Sex Therapy

Psychology of Human Sexuality
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PLISSIT Model

- PLISSIT is an acronym (a type of mnemonic device) to help you remember what the Masters & Johnson-type treatment approach is. M & J didn't create this term, but it works well, and it's the model most sex therapists use these days. It is basically a cognitive-behavioral treatment program, which means that you focus on behaviors and thoughts primarily and other things only if they intrude into therapy.

- P=permission giving
- LI=limited information
- SS=specific suggestions
- IT=intensive treatment.
The first thing a therapist provides is permission giving and anxiety reduction, as many individuals are “uptight” about having to discuss sexual problems with someone (even today). This is especially true if there has been a lot of argument and blame within the couple, so lowering the emotional temperature is sometimes a necessary first step. This is especially important for those engaging in spectatoring—see ch. 14.

LI involves sex education, which is still necessary, despite all the material out there in the media. Remember that what most TV shows provide is flirtation and titillation, not information about sexual functioning, sexual problems, etc. (Neither do they provide much about contraception or sexual responsibility. 90% of what’s on TV is pretty much useless as a sex education tool). This can include how the body functions, differences in tempo of arousal, and alerting people to the role that atmosphere and stress can play in sex.
SS and IT

- **Specific suggestions** include sensate focus therapy, changing sexual positions, & masturbation.

- **Sensate focus therapy** involves touching, cuddling, and holding. Its purpose is to get couples back “in sync” and in touch with their bodies again, and to focus on giving and receiving pleasure without the pressure to perform. Gradually more erotic activities are allowed, so couples progress in a steady manner back to full sexual interaction.

- **IT is intensive treatment**, which is used only for the people who can benefit from it. It is much more likely to be necessary when an individual has been the victim of abuse of any sort or when there's a concurrent mental disorder. It may also be necessary to reduce sex guilt in individuals who have been taught that sex is “dirty”. It is also more likely with a sexual pain disorder or lifelong problems. IT is usually done individually, whereas the previous steps are usually done with the couple together. However, couples therapy may fit in this category if there are long term issues to be dealt with. Some couples have never been good at resolving conflicts in a healthy, productive manner, and that can be a sure killer of sexual desire.
Original Aspects of Masters & Johnson’s Therapy

- conjoint therapy (two therapists), usually a man and a woman
- an intensive, two-week program with daily meetings
- the couple as the treatment unit
- behavioral homework assignments, with some cognitive restructuring (changes in attitude or expectations) and communication training as needed.
Sex Therapy Today

- **Conjoint therapy** is rarely done today except in some training clinics because it's twice as expensive.

- **Weekly therapy**: the custom of going to therapy once a week came about for client convenience and because most insurance companies won't pay for more than one session a week (unless you're psychotic, suicidal, etc.). This is what's usually done today for sex therapy or psychotherapy.

- Behavioral homework assignments, communication skills training and cognitive restructuring are still done. It turns out that the Masters & Johnson approach works just as well with these modifications.
Because it is an excellent way to learn how one’s body works and a way to get rid of “hang-ups” about sex, therapists often recommend masturbation to individuals with sexual problems. This is mostly applicable to women since the “never masturbated” group is almost entirely female.

**Masturbation conditioning** is also useful for premature ejaculation. Here men gradually use longer and longer sessions to reduce their tendency to ejaculate so early.

Exploring a variety of **sexual positions** can also enhance one’s sex life and address various problems. For example, the female superior position often brings women to orgasm who have never experienced it before. Likewise, for whatever reason, the female superior position often allows premature ejaculators to last longer. I can’t say whether they receive less stimulation this way or just that they feel a bit uneasy, with the anxiety restraining arousal so that they can last longer.
Familiarize yourself with the **start-stop** and **squeeze techniques** in the Sexual Challenges chapter.

Many sex therapy techniques can be done by couples on their own, so some individuals in essence treat themselves by buying a book (bibliotherapy). There haven’t been any controlled studies of how well this works, but it might be successful. Anecdotal accounts from sex therapists suggest that more couples are trying these sorts of techniques and only coming in if they don’t work. Therapists can then assess and see what needs to occur. Sometimes individual therapy is useful at that juncture, sometimes the techniques are successful but the therapist has to “referee” to prevent arguing.

A number of cases that present as sexual problems are really **relationship problems**. Once those are reduced, the sexual desire returns, orgasm problems diminish, etc.
Age & Men

- **Premature ejaculation** is most prevalent in **young, sexually inexperienced males**. It is less common in older men unless it’s an ongoing problem. It will crop up in men who have recently given up chronic alcohol or other depressant drug abuse.

- Treatment usually consists of masturbation conditioning. Chronic cases are sometimes given antidepressants because these tend to diminish sexual responding (in essence prescribing for a side effect). A modest number of lifelong cases exist but are unexplained at present.

- **Male erectile disorder**, or ED, is much more common in **older males**. When it occurs in younger males its cause is usually psychological (e.g., anxiety, sex guilt) or drug use (alcohol being the most common). Viagra and similar drugs are now the most common treatment for this disorder. These drugs work by increasing the amount of blood in the penis, which is sort of like a blood balloon.
Miscellaneous

- Age is not a good predictor of sexual problems in **women**. Their problems seem to be less physical (or perhaps we just don’t understand the physiology). Sex in general for women seems to be more affected by relationship quality, sexual attitudes, and other life factors (such as stress from job and kids).

- Also relevant for sex and relationship problems in general are:
  - sex guilt
  - marital discord
  - discomfort with intimacy
Medications

- Many medications, most notoriously blood pressure medications, can cause difficulties in sexual arousal.
- Many psychiatric meds, such as antidepressants, can cause difficulties with sexual desire or arousal.
- Viagra and its competitors (Levitra, Cialis) are effective for erectile disorders for many men. However, about 1/3 do not benefit, for reasons which are unclear. Viagra does NOT work for women. Viagra has occasionally caused death in men with heart disease (especially if they mix their meds). There are now disputed reports about whether it causes blindness in a small group of patients.
Most individuals with heart disease are able to go back to a normal sex life following a brief abstinence period following a heart attack (see p. 480).

Individuals with cancer can have sex but often find their desire reduced by the illness and the ravages of chemotherapy (which often causes nausea). Diabetes is linked to sexual difficulties—in its own way it’s a cardiovascular disorder, too.
What is the stamp test? See p. 470.

Hormonal treatments can be useful for men or women low in estrogen or testosterone. However, they may carry certain cancer risks as well, so they are not without problems. Hormones can be administered by pill, patch, or injection. Hormones only help those with below normal levels in their bloodstream, and are typically for those who are in the second half of their adulthood.

Testosterone is sometimes prescribed to increase women’s sex drive, but there are (naturally) some worries about increased acne and body hair. The Intrinsa patch was rejected by the FDA in 2004 and the manufacturer is doing further work to try to get it approved. Remember, there’s still a medical debate about whether sex drive in women is more related to estrogen or testosterone.