

*American Association for Marriage & Family Therapy (AAMFT)  
September 23, 2010 -- Atlanta, GA USA*

## **Institute 112**

### **Healing Fractured Couples With Male Sex 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](http://www.MichaelMetzPhD.com)

---

#### **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) 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.**

# *Very Important Principles of Relationship Satisfaction*

© Michael E. Metz, Ph.D., 2002

---

- ***The Relationship is the Overall # 1 Priority.***

Satisfied couples have the highest priority on their relationship – before careers, kids, relatives, leisure activities, etc. although in real life at times other priorities may draw more attention and focus for a while. In healthy couples, each partner knows he or she is the # 1 priority to the other, no matter what. This is the foundation of feeling “special.”

- ***Healthy Relationships are Founded in Personal Equality.***

An indispensable principle of many contemporary satisfying relationships is that partners are “equals” and operate as a “team” together. While gender roles may influence some role or task allocations, each person is of equal value or worth in the relationship.

- ***There is a priority on Cooperation.***

Satisfied couples cooperate, not compete. Couples cooperate to establish overall mutual empathy (feelings) and mutual conflict resolution (behavior).

- ***Partners interact from the principle of “Give to Get” – each puts the partner’s feeling and satisfaction first.***

Putting the other person first builds resentments when it is not reciprocated. When both put the other’s feelings and happiness first, and then seek one’s own emotional satisfaction in the problem solving, the emotional benefits can be wonderful.

- ***There is a Priority on Mutual Emotional & Sexual Empathy.***

Emotional empathy (acceptance, affirmation, comforting, support, understanding) with sexual involvement is the “glue” of intimacy. It is fundamentally important in healthy, satisfying relationships. Above all else, most individuals look to their marriage for empathy, and emotional and sexual wellbeing.

- ***Partners Distinguish Feelings and Behaviors.***

Feelings and behaviors are different. Healthy couples “track” this difference, being careful to not automatically link their own feelings with the other’s behaviors. Feelings are not caused by another’s behavior, but rather by one’s *interpretation* (thoughts about) or attribution of the meaning of that behavior. When feelings are joined with behaviors (rather than the perception of the behaviors), the person trying to understand and empathize with the partner’s feeling will feel blamed, and “trapped” into agreeing with the other’s causal attribution for the feeling (blame). When feelings are not distinguished from behaviors, it opens the door to emotional exploitation, conflict and gridlock. For example, if I tell you that I am angry (the feeling) because of what you did (the behavior) rather than how I interpreted your behavior (and how that feels), I am unwittingly using my anger (feeling) to coerce a change in your behavior. Or, if I adopt a quiet, irritated stance, I unwittingly use this emotional avoidance to coerce a change in the other’s behavior. These are examples of emotional exploitation -- the use of feeling to pressure the other for a behavioral resolution to the conflict. Satisfied couples avoid emotional exploitation; they affirm each other’s feelings first, and then cooperate to mutually problem-solve any behaviors.

- ***All Conflict Resolution has as its Goal Mutual Emotional Satisfaction.***

In happy couples, conflicts are resolved with emotional satisfaction for each partner. The goal is to work out wise solutions that are emotionally pleasing for BOTH partners → “Win-Win” resolutions. On the other hand, when one person wins and the other loses, both will eventually lose and the resolution will fail. When each partner feels emotionally satisfied, the resolution perpetuates itself because it feels good, is an improvement, a better way.

**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 %

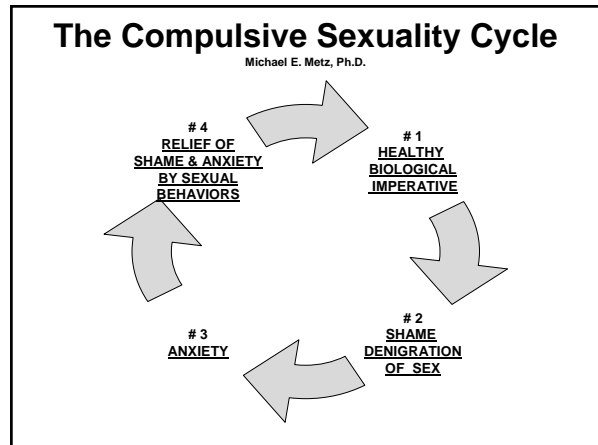
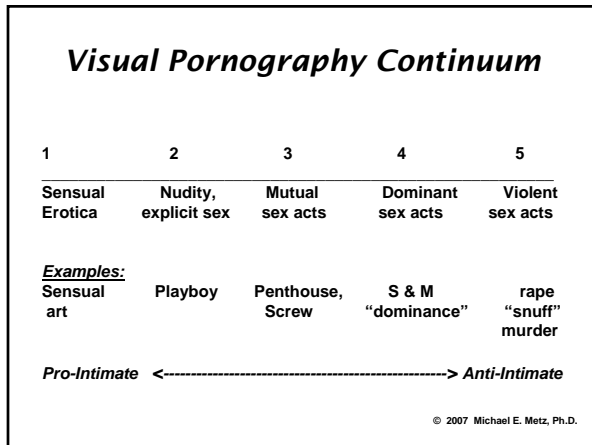
(N = 1,410, ages 19 – 59)

**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)



**"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 1 2 3 4 5 6 7 8 9 10  
Never Almost  
Always

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

0 1 2 3 4 5 6 7 8 9 10  
Fantasy Always  
Only Behavior

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

0 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20  
← mild moderate severe →

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

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

## Recognizing Compulsive Sexual Behavior

---

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?

## Appreciation of Biopsychosocial Human Sexual Drives

Michael E. Metz, Ph.D.

---

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)

---

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

© Michael E. Metz, Ph.D. (2005)  
[www.MichaelMetzPhD.com](http://www.MichaelMetzPhD.com)

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.**

## ***Dimensions of the “Good-Enough Sex” Model For Couple Satisfaction***

Michael E. Metz, Ph.D. & Barry W. McCarthy (2010, 2008, 2007, 2004, 2003)

---

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., (2008). *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.

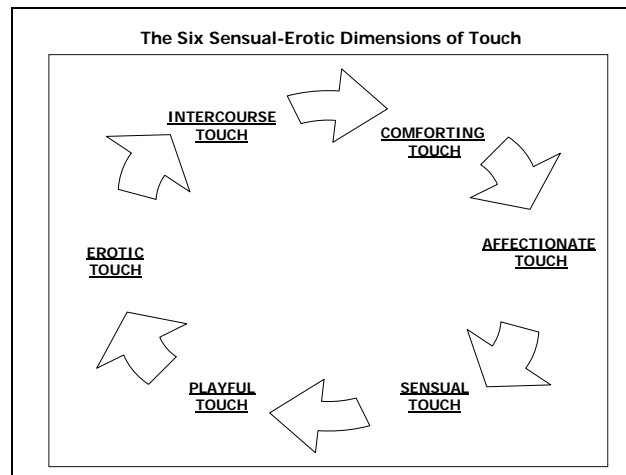
### The Quality of Good-Enough Sex in Well-Functioning, Satisfied Married Couples

<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

## The Six Sensual-Erotic Dimensions of Touch

(Michael E. Metz, Ph.D., Blending Sexual Meanings workshop)



Couples promote "erotic flow" with the multiple dimensions of touch:

1. **Comforting touch** refers to non-sexual touch that occurs during exceptional times of stress or challenge such as a work crisis, hospitalization or illness, major disappointments, a parenting emergency, or death in the family. Comfort touch is an important physical connection that usually takes place outside the bedroom and "tenderizes", soothes and enhances your relationship. Comforting touch provides the safe-harbor in life. Comforting touch is not sexual nor is it frequent, but it is essential to a cohesive, bonding climate that can facilitate sexual interest and receptivity. When this touch is secure, the couple is free to balance intimacy with eroticism and sexual experimentation. On a 10-point erotic flow scale, comforting touch anchors partners at about 1.
2. **Affectionate touch** refers to non-sexual touch that occurs in day-to-day closeness and indicates caring and fondness. It includes warm embraces, holding hands to reinforce feelings of intimacy, clothes-on kissing, and hugging to congratulate and celebrate. Affectionate touch forms part of the couple's relationship environment in which sensual and erotic feelings thrive, at about 2.
3. **Sensual touch** includes non-genital holding, stroking, cuddling, and massage. Sensual touch involves receptivity and responsiveness and is the start of the sexual process. On the 10-point scale, sensuality is 2-4.
4. **Playful touch** intermixes non-genital and genital touch and can include whole body massage, romantic or erotic dancing, showering or bathing together, fun or seductive touch, and sexual playfulness like strip poker or Twister. On our pleasure scale playful touch is 4-6.
5. **Erotic, non-intercourse touch** involves manual, oral, rubbing, or vibrator stimulation and sometimes taking emotional and sexual risks ("stretching"). Levels of pleasure can be from 7-10 (orgasm). Some people really enjoy the erotic flow to orgasm, while others strongly prefer being orgasmic during intercourse.
6. **Intercourse** is the fifth dimension of pleasure. Both conceptually and in terms of technique, intercourse is best understood as a natural continuation of the pleasure/erotic flow process. However, you risk problems when you set up intercourse as a pass-fail test apart from the pleasuring process. Young couples learn to switch to intercourse as soon as they can (at levels 4 or 5 of pleasure), based on whether the male has an erection and the woman is beginning lubrication. A very important psychosexual skill is to learn to transition to intercourse at high levels of arousal: 7 or 8 on the 10-point scale.

Each dimension of touch has value as a way to experience pleasure. Many couples fall into the trap of intercourse or nothing. In other words, if touching is more than comfort/affection, the demand is to continue to intercourse. So if you are not interested in intercourse, you don't engage in sensual, playful, and certainly not erotic touch. This approach sets you up for the traditional sex power struggle, with the man resenting lack of intercourse frequency and the woman feeling that her need for intimacy and touch is subverted by his intercourse focus. Like most power struggles, this is both unnecessary and unwise. Valuing each type of touch for itself, stemming from an awareness of choices for pleasurable connection, is a solid base for quality couple eroticism and intimacy.

**Table 11-2**

**Regular Sex is Your Intimacy Blender**

The regular frequency of sex ensures that the moods and events of life are brought to your lovemaking. Regular sex provides an “intimacy blender.”

<b>Sexual Environment</b>	<b>Example</b>
● <b>“Spirited Sex”</b>	when you feel full of life and vigorous.
● <b>“Standard Sex”</b>	when life is uneventful, sex is a shared pleasure.
● <b>“Passionate Sex”</b>	wild, lustful, animalistic, abandoned, shameless sex; taking your partner and being taken; rough, undisciplined, rowdy, raucous, unruly, noisy, boisterous sex.
● <b>“Make-up Sex”</b>	after an argument.
● <b>“Compassionate Sex”</b>	sex for soothing comfort after a major event such as the funeral of a loved one.
● <b>“Bad Mood Sex”</b>	during despondent or glum moments.
● <b>“Angst Sex”</b>	sex for tension or stress release.
● <b>“Vacation Sex”</b>	on a holiday or escape trip.
● <b>“Role Play Sex”</b>	when you’re “stretching” and experimental.
● <b>“Transcendent Sex”</b>	sharing sex “under the stars”, appreciation of the ultimate meaning of life, love, spirituality.

Metz & McCarthy, (2010). **Enduring Desire: Your Guide for Lifelong Intimacy**. NY: Routledge.

# COUPLE C-B-E INTERACTIONAL ANALYSIS WORKSHEET

Michael E. Metz, Ph.D.

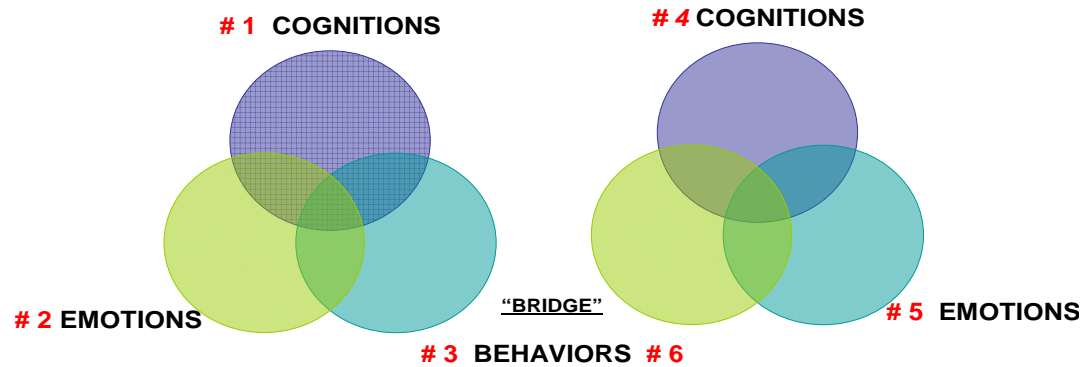
---

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

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

# 1 cognitions

# 4 cognitions



# 2 emotions

# 3 ← behaviors → # 6

# 5 emotions

Table 1

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

---

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.”

**Table 1 Synopsis of Couple Therapy for Relationship Conflict**

*Michael E. Metz, Ph.D.*

---

Couple therapy designed to help couples heal relationship conflict 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, they achieve new meanings for their emotional, sexual, and relational bond.

**I. Bridging:**

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

**II. Blending**

- (8) creating mutual empathy with disciplined (regulated) communication;
- (9) understanding individual meanings regarding the behavior(s) at issue.
- (10) appreciation of value of gender differences and similarities (e.g., each partner seeks the cohesion, intimacy);
- (11) mutually blend their individual, divergent meanings appropriate to their values and unique relationship;

**III. Bonding & Relapse Prevention:**

- (12) facilitate reasonable couple conflict resolution incorporating behavioral agreements that are satisfying for each partner based on their blended meaning-making.
  - (13) learning psychosexual cognitive tools and behavioral skills that promote blending and bonding.
  - (14) design uncomplicated emotional healing gestures to deepen their intimacy.
  - (15) facilitate relationship and sexual playfulness.
  - (16) design relapse preventions; understand the difference between lapse and relapse.
  - (17) determine the essential cognitive, emotional, and behavioral strategies to maintain gains.
  - (18) schedule clinical follow-up to review compliance and revisit the relapse prevention plan.
-

## The 5 Basic Purposes for Sex

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

## Arousal Styles: Differences in Focus

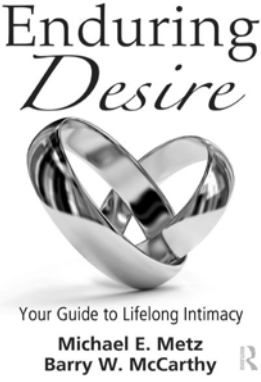
1. "**Partner Interaction**" focus on the partner. Person is active, eyes open, looking at the partner, talkative (romantic or "sweet" talk), and energetic. This is the sexual style on TV and in movies -- passionate and impulsive sex.
2. **Sensual "Self-entrancement"** focus on one's own body. Person 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.

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

**Enduring Desire:  
Your Guide for  
Lifelong Intimacy**

Fall, 2010  
Routledge, NY 2008

(This book is the  
"Good Enough Sex" approach  
for couples).




Your Guide to Lifelong Intimacy  
Michael E. Metz  
Barry W. McCarthy R

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

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

Routledge, NY 2008

Translations:  
Italian (2006).  
Korean (2006)  
Croatian (2010)



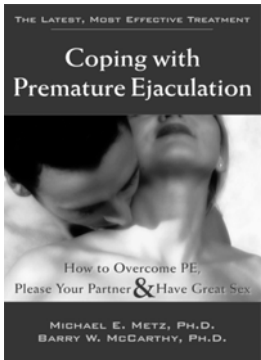
Men's Sexual Health  
FITNESS FOR SATISFYING SEX  
BARRY W. MCCARTHY AND MICHAEL E. METZ

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

**Coping with  
Premature Ejaculation:**  
How to Overcome PE, Please Your Partner &  
Have Great Sex.

Oakland, CA. New Harbinger Publications,  
2003.

Translations:  
Italian (2005)  
Korean (2006)  
Turkish (2007)  
Vietnamese (2009)



THE LATEST, MOST EFFECTIVE TREATMENT  
Coping with  
Premature Ejaculation  
How to Overcome PE,  
Please Your Partner & Have Great Sex  
MICHAEL E. METZ, Ph.D.,  
BARRY W. MCCARTHY, Ph.D.

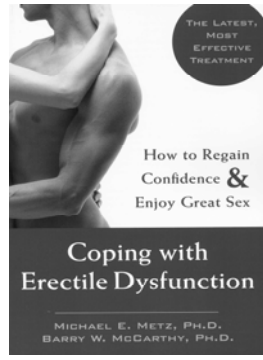
Michael E. Metz Ph.D.  
&  
Barry W. McCarthy Ph.D.

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

New Harbinger, Oakland, CA. 2004

Translations:  
Italian (2006).  
Korean (2006)  
Turkish (2007)  
Vietnamese (2009)

Awards:  
Recipient of 2007 SSTAR Book Award



THE LATEST, MOST EFFECTIVE TREATMENT  
How to Regain  
Confidence &  
Enjoy Great Sex  
Coping with  
Erectile Dysfunction  
MICHAEL E. METZ, Ph.D.,  
BARRY W. MCCARTHY, Ph.D.