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Institute 101

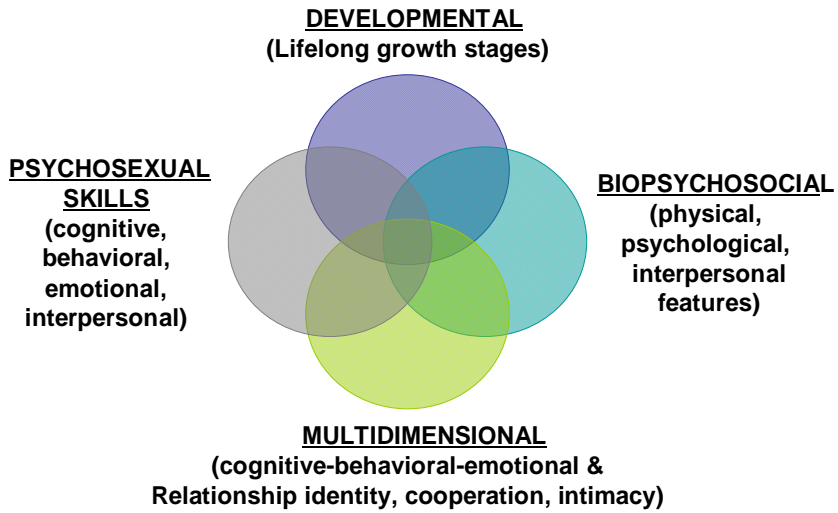
***Healing Fractured Couples:
Problems with Men's Sex Health.***

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Institute Learning Objectives: Participants will...

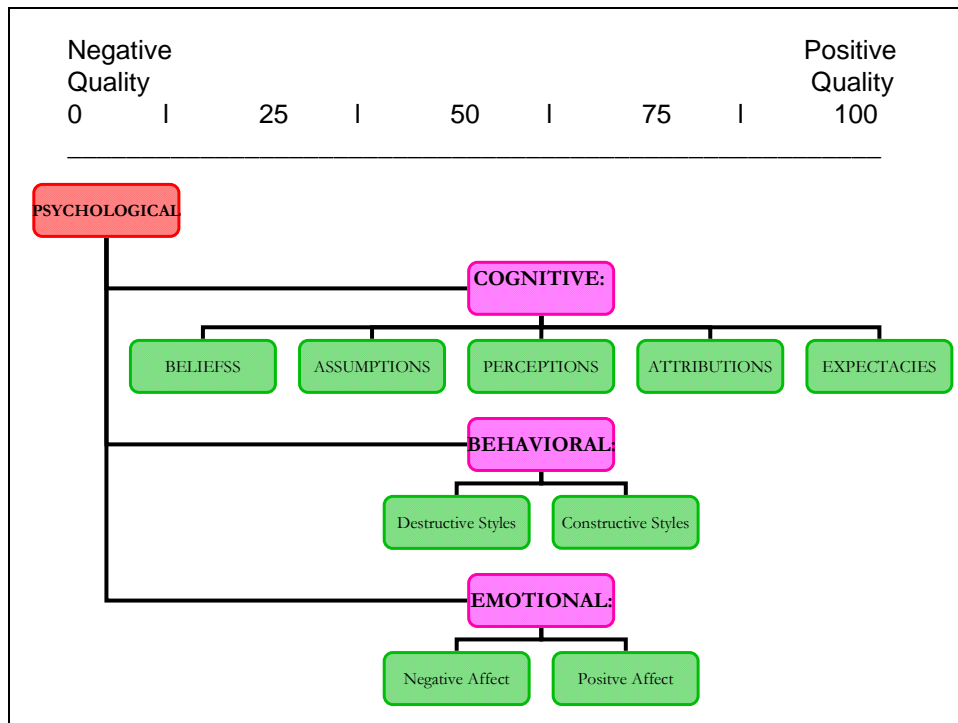
- 1. Learn the components of the comprehensive biopsychosocial approach to understanding and addressing men's sexual health problems in couple therapy.**
- 2. Learn detailed, distinguishing internal characteristics of men who sexually act out → shame and silence; fear of sexual failure; and 10 things men (and women) learn for couple sexual health.**
- 3. Identify basic strengths of men's sexual health (such as the 5 main purposes for sex, 3 styles of arousal, 3 basic learnings for sex drive regulation, 12 facets of intimacy) and how to integrate in couple therapy.**
- 4. Understand the features of the 'Good-Enough Sex' model and how they are essential to men's and couple's sexual growth, healing, and satisfaction: couple case illustrations.**

Features of the Integrative Approach



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

The Integrative Approach: Psychological Dimensions



10 THINGS MEN LEARN FOR COUPLE SEXUAL HEALTH

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1. He learns to positively value sex. Sex is intrinsically good; and accepting and affirming sex and his and his partner's sexuality is the foundation for his positive sexual self-esteem. He cooperatively blends with his partner the 5 purposes for sex (procreation, anxiety reduction, pleasure, self-esteem, and intimacy).
2. He is committed to developmentally integrating his maturing sexuality into his manhood. He affirms his sexuality as lifelong and developmental, involving physical, cognitive, emotional, behavioral, and relational features.
3. He grounds his sexual expectations on accurate and reasonable knowledge about sexual anatomy, physiology, psychology, and relationship health.
4. He places his ultimate sexual focus on intimacy. Sexuality is relational. He views his partner as his "Sexual Friend" and their relationship as an "Intimate Team." During periods when he may not have a significant partner, he anticipates developing and "growing" intimacy with his "virtual partner."
5. Sensual touch & emotional pleasure is valued as well as sexual performance.
6. He learns to self-regulate his sexual drive and arousal. He consciously (a) acknowledges, accepts, and respects his body's "*Biological Imperative*," (b) learns to manage his biologically natural tendency toward "*sexual objectification*," and (c) differentiates and integrates general emotions (e.g., loneliness) and sexual feelings (issue of "*emotional sexualization*").
7. He learns flexible sexual arousal. He copes with the enduring relationship problem of "sexual familiarity" by balancing and blending multiple styles of sexual arousal (self-entrancement, partner interaction, and role enactment) with his partner.
8. He becomes a leader in cooperation for intimacy with his partner. He learns to invest his honest emotions with his partner. He promotes mutual closeness, pleasure, stress reduction, soothing comfort, mutual self-esteem, playfulness, and joy in-and-out of the bedroom. He learns to lead constructive, mutually satisfying conflict resolution. Conflict presents the ordinary, day-to-day opportunity for he and his partner to cooperatively address it and thereby deepen emotional and sexual intimacy. *Sexual health and satisfaction are directly influenced by the quality of relationship conflict resolution.*
9. He, with his partner, embraces the standard of "Good Enough" Couple Sex characterized by realistic sexual expectations, acceptance of routine, pleasure over performance, grounded on relaxation, mutual pleasure, and mature playfulness.
10. He integrates his sexuality into his, and his partner's, daily life. The healthy sexual man integrates the daily events of life and blends this with his partner's, to create their realistic, distinctively personalized, and enriched sexual style. Mature sex "fits" real life, with philosophical / spiritual meaning.

Three Essential Sexual Health Learnings for Men

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

Task #1 →

You value and embrace your male sexuality as good. You accept the male “BIOLOGICAL IMPERATIVE” or “lust” without shame. You respect the fundamental power of sex and accept your need to self-regulate. You learn to regulate this drive with healthy sexual knowledge and attitudes, and with 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.

Task #2 →

You accept as normal and healthy your male biological tendency to OBJECTIFY external sexual stimuli. Accepting this requires you to regulate this tendency toward sexual “objectification” by discipline of your cognitive focus (thoughts), and placing conscious priority to “personalize” your sexual relationship.

Task #3 →

You come to appreciate and handle the male tendency for “EMOTIONAL SEXUALIZATION”. To overlook your general 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 pornography misuse). 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.

Improving the Quality of Sex

The Purposes of Sex and The Styles of Arousal

© Michael E. Metz, Ph.D. (2002)

While prevalence studies consistently report frequent sex dysfunction among U.S. couples (40-50% of couples at any given time), an even greater percent (78%-95%) complain of common sexual difficulties (Frank, Anderson, & Kupfer, 1976; Laumann et al., 1994; Metz & Seifert, 1991). For example, sex partners sometimes complain of disagreements over sexual frequency, styles, and preferred behaviors (self pleasuring, oral sex, etc.), amount or quality of partner interaction, experiences of sexual boredom, hypersensitivity to the sexual partner, anxiety about intermittent sex performance problems, interpersonal conflicts over fertility prescriptions, whether or not to share fantasies, watch erotic videos together, or discomfort with sex.

Clinical experience has taught us that some of these sexual difficulties can arise from (A) differing goals or purposes for being sexual together; and (B) misunderstandings about the different styles of sexual arousal and the behavioral patterns that are typical for each.

(A) There are FIVE GENERAL FUNCTIONS OR PURPOSES FOR SEX:

- (1) Reproduction or procreation
- (2) Tension release or anxiety reduction
- (3) Sensual enjoyment or physical pleasure
- (4) Individual Self-Esteem and confidence
- (5) Relationship closeness or satisfaction

Reproduction or procreation is the "natural" or biological function of sex. *Tension release* or reduction of stress and anxiety is a common psychophysiological purpose of sex. Physical *pleasure* is thought to be the basic function of sex in long term, satisfying sexual relationships -- what keeps partners interactive. Individuals may also seek enhancement of their *self-esteem* through sex, and pursue feelings of self-worth, confidence, or pride in being and functioning as a sexual person. A fifth function is the use of sex for a variety of *relationship qualities*, such as love, affection, healing and joy. In healthy relationships, these are positive purposes. In dysfunctional relationships, the purposes are more negative, such as manipulation, destructive control, or hurt.

It appears that individuals typically pursue each of these five purposes for sex at one time or another in their lives. Often multiple purposes are pursued simultaneously. In fact, when the focus becomes too singular -- for example to reproduce or conceive at all cost as sometimes happens for infertile couples -- sex can become distressing, and even dysfunctional.

It also appears that the priority or ratio of one purpose to another can fluctuate significantly from time to time -- even day to day. For example, one partner may engage in sex with 40% of the purpose to feel the physical pleasure, 40% for relationship "love", 10% for self-esteem, and 10 % for procreation. The other partner may seek sex for 50% procreation, 20% self-esteem, 10% love, 10% tension release, and 10% for pleasure. The potential for conflicted sexual interaction then exists as the partners may feel this difference in "agenda". Realizing and accepting that we have sex for multiple and fluctuating purposes, clarifying the sexual agenda, and developing more partner congruence is helpful.

(B) There are THREE GENERAL STYLES OF SEXUAL AROUSAL -- that is, individuals get "turned on" in a combination of different ways or patterns (source: see Mosher, 1980).

(1) Sensual Self-Enhancement Arousal:

- becoming aroused by focusing upon one's own body, the wonderful physical sensations, the sensual pleasure;

(2) Partner Interaction Arousal:

- becoming aroused by focusing upon the partner, his/her body, his/her responses, and the "romantic" interaction with the partner;

(3) Role Enactment Arousal:

- becoming aroused by role playing with one's sexual partner, one's private imagination or fantasy, or acting out one's feelings or fantasies.

These styles behaviorally look different. The individual pursuing arousal primarily by "*self-entrancement*," for example, typically closes one's eyes, goes within, becomes quiet, and looks detached and passive. Routine, sameness, and stylized touch help this person to become aroused. On the other hand, the person who pursues arousal by "*Partner Interaction*" is very active, eyes open, looking at the partner, talkative (sex-talk or romantic, "sweet" talk), and energetic. This is the sexual style portrayed on television and in movies -- passionate and impulsive sex. The partner interaction person gets pleasure and excited by focusing attention outside one's body -- such as seeing the partner respond -- and getting carried away in sexual tension. The person aroused by "*Role Enactment*" finds fantasy, variety, and experimentation arousing, 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" such as massage oil, vibrator, dildo, etc. By imagination and trying new things, this person finds excitement and arousal through sexual playfulness, feeling a trust, freedom, and uniqueness with the lover.

Each style is common and one is not better than another. It is thought that men regularly employ "partner interaction" and women often use sensual "self-entrancement." While individuals appear to have a preference for one style, every person has the capacity for arousal by each style and may use them interchangeably. For example, an individual may begin love-making with role enactment, change to partner interaction, and then switch to entrancement. An individual's use of the three styles seems to vary over time. It is likely that there are developmental stages which individuals and couples go through. For example, early in a couple's sexual life, partner interaction seems common, giving way to individual entrancement and a more "sedate" sexuality for a while, then enlivened with role enactment, or a resurgence of partner interaction. Many individuals report that the fluctuations are probably not so stable, however, and that they may pursue a different type of arousal even from one sexual meeting to the next -- Tuesday, entrancement, "because I was very tired"; and Saturday, partner interaction because I was really appreciating my partner."

Sexual partners who may not realize that there are different kinds of arousal may misinterpret their partner's behavior in a hurtful, personalized way. For example, the primarily entrancement focused individual having sex with a partner interaction person would likely find the partner interaction individual's love-making efforts distracting (the looking, talking, heavy breathing, interacting, being expressive and passionate), and wonder why the lover is "interrupting" or seeming to work against their arousal. The partner interaction person, on the other hand, might interpret the entrancement partner as "disinterested", "rejecting", or bored. The potential for misunderstanding and hurt is evident.

Learning that people have different purposes and ways of getting aroused helps couples appreciate their differences and accept them. It also helps couples to cooperate so that both partners may feel respect and caring from the other as they mutually pursue satisfying sex for each other, and the preferred ways of getting aroused. Sharing and discussing one's sexual feelings, cooperating, and collaborating in pleasure, are perhaps the most crucial sexual skills.

ASSESSING THE 10 TYPES OF SEXUAL DYSFUNCTION (SD)

Michael E. Metz, Ph.D.

The 5 Physiological Types of SD

Consider possible medical and physical causes of and effects from your difficulty. Talk to your physician if you have concerns or want to rule out a medical factor.

1. Bio-Neuro-Hormonal System → Do you have congenital problems in your genetic, circulatory, neurologic, hormonal, or urologic system? These sources are very rare.

Yes _____ No _____
(What problem: _____)

2. Physical Disease / Illness → A number of illnesses can cause SD. If you have, or suspect you have, one of the illnesses below, it is important to talk with your doctor about the possibility. Some illnesses that can sometimes cause SD:

Diabetes mellitus	Cardiac disease	Vascular disease
Multiple sclerosis	Sleep apnea	Peyronies Disease
Hypothyroidism	Hypopituitarism	Hypogonadism
Polyneuropathy	Systemic lupus	Prostatitis
Lipid abnormalities	Chronic renal failure	Epilepsy
Hypertension	Cancer/chemotherapy	STD

Yes _____ No _____
(What Illness: _____)

3. Physical Injury → Injuries such as pelvic surgery, prostate surgery, or neurologic trauma can cause SD. This cause is infrequent.

Yes _____ No _____
(What Injury: _____)

4. Pharmacological side-effect → A number of medications, over-the-counter drugs, and illicit drugs commonly cause SD such as an antihypertensive, mental health medications, chemo-therapy. Agents include:

- (1) Cardiovascular drugs -- antihypertensives; diuretics; Antiarrhythmics.
- (2) Antidepressants medications (e.g., SSRI (e.g., Fluoxetine/Prozac); MAOIs, (e.g., phenelzine); heterocyclics (e.g., Amitriptyline/Elavil; clomipramine/Anafranil).
- (3) Antipsychotics: (e.g., thioridazine/Mellaril, trifluoperazine/Stelazine).
- (4) Antianxiety (e.g., alprazolam/Xanax; clonazepam/Klonopin)
- (5) Illicit drugs: marijuana (decreased desire); MDMA (ED, orgasmic delay)

Yes _____ No _____
(What agent: _____)

5. Health Habits → Do you have problematic health patterns such as smoking, poor cardio-vascular conditioning, over-training (e.g., marathon), sleep deprivation, drinking, overweight, drug abuse? These are common causes with aging.

Yes _____ No _____
(What Issue: _____)

(over)

ASSESSING THE 10 TYPES OF SEXUAL DYSFUNCTION (SD) -- 2

The 5 Psychological-Relationship Types of SD

Consider potential psychological and relationship causes and effects of SD:

6. Psychological System → Do you have a chronic, psychological character pattern or significant mental health problem such as bipolar mood disorder, obsessive/compulsive, dysthymia, or generalized anxiety disorders? These causes of SD are infrequent.

YES _____ NO _____
(What problem: _____)

7. Individual Psychological Issues → Individual psychological issues, current psychological stresses such as depression, anxiety due to work stresses, parenting, loses, are common causes and effects of SD.

YES _____ NO _____
(What issues: _____)

8. Relationship Issues → Are you and your partner experiencing relationship distresses such as unresolved emotional conflicts, alienation, loneliness. Such issues are common causes and effects of SD.

YES _____ NO _____
(What issues: _____)

9. Psychosexual Skills Deficit → Do you doubt your lovemaking skills? Do you lack knowledge about your body, your partner's body, hold unreasonable expectations about sexual performance; lack essential sensual skills for arousal, interpersonal skills such as warmly talking of sex, cooperating to make sex comfortable and to achieve sexual satisfaction. Skills-deficits are very common causes and effects of SD.

YES _____ NO _____
(What skills deficit: _____)

10. Multiple or "Mixed" Sexual Dysfunction → It is common (1/3rd of SD?) for individuals and couples to experience multiple SDs, often interacting with multiple causes and effects. For example, a woman's dyspareunia may interact with the man's erectile dysfunction; or the man's premature ejaculation interact with the woman's orgasmic difficulties.

YES _____ NO _____
(What issues: _____)

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.

Table 6.2

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

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

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

“Good-Enough Couple Sex” is Great Sex.

Michael E. Metz, Ph.D. & Barry W. McCarthy, Ph.D.

Many - when they first hear us propose putting into practice Good-Enough Couple Sex - think we're encouraging acceptance of mediocre or second-rate, bland, take-what-you-can-get, boring sex. To the contrary, the Good-Enough Couple Sex model summarizes the developmental principles for satisfying sex without hype. It serves as a blueprint for a genuine, pleasurable, realistic, playful, intimate, erotic, flexible, satisfying sexual life.

HOW IS "GOOD-ENOUGH SEX" GREAT SEX ?

1. You feel more self-assured and proud of yourself as a sexual person because the Good-Enough Sex model is based on positive, realistic expectations.
2. You gain a sense of self and other acceptance because you view sex in realistic terms, seeing sex as a part of unfeigned life and an honest intimate relationship.
3. You accept yourself and your partner as authentic persons, not mythic figures.
4. You understand and view your sex life as a normal part of life, not hype with its pressure to be someone you are not or pressure to sexually perform in ways that don't fit your actual body and your genuine self.
5. You can accept variable sex with its passionate and “wild” times, special and intimacy times, as well as accept the mediocre times without disappointment and panic because together you find flexible ways of making love that fit your life's situation.
6. You feel more confidence about your sexual function and flexible because you understand there are multiple reasons for having sex, and multiple ways of becoming aroused. You can be flexible because you are an intimate team and have options and choices for pleasing yourself and each other.
7. You feel anxiety-free because your solid focus as a couple is mutual pleasure, not the Hollywood movie pressure of perfect performance.
8. You feel comfortable with your partner because you endeavor to cooperate as an “intimate team.” Together you are open to a variety of meanings in your sexual life – fun, pleasure, comfort, tension reduction, playfulness, consolation, spirituality.

What makes Good-Enough Couple Sex great is that it is not “great” in the perfectionistic performance sense but in the sense of emotional acceptance and relationship playfulness, cooperation, intimacy, pleasure and eroticism. It is a case where reality really is better than fantasy.

COUPLE C-B-E INTERACTIONAL ANALYSIS WORKSHEET

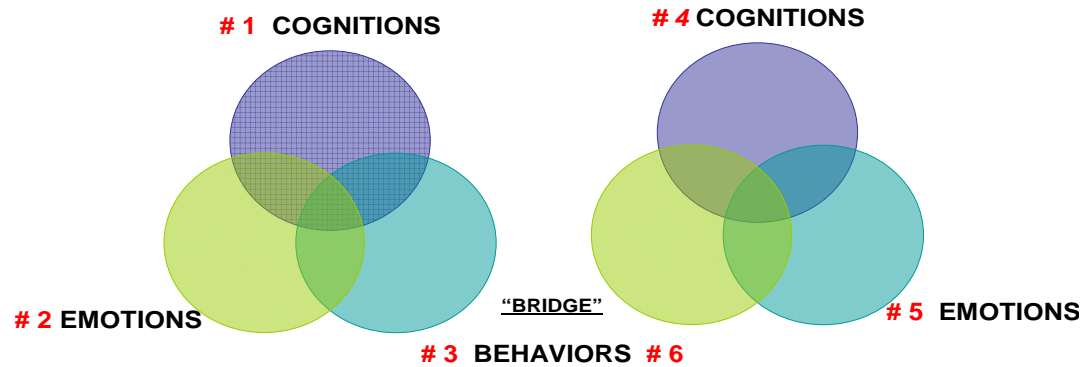
Michael E. Metz, Ph.D.

Name: _____

Name: _____

1 cognitions

4 cognitions



2 emotions

3 ← behaviors → # 6

5 emotions

