

PRACTICE NOTES  
Specific Cases, Techniques and Approaches

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# Stages In Therapy For Men Whose Partners Do Not Enjoy Sex

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*'We live in a society in which we are continually told of our 'right' to sexuality; the new understanding which sees enjoyable sex as a right, not a privilege, of human beings' (Heath, 1982).*

*This paper summarises some of the author's experiences in working with male partners of couples who present with sexual concerns. Patterns of progress are traced through four stages, labelled for convenience: engagement, withdrawal, 'eureka' and balance. These stages evolve as the man moves from patriarchal assumptions about performance and entitlement towards a more truly mutual sexual interaction with his partner.*

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## INTRODUCTION

Dominant western cultural philosophy has, for the first time in over two thousand years, wavered away from patriarchy. From the broadest political to the most intimately domestic arenas, men and women now struggle, in a mapless terrain, to implement or avoid the new ideology of gender equality. Not surprisingly, there have been profound effects on relationships and nowhere is this more apparent than in the realm of sexual intimacy.

In a patriarchy, it is a more or less explicit contract between married partners that sex is the currency with which a wife pays for the security of her status. Her pleasure is viewed ambivalently (it could lead to her straying) and is in any case secondary to that of her partner. Unmarried women who indulge in sexual activity for money or pleasure can expect a loss of social status and full responsibility for subsequent pregnancy or illness, but are nevertheless tolerated in patriarchal societies as an outlet for male lust which cannot be satisfied fully within the confines of marriage. The introduction of the ideal of gender equality inevitably extends to a belief that sex should be a mutually enjoyable undertaking. Men who have grown up in traditions of patriarchy may find themselves not only expected to give up the privilege of sex on their own terms but also to provide their partner with pleasure (preferably mul-

tiple orgasms). Not surprisingly, performance anxiety, avoidance of commitment and a yearning for the good old days pervades the relationships of many men in the late twentieth century.

This article focuses on the predictable stages in therapy through which men with traditional values frequently pass as they seek the mutually satisfying sexual experience most westerners now regard as their due. The article also addresses some of the relevant issues for women therapists working with traditional men in this area of concern. I start from a premise previously described, that the chance of developing a sexual relationship which is enjoyable in the long run is facilitated greatly when the relationship is more or less equal (Roughan and Jenkins, 1990; Verhulst and Heiman, 1979). 'Good' sex is, of course, possible in relationships where there is a discrepancy in power, but this is usually a matter of serendipity. It is unlikely to be achieved through therapeutic intervention once problems have arisen. In practice, this means that a component of sex therapy with men, whether as individuals or, as is usually preferable, conjointly with their partners, frequently includes a discourse on the benefits and losses inherent in abandoning a patriarchal lifestyle. In this context, the gender of the therapist is relevant. Women therapists have to struggle to balance their own traditional tendency to behave submissively with dominant men, and their acquired belief in equality. Anger at perceived injustice can lead a female therapist to subtle or overt alliance with the woman client and lack of rapport with her partner.

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## THE FOUR STAGES

As part of the process of evolving from patriarchy to mutuality in relationships (Sanders and Tomm, 1989), traditional men tend to pass through four stages when undertaking therapy for their sexual concerns. These stages may be referred to as engagement, withdrawal, 'eureka', and rebalancing.

### 1. Engagement

In the 1970s when it became apparent that therapy for couples with sexual concerns could be extremely helpful if both partners were willing to be involved, therapists spent much time discovering ways to encourage reluctant men to attend therapy with their partners. Women with sexual concerns, such as lack of desire or inability to reach orgasm, tended to attend therapy alone, thereby taking full responsibility for their 'frigidity'. Men with erectile or ejaculatory dysfunction either did not seek help or attended alone, usually hoping for a procedural treatment which would not involve personal change. In contrast, men currently tend to embrace the concept that their partner should enjoy sex as much and as often as they do themselves, and often attend therapy willingly, at least initially. This, however, is frequently in order to enlist themselves as a co-therapist or, alternatively, to hand over their therapeutic role to somebody more 'expert' than themselves (White, 1984).

Carol and Tom attended their first therapy session together after seventeen years of marriage. For the past six years, Carol had been quite open in her admission that she found sex distasteful. Prior to that, she had regarded sex with little enthusiasm and said that it had always been 'a bit of a chore' for her; '*I did it to keep the peace*' she said. Tom insisted that Carol had enjoyed sex in the early part of the marriage and attributed the current difficulties to her part-time employment, which had begun at about the time she started to reject his sexual overtures. Tom agreed that there had been only minimal, low quality sexual activity between himself and Carol in the last six years and felt that he had worked very hard to revive Carol's flagging sexual interest by frequent verbal and physical approaches and attempts to improve his 'sexual technique'. Despite these efforts, he recognised that the situation had deteriorated and that the sexual conflict was having an impact on other aspects of the marriage. Tom did not see any connection between his own efforts to encourage Carol to be more sexual and her increasing withdrawal, both sexually and in other aspects of the relationship, and he was surprised when Carol emphatically drew such a connection. The interview was dominated by Tom's sense of frustration and urgency—he clearly hoped (and Carol obviously feared) that the therapist's task was to find a way to improve Carol's sexual performance rapidly. Tom stated that he was willing to assist in any way necessary to help Carol achieve this end.

The first major trap for the therapist when working with traditional couples is that of 'falling for' the couple's expectations of therapy, rather than providing a different view of the situation without alienating either partner (White, 1984). For example there is a high risk

that the feminist therapist will alienate the traditional man by subtly (or directly) pointing out the absurdity of his expectations, while conversely, the behavioural sexual therapist may well alienate the woman by suggesting therapeutic interventions specifically directed at helping her to 'improve' her sexual performance. If the therapist successfully treads a middle road in assisting the couple to perceive that the very efforts they are making to improve the situation are in fact part of the reason for their increasing difficulties, a vicious circle may be interrupted successfully (Sanders and Tomm, 1989).

A small but pivotal component of the first interview, in which the therapist listened to a detailed story of Carol's and Tom's marriage, was the therapist's ability to draw out respectfully and carefully the history of Tom's dawning awareness of Carol's lack of sexual interest and his many attempts to remedy this. Carol reported surprise as she recognised for the first time that part of Tom's motivation for what she had perceived as selfish and insensitive self-gratification was, in fact, an altruistic desire to help her to enjoy an experience that he regarded as virtually the only way of expressing love and affection. After describing his efforts, Tom admitted that they had been less than helpful, but was inclined to attribute this failure to shortcomings in Carol's ability as a pupil and possibly his own ability as a teacher.

A second important trap for a woman therapist is any sort of direct confrontation which will escalate competition between herself and the male partner. Therapy usually requires a man to stop habitual patterns of behaviour, which involve regular, low quality sex associated with pressure upon his partner to provide it. Interrupting this pattern requires the man both to recognise the current negative trend and to be ready to take action. I have found it useful to suggest any potential experiment in a hesitant way, expressing doubt about the couple's readiness for radical action at this time and wondering aloud whether it would even be fair to impose further burdens when they are subjected to such an unrewarding lifestyle (most couples I see these days perceive their lives as unrewarding and lacking in hedonistic activity) (Roughan and Jenkins, 1990).

Tom acknowledged that he and Carol had a lifestyle which allowed very little quality time with each other, but considered that the establishment of a satisfying sexual relationship was therefore a foundation upon which to establish a higher quality marital and family life. He found it difficult to understand Carol's view that time, relaxation and evidence of non-sexual tenderness were required from him before she could even imagine sexual intimacy as pleasurable. In recent times she had become increasingly aware of, and willing to express, her own anger with Tom for his unwillingness to participate in this way.

Once a couple have perceived that their sexual relationship is stalled, and hence damaging the overall relationship in a way that can only lead to further distress and potentially even separation, a traditional man is often willing to experiment. Since such experiments almost invariably involve sexual abstinence, the man

characteristically agrees to participate on a time-limited basis.

Tom agreed to abstain from all sexual approaches to Carol for a period of two weeks. He could not really see how this would help and was not impressed with the therapist's hypothesis (supported by Carol) that Carol too would find this period difficult. Tom was, of course, well in tune with his own frustration but was surprised and cynical at the concept that Carol might feel so unhappy about not fulfilling her sexual 'obligations' that it might cost her as much emotionally to stand up to her guilt as it would to cost him to challenge his frustration. Tom agreed to undertake the experiment because he was impressed with the therapist's understanding of the situation and grateful that she had not suggested or implied that he was to blame. He was also intrigued, in spite of himself, with some of the things he had heard from Carol and hopeful, despite his cynicism, that the therapist might have 'the answer' to the problem.

## 2. Withdrawal

Traditional men often enter therapy with the expectation of speedy solutions to sexual problems. They perceive their participation in therapy as support for their 'ailing' partner and are usually surprised that demands are made of them which lead to them feeling displaced, frustrated and helpless. Not surprisingly, they often feel cheated when their efforts are not rewarded with radical change.

When the couple attended their next session, both reported that the experiment had been a disaster. Tom, having undertaken to refrain from sexual activity with Carol, became preoccupied with his own frustration and spent much of the two week period working on his car and watching television. He acknowledged that he had participated in family activities less than usual by, for example, coming home later from work. He had approached Carol twice in the hope and expectation of a sexual response but, when she ignored him, he had desisted more or less readily. He perceived himself as having done what was asked of him for no reward. Carol, on the other hand, was angry about Tom's two sexual approaches to her and his general emotional withdrawal. She was tearful and angry and agreed only reluctantly that he had succeeded in reducing his overt sexual pressures on her. She perceived his emotional withdrawal as punishment for her sexual withdrawal—a sort of moral blackmail. In short, Carol had focused on Tom's failure to spend quality time with her and Tom on Carol's failure to recognise the effort he had made to avoid pressuring her for sex. Both felt that the situation was substantially worse and that the treatment was not 'working'.

Traditional men who have agreed to avoid sexual pressure on their partners for a period of time frequently either fail to heed the therapist's suggestion that the couple make time available for non-sexual activities, or believe that this would not be possible without their becoming intolerably sexually aroused. A reduction in direct pressure to engage in sexual activity may therefore lead to a further reduction in quality time. Partners, as impatient for the development of non-sexual expressions of affection as their traditional men are for

sexual interaction, often fail to notice the man's efforts because he has withdrawn emotionally. At this stage, there is a high risk that either partner will capitulate to old pressures so that woman returns to the use of low quality obligatory sex to reduce her man's irritability or to 'buy back' some non-sexual family involvement while the man reassures himself that he has done his best and it didn't work.

The therapist sidestepped the couple's incipient brawl in her office and became intrigued and preoccupied with Tom's experience of standing up to his frustration without Carol's help. It became evident that Tom had tolerated sexual abstinence at other times in his life relatively easily, and it appeared that he had rediscovered this ability. Tom considered that the major conflict had been with his notion that marriage entitled a man to sex on demand, and subsequently listened intently as Carol described her temptation to give him sex, particularly on the Saturday night before a family outing which Carol had special hopes for. The couple agreed to another two week period of limited physical contact.

## 3. Eureka

'One of the big underlying assumptions of family therapy is the recursive nature of all interactions' (Taylor and McLain, 1987).

As a man begins to understand that changes in the balance of his relationship may be desirable, he may undergo an almost visionary experience as he starts to identify and articulate repressed emotions. While this recognition can lead to a period of excitement for both partners, it may, particularly in its early stages, lead to conflict, as traditional habits of interaction usually include the assumption that it is the man's role to coach his partner and hers to oblige. A man who has recently discovered (or rediscovered) the pleasures of non-sexual intimacy may, not infrequently, wish to instruct his partner in a manner similar to his previous sexual coaching, potentially resulting in a recurrence of the imbalance which precipitated the original problems. Both partners may become frustrated and disillusioned with their progress.

Tom began to understand that pleasures and excitement were to be gained through spending more non-sexual time with Carol. He initiated a number of outings and they explored some sensual activities together while Tom discovered to his surprise that he could enjoy a massage without experiencing intense sexual frustration. Carol's initial suspicion of Tom's motives subsided and she was surprised to recognise that Tom had the capacity to explore and enjoy non-sexual initiatives in their relationship without subsequently asking for sexual intercourse and without her coaching. This brief phase was replaced rapidly by a recurrence of problems. Carol presented at the couple's sixth interview angry and talking of separation. Tom was hurt and indignant at Carol's withdrawal. He had not placed any sexual pressure on Carol, and believed he had been doing just what she had asked him to do and therefore considered that Carol would never be satisfied. Careful questioning revealed that Tom's view of non-sexual intimacy with Carol

now included a greater interest in feminism, child-rearing and discussion of emotions. Tom had assumed an 'expert role' in these areas and Carol considered this to be a 'bossy' intrusion into what had been her realm. Not surprisingly, her newly emerging enjoyment of sensual activities had again vanished.

This period of readjustment ideally leads to a continuing dialogue in which the man begins to understand that sexual/sensual and non-physical intimacy must all be balanced if long-term adjustment, including mutually enjoyable sex, is to be achieved in a relationship. Alternatively, frustration with their mutual failure to understand and change in a satisfactory manner can lead couples to further separation and disillusionment. For example, the man may experiment with his new-found skill of emotional expression with a new woman more likely to 'understand' him, while his partner may retreat further into angry rejection of his efforts to change, recognising only her own prescription for intimacy. The therapist's task is to support both partners through this period of relative chaos so that the woman comes to recognise that her partner's new-found intellectual understanding and clumsy enthusiasm are steps which are likely to lead to a more comprehensive ability to empathise with her needs, while the man perceives that the failure of his partner to recognise or appreciate his change stems from his use of old patterns of behaviour, which are in conflict with his new understanding. If the couple negotiate the seesaw-like ups and downs which ensue as they try to adapt to a new relationship with each other, they will ideally reach a stage of mutual intimacy which is more rewarding, both generally and sexually, than the old.

#### 4. Balance

In this stage, the couple experience an enjoyable mutual intimacy in which each has learned to appreciate the different contribution the other has to make to the relationship, and a new balance of respect and concern is struck. Schnarch (1993) describes mature adults as those able to maintain a clearly defined sense of self in proximity to others, a resilience in the face of the partner's anxiety, and an ability to 'self-soothe' when anxious. What are the implications of this for sex? Surprisingly little is known about this. In many cases, the couples cease to bring their sexual concerns to the therapists or to think in terms of genital sex as the meas-

ure of the relationship. Most couples re-establish sexual intimacy at some stage without specific permission from the therapist and, in the new form of their relationship, are unlikely to consider quantity to be of importance. Some couples, like Tom and Carol, re-establish an erotic relationship—enjoying, when last seen, mutual sensual and sexual activities including orgasm through oral and manual stimulation, though Tom still ruefully regards vaginal intercourse as a rare treat which he would like more often. There is no evidence, however, that he is preoccupied with this issue.

### SUMMARY

In couples with traditional backgrounds who present with sexual concerns, change is associated with a number of phases, each with its own pitfalls and potential for growth. It is imperative for the therapist to anticipate and recognise the difficulties that are likely to arise, while supporting changes towards maturity. If this is not done, small changes in a positive direction may be obliterated by old habits of interaction. In the rebalanced relationship, genital sex may cease to be a focus of attention, giving way instead to a broadly based understanding of a wide repertoire of intimate behaviours which enhance the relationship.

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