Essential factors in sex therapy for heterosexual couples who are experiencing sexual difficulties: Comparing the work of Hartman and Fithian, Masters and Johnson, Jack Morin, and David Schnarch

The post-war years and the ensuing Sexual Revolution of the 1960s and 1970s brought a profusion of new ideologies and sexual concepts to the American marketplace. A new field saw its genesis in "sex therapy" for "sexual dysfunctions," pioneered by the team of William Masters and Virginia Johnson (1970) who built on treatment of the "marital unit" where the relationship rather than the individual is considered the patient. In their paradigm, the unit is treated by a team consisting of two therapists, male and female, who take turns interacting with both members of the "unit" for the duration of the two-week treatment program. Another crucial factor of the program is the concept of history taking. The sexual value system in the unit is thoroughly investigated by obtaining detailed information through both direct and tangential questioning by both members of the treatment team. The structured interview holds a series of specific questions related to categories that are considered basic to the psychosexual and social history required by the program. Aside from establishing a preliminary baseline in terms of orgasmic function, questions revolve around statistics of the present marriage; life-cycle influences and events; psychosexual development of adolescence, teenage years and premarital adulthood; perception of self; awareness and responses to sensory stimuli; additional questions specifically directed to the aging population; and general material, in which events of sexual significance outside life-cycle expectations such as incest, abortion, rape and homosexuality are included. Subsequently, the presenting sexual dysfunction is conceptualized and correlated with "an authoritative explanation of contributing factors" in a roundtable discussion between therapists and "the unit," i.e. the couple. The co-therapists also issue their first set of specifically oriented physical instructions to the unit, usually a constant pattern of physical direction incorporating "sensate focus," regardless of any physical distress. These exercises are designed to free sexually dysfunctional individuals from inhibitions that deprive them of an opportunity to respond naturally to sensory experience. Any level of sexual responsiveness that develops during sensate focus work is the ultimate purpose for the entire process. Seamans' "squeeze technique" is also employed, particularly for premature ejaculation (PE). Various coital positions facilitating the resolution of dysfunction are to be used within "the unit," e.g. the female non-thrusting superior coital position, thrusting in lateral coital position, or "a demanding style of female pelvic thrusting against the captive penis [*sic*]" for retarded ejaculation (RE). In the case of the "sexually inadequate" male who is not married, there is the use of a surrogate. Once social exchange has been established, the partner surrogate moves into a wife's role as the treatment phase is expanded." The concept of the "give-to-get cycle" is used in the male giving himself to his wife, in order to get the essence of her sensual warmth. Here, the sensate focus exercises play a significant role, in that the goal of obtaining erection or performing sexually is completely removed. For female disorders such as vaginismus, the treatment team performs gynecological exams and then teaches the patient the use of dilators. The aim of their two-week program is fundamentally a process of marital unit education with "concomitant dissipation of misconceptions, misinformation, and

taboo." The educational program is designed primarily to encourage the sexually dysfunctional individual not to attempt to improve upon, but to return to the basic physiological patterns of natural sexual responsivity.

While not toiling in complete obscurity, Long Beach-based sex therapists William Hartman and Marilyn Fithian never achieved the same notoriety as the acclaimed couple in St. Louis, despite the comparable amount of individuals under their two-week treatment program (1972). As with Masters and Johnson, H&F emphasize the benefits of using a dual-gender sex therapy team. While they provide the same reasons for its efficacy, they affirm the positive effects of superficial touch from the therapist, in that it may inspire the clients – not patients, as termed by M&J – to touch one another. H&F also state that they do not admit "emotionally disturbed people" into the program. Likewise, taking a sex history occupies a central and important position of their treatment and in terms of the questions asked, little differs from their role models' protocol. One curious difference between the two teams is H&F asking about the client's astrological sign. In their defense, H&F state that this may be a rapport-building exercise as much as a device to break up the clinical monotony in the mass of information requested. But while M&J literally educate their "unit" on the risks of anal sex, there is a complete absence of questions pertaining to heterosexual anal intercourse, oral-anal, or anal-digital contact in the H&F questionnaire. Physical exams are also performed under the H&F protocol. Basic laboratory tests are performed, and the female client has an opportunity to view her own vagina with the help of a provided mirror in the sexological exam. As to the male partner, he is given an equal physical check-up, with detailed attention paid to his genitals. In direct duplication of the protocol of M&J, the findings of these exams and the sex histories are elaborated in a round-table discussion with therapists and clients assessing the possibilities for obtaining good sexual functioning in the absence of any physical limitations.

Following the various physical exams, H&F engage with their clients in body image work, an intervention unique to this treatment team. The client is instructed to disrobe and stand in front of a mirror while being prompted to engage both visually and proprioceptively as s/he imagines the experience of sensing the internal organs and their activity. Another exercise has the client enclosed completely by mirrors; the client is then prompted by the therapists to share the feeling of being in such close proximity with the body from all angles. H&F have also devised a unique protocol of foot-caressing activity within the dyadic unit. The caressing begins with washing and tending to the partner's feet, all done otherwise clothed in the therapists' office. The exercise of massaging and caressing the feet is interpreted as teaching sensuality at the foundation, meaning starting from the bottom up. The authors then provide ample information and instructions on how to engage clients in mutual caressing of the face and the body. In replication of M&J's work, the treatment progresses to sensate focus, but without coitus. H&F elaborate on the various non-demand techniques of Seamans and M&J, namely the "squeeze technique," the "quiet vagina" and various positions facilitating caressing of the genitals without any coital activity. In contrast to their role models, H&F refuse to provide any statistical rates of success or failure in their treatment program. They cite that "couples who have completed our two-week program

describe the benefits achieved in approximately the same proportions as are reported by Masters and Johnson."

Contemporary sex therapist Jack Morin calls M& J's paradigm a "neat-and-clean" sanitized version of sex therapy. He does not practice any hands-on sex therapy, instead choosing to focus on the fantasy life and unspoken imagery that may contribute to sexual dysfunction within the couple. He proposes that every individual harbors a "core erotic theme," or CET, which can be conceptualized as fragments of subtle erotic cues, simply shorthand for a more elaborate fantasy life. Morin proposes that the erotic patterns most in need of modification are typically the ones most resistant to change. He encourages his clients, both seen individually or in dyads, to identify seven "pivotal steps" that consistently lead to "positive erotic change:" Clarify goals and motivations; cultivate self affirmation; navigate the gray zone; acknowledge and mourn losses; come to one's senses (as in rediscovering the sensuous capacities of one's own body); risk the unfamiliar; and, integrate one's discoveries. He identifies couples of all sexual orientations by three interpersonal styles: The passionate, the companionate and the pragmatic couple. This typology also provides ample recognition factor in its description of the pitfalls for any long-term couple. Cooled passion, loss of genital arousal and confusion about the meaning of intimacy is addressed by the author in some "do's and don'ts of sexual communication." Examples of "don'ts" are "never belittle, berate or hurl sexual insults at your partner," and "never complain about your sex life to a mutual friend." The "do's" are stated as "discuss sexual problems and dissatisfactions when you are feeling close, not when either of you is defensive, tired or preoccupied." In addition, Morin encourages long-term couples to cultivate "warm sex." Much like the previously described paradigms of both M&J and H&F, this revolves around the non-pressuring concept of calmer experiences of sensuality, affection, pleasure, and playful fun. And, like sensate focus, warm sex usually includes genital stimulation where goals demand neither high arousal nor orgasm.

In a complete departure from stage models of the human sexual response cycle stands the work of David Schnarch and his metaphor of "the sexual crucible" (1991). The Schnarchian therapy protocol may be one leaning toward the more sexological paradigm in that it is targeted toward increasing "function," i.e. eroticism and sexual growth, rather than dealing with attributes deemed "dysfunctional." Schnarch focuses on the development of the differentiated individual within the unit, i.e. someone who is not "emotionally fused" to his or her sexual partner. He also points out that there will always be one partner with a higher level of sexual desire, and that the one who withholds or controls the sexual activity in the partnership subtly controls the relationship. He suggests a multi-dimensional, cross-modality intervention that uses an elicitation approach where moment-to-moment interactions are elucidated as the embodiment of non-sexual issues. These interactions are then used in the sexual arena to create profound awareness of incongruous power hierarchies and to stimulate self-confrontations, which in turn leads to the development of anatomy-independent eroticism, increased differentiation and heightened intimacy for both partners. The Schnarchian paradigm encourages both parties in the dyad to investigate their own levels of anxiety concerning their individual sexual matrix and to focus on what has felt "right," not what has been deemed "wrong." Issues of arousal,

orgasmic differences and frequency of desire are often brought into sex therapy, which starts with delving into autonomy versus attachment in the relationship, possible emotional fusion and the differentiation that balances these concepts. Finally, in a nod to both feminist and family systems theories, the equilibrium between intimacy and autonomy is sought in order for “wall-socket sex” to become a possibility for the long- term couple struggling with boredom and inertia in their sexual interactions.

References

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