sexual interests and relationship.**

Learning  
Task #3 →

**You come to appreciate and handle the male tendency to “SEXUALIZE EMOTIONS”. To ignore or be unaware of emotions such as loneliness, frustration, sadness, resentment, anxiety, irritability or fear of inadequacy, and to misinterpret and transform these to sexual feelings, fuels problematic sexual behaviors (e.g., compulsive use of pornography; affairs; excessive sexual demands on your partner).**

**Sexual health involves developing an emotional sophistication about your feelings, using direct, healthy ways for emotional management, and balancing emotional and sexual feelings in one’s intimate relationship.**

## The 5 Positive Purposes for Sex

1. **Reproduction** (bio)
2. **Tension / anxiety reduction** (bio-psycho)
3. **Physical pleasure** (bio-psycho)
4. **Self-esteem** (psychological)
5. **Relationship cohesion** (social / interpersonal).

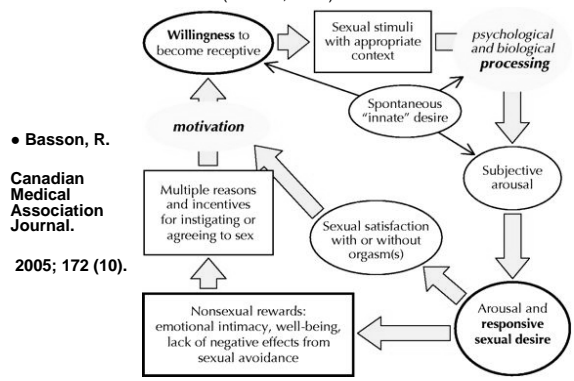
## Arousal Styles:

### Differences in Arousal Focus

1. **"Partner Interaction"** focus on the partner. Person is active, eyes open, looking at the partner, talkative (romantic or "sweet" talk), and energetic. This is the sexual style on TV and in movies -- passionate and impulsive sex.
2. **Sensual "Self-entrancement"** focus on one's own body. Person utilizing this style typically closes one's eyes, goes within, becomes quiet, and looks detached and passive. Routine and stylized touch help this person to become aroused.
3. **"Role Enactment"** focus on role play, fantasy, variety, and experimentation, such as dressing in sexy lingerie, role playing being "tough" or "hard to get," acting out a scene from a movie or fantasy, having sex in new places (e.g., vacation), using "toys" (massage oil, vibrator, dildo) to find excitement and arousal through sexual playfulness.

## Female Sexual Desire Model

(Basson, 2005)



## 12 Facets of Intimacy

- **Recreation:** --> sharing experiences of fun, sports, hobbies, recreation; sharing ways of refilling the wells of energy, leisure.
- **Aesthetic:** --> sharing experiences of lust – music, nature, art, theater, dance, movies; drinking from the common cup of beauty.
- **Intellectual:** --> involves sharing the world of ideas; a genuine touching of persons based on mutual respect for each others intellectual capacities (reading, discussing, studying, respectful debating, etc.).
- **Commitment:** --> togetherness derived from dedication to a common cause, value or effort (e.g. working for a political cause).
- **Work:** --> sharing common tasks or projects, supporting each other in bearing responsibilities (raising a family, house/yard chores, cooking....)
- **Communication:** --> being open, honest, trusting, truthful, loving; giving constructive feedback; positive confrontation.
- **Crisis:** --> standing together in the major and minor tragedies which persist in life; closeness in coping with problems and pain.
- **Sexual:** --> sensual-emotional satisfaction; the experience of sharing and self-abandon in the physical merging of two persons; sensual-sexual fantasies and desires.
- **Emotional:** --> depth awareness and sharing of significant meanings and feelings; the touching of the innermost selves of two human beings.
- **Creative:** --> helping each other grow, co-creators (not "reformers") of other.
- **Conflict:** --> standing-up with/to each other; "fighting" in non-destructive (i.e., constructive) ways; facing differences together.
- **Spiritual:** --> the "we-ness" of sharing ultimate concerns, the meanings of life, philosophies, religious experience.

## Some Helpful Publications:

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- Fisher, H. E., Aron, A., Mashek, D., Li, H., & Brown, L. L. (2002). Defining the brain systems of lust, romantic attraction, and attachment. *Archives of Sexual Behavior*, 31(5): pp. 413-419.
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- Maltz, Wendy, & Larry Maltz. *The Porn Trap: Overcoming Problems Caused by Pornography*, (Collins/HarperCollins, April 2008).
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## Some Helpful Publications:

- Metz, M. E. & Lutz, G. (1990). Dyadic playfulness differences between sexual and marital therapy couples. *Journal of Psychology and Human Sexuality*, 3 (1), 167-182.
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- Metz, M.E. & McCarthy, B. (2004). *Coping With Erectile Dysfunction: How to Regain Confidence & Have Great Sex*. Oakland, CA: New Harbinger.
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## ***Dimensions of the “Good-Enough Sex” Model For Couple Satisfaction***

Michael E. Metz, Ph.D. & Barry W. McCarthy (2003, 2004, 2007, 2008)

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1. **Sex is valued as intrinsically good**, an invaluable part of an individual’s and couple’s self-esteem, pleasure, intimacy, comfort, and confidence.
2. **Sexuality is inherently relational**. Relationship and sexual satisfaction are the ultimate developmental focus and are essentially intertwined. The couple blends the 12 facets of intimacy; views the partner as “Sexual Friend”; their relationship as “Intimate Team.”
3. The partners ground their **sexual expectations** on realistic, age-appropriate expectations. Accurate and reasonable knowledge about sexual physiology, psychology, and relationship health are crucial for sexual satisfaction
4. **Good physical and psychological health**, ensured with healthy behavioral habits, are vital for sexual health. Individuals value their and their partner’s sexual body.
5. **Relaxation** is the foundation for sexual pleasure and physiological sex function.
6. **Sensual touch & emotional pleasure** are valued as well as sexual performance.
7. Valuing **variable, flexible** sexual experiences and abandoning the “need” for perfect performance inoculates the couple against sexual dysfunction by overcoming performance pressure, anxiety, and fears of failure and rejection.
8. Five **basic purposes for sex are integrated** into the couple’s sexual relationship -- blending pleasure, tension release, self-esteem, intimacy, and/or procreation.
9. Partners integrate and flexibly use the three basic **sexual arousal styles** to cope with “sexual over-familiarity” by balancing and blending multiple styles of sexual arousal --> sensual “self-entrancement”, “partner interaction”, and “role enactment”.
10. **Gender differences** are respectfully valued and similarities mutually accepted. Each is attentive to integrating their psychological and physical sexual feelings. The man learns to self-regulate his sexual drive and arousal while the woman self-regulates her emotional drive and sexual arousal. They consciously accept and respect the body’s “biological sexual nature,” he learns to personalize his biologically natural tendency toward “sexual objectification,” and each differentiates and integrates emotional and sexual feelings (issues of “emotional sexualization” and “sexual emotionalization”) to enhance relationship intimacy.
11. Sex is integrated into **real life** and real life is integrated into sex. Sexuality is developing, growing and evolving throughout life. The healthy couple integrates the events of daily life to create their realistic, distinctively personalized, and enriched sexual style. Sexual health and satisfaction are directly influenced by the quality of relationship conflict resolution. Conflict presents the ordinary, day-to-day opportunity to cooperatively address it and thereby deepen emotional and sexual intimacy. They each become leaders in cooperation for intimacy – in and out of the bedroom.
12. Sexuality is **personalized --> occasionally playful, special, spiritual**. Mature playfulness is characterized by acceptance, emotional trust, and pleasure.

## Variable Sexual Experience Distinguishes Satisfied Couples in “Good-Enough Sex.”

(From: McCarthy, B.W. & Metz, M.E., (2007). *Men’s Sexual Health*. NY: Routledge.)

Valuing variable flexible sexual experiences (the 85% approach) and abandoning the need for perfect performance inoculates the man and couple against sexual dysfunction by overcoming performance pressure, fears of failure, and rejection.

The reality for emotionally and sexually healthy couples is that the quality of sex varies. The male myth portrayed in the romantic love/passionate sex media (including R and X-rated videos) is that each sexual experience involves perfect performance. What nonsense. In truth, both scientific findings and clinical experience show that emotionally satisfied, sexually functional couples have a variable, flexible sexual response (Table 6.2). This means that about 35–45% of encounters are very satisfying for both partners, another 20–25% are better for one (usually the man) than the other, and 15–20% are okay but not remarkable. The most important information is that 5–15% of sexual encounters are unsatisfying or dysfunctional.

The Good-Enough Sex model accepts that among satisfied couples, up to 15% of the time their sexual encounters will not flow to intercourse. Rather than thinking of these as failures, accept them as part of normal variability. Instead of apologizing, you can transition to a backup scenario—either a warm, sensual scenario or an erotic, non-intercourse scenario leading to orgasm for you, her, or both. The Good-Enough Sex approach encourages relationship satisfaction with an acceptance of variability in the quality of sex grounded on positive, realistic expectations. This serves the man and couple well and inoculates them against sexual problems with aging. Accepting Good-Enough Sex is often easier for the woman than for the man, but it promotes sexual satisfaction for both.

### The Quality of Good-Enough Sex in Well-Functioning, Satisfied Married Couples

<b>35–45%</b>	<b>Very Satisfying</b>
<b>20–25%</b>	<b>Good (at least 1 partner)</b>
<b>15–20%</b>	<b>Okay (not remarkable)</b>
<b>5–15%</b>	<b>Unsatisfying (dysfunctional)</b>

*Note.* Adapted from “Frequency of Sexual Dysfunction in Normal Couples,” by E. Frank, C. Anderson, and D. N. Rubinstein, 1978, *New England Journal of Medicine*, 299; and *The Social Organization of Sexuality: Sexual Practices in the United States*, by E. O. Laumann et al., 1994, Chicago: The University of Chicago Press.; Table 10.10, p. 374

# COUPLE C-B-E INTERACTIONAL ANALYSIS WORKSHEET

Michael E. Metz, Ph.D.

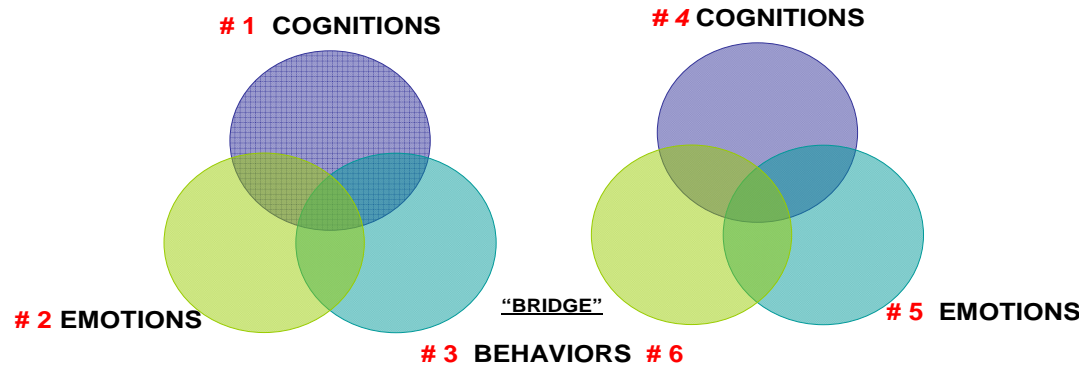
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Name: \_\_\_\_\_

Name: \_\_\_\_\_

# 1 cognitions

# 4 cognitions



# 2 emotions

# 3 ← behaviors → # 6

# 5 emotions

Table 1

**Sample of John & Sarah's Cognitions Surrounding Aaron's Use of Pornography**

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Assumptions – what each believes an individual, relationship and sex actually are like.

SARAH: “All men really want is sex.” “Almost all men are unfaithful.”

JOHN: “Women use sex to control men.” “Sex is important in marriage.”  
“Women are unwilling to understand men as men.”

Standards -- what each believes individuals, relationships and sex should be like.

SARAH: “He should invest all of his sexual feelings and energy with me!” “He is using porn and that is a betrayal of our commitment.” “He should not be unfaithful.”

JOHN: “She should not judge me only by a women's view of men's sexuality...”  
“She should understand, not condemn me...”

Perception (Selective Attention) – *what each notices* about the partner, the relationship, sex, and the environment.

SARAH: “He avoids me sexually.”

JOHN: “She's sexually stiff, aloof...” “The kids get more interest...”

Attributions – causal and responsibility *explanations* for relationship events which serve to increase an individual's sense of understanding and control over complex relationship events.

SARAH: “He hides masturbation, because he's a liar. He's being unfaithful so he doesn't love me anymore.” “He is using porn because he finds those women more attractive than me.” “He doesn't care anymore...”

JOHN: “She withholds sex to punish and control me.” “She's betrayed me. We had a lot of sex before we were married, but now...? She doesn't care.”  
“Because she's so rejecting now, I'm no longer attracted to her.”

Expectancies -- *predictions* of what will occur in the relationship in the future; outcomes or efficacy.

SARAH: “He will do porn again.” “He will lie to me.” “I try but it does not good...”

JOHN: “If I try to explain, she won't listen to me. She'll just tell me I'm bad.”  
“I will get a reliable erection with pornography...” “If I just masturbate, I won't have to deal with her criticism.”



# ***Common Process of Couple Therapy for Sexual Conflict***

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Couple therapy designed to help couples heal commonly progresses through three phases: (1) stabilizing the situation and bridging differences; (2) delicately blending the partner's individual "meanings" surrounding the conflictual behavior(s); and (3) by mutual understanding, accepting differences and mutually deciding on behavioral resolutions: achieving a newer sexual, emotional, and relational bonding.

Phases of Couple therapy:

## **I. BRIDGING:**

- (1) stabilize the distress to prevent further harm.
- (2) neutralize negative emotional negotiations
- (3) make explicit their respective cognitions and feelings – "meanings" – in order to set the foundation for blending and healing meanings later;
- (4) individual's regulation of sexual and emotional energies;
- (5) orient partners to reasonable and healthy sexual relationship features;
- (6) set basic goal: commitment to becoming more of an intimate team;

## **II. BLENDING**

- (7) creating mutual empathy with disciplined (regulated) communication;
- (8) appreciation of gender differences (desire) – and similarities (connection);
- (9) understanding individual meanings regarding the sex behavior at issue.

## **III. BONDING:**

- (10) facilitate couple conflict resolution that is mutually satisfying for each partner, based on blended meaning.
- (11) mutually blend their sexual meanings appropriate to their values and unique relationship;
- (12) heal from the distresses and deepen their relationship intimacy.
- (13) facilitate relationship and sexual playfulness.

## **RELAPSE PREVENTIONS:**

- (14) Understand the difference between lapse vs. relapse.
  - (15) Determine the essential cognitive, emotional, and behavioral strategies to maintain gains.
  - (16) Prearrange formal follow-up.
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## Major Points Promoting Men's Sexual Health

Michael E. Metz, Ph.D.

resources at: [www.MichaelMetzPhD.com](http://www.MichaelMetzPhD.com)

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The major points for promoting your sexual health:

1. **Be proud of yourself as a man.** This involves valuing your masculinity and living your life as a model of a healthy man. Be self-accepting and take pride in your sexuality. Value your masculinity and sexuality—even when others are negative.
2. **Be honest with yourself.** Start with accepting that your sexual thoughts and feelings are normal. Then evaluate your thoughts and feelings by these healthy criteria: (a) Do your thoughts, feelings, and behaviors help you to feel proud of yourself as a sexual man? (b) Are your thoughts, feelings, and behaviors respectful of others? (c) To what extent do your thoughts, feelings, and behaviors build mature intimacy?
3. **Accept childhood and adolescent sexual experiences without shame.** Otherwise, anxiety or shame about these experiences can inhibit affirmation of your adult sexuality.
4. **Remember that sexuality is a lifelong developmental process,** with changing and growing sexual satisfaction throughout your life.
5. **Keep your head “screwed on straight.”** Be conscious about filtering the negative sexual messages in our commercial society that are aimed at getting your attention rather than promoting sexually healthy attitudes and values. Be aware of your sexual cognitions, how they influence your feelings, and their role in your behaviors. This awareness facilitates making sophisticated choices for sexually healthy thoughts, feelings, and actions.
6. **Respect your biological imperative and regulate your sexual emotions and behaviors.** If you minimize this biological force and do not accept the need to regulate your sex impulses, your sex drive will betray you and at some point will get you into trouble. Respect the power of sex: (a) respect your body's drive for sex; (b) be aware of your automatic predisposition to objectify sex; and (c) monitor the tendency to emotionally sexualize other emotions. Remember that healthy male sexuality is self-regulated to promote your individual and relationship health. Self-awareness is a powerful tool for your sexual health.
7. **Take good care of your body** as the solid foundation for your sexual health. Remember that what is good for your body is good for your sexual health, and what is harmful to your body is harmful to your sexuality. Adapt to the physical challenges in your life, especially with illness and aging.
8. **Let your sexual mantra be to pursue sexual pleasure** and eroticism as an intimate team. Therein lies genuine sexual and relationship satisfaction.

9. **Adopt the Good-Enough Sex model.** Review and refresh your understanding of the features of this model (as your life, body, and relationship change).

10. **Be realistic, fitting sex into your honest lives.** Remember that it is normal for sexual quality to vary. *Flexibility* and *variability* are characteristics of couples who are sexually satisfied. Sex is about cooperation and sharing sexual pleasure, not in chasing perfect sexual performance.

11. Be aware that there are multiple negative messages about sex in our culture. You need to **affirm that your sexuality and sexual relationship is good, healthy, and important** to your relationship. God created sex. Don't let anyone denigrate your healthy sexuality. You will benefit from giving yourself a pep talk every now and then. Remind yourself:

- Feel proud that you are a sexual man.
- Your body is good.
- Your sex drive is good.
- Your desire for intimacy and eroticism is good.
- Your partner is your intimate friend; become an “intimate team” with her.
- Sex is of lifelong importance.

12. **Live your life as a leader**—personally as well as sexually. Be a role model of healthy sexual attitudes and behaviors. Because we men are seldom honest with each other, it is powerful to be able to set a positive example for other men, for your spouse, and for your children. This can be as simple as talking honestly with other men, respectfully asking a buddy to stop hitting on a woman who is obviously uncomfortable, saying that you respect and value your sex life with your wife. Don't act like a prude; rather, look for opportunities to be positive, to model your strong value of sex and the importance of sexual satisfaction as an intimate team, and to show respect for the complexity of sex and your sexual relationship.

Remember key concepts:

- Sex is good.
- Integrate your sexual thoughts, feelings, and behaviors.
- Regulate, don't castigate.
- Fit your sex life into your daily life; bring your daily life to your sex life.
- Positive, realistic expectations enhance your sexuality.
- Sexual problems are normal during your life. Address them—resolve, modify, or adapt to them.
- Ultimately, sex is about your relationship: live as an intimate team.
- Good-Enough Sex is great sex because it is honest and genuine.
- You are a sexual man from the day you are born to the day you die.

**You are a sexual man all your life. Be healthy. Feel proud.**