

Workshop 707

Blending Sexual Meanings.

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Institute 708 --Bending Sexual Meanings.

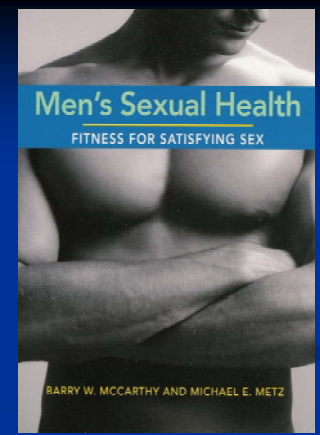
Learning Objectives:

1. understand that when the simple focus on a man's detrimental sex behaviors (only) sets-up his false promises and shallow acquiescence -- a risk factor for secrecy and repeated "betrayal";
2. appreciate the complexity --> learn the components of the comprehensive approach --> biopsychosocial, cognitive-emotional-behavioral approach individual and couple sexual health;
3. learn couple tools to help couples --> **BRIDGE – BLEND – BOND** sexual meanings.
 1. CASE ILLUSTRATION: John & Sarah

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

Men's Sexual Health: Fitness for Sexual Satisfaction.

Routledge, NY 2008

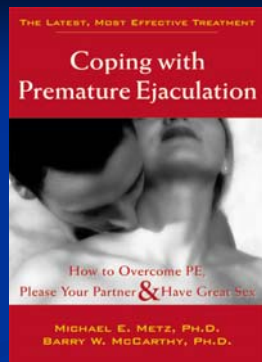


Michael E. Metz, Ph.D.
& Barry W. McCarthy, Ph.D.

Coping with 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)



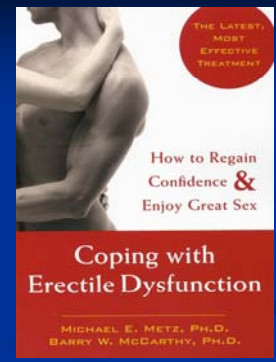
Michael E. Metz Ph.D.
Barry W. McCarthy Ph.D.

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

New Harbinger, Oakland, CA. 2004

Translations:
Italian (2006)

Awards:
Recipient of 2007 SSTAR Book Award



Most men are sexually healthy.

- While most men are sexually healthy, sexual problems – often hidden -- are a common reason committed couples seek therapy.
- One of the threatening conflicts and divisions common in some marriages surrounds problems with men's sexual health - sexual problems such as compulsive internet pornography, frequenting strip bars, an affair, or variant arousal patterns (e.g., fetishes).

Healing Couples...

- There is a high rate of repeated sexual "acting out" (internet porn misuse, strip bars, etc.) after earnest promises of reform ("I won't do it again").
- This suggests that one-dimensional, shame-based, behavior-only approaches are often inadequate to help men:
 - precisely address their sexual problems, and
 - subsequently set up the couple for on-going hurt and devastation when "lies" and "betrayal of trust" are compounded.

Individual Focus is not sufficient...

- Couple work is very important to assist the partners to:
 - (1) stabilize their distress, to prevent further harm.
 - (2) orient themselves to reasonable and healthy sexual relationship features.
 - (3) work together for mutual conflict resolution.
 - (4) facilitate healing and intimacy by mutually blending their sexual meanings appropriate to their unique relationship.

Blending Sexual Meanings is Based On:

- The man being accountable and responsible for his own sexual health.
- Respect for the biopsychosocial complexity of a man's & couple's sexual problems.
- Accurate knowledge and realistic expectations of male sexual arousal.
- Appreciating the important opportunity for couple growth.
- Honest strategies that help men regulate and balance sexual drive.
- Integrate sexual "meaning" with the partner to build trust and intimacy.

Our Focus Today...

- The comprehensive Integrative Approach.
- Kinds of Male Sexual Problems.
- 9 useful tools for male and couple sexual growth.
- Couple 3 "B"s – couple case illustration
 - Bridging
 - Blending
 - Bonding.

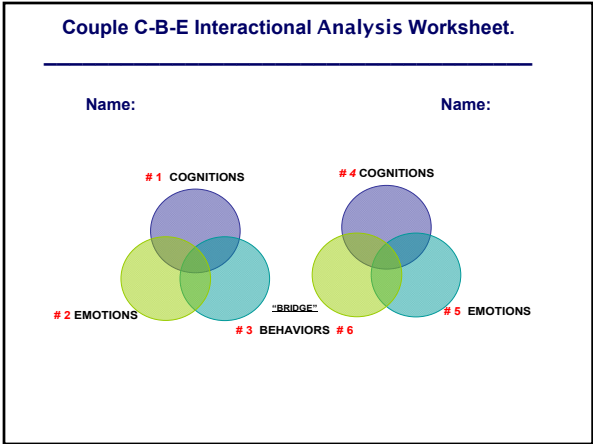
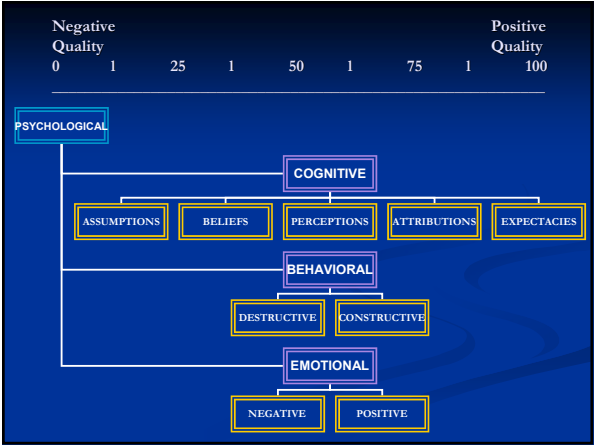
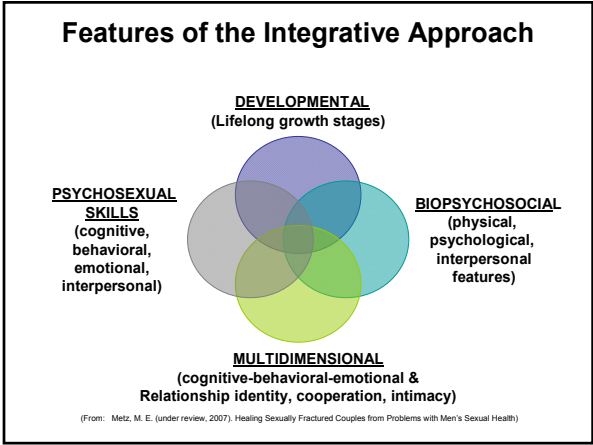
Health Perspective...

- Sexual problems offer an exceptional opportunity for the helping professional to offer support and to enhance the quality of life of the individual and couple.

Few medical or psychological problems so clearly offer the clinician not only the opportunity to relieve distress but also to *promote personal and relationship health and satisfaction.*

What is Your Model for Male & Female, and Couple Sexuality?

Understanding the Complexity of Sexuality



- ### Relationship & Sexual Satisfaction
- an **EMOTIONAL** dimension (i.e., feeling “good,” contentment),
 - grounded on the **COGNITIVE** dimension (i.e., “meaning”) to the individual and the couple,
 - about the **BEHAVIORAL** dimension (i.e., adequate cooperation and realistic function).

The Impact of ED on the Couple

Man:

Cognition:

"I am a failure. I want to but I can't please my partner. She is upset with me. I don't know what to do. I will fail again anyway. What's wrong with me? It is supposed to be automatic." "If this continues, she will eventually leave me."

Emotion:

anxiety, shame, frustration, embarrassment, anger, hopelessness.

Behavior:

profuse apology (shame), avoidance, silence, or defensiveness if approached; expressed irritation with self; resentment if "pressed" about it."

The Impact of ED on the Couple

Woman:

Cognition:

"I should turn him on. He's not, so I am a failure. He's quiet so he must be angry with me. I have to talk to him about it or it will get worse, never get better. I don't know what else to do. It will fail again anyway. He feels terrible and it is my fault." "I am not sexy, pleasing." "He doesn't love me..."

Emotion:

anxiety, irritation, loneliness, sadness.

Behavior:

engages the problem (e.g., "What's wrong?"), attempts to soothe partner, criticism or avoidance, silence, or irritation if approached.

*Blending Sexual Meanings is
important to couple intimacy.*

*Accurate Sexual Knowledge is
"A POWERFUL
"TOOL"*

"The problem isn't that people
know too little,
but that people know too much that
just ain't so."

● (Mark Twain)

Perspective on Sex Behaviors

- Some sexual behavior from representative sample data:
 - Michael, Gagnon, Laumann, & Kolata, (1994). *Sex in America: A definitive survey*. NY; Warner

Some Descriptive Sexual Data of Adult Men

1. Approximate average of 6 sexual partners in lifetime (women, 5).
2. > 75 - 84% are sexually faithful (80-85% women).
3. Average Couple Sexual frequency is 1-2 x week (varies by age).
4. Sexual dysfunction (SD) is "normal" (average) – most men (& women) experience a SD by age 40.
5. Men in good health sexually function life-long.

Some Descriptive Sexual Data of Adult Men

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

Reasons for Masturbation, by Gender

| Reasons for Masturbation | Gender of Respondent (%) | |
|--------------------------|--------------------------|-------|
| | Men | Women |
| To relax | 26 | 32 |
| Relieve sex tension | 73 | 63 |
| Partners unavailable | 32 | 32 |
| Partner doesn't want sex | 16 | 6 |
| Boredom | 11 | 5 |
| Physical pleasure | 40 | 42 |
| Go to sleep | 16 | 12 |
| Fear of AIDS/STD | 7 | 5 |
| Other | 5 | 5 |
| Total N | 835 | 687 |

Table 4x3:

The Appeal of Sexual Practices to Men and Women

| | % | |
|--------------------------------------------|-----|-------|
| | Men | Women |
| 1. Vaginal intercourse | 95 | 96 |
| 2. Watching partner undress | 93 | 74 |
| 3. Receiving oral | 79 | 73 |
| 4. Giving oral | 77 | 68 |
| 5. <u>Group sex</u> | 46 | 7 |
| 6. Lifetime anal intercourse (hetero) | 45 | 55 |
| 7. <u>Watching others</u> do sexual things | 40 | 17 |
| 8. Stimulating partner's anus with fingers | 26 | 15 |
| 9. Using vibrator/dildo | 23 | 17 |
| 10. Anus stimulated by partner's fingers | 22 | 18 |

Laumann et al., 1994

NHSL: Frequency of Sex

- 33% of Americans aged 18 to 59 have sex with a partner as often as twice a week:
 - 1/3rd = >2x+ week.
 - 1/3rd = a few times a month.
 - 1/3rd = a few times a year.

"Sex in America" (NHSL) Findings

- "The general picture of sex with a partner in America shows that Americans do not have a secret life of abundant sex." (p. 122)
- "Contradicting the common view of marriage as dull and routine, the people who reported being the most physically pleased and emotional satisfied were the married couples." (p. 124)
- Virtually all the people who were happy in general also said they were happy with their sex lives." (p. 130)

The Role of Sex in Marital Satisfaction

- When sexuality *functions well*, it is a positive, integral component in the relationship, contributing **15 – 20%** of satisfying, intimate feelings.
- When sexuality is *dysfunctional*, it plays an inordinately powerful role, from **50-75%**, draining the relationship of intimacy and good feelings.

BRIDGING --> BLENDING --> BONDING

SEXUAL MEANINGS

THE THERAPIST'S ROLE & RESPONSIBILITIES:

1. Provide the forum for cooperative couple work.
2. Provide fairness: "do no harm."
3. Provide clinical leadership – formulate constructive goals with couple.
4. Relationship satisfaction is the Ultimate Goal.
5. Provide optimism and hope.
6. Facilitate empathy and sexual satisfaction.
7. Promote couple capacity, skills.
8. Take care of yourself.

9 Blending & Healing Tools

1. Positive approach vs. shame & silence
2. Male Sexual Problems:
 1. Sex Dysfunction
 2. Sexual Disorders
 1. Compulsive sex cycle
 2. Paraphilia
3. 3 kinds of sex drives (Fisher).
4. Sex desire models: men and women.
5. 3 Learnings for Men's Sexual Health.
6. 5 positive purposes for sex.
7. 3 arousal styles.
8. 12 facets of intimacy
9. GES principles.

The Over-Arching Theme

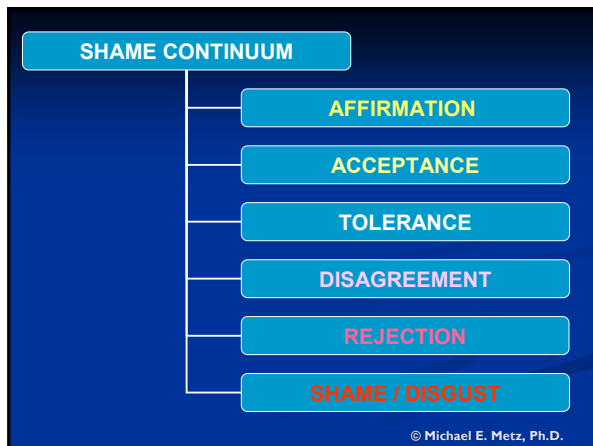
Value Sex Positively
&
Promote
Self-Esteem

Sexual Self-Esteem

- Accepting and affirming one's sexuality is the foundation for
 1. sexual self-esteem.
 2. openness & honesty (not avoidance).
 3. sexual self-regulation.
 4. positive engagement with his partner.
- "Self-esteem is the reputation you have with yourself." (Brian Tracy)
- "Self-esteem is that deep-down inside the skin feeling you have of your own self-worth." (Denis Waitley)

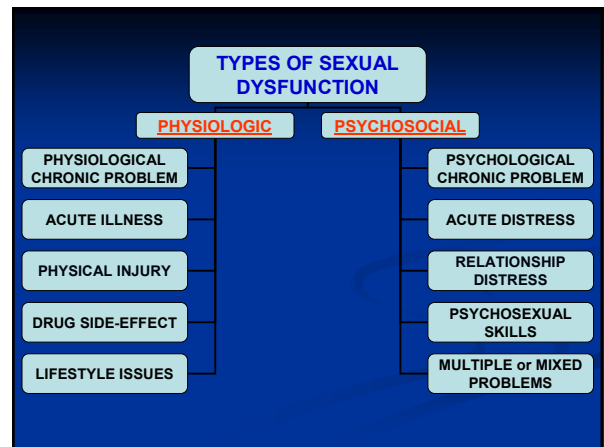
Male "Silence"?

- To what extent are men silent about honest sex feelings?
- If so, why? What is the function?
- "Who" defines male sexuality?
 - Culture, societal
 - Women
 - Men
 - Experience ("what works for performance, arousal")



Understanding Various Male Sex Concerns

- ## UNDERSTANDING SOME MALE SEXUAL CONCERNS
- A. Sexual Dysfunctions**
 - B. Sexual Difficulties & Special Issues**
 - A. Expectations
 - B. Loyalty issues
 - C. Sexual abuse
 - D. Orientation issues
 - C. Sexual Disorders**
 - A. Sexual identity
 - B. Paraphilia
 - C. Sex offending
 - D. Sexual compulsivity



Sexual Concerns: Severity

- Sexual problems are continuous variables, not dichotomous. --> each is complex, multicausal, multidimensional.
- Sexual concerns vary in severity and level of distress on a continuum:

← mild moderate severe →

A. SEXUAL DYSFUNCTION

- The inability to perform the sexual act with mutual satisfaction.
- Traditional classification is rooted in the physiologic stages of human sexual arousal

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)

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)

B. SEXUAL DIFFICULTIES

Common Sexual Difficulties

1. Frequency of sex – 98% partners discrepancy.
2. Expectations of Intercourse (e.g., length, style, positions, eye-contact...).
3. Variety and comfort with sexual practices
--> (e.g., foreplay, oral, length, anal, video use, S & M, apparel, sexual dancing, sex "toys" (e.g. dildoes, vibrators).
4. Roles: leadership, initiation of sexual activities, arousal styles, seduction, avoidance.
5. Acceptability of masturbation with/without partner.
6. Adaptation to STDs (e.g., herpes) & medical problems.
7. The meaning of sex dysfunction – ED, PE, ISD, pain.

C. SEXUAL DISORDERS:

--> often secrets:

1. Sexual Identity Disorders.
2. Variant arousal patterns (paraphilia).
3. Deviant arousal patterns (sex offense).
4. Sexual compulsivity:
 - e.g., preference for masturbatory sex rather than couple sex, especially use of the internet and pornography.

Some Sexual Disorders

- Gender Dysphoria
 - prevalence guestament: 1 in 20,000
- Transsexualism
 - prevalence guestament: 1 in 250.000
- Paraphilic arousal patterns
 - prevalence guestament: 1 in 30
- Sex offending
 - prevalence guestament: 1 in 500

Sexual Problems

- Variant arousal patterns

Paraphilia

(variant 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?

Some Paraphilic Arousal Content

- Fetishism (e.g., foot).
- Transvestism (cross dressing for arousal) (w/ or w/o gender dysphoria).
- Frotteurism (rubbing against).
- Pedophilia (children).
- Exhibitionism (exposing to unsuspecting).
- Voyeurism (peeping).
- Sado-masochism (pain).
- Necrophilia (corpse).
- Urophilia (urine)

Severity of Variant Arousal Patterns (Paraphilia)

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 Only Always 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 _____

Paraphilia is not Sex Offending

- Persons with a paraphilia are not by definition sex offenders.
- In some cases paraphilic content is limited to fantasy (cognition) only. In other cases, enacting the paraphilia is not illegal (e.g., transvestic fetishism), or if illegal, they do not act on their arousal pattern (e.g., exhibitionism or pedophilia in fantasy only).
- On the other hand, not all sex offenders (e.g., pedophilia, exhibitionism, voyeurism, frotteurism), have a diagnosable paraphilia, but suffer mental health problems: e.g., sociopathic behavior, non-paraphilic child molestation, sexual impulsivity of individuals suffering bi-polar disorder.

SEXUAL COMPULSIVITY

Is the name important?

- “SEX ADDICTION”

or

- “SEXUAL COMPULSIVITY”

Manifestations of Regulation Problems: Compulsive Sexual Behavior (CSB) - 1

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

1. 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.
2. Extreme frequency of masturbation (e.g., 3 times per day) without the demonstrated ability (e.g., no masturbation for 1 month) to cease.
3. Inability to limit pornography (e.g., internet pornography to less than 1 hour per week).
4. Seeking the services of a prostitute, escort.

Manifestations of Regulation Problems: Compulsive Sexual Behavior (CSB) - 2

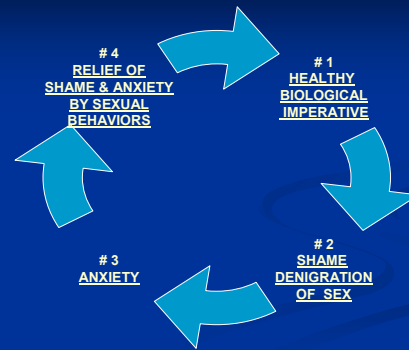
5. Frequenting “strip bars” more than 3 times a year, especially going alone.
6. Significant financial expenditures beyond your financial means.
7. Excessive or rigid sexual demands (rather than requests) with your partner.
8. Extra-relationship affairs.
9. Having more sexual interest in, and/or emotional vulnerability to, other women than your partner?

Compulsive Sexual Behavior (CSB) INDIVIDUAL features

1. “Sexual behavior is the fast track to unspoken, perhaps unrealized, feelings...” (“sexualization” of emotions).
2. “They hurt and turn to sex as a panacea for their pain.”
3. CSB -> how people:
 1. pursue their needs in “a world that can be unyielding”;
 2. find acceptance “in a world that can be disparaging;”
 3. find control in a world that can be “disempowering”. (Cooper & Marcus, 2003)

The Compulsive Sexuality Cycle

Michael E. Metz, Ph.D.



Compulsive Sexual Behavior (CSB) RELATIONSHIP features - 1

1. Sexual compulsivity is a relationship problem. (Cooper & Marcus, 2003)
 1. Fear of intimacy – being “seen” or known.
 2. Fear of losing emotional control – sadness, anger, love.
 3. Fear of being alone and fear of trusting enough to open up.
2. 95% of sexually compulsive men are unable to form close attachments. (Leedes, 2001; p. 216)
3. “When psychological intimacy occurs, we begin to weave the other person into our lives...” (Leedes, 2001; p. 216)

Compulsive Sexual Behavior (CSB) RELATIONSHIP features - 2

- The partner’s potential role contributing to CBS:
 1. Emotional and/or sexual abandonment.
 2. Physiological illnesses.
 3. Unresolved relationship conflict.
- Such features often serve to “rationalize” the behavior.

Visual Pornography Continuum

| | | | | |
|-----------------|----------------------|-----------------|-------------------|------------------|
| 1 | 2 | 3 | 4 | 5 |
| Sensual Erotica | Nudity, explicit sex | Mutual sex acts | Dominant sex acts | Violent sex acts |

Examples:

| | | | | |
|-------------|---------|------------------|-------------------|---------------------|
| Sensual art | Playboy | Penthouse, Screw | S & M "dominance" | rape "snuff" murder |
|-------------|---------|------------------|-------------------|---------------------|

Pro-Intimate ←-----→ Anti-Intimate

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- "Appreciation of Biopsychosocial Human Sexual Drives."

Three Forms of "Love" (H. Fisher, 2004)

Three basic drives in nature direct different aspects of courtship, mating, reproduction, and parenting:

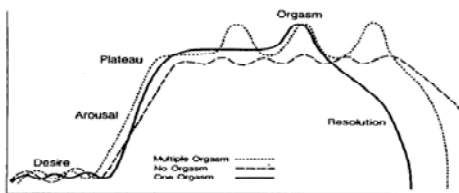
- **SEX DRIVE / LUST** – initial interest.
- **ROMANTIC LOVE** – selection / uniting.
- **ATTACHMENT** – procreation / provisions.

What Men Need to Learn for Sexual Health

Appreciation of Gender Differences in Sexual Desire and Arousal.

Classic Human Sexual Response Cycle

(Masters & Johnson, 1970; Kaplan 1974)



Desire Phase

- Hypoactive Sexual Desire
- Sexual Aversion

Sexual Dysfunctions

Arousal Phase

- Male or Female Sexual Arousal Disorder
- Dyspareunia
- Vaginismus
- Paraphilia

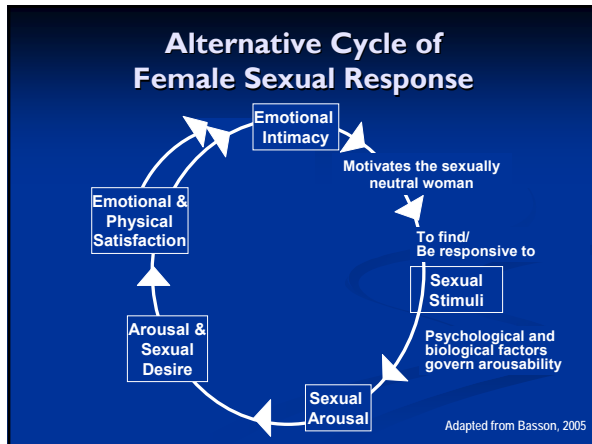
Orgasm Phase

- Inhibited Female Orgasm
- Inhibited Male Orgasm
- Premature Ejaculation

New Model of Female Sexual Arousal

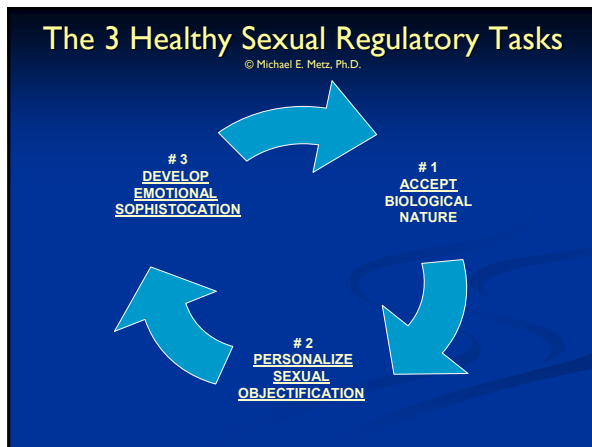
Rosemary Basson, MD:

- Women have a lower biological urge for the release of sexual tension than men.
- Women's sexual desire is often a responsive rather than a biological or spontaneous event, greatly influenced by subjective psychological excitement.
- Orgasm is not necessary for satisfaction and does not need to occur at each sexual encounter.



“Three Essential Sexual Health Learnings for Men.”

- Arousal regulation is at the heart of developing male sexual health.
- Arousal regulation requires self-care and “sophisticated training”:
 - 3 developmental, regulatory learning tasks.



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 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.

● **Facets of Intimacy**

(For a copy of the assessment, see “Relationship Intimacy Assessment” (RIA) on website under “resources”, “handouts”)

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 to grow, to be co-creators (not "reformers") of each other.
- **Conflict:** standing-up with/to each other; "fighting" in non-des-iructive (i.e., constructive) ways; facing and struggling with differences together.
- **Spiritual:** the "wholeness" of sharing ultimate concerns, the meanings of life, philosophies, religious experience.

What Men Need to Learn for Sexual Health

EMBRACE THE STANDARD OF "GOOD-ENOUGH SEX"

Metz, M. E.; & McCarthy, B. W., (2007). "The Good-Enough Sex Model for Couple Sexual Satisfaction." *Sexual and Relationship Therapy*, Vol. 22 (3),351-362.

McCarthy, B.W. & Metz, M. E., (2008). "The Good-Enough Sex" Model: A Case Illustration. *Sexual and Relationship Therapy*; 23 (3), 227.

12 Dimensions of the "Good-Enough Sex" Model

1. Sex is a good element in life, an invaluable part of an individual's and couple's long-term comfort, intimacy, pleasure, and confidence.
2. Relationship and sexual satisfaction are the ultimate developmental focus and are essentially intertwined. The couple is an "intimate team."
3. Realistic, age-appropriate sexual expectations are essential for sexual satisfaction.
4. Good physical health and healthy behavioral habits are vital for sexual health. Individuals value their and their partner's sexual body.
5. Relaxation is the foundation for pleasure and function.
6. Pleasure is as important as function.

12 Dimensions of the "Good-Enough Sex" Model

7. Valuing variable, flexible sexual experiences (the "85 percent approach") and abandoning the "need" for perfect performance inoculates the couple against sexual dysfunction by overcoming performance pressure, fears of failure, and rejection.
8. The five purposes for sex are integrated into the couple's sexual relationship.
9. Integrate and flexibly use the three sexual arousal styles.
10. Gender differences are respectfully valued and similarities mutually accepted.
11. Sex is integrated into real life and real life is integrated into sex. Sexuality is developing, growing and evolving throughout life.
12. Sexuality is personalized: Sex can be playful, spiritual, "special."

Adult Male Sexuality: Integration of life events into lovemaking

--> Living daily life provides the opportunity to experience sexual interactions in a subtly yet distinctively personalized and enriched way:

- sex on vacation.
- during pregnancy.
- during times of loneliness.
- after the wedding of your best friend.
- after a parent's death.
- during times of career stress.
- after a class reunion.
- during periods of success
- during periods of failures.
- amidst childrearing.
- family illnesses.

Sexuality, Play & Spirituality

- Deep respect for the capacity of the human experience of sex.
- Transcendental experiences with sexuality.
- Sex as "adult playfulness."
- Prayer / philosophy and sexuality – celebrating the meaning of life & death.

Case Illustration

- **INTERNET PORNOGRAPHY**
- **JOHN & SARAH**

(Highlighting Relationship Therapy)

The 3 “Bs” of Relationship Healing: Bridging – Blending – Bonding.

- **Bridging:**
 - openness to the other’s experience and meaning.
- **Blending:**
 - acceptance of similarities & differences.
 - mutual conflict resolution.
 - the value of mutual acceptance and accommodation.
- **Bonding:**
 - empathy.
 - on-going “intimate team”.

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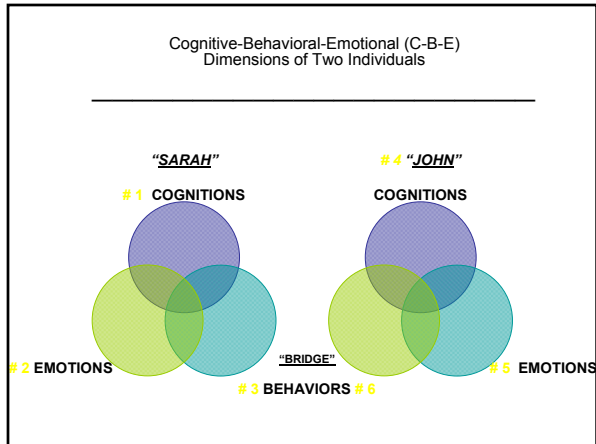
TREATMENT BASICS - I

- Relationship conflict about the man’s (or woman’s) sexual behavior addresses:
 1. sexual self-regulation issues.
 2. polarized meanings about the sex behavior (cognitive dimension).
 3. secondary damage to the non-sexual relationship.
- Effective treatment requires:
 1. Clarifying and respectfully bridging sexual meanings.
 2. Changing, blending and integrating cognitions/behaviors.
 3. Healing secondary emotional damage.

Types of Relationship Cognitions: John & Sarah

HANDOUT:

“Sample of John and Sarah’s Cognitions Surrounding John’s Use of Pornography”



HANDOUT:

CASE ILLUSTRATION: JOHN & SARAH

“Sexual Problem Distress Index (SPDI)”

TREATMENT

1. **INDIVIDUAL therapy:**
 - a) **Man:** for self awareness and relationship support.
 - i. self-knowledge without the risk of partner's critique;
 - ii. awareness to eventually invest self-knowledge in couple therapy to accept issues, heal hurt, design preventive couple plan ("We cannot love what we do not know" (Aristotle).
 - b) **Woman:** for self-care; differentiation; appreciation of her issues, relationship support.
2. **COUPLE Therapy:**
 - a) Initial Goals: stability and realistic optimism.
 - b) Explore the relationship features of the dysfunctional behavior such as the degree of "polarization" & "roles":
 - i. "resentful bad guy"
 - ii. "mistrustful supervisor"
 - c) His / Her fears of inadequacy.
 - d) "Bridge-Blend-Bond process: integrating meanings" for the couple to grow as "intimate team."

TREATMENT BASICS

I. BRIDGING PHASE:

1. **Stabilize the distress** to prevent further harm.
2. **Neutralize negative emotional negotiations.**
3. **Each individual regulation** of sexual and emotional energies;
4. **Make explicit** their respective cognitions and feelings – "meanings" – in order to set the foundation for blending and healing meanings later;
5. **Orient partners** to reasonable and healthy sexual relationship features;
6. **Set basic goal:** variations of commitment to becoming more of an intimate team...

Features of Therapeutic Healing Process

1. **Stability – Establish interaction "controls" with the couple.**
 1. Temporarily living "as if" things okay.
 2. Clarify this is short-term to ensure environment for healing.
 3. Rules at home – temporary avoidance.
 4. Behaviors: e.g., basic tasks only...
 5. Frame: "differentiation" boundary.
 6. Clarify mutual sexual expectations.

Features of Therapeutic Healing Process

2. **Neutralize "Negative Emotional Negotiation"**
 1. **MAN** = minimizing or expressing repentance:
 1. *Silence.*
 2. *Minimizing:*
 1. "It's over... let's move on..."
 2. "It's only sex..."
 3. *Repentance, begging, placating, acquiescing:*
 1. "I'll do anything...(to stop your distress)."
 2. **BS Trap:** unrealistic promises: "I promise...; I'll never do it again..."
 4. *Projective Blame:* "We had no sex for 6 months!"
 5. *Coldness* --> "If I apologize, I'll get a life sentence."

Features of Therapeutic Healing Process

3. **Neutralize "Negative Emotional Negotiation"**

WOMAN: expressing shame, catastrophe or rigidity:

1. **"Blame to shame":**
 1. "How could you hurt me, or our family so..."
 2. "I can't believe you did/do this..."
 3. "I thought I knew you..." "You're a sex addict!"
 4. "It's your problem...; don't make it about me"
2. **Threats:**
 1. "It's an affair! Our marriage is over..."
3. **"Hostage taking"**
 1. "I'll never forgive you... until you ..."
4. **Coldness** --> "If I empathize with you, I'll condone your 'bad' behavior."

TREATMENT BASICS

II. BLENDING PHASE

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.

Features of Therapeutic Healing Process

4. Facilitate mutual understanding:
 1. Help couple see overview of the process and why. Frame = "relationship opportunity"
 1. Sex Positive value.
 2. Mutual understanding of "sexual meaning"
 2. Summary "explanations" (requires communication skills)
 1. His sexual self-understanding, "meanings" (e.g., loneliness; under-developed or "collegiate" sex; relationship alienation; resentment of her; work stress).
 2. Her "meanings" (e.g., infidelity; inadequacy issues).
 3. Blending as process goal:
 1. Mutual empathy as an "Intimate Team"
 2. Opportunity for deeper intimacy.
 3. Blending mutual meanings with comfort.

TREATMENT BASICS

III. BONDING PHASE:

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.

TREATMENT BASICS

IV. RELAPSE PREVENTION PHASE:

14. Understand the difference between "lapse" vs. "relapse".
15. Determine the essential cognitive, emotional, and behavioral strategies to maintain gains.
16. Pre-arrange formal follow-up.

USEFUL FEATURES: John & Sarah

1. Partners integrate their sexual meanings.
2. Couple address their distinct fears of "inadequacy":
 1. inoculate vs. his fear of "over-familiarity"
 2. Inoculate vs. her fear of sexual "deficiency"?
3. Decide on sexual behaviors that work for both:
 1. A behavioral "verifiable" plan:
 1. What are markers – DVD frequency; couple sex frequency...
 2. What are minimum intimacy requirements.
 3. What are relationship flags of regression?
 2. Specific features are integrated into the relationship:
 1. Couple church group 1 x week.
 3. Partners monitor emotional – "emotional sexualization" ...
 4. Couple develops sexual flexibility:
 1. balance 5 purposes for sex.
 2. blend the 3 arousal styles.
 3. Developed alternative sexual scenarios.
5. Couple mindfully adopts the Good-Enough Sex" model.
6. Woman ensures sexual "regularity" (min. = 2x wk.)

Relationship & Sexual Satisfaction

- an emotional dimension (i.e., feeling "good," contentment),
- grounded on the cognitive dimension (i.e., "meaning") to the individual and the couple,
- about the behavioral dimension (i.e., adequate cooperation and realistic function).

DISCUSSION