Assessing and Treating Sexual Concerns in Couples
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What are normal sexual interests?

- “Normal” varies according to who you and where you are. *(In sexuality, “Norm” is just some guy from Brooklyn!”)*
- Statistical approach – unconventional behaviors are labeled “sexual minorities.” *(“Deviant” is a statistical term!)*
- Sociological approach – is the behavior customary in a given society?
- Psychological approach – focus is on the mental health of the individual; does it make him feel distressed or cause problems in ordinary social functioning?
- *(Ego-syntonic versus ego-dystonic)*
By the mid 11th century, Christian leaders began to regard sex in any position other than the “missionary” position as an unnatural act.

Victorians were influenced by Hippocrates’ “seminal theory” that regarded semen as the essence of life. It was believed that each sperm contained a tiny human; the role of the woman’s ova was unknown and the womb of woman was viewed merely as an incubator for new life.
Further, semen were believed to contain cells that caused male maturation. Frequent sex (including masturbation) was thought to deplete the man of these critical cells, stunting his growth. Masturbation = self-abuse.

Freud (a Victorian Era fellow) taught that any sexual behavior that took precedence over heterosexual vaginal intercourse was immature and possibly a sign of serious psychological disturbance.
Historical perspectives
Modern attitudes

- Simon (1994) views “deviance” as a problem of self-control, and “perversion” as a problem of desire. Both violate current cultural norms.
- When psychologists diagnose a person as having a sexual mental health problem, the term “paraphilia” is used.
- The term, “sexual variant” is used to describe atypical sexual behaviors that do not, in themselves, call for a mental health diagnosis.
Paraphilias

• Not all unusual behaviors will be diagnosed as paraphilic; the distinguishing feature of a paraphilia is that the person’s sexual arousal and gratification depends almost exclusively on acting or fantasizing about the behavior.

• In nearly all cases, the paraphilia will either cause or reveal harm done to the individual or to others, and there is generally an obsessive-compulsive quality to the behavior/fantasy.
Paraphilias

- Teachable moment: most people are confused about differences between sexual orientation, gender identities, and paraphilias

- Also, differences between sexual preferences and lifestyles, no matter how “paraphilic” they may be judged by other people or society at large.
Comorbidities

• Over half of individuals in treatment for a paraphilia report that they had engaged in 3 or 4 types of paraphilias.

• Most had developed their fantasies by age 12 or 13 but had been afraid to discuss them.

• Some types of paraphilias tend to cluster together.
Courtship disorders

- Voyeurism, exhibitionism, frotteurism, and the obscene telephone caller

- Their commonality is that there is extreme intensification or distortion of one of the following normal phases:
  - Finding a potential partner
  - Affiliation; introductions and getting to know others
  - Tactile phase; early physical contact
  - Copulatory phase; sexual intercourse
Voyeurism

- Watching others do sexual things is a normal sexual variant.
- Voyeurs seek to observe people without their consent or knowledge and find this to be their preferred form of sexual arousal and gratification even if consenting sexual partners are available.
- Most begin by age 15, have low self-esteem, feelings of inadequacy, poor social skills.
Are voyeurs dangerous?

- Generally not, unless he tries to draw attention to the fact that he is watching you or tries to enter your building. Most prefer to stay hidden.

- Most have a history of great difficulty in heterosexual relationships. They are emotionally immature; this is a behavior for an ill-behaved 12-year-old, not a 24 year old.

- Scoptophilia differs from voyeurism in that the persons being watched have consented.
Exhibitionism

• “Streaking” or “mooning” represent playful deviance. Doing a strip-tease for your lover is a normal variant.

• Exhibitionists engage in showing their genitals to unsuspecting strangers (“flashing”) compulsively; sexual arousal from the fearful, angry or surprised response is their preferred means of gratification.

• Most flasher victims are women and children.
Exhibitionists – Who are they?

- Almost all are men (few people are frightened when a woman flashes) who began exposing themselves in their late teens or early 20s; half or more have been or are married.
- They are emotionally immature, feel inadequate, fear rejection and have trouble forming intimate relationships.
- Most are have normal or above normal intelligence.
Are they dangerous?

• A small number of rapists engaged in exhibitionism when younger, but for the most part, they are a different group of men.

• Because their erotic turn-on is directly related to the victim’s expression of shock, disgust and fear, the best way to avoid reinforcing this behavior is to give no facial or verbal response; just leave quietly and report the incident immediately.
Telephone scatologia

• Making an obscene phone call is a verbal form of exhibitionism; like exhibitionism, it is a disorder of the affiliative phase of courtship.
• Sexual arousal is proportionate with the victim’s negative reaction. Even slamming down the phone is reinforcing to him.
• Different types: shock caller, ingratiating seducer, and trickster.
• It is rare that they would approach or molest their victims; most prefer total anonymity.
• P.S. – who in the world doesn’t have caller I.D.???
Frotteurism

• Rubbing one’s genitals against non-consenting people in public while fully clothed (tactile phase disorder).

• Although many men have tried this a time or two, the behavior is only considered paraphilic if engaged in repeatedly as the preferred form of sexual behavior.

• Frotteurists seek out crowded buses or other places where bumping into strangers is not likely to cause them to be arrested.
Pedophilia

• The adult’s sexual arousal and gratification depends primarily or exclusively on having sexual relations with children; a pedophile is at least 16 years old and at least 5 years older than the child.

• An isolated case of child molestation will not warrant the diagnosis of pedophile; this must be repeated and preferred behavior.

• Pedophilia is often comorbid with the other courtship disorders.
Fetishism, transvestism and related paraphilias

- Erotic fetishism – achieving sexual arousal and gratification almost exclusively by handling or fantasizing about an inanimate object (e.g., rubber boots, high-heeled shoes, panties, leather, stockings, etc.).

- Partialism – sexual arousal focusing exclusively on a specific part of the body, such as the feet.

- Classical and/or operant conditioning may be the cause of these fascinations.
"I think Frank and I will get on really well - apparently he loves shoes too!"
What if I enjoy leather teddies?

- Most heterosexual men are aroused by women’s panties, and many men and women have favorite sexy outfits or favorite body parts, but these are only tools for arousal and not their primary sexual focus.

- For the truly paraphilic fetishist, the woman wearing the panties or high heels is only a vehicle for the fetishistic object.

- Fetishists rarely seek treatment on their own.
Transvestism

- There are several reasons a person may choose to cross-dress, but for the transvestite the purpose is sexual arousal and gratification.
- The large majority of transvestites are heterosexual and most are married.
- Reasons vary and may include:
  - Escape from the confines of the masculine role
  - Finding comfort in the fantasy of being female
  - Reaction to being punished as a child by being made to dress as a girl; or being encouraged to dress as a girl.
What may have begun as an eroticizing of the individual's female self in younger years when testosterone levels were high and sexual expression was at the forefront, often begins to take on a much deeper sense of significance post-andropausally. The individual may be "partially transgendered" (a term I use to detoxify and neutralize the often derogatory "cross dresser" label) and moving toward a more internally bi-gendered self or even fully transgendered persona.

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Transvestism
Fetish-like paraphilias

- **Urophilia** – arousal by urination
- **Coprophilia** – arousal by excrement
- **Mysophilia** – arousal by filth (sweaty socks, tampons)
- **Beastiality** – arousal through sexual contact with animals; most who have done this have done so only a few times as adolescents
- **Zoophilia** – when beastiality is preferred; usually horses or dogs; oral-genital sex is most common, vaginal sex 2nd, masturbating the animal 3rd, receiving intercourse from the animal 5th.
Sadomasochism (S&M)
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- Sadism – arousal from infliction of pain on another person
- Masochism – arousal from experiencing pain
- In its extreme (paraphilic) form, masochism is more common than sadism, and male sadists far outnumber female sadists.
- Sadists who act out their impulses share many characteristics and behaviors with other sexual aggressors.
Dominance and submission (D&S)

• In their milder forms S&M are very common as sexual variants between consenting partners.

• Rather than extreme pain, the distinctive feature of this role-playing sex game is domination (or discipline) and submission. Pain is erotically arousing only as part of the agreed-upon ritual or “script.”

• Mutual consent, trust, concern for each other’s safety, sexual and emotional pleasure are characteristics of healthy S&M (D&S) “play.”

• Remember: this is unlikely relevant in the context of paraphilias.
Other paraphilias

- **Internet sex** – preferred over sexual relations with a “live” partner
- **Necrophilia** – arousal from sex with dead bodies
  - Most are men; most are believed to be severely emotionally disturbed or psychotic
- **Vampirism** – arousal by extraction of blood
- **Infantalism** – arousal by being infantalized
- **Autoerotic asphyxiation** – individuals deprive themselves of oxygen when highly sexually aroused in hopes of intensifying orgasm.
  - Unfortunately 500 – 1000 deaths occur annually.
Internet Porn: Paraphilia, Addiction, Compulsion?
Erotic asphyxia
Still more paraphiliias…

- Autogynephilia
- Video voyeurs
- Infantophilia
- Acrotomophilia
- Apotemnophilia
- Autoassassinophilia
- Autonephioplia
- Ephebophilia/Hebephilia
- Erotophonophilia
- Gerontophilia
- Hypephilia
- Kleptophilia
- Klismaphelia
- Menophilia
- Mucophilia
- Narratophilia
- Pictophilia
- Somnophilia
- Scoptophilia
- Stigmatophilia
- Troilism
1950’ s-60’ s-Era Ephebophilia Comix
What causes paraphilias?

• Freudian theorists – arrested psychosexual development early in childhood; defense mechanisms develop to reduce anxiety.

• Learning theorists – classical conditioning (association of an object with sexual arousal) or operant conditioning (early unusual sexual experiences are reinforced by orgasm).

• Paraphilias and obsessive-compulsive disorder have many similarities.
Why are they so often male?

- Attitudes about and expectations of men and women are different; consider women “flashing” or cross-dressing.

- Most paraphiliacs are heterosexual, but generally have poor social skills, low self-esteem, history of childhood abuse or neglect (or were raised in families where sex was thought to be evil and normal erotic development was inhibited), and anger at women.
Understanding paraphilics

• Men in our culture are expected to be the sexual initiators but conventional sexual relationships are too complex and threatening for most paraphilics, who need to have a great deal of control in order to become aroused.

• In a social systems perspective, the need for some men to dominate might encourage unusual means for becoming aroused in order to ensure against failure.
The majority of paraphilics* do not want to change, stifling hopes of success in therapy. [*not in distress or trouble with the law]

Traditional psychotherapy or group therapy increase the individual’s awareness of his feelings.

Confrontational approaches are sometimes used to force the individual to see the effects his behavior has on others.

Behavioral approaches include aversion therapy and orgasmic reconditioning.
Treatment

• Currently cognitive behavioral methods, including relapse prevention strategies, appear the most effective.

• Long-term individual or group psychotherapy is usually necessary and may be especially helpful when it is part of multimodal treatment that includes:
  – Social skills training
  – Treatment of co-morbid physical and psychiatric disorders
  – Hormonal treatment in extreme cases
Treatment

• Desensitization is employed to help the individual overcome anxieties.

• Social skills training teaches skills not learned in adolescence.

• Medical approaches to reduce sex drive have been used, as well as anti-anxiety and anti-depressant drugs.

• Medications must be used in conjunction with other methods so as to address the complex nature of paraphilias.
Pharmacotherapy Treatments

- **Antiandrogen Drugs** - In the USA, intramuscular medroxyprogesterone acetate (DepoProvera®) is the treatment of choice; cyproterone acetate is used in Europe.

- Treatment is usually long-term, because deviant sexual arousal patterns often reoccur shortly after testosterone levels return to normal.

- Antiandrogens have been prescribed for more than a decade with no significant untoward effects* and with continued beneficial mitigation of deviant sexual arousal.

*from a psychiatric, not necessarily sexological p.o.v.
Pharmacotherapy Treatments

- **SSRI’s** (selective serotonin reuptake inhibitors)
  
  e.g., fluoxetine (Paxil®) or fluvoxamine (Luvox®)

- “When effective, SRIs can selectively mitigate sexual impulsivity and preserve ‘normative’ sexual desire and behaviors associated with reciprocal affectionate activity” (Kafka, 1992)

- Lithium, Anafranil, BuSpar®, Zoloft®, Norpramin have also shown effectiveness in studies.
Treatment – The Role of Sex Therapists

• “Paraphilias and paraphilia-related disorders are more clinically prevalent than most clinicians suspect. Since these disorders are cloaked in shame and guilt, it is common that the diagnosis of these conditions may not be adequately revealed until a therapeutic alliance is firmly established. Even then, it is more helpful to inquire directly about sexual impulsivity disorders than to hope or expect that a patient will be spontaneously forthcoming. Once a diagnosis is established, appropriate psychoeducation regarding sexual diagnoses, associated Axis I comorbidity and appropriate use of psychopharmacological agents can greatly improve the prognosis for these conditions.”

(Kafka, 1996)
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(Kafka, 1996)
Treatment – The Role of Sex Therapists

• Sex Therapists may arguably be the most skilled at developing a working alliance with paraphilic patients, as well as putting them at ease with their casual and nonjudgmental approaches.

• They are typically better than general psychotherapists in eliciting sexual information from the patient (mostly as a result of their training in taking sexual histories).

• They are “natural psychoeducators” who can easily explain to the patient the nature of their particular sexual proclivities.
Treatment – The Role of Sex Therapists

- The psychosexual history, “in exquisite detail,” can put the patient at ease in discussing their sexual behaviors, esp. those that typically elicit strong negative reactions from other helpers.

- Sensate focus exercises, esp. for paraphilics with partners, can help the couple go “back to the basics,” and relearn satisfying love-making techniques.
Treatment

- The course of paraphilias is usually chronic in nature. The prognosis for complete recovery is generally considered to be guarded.