

Understanding Sex Therapy (Demystifying Sex Therapy)



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When we talk professionally to groups or personally to our friends, we are often asked, **"WHAT IS SEX THERAPY?"** and **"WHAT DO YOU DO?"** Since these questions occur so often, we have decided to take this opportunity to set our personal and "not so personal" friends (our readers) straight about "what goes on behind closed doors"!

First we need to explain **WHAT SEX THERAPY IS NOT!** : Sex therapy is NOT a touching therapy! Like many other non-medical therapies, sex therapy is a talking therapy rather than a touching therapy. At no time, can a sex therapist (unless he is a physician) request that a person disrobe for a physical examination. Also, clients are never expected to have sex in front of their sex therapist (or counselor) or

anywhere while in the office. A sex therapist or counselor is NOT a Sex Surrogate! Sexual techniques are NEVER personally demonstrated or are clients ever touched sexually in any way. Sex therapy is not a therapy for the faint of heart when it involves talking about sexual matters. The major difference between sex therapy and other talking therapies is that the talk must go into explicit sexual detail. Specific questions must be asked because it is impossible to help find a solution to sexual concerns without finding out about what is happening sexually in the present, and how and what occurred sexually in the past. In sex therapy, we realize that it is often easier to "do sex" than to talk about it. Therefore, we go to great lengths to try to put people at ease with sexuality, generally and on a personal level. Finally, sex therapy is usually not an individual therapy because most sexual problems do not "occur in a vacuum." In other words, unless a person is without a partner, most sexual problems

impact a person's relationship. Therefore, we often treat sexual concerns within the context of a person's relationship. This means that sex therapy is primarily a couples therapy (rather than an individual therapy) and the relationship is the primary focus of treatment. Of course, partners are also treated individually, as needed, and individuals without partners are also treated for sexual concerns.

Now, we will answer the first commonly asked question, **"WHAT IS SEX THERAPY"?** : By definition, sex therapy is a professional and ethical treatment approach to problems of sexual function and expression. It reflects the recognition that sexuality is a legitimate concern to professionals and that it is the right of individuals to seek expert assistance for their sexual difficulties. Sex therapy focuses on the use of special clinical skills and theoretical knowledge (by the therapist or counselor) to help people attain better sexual expression and achieve more satisfying and fulfilling intimate relationships.

What clinical skills and body of knowledge does a sex therapist or sex counselor need? First, a sex therapist or counselor must be a licensed psychologist, psychiatrist, professional counselor, social worker

or psychiatric nurse. In other words, he or she must be trained and experienced in one of the basic mental health fields and thereby have proven extensive knowledge of basic psychotherapy or counseling.

Ideally, the sex therapist or counselor should also have additional training in working with couples in marital or relationship counseling because, as mentioned earlier, sexuality is typically a relationship issue.

Beyond the basic skills of a mental health practitioner, a sex therapist or counselor needs to have extensive knowledge of the physiological and psychological bases of sexual response and extensive post-graduate training in sexual function and dysfunction. This training takes years. It is also necessary to have comfort with sexuality, in general and personally, and an awareness of one's personal sexual attitudes and biases. A sex therapist or counselor needs to be as free as possible of sexual biases (and other biases) that may adversely affect the therapy.

Finally, the sex therapist or counselor must always adhere to a strict professional code of ethics. Not having sex with clients (as previously mentioned) and keeping strict confidentiality are just two of the many ethical codes that guide our profession.

The question, "**WHAT DO YOU DO?**" will now be explained: The first thing we do is assess and diagnose the presenting concerns. This includes being able to determine underlying concerns and hidden agendas. We often see a couple together or we may see them individually at first. We ask many questions and do a great deal of listening. We must be able to distinguish the difference between organic (physical) and psychogenic (physiological) problems and understand how different physical and psychological variables interact. For example, we would not want to spend hours talking to a man in an effort to improve his erections (assuming he has a psychogenic problem) without being able to first rule out a physical cause such as: Certain medications, alcohol consumption or a disease process. Also, we need to be able to decipher if sexual problems are trauma based, as from sexual abuse, or from other causes, and treat the problems accordingly.

Besides questioning and listening, we do a lot of talking. Sex therapy is a very didactic, directive therapy. Sex therapists don't usually sit quietly and nod their heads! Since many sexual concerns and problems grow out of sexual

ignorance and faulty learning, a lot of preliminary time is spent providing accurate information and correcting faulty assumptions. Specifically, we need to correct sexual myths and gender illusions. Also, a lot of educating about bodies takes place, especially about how bodies operate sexually. Often, it is necessary to teach and polish communication skills because to have good sex, one needs to effectively communicate one's needs. Since anxiety is a common result of sexual difficulties, therapy is often directed toward relieving anxiety. With these preliminaries accomplished, we then offer "specific suggestions" which a loving couple can apply at home as "homework" or "home play." If the couple isn't "loving", we might need to work on relationship issues before starting sex therapy. However, relationship issues and sexual issues can usually be addressed concurrently. Couples commonly elect to read relevant literature (bibliotherapy) as an adjunct to therapy too.

What kind of sexual concerns do we treat? People seek help for concerns relating to sexual "desire." Most commonly, this relates to desire being too low or to desire that is not in sync with one's partner. Help is also sought for problems of

"arousal", such as problems with vaginal lubrication or problems with getting or keeping erections. Males sometimes have problems with reaching orgasm too fast. Some women have problems in "getting there" or not "getting there" at all. The latter is less common among women in today's world. Sometimes, women suffer from painful intercourse or can not have intercourse at all because of spasms of the vaginal muscles or other reasons. People also bring in concerns of sexual identity and sexual orientation, or for sexual difficulties relating to physical disabilities or illness. Sometimes, people want to simply improve their relationship. The list goes on and on. The point here is, people have the opportunity to take what they learn in sex therapy and use it as a lifelong investment to build a more satisfying and fulfilling life for themselves and for their mates. To sum up the answer to the question "what do you do?" In sex therapy, we work to add life to one's years rather than add years to one's life!

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