

**Session 104**

**Couple Conflict Resolution  
 with Sexual Problems.**

Michael E. Metz, Ph.D.  
 Meta Associates  
 821 Raymond Avenue, Suite 440  
 St. Paul, MN 55114  
 Voice: 651-641-9317; fax 651-642-1908  
 www.MichaelMetzPhD.com

**HEALTH CONTINUUM**

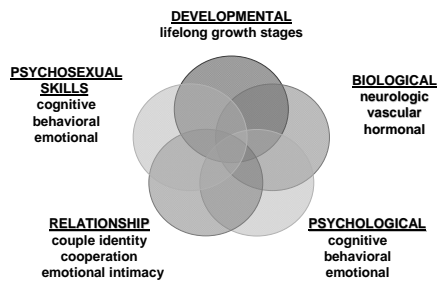
**ILLNESS**  
 pain,  
 distress  
 dysfunction

**RELIEF**  
 No pain,  
 absence of distress,  
 function

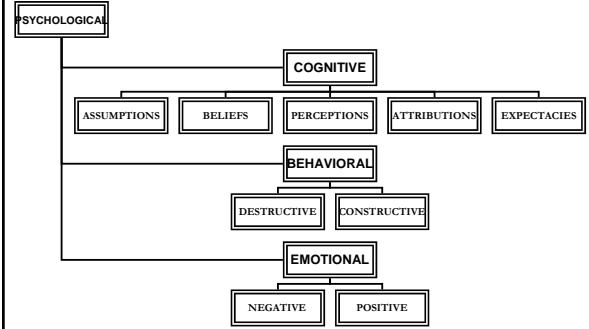
**HEALTH**  
 pleasure,  
 satisfaction,  
 intimacy

Michael E. Metz, Ph.D.

**Sexual Health & Satisfaction  
 Features of the Biopsychosocial Integrative Model**



Negative Quality 0 | 25 | 50 | 75 | 100 Positive Quality



**Some Descriptive Sexual Data About Adults**

1. Men have an approximately 6 sexual partners in life, and women 5 partners.
2. 75 - 80% of men are sexually faithful lifelong, and 80-85% women.
3. Committed couple sex frequency is 1- 2 x week.
4. Sexual dysfunction (SD) is "normal" (average) – most men and women experience a SD by age 40.
5. Physically healthy women and men are sexually functional lifelong.

**Some Descriptive Sexual Data about Adults**

6. 68% of single men and 48% of single women masturbate regularly.
7. 57% of married men and 37% of married women masturbate regularly.
8. 27% of men (8% women) masturbate at least 1 time per week.
9. 94% of men and 84% of women have sexual fantasy more than several times per month.

**National Health and Social Life Survey (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%

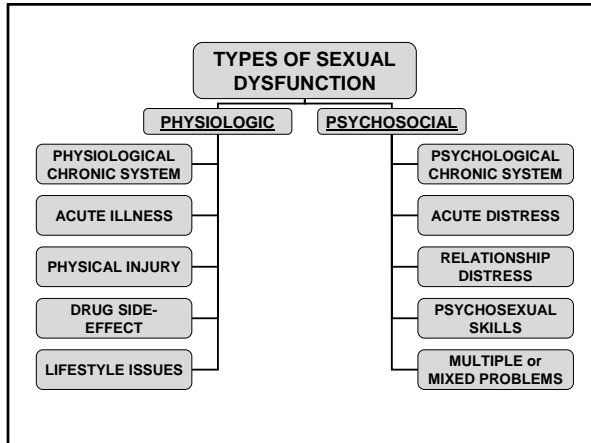
(N = 1,740, ages 19 – 59)

**National Health and Social Life Survey (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)



**Some Medical Illnesses Associated with SD**

- |                        |                         |
|------------------------|-------------------------|
| Alcohol abuse          | Diabetes mellitus       |
| Sleep disorders        | Peyronie's Disease      |
| Hypothyroidism         | Polyneuropathy          |
| Lipid abnormalities    | Cardiac disease         |
| Systemic Lupus         | Cancer                  |
| Parkinson's Disease    | Hypopituitarism         |
| Multiple sclerosis     | Epilepsy                |
| Chronic renal failure  | Hypogonadism            |
| Cardiovascular disease | STDs                    |
| Toxemia                | UTIs / urethritis       |
| Prostatitis            | cerebral tumor          |
| Arteriosclerosis       | Endocrine abnormalities |

**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 beauty -- 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 together, etc.).
- **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 each 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.

**Relationship Conflict Research Findings**

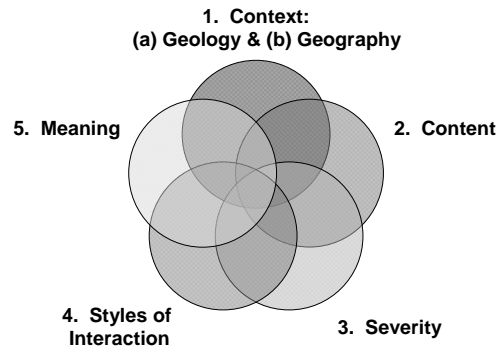
Metz & Epstein, 2002. The role of relationship conflict in sexual dysfunction. Journal of Sex & Marital Therapy, 28, 139-164

1. Relationship conflict is normal. The important factor is how constructively couples resolve their differences.
2. Mutual conflict resolution is essential for satisfaction: the emotional core.
3. Cognitions are crucial as they strongly influence satisfaction and communication.
4. Conflict resolution styles are fundamental. Couples who address their conflicts with constructive styles (e.g., assertion, cooperation), avoid destructive styles (e.g., aggression, withdrawal), and resolve their conflicts with mutual satisfaction and equity, are more likely to be satisfied.
5. Distressed couples display gender differences in resolution styles.
6. Satisfied couples blend / merge gender differences in conflict resolution styles.
7. Healthy couples are non-aggressive. There is no empirical evidence that expression of verbal or physical aggression is ever helpful in an intimate relationship.

## Types of Relationship Cognitions

- **Assumptions** – what each believes people and relationships actually are like; the set of characteristics typical of a partner.
- **Standards** -- what each believes people and relationships should be like.
- **Selective Attention (perception)** – what each notices about the partner, the relationship, and the environment; what an individual notices, depending on factors such as the individual's emotional state, level of fatigue, prior experiences in similar situations.
  - “Filtering”; “selective abstraction” (Beck et al., 1979), “negative tracking” (Jacobson & Margolin, 1979), or “sentiment override” (Weiss, 1980) – the selective attention or bias that is commonly unaware to the partners.
- **Attributions** – causal and responsibility explanations for relationship events; one's causal explanations for relationship events, which serve to increase an individual's sense of understanding and control over complex relationship events.
- **Expectancies** – predictions of what will occur in the relationship in the future; outcomes or efficacy. (source: Epstein & Baucom, 2002)

## The 5 Features of Relationship Conflict



## The Conflict Resolution Styles of the SCI Model

<b>Engaging</b>	positive <b>ASSERTION</b>	verbal / physical <b>AGGRESSION</b>
	<b>ADAPTATION</b>	
<b>Avoiding</b>	<b>SUBMISSION</b> or <b>YIELDING</b>	<b>WITHDRAWAL</b> <b>DENIAL</b>
	<b>Constructive</b>	<b>Destructive</b>

## Manifestations of Regulation Problems: Compulsive Sexual Behavior (CSB)

--> Detrimental excessive preoccupation with sexual content:

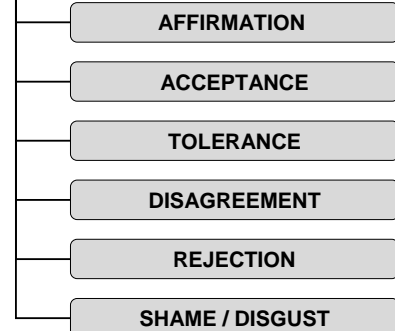
- extreme frequency of masturbation (e.g., 5x/die).
- inability to limit Internet pornography (e.g., > 1 hour week).
- prostitution “customer” or “John.”
- anti-intimate sexual activity
  - for example frequenting “strip bars”
    - more than several times a year.
    - over the objection of partner.
    - involving significant financial costs.
- excessive or rigid sexual demands (rather than requests) with the partner.

## Visual Pornography Continuum

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

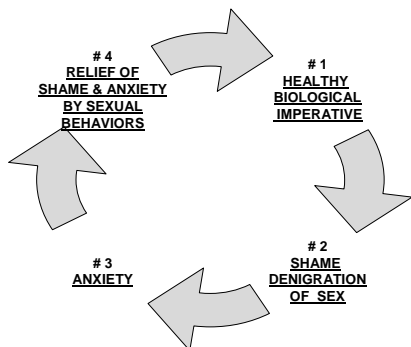
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## EMBARRASSMENT CONTINUUM



## The Compulsive Sexuality Cycle

Michael E. Metz, Ph.D.



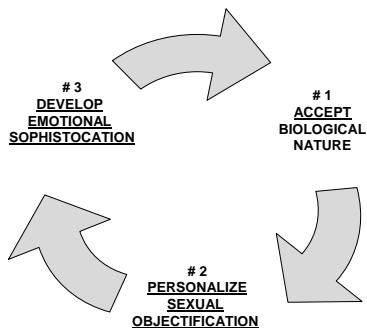
## Three Forms of "Love"

(H. Fisher, 2004)

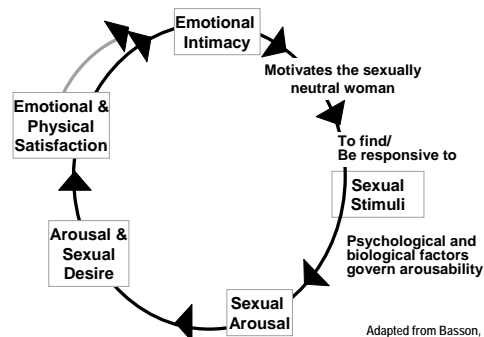
- **LUST**, sex desire, drive, passion --> the craving for sexual gratification, associated primarily with testosterone and related brain pathways in both sexes. **Function:** Reproduction.
- **ROMANTIC LOVE**, infatuation --> characterized by ecstasy, heightened energy, focused attention on a preferred mating partner, "attraction," obsessive thinking and craving for him or her; associated with elevated activity of dopamine and probably also with low levels of serotonin. **Function:** to motivate to select preferred specific partner features.
- **ATTACHMENT** pair-bonding / union / parenting --> feelings of calm and emotional union with a long-term partner. Associated with oxytocin and vasopressin and their neural circuits. **Function:** to motivate emotional bonding for infant survival.

## The Healthy Sexual Regulatory Cycle

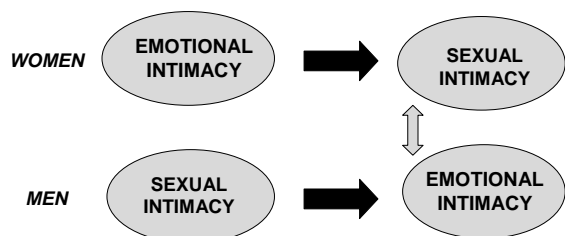
© Michael E. Metz, Ph.D.



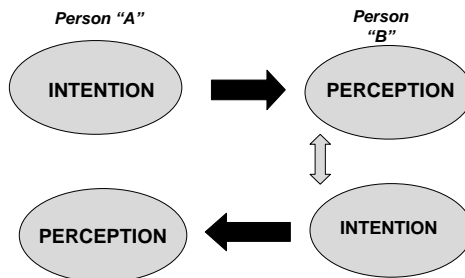
## Integrative Cycle of Female Sexual Response



## Emotional & Sexual Cohesion



## Intent vs. Impact Interaction



APPENDIX:

ASSESSING THE FIVE FEATURES OF RELATIONSHIP CONFLICT

*In evaluating relationship conflict, several qualities may characterize the disagreement and offer unique information about a particular couple's conflict. The following areas of assessment summarize the basic areas to probe during a clinical interview. The interview material can be supplemented by self-report questionnaires.*

1. **Conflict ENVIRONMENT**

This feature considers the “**Who**,” “**Where**,” and “**When**” of the couple's conflict. What are the descriptive patterns of conflict?

*Probes of remote features:*

- What individual personality traits, mental health difficulties (e.g., depression, anxiety), or unresolved issues in your personal history may play a role in the conflicts that occur between the two of you?
- When you and your partner have gotten into conflict or disagreement in the past, what positive ways have you dealt with it? What negative ways?
- What unsettling events in the past have influenced the way(s) you and your partner approach conflict resolution now?

*Probes of immediate features:*

- Do you currently have any medical problems that seem to have an effect on your relationship? If so, please describe.
- Where do you usually have conflict?
- Describe any patterns in the times when you typically disagree/argue/fight? Any particular days? Any particular time(s) of the day?
- What happens before the conflict—what circumstances seem to “set the stage”?
- Who else is present or nearby when you have conflict?
- How long does the disagreement typically last?
- What happens after the disagreement?

2. **Conflict SUBJECT or AREA**

This feature considers “**What**” the couple is fighting about? What subject or topic becomes the focus of the fighting?

*Probes:*

- How much do you disagree about each of the following topics?

__religious practices	__parenting	__making decisions
__politics/ideas	__lifestyle/recreation	__household chores
__sex	__sense of humor	__career/work
__finances	__past histories	__alcohol/drugs

\_\_friends                      \_\_how to act or behave  
 \_\_in-laws/relatives        \_\_goals in life/philosophy/ideas  
 \_\_time together            \_\_other:

### 3. **Conflict SEVERITY**

Severity combines the **frequency** and **intensity** of the couple's conflict.

*Probes:*

- How frequently do you have disagreements or conflicts in your relationship?
- How emotionally intense are your relationship disagreements?
- How long do they last?
- How upset are you/your partner about the relationship conflict or disagreement?

### 4. **The STYLES of Interaction**

This feature considers "**How**" the partners respond to each other when disagreement occurs? What are the behavioral patterns, such as assertion, aggression, playfulness, withdrawal, submission, and denial?

*Probes:*

- How do you deal with your partner when you have a disagreement? If I were watching, what would I see you doing?
- How do you engage your partner during conflict: cooperate, confront, act playfully?
- How do you avoid your partner during conflict: yield, evade, withdraw?
- How do you perceive that your partner typically behaves toward you when you disagree? If I were watching, what would I see your partner doing?

### 5. **The MEANING of Relationship Conflict**

This feature considers "**Why**" this couple is fighting. The meaning of conflict involves the goals that each member of the couple has, which appear to be blocked, or potentially blocked, by the intentions or behaviors of the other person. What does the disagreement mean to each member of the couple, in terms of his or her goals and the attributions that the person makes about the partner?

*Probes:*

- What thoughts typically go through your mind about your partner and the conflict when the two of you are having a disagreement?
- What is it that you focus on that is upsetting to you when you have a conflict?
- When you and your partner get into conflict or disagreement, what do you think causes the conflict?

- What is upsetting to you about the fact that you and your partner have a conflict or disagreement in this particular area? Describe any ways in which the conflicts between the two of you are based on having different beliefs about how your relationship should be.
- What do you expect will result when the two of you discuss important topics in your relationship?
- Ideally, what would you like to see happen when you and your partner disagree about an area of your relationship?
- What would ultimately calm you or make you feel satisfied when a conflict occurs between the two of you?

# COUPLE C-B-E INTERACTIONAL ANALYSIS WORKSHEET

Michael E. Metz, Ph.D.

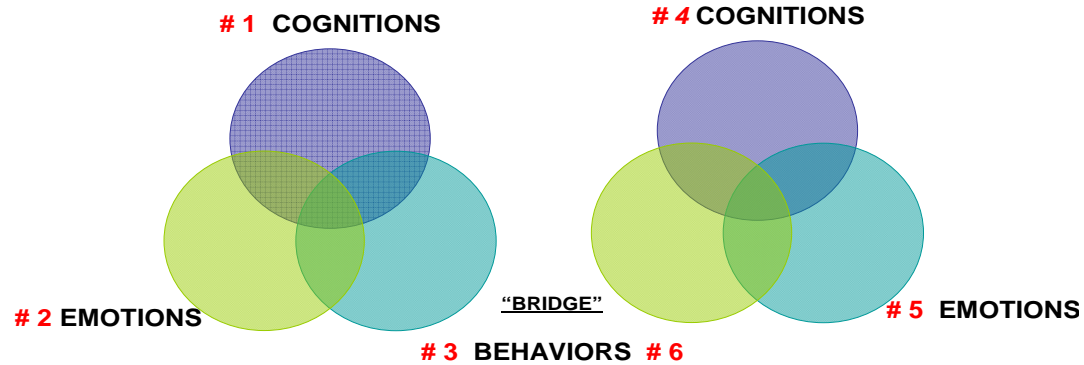
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Name: \_\_\_\_\_

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

# 1 cognitions

# 4 cognitions



# 2 emotions

# 3 ← behaviors → # 6

# 5 emotions

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

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[www.MichaelMetzPhd.com](http://www.MichaelMetzPhd.com)

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Couple therapy designed to help couples heal – BRIDGE-BLEND-BOND – 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 PREVENTION:**

- (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.
-

## ***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.

## Bridge – Blend - Bond

Bridge



Blend

Bond

## Session “resources”

Session handouts and PowerPoints are available from my website:

1. [www.MichaelMetzPhD.com](http://www.MichaelMetzPhD.com)
2. “resources”
3. “workshop slides”

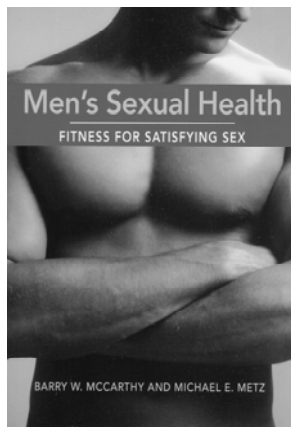
Metz books and recommendations for professionals are also available from my website:

1. “Books”
2. “Book Recommendations”

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

*Men's  
Sexual Health:  
Fitness for Sexual  
Satisfaction.*

Routledge, NY 2008

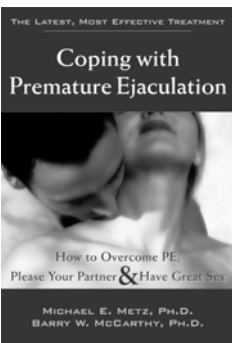
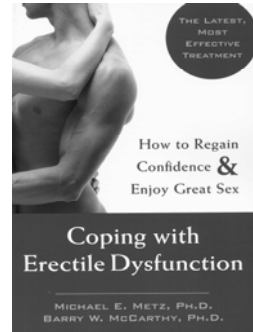


Michael E. Metz Ph.D.  
Barry W. McCarthy Ph.D.

*Coping with  
Erectile Dysfunction:  
How to Regain Confidence &  
enjoy Great Sex*

New Harbinger, Oakland, CA. 2004  
(translations: Italian; Korean; Turkish,  
& Vietnamese languages.)

★ Given the SSTAR 2007  
Best Sexual Health Book award.



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

*Coping with  
Premature Ejaculation:  
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Have Great Sex*

New Harbinger, Oakland, CA. 2003  
(translations: Italian; Korean, Turkish, & Vietnamese  
languages.)

The Good Enough Sex Approach  
Book for Couples – release summer 2010

● Title:

*“Enduring Desire:  
Your Guide to Lifelong Intimacy”*

*Michael E. Metz & Barry W. McCarthy*

*Routledge Publishing, NY 2010*