

If you want to rekindle your sex life, put desire aside—at least for the moment. Instead, start by telling each other intimate stories.

This is the cornerstone of my approach to helping partners revive a sexually empty union. Most recently, I used this model with Justin and Kris, a strikingly attractive couple in their early 40s. Married for 10 years, they'd once been passionate partners. That was history.

"We haven't made love in more than a year," said Kris in our first session, her voice barely audible.

Justin, occupying the other end of the couch, stared miserably at the rug. "I don't have a clue where to go with this," he finally said, popping his shoulders in an approximation of a shrug.

THE TYRANNY OF ORGASM

Ever since Masters and Johnson introduced the renowned four-phase Human Sexual Response Cycle (Excitement-Plateau-Orgasm-Resolution) and Helen Singer Kaplan revised it with her Triphasic Sexual Response Model (Desire-Arousal-Orgasm), sexual desire has occupied a central place in the psychological-medical-cultural imagination, defining the template for what's supposed to be a healthy sexual life for couples and often determining whether they have sex at all. In my experience over 25 years as a sex therapist, however, these models impose a rigid, linear scheme on what's actually a messy and multidimensional process.

Most sex therapists, myself included, were trained in a version of the Masters and Johnson model, which holds that sexual desire is a biological drive, like hunger and thirst. If my clients failed to experience regular and reliable desire toward their partners, I concluded that they needed medical and/or behavioral interventions, which might include referral for hormone supplements, prescribed date nights, or viewing porn. These were supposed to move clients briskly along toward the end-all, be-all goal of orgasm. The trouble is that for many couples, this approach simply doesn't work. Many couples tried hard to resuscitate passion, failed miserably, and concluded that their relationship was dysfunctional or bro-

ken, when that wasn't necessarily the case.

Instead, the problem is the belief that human sexual response requires desire as a prerequisite for sex. This is a recipe for disappointment. For most couples, following the initial infatuation phase, in which one's partner appears to be the hottest person on the planet, desire inevitably wanes. If it fizzles out altogether, many couples resign themselves to a sexless union or split up, hoping to find erotic satisfaction with a new partner.

My experience is that most couples can rekindle desire, but not as the first order of business. The approach I've developed, which I call sexual narrative therapy, presents a fresh way of thinking about sexual challenges and solutions. Rather than focusing on desire at the front

TRANSFORMING Sexual Narratives

BY
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From Dysfunction to Discovery

end, therapists can start by helping couples like Justin and Kris identify and transform the unconscious sexual narratives—cultural, familial, personal, relational, and bodily—that interfere with their capacity to connect sexually. As Australian social worker and family therapist Michael White has so persuasively shown, the stories people tell themselves—if not acknowledged and revised—powerfully shape their experience. Again and again, I've seen that once partners identify and share these histories with each other, defenses dissolve, and desire has a chance to reawaken.

This approach isn't an easy sell. Most clients are unaware of the deepest obstacles to their sexual satisfaction. Instead, they ruminate endlessly about how their bodies are unattractive, or that they're sexually awkward, or that their partner is too fat or old or obnoxious for passion to reemerge. Whether these beliefs are accurate or not, the important thing is that they're only the conscious part of the story. Most of the tale remains unconscious, and it's often deeply painful. So I move slowly into my clients' sexual underworld.

HOW CAN WE HAVE SEX WITHOUT DESIRE?

I begin the first session by asking a couple to describe what initially attracted them to each other as a way to remind them of the passion they once shared—and may be able to revive.

"We met online and started exchanging these playful, sexy messages," said Kris, blushing a little, as she sat next to Justin.

"When we finally got together in person at a local bar, it was lust at first sight," Justin chimed in.

Kris nodded. "I loved his tall, lean body and his gorgeous green eyes," she said, stealing a look at her husband.

"And I was wowed by the way Kris approached me," said Justin. "She radiated this amazing mix of confidence and flirtation."

"We talked about everything and laughed for hours," Kris added.

"Then I drove her home," Justin said. "But before we even made it to her block, we pulled the car over." On a side street, they made love, hard and fast, and never looked back, dating exclusively within weeks and marrying six months later.

"So you started off with a lot of desire," I said. "Then what happened?"

"In the early years, our sexual attraction was pretty intense and constant," Kris said.

"Everything was easy," Justin added. "We bought a house and decorated it together. We agreed that we didn't want kids, and we both loved our work." Kris was an attorney for a prominent firm, while Justin was a

bitterly. "She works crazy hours during the week and avoids me on the weekends." He took a deep breath, but his brow remained deeply furrowed. "I'll be honest, at this point, I don't much care whether we have sex or not."

"I love him," Kris broke in, "and I still think he's the most attractive guy I know. I want to fix this. I even went to a gynecologist to test my hormone levels, but they checked out normal." Pausing, a sense of anger seemed to well up in her. "I can't believe that Justin doesn't appreciate how hard I work at the firm or understand my need for some alone time on weekends," she said, her arms folded across her chest. "I feel pretty close to hopeless. I mean, how can we have sex if we don't want each other?"

After confirming that neither of them was talking directly to each other about sexual issues, I wasn't surprised to hear that they were arguing constantly, about everything from spending habits to the correct placement of food in the refrigerator. Finally, they came for sex therapy, referred by the physician Kris had consulted for her "desire problem." As they sat with me now, both reported

feeling turned off, pissed off, and helpless to make a change.

UNCOVERING SEXUAL NARRATIVES

Like Kris and Justin, most couples believe that desire is necessary to start a sexual encounter. I challenge this belief in the first session.

"It sounds like you both believe that sex must begin with desire," I said. "But newer models, based on good research, show that sex doesn't have to begin with desire or end

in orgasm to be satisfying. And for some people, desire emerges after sex starts."

Kris looked intrigued.

"One crucial element," I continued, "is the notion of willingness. You can initiate sex not because you feel horny, but because you trust that once you get started, you'll begin to enjoy it. And the more you enjoy it, the more your relationship will flourish."

Now, both Kris and Justin looked interested.

"Can you imagine trying willingness as a way to work toward sexual connection?" I asked.

They looked at each other for a moment, and then nodded. "We've got nothing to lose," said Justin.

Once Kris and Justin had confirmed their willingness to reestablish a sexual connection, I introduced the most crucial element of our work together. "To work more deeply on your issues, we need to gather information on your family and sexual and relationship histories," I began. "That'll help us understand how each of you became sexual beings and how your sexual stories are influencing your sex life now."

To accomplish this, I told them I'd need to meet with each of them individually for two to four sessions. This kind of in-depth history-taking is a powerful experience for sexually stuck partners. For the therapist, it's an opportunity to create a safe, nonjudgmental space, within which clients can tell their sexual stories. For many couples, this experience is transformative in itself, as it's the first time they've thought about and shared their sexual development.

I begin the first session with each partner by asking, "What's your very first memory of sexuality?"

When a client offers his or her earliest memory, I slow things down to explore more deeply the impact of that experience and probe the thoughts, emotions, and bodily sensations associated with it. Together, we examine the meaning the person made of the experience then,

and what they make of it now. First sexual memories can include stirrings of attraction, the discovery of self-pleasuring, playing doctor with friends, enduring unwanted touch, overhearing parents having sex, or viewing sexually explicit material. Some people's memories go back to early grammar school.

As clients share their histories, I track certain themes. The first is boundary transgressions. These are experiences that made the individual feel out of control, scared, confused, disrespected, or hurt in relation to his or her sexual or self-integrity. Boundary transgressions can include physical, emotional, sexual, or verbal abuse, or more subtle derogatory messages about sexual orientation, gender nonconforming behavior, or being male or female. The latter transgressions can include an offhand remark by a parent, such as "Don't be a sissy" or "You look like a tramp in that dress."

I also track relational or attachment wounds. These emerge from experiences that left a person feeling betrayed, abandoned, neglected, or intruded upon emotionally, thereby impeding the development of intimacy. Kris revealed that her father had abruptly abandoned the family when she'd been 3 years old, leaving her terrified of closeness and dependency. Her mother was chronically depressed, suffering more serious bouts after Kris's father had left. By the time she was 10, Kris was cleaning the house and buying the groceries when her mother was too despondent to get out of bed. But even from bed, her mother would try to comfort her about her father's abandonment by saying things like "It wasn't about you, honey: your father left because of me. All men leave. Don't trust them." It was another reason to keep Justin at arm's length.

Sexual shame, guilt, or remorse can also have profound and enduring effects on sexuality, and in our individual session, Justin revealed a secret—that a trusted coach had

molested him when he'd been 12. "I'm still ashamed that I let it continue for a whole semester," he said in a near-whisper. "At the time, I wondered what was wrong with me. Why did he pick me? Was I gay?" The silent conviction that "something is wrong with me sexually" often extends to feelings of deficiency and shame about sex in later life.

This was true in Kris's case, too. Perhaps in an attempt to nurture her daughter, her mother kept her company whenever Kris took a bath. "We'd talk awhile, and then she'd stare at me and say things like 'You could stand to lose a few' and 'Men like their women to stay attractive,'" Kris said, fighting tears. For the first time, she realized how deeply she'd internalized those messages, making her self-conscious and self-critical when making love. Her trim body notwithstanding, she harbored a longstanding belief that she was "a fat slob."

Of course, not all stories are negative ones. When taking a sexual history, I always encourage clients to identify unrecognized sexual resources and resiliency. Some people don't realize how getting good, supportive sex education from their parents has helped them in their current relationship, or even how someone who experienced childhood abuse may bring compassion to a partner's struggles with shame.

As a client identifies memories reflecting these themes, I ask, "How does that experience affect your sexuality or intimacy now?" For many individuals, these early experiences—especially the meaning they make of them—shape the development of their sexual narratives. During the history-taking process, I reframe clients' experiences, normalize some of them, and offer informal education to help them revise the parts of their past that contribute to negative sexual narratives.

When Justin told me that his coach had molested him, I took the time to educate Justin about sexual abuse. "It says more about the per-

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petrator than it does about the survivor,” I told him. “It’s an abuse of power that has nothing to do with your masculinity or sexual orientation.” When I added how hard I imagined it would’ve been for him to make the abuse public, he realized that his father wouldn’t have believed him and might even have ridiculed him. “And my mom wouldn’t have intervened, no matter what.” *No wonder Justin had stayed silent about the abuse for nearly 30 years*, I thought. It reflected how invisible he felt in his family, as well his conviction that “real boys don’t get molested.” By the time we finished this exploration, he was feeling compassion for the young Justin who was preyed upon and had nowhere to turn.

Next, I explore relationship history, including first crushes, significant romantic relationships, and sexual experiences. I pay special attention to the early attachments and role-modeling that shaped the client’s beliefs about sex, intimacy, and emotional safety. We talk about how these experiences now affect expectations of others, especially the client’s partner. Justin, for example, realized how deeply his parents’ dynamics affected his feelings about Kris. His father, an alcoholic, had raged at his mother, who’d silently absorbed her husband’s wrath.

“When I got to be a teenager, I’d sometimes defend her,” said Justin, “but that only made my father crazier.” So he learned to keep his hurt and anger to himself.

In our individual session, Justin came to understand that part of his sexual story with Kris was a deeper struggle to manage familiar feelings of neglect, combined with a fear that “if I assert my sexual needs when Kris

seems uninterested, I’ll become a monster”—either aggressive like his father, or abusive like his coach. Separately, Kris came to realize how much she’d been operating from the belief that “a man will leave you.” She’d worked hard to be a successful, independent career woman so she’d always be able to take care of herself. “I was sure that sooner or later, Justin would pack up and go,” she said, then

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hypothesizing that the “desire disorder” she presented to her gynecologist was a misguided attempt to protect herself. “If you don’t want a man too much,” she told me, “you won’t be as hurt when he leaves.”

As I listened to Justin and Kris, I focused less on the particulars of their histories than on the meaning they made of the experiences. It was becoming clear how these self-

narratives were maintaining their sexual-relational difficulties. As we finished up the individual history sessions, we discussed what parts of their stories they felt comfortable sharing with their partner.

SHARING SEXUAL HISTORIES

Both Kris and Justin gave me permission to share the stories that seemed most central to their current sexual difficulties. To prepare them for this step, I introduced the narrative integration process and told them, “I want you to understand that your loss of desire has deep

roots, going back to experiences and meanings that existed long before you met each other. Your marriage recreated the early experiences that hurt you. So with your permission, now I’ll share your sexual histories.”

Soon Justin began to understand how scary it would be for Kris to put both feet into a relationship, given her father’s abandonment. In addition, he was shocked at the messages Kris’s



mom had given her. “I had no idea that she’d talked to you about men leaving, or her judgment of you as unattractive,” he said. “For the record, that’s crap. You’re *very* attractive.”

Kris, for her part, was deeply saddened by Justin’s story of the sexual abuse he’d endured. She took in how embattled and unworthy he felt in the face of both his father’s uncontrollable rage and his coach’s horrific betrayal. “You were just a kid,” she said softly.

Justin and Kris emerged from these sessions with an understanding of how each of them had contributed to their sexless marriage. Listening to each other’s intimate stories kindled their empathy for their struggles. As compassion began to replace anger, they became ready to begin treatment as allies in the healing process.

BRAINSTORMING A SEXUAL MENU

At this point, we moved from history-taking to the creation of a sexual menu—a list of enticing sexual activities that partners first generate individually, and then together. In my experience, sexual history-taking aids the sexual menu process by opening up what was once secret and shameful, inspiring mutual empathy, which in turn frees a couple to begin to explore new pathways to pleasure. Thanks to the history-taking process, all of us recognized how tough it was for Justin and Kris to express their needs, and being aware of their private sexual concerns also allowed me to help them move more safely through the menu-making process.

Of course, there’s a catch: most couples feel deeply uncomfortable at the prospect of sharing their sexual preferences with each other. Many have never even thought about their erotic preferences, much less felt safe enough to express them openly. Typically, my clients respond with some version of “You want us to do what?!”

“This is way too private” was Kris’s first response.

I explained that the sexual menu would help them learn to communicate more freely about their erotic preferences and be more flexible about sexual choices. When they still looked uneasy, I pulled out my most persuasive metaphor—comparing sex to food. “Imagine going to a restaurant and ordering the same thing from the menu each time,” I said. “You’re likely to get bored! If your partner prefers Chinese food and you prefer Italian, you don’t make one feel superior to the other. You take turns going to each restaurant. Sometimes, one partner may want a full meal and the other just wants a few appetizers. That’s usually okay. And sometimes one person isn’t hungry but accompanies their partner to the restaurant to keep him or her company.”

Now that they were both grinning, I told them to go home and individually write a list of all of the activities they could think of that they found sensual or erotic. “No holds barred,” I told them. “No worries that an activity may be too kinky or too tame. There are no ‘right’ or ‘wrong’ menu items.” I encouraged them to think beyond genital involvement and to list activities that stimulated all the senses: visual, tactile, auditory, olfactory, and gustatory. My final instruction: “Don’t share your lists at home. We’ll do it together in session.”

When Kris and Justin arrived at our next session with no menus in hand, I surprised them by saying that it didn’t matter. “Your trouble with the exercise is useful,” I told them. “It’s a win-win. If you complete the menus, you move closer to a sexual connection. But if you don’t, you learn what keeps you from connecting sexually. That’s important information.”

When I asked why they thought they hadn’t finished, both described situations in which they’d felt sexually rejected or otherwise hurt by the other. “The truth is,” Kris said, “I’m scared to tell Justin what I want because I’m afraid he’ll criticize me.” After a brief silence, Justin said, “Me

too.” The genuine apologies they exchanged at the end of the session allowed them to move forward.

When the couple brought in completed menus a week later, I congratulated them, explaining that each partner would read his or her list aloud while I asked some clarifying questions. The other partner would remain quiet and simply listen. “Doing it this way lets each of you have the floor without being interrupted or trying to deal with your partner’s reactions,” I said. This approach allows the listener to observe the therapist conduct a non-judgmental conversation about sexuality with their partner. I’ve found that almost without exception, listeners pay close attention to this exchange.

Kris was too self-critical to allow Justin to give her oral sex, so she avoided it completely. Justin assumed she didn’t like oral sex, so he never pushed the topic, though he felt rejected and disappointed. So when Kris read out “oral sex” from her menu, I asked if she’d be willing to stop there so we could talk a bit about it. When she nodded, I said, “You know, some people like reciprocal oral sex, while others prefer to only give or receive.” In response, Kris began to talk about her deep fear of receiving. Eventually, she said, “I think it’s connected to my mom’s hypercritical comments about my body.” Turning to Justin, she said, “I’d actually love to give you oral sex if you can accept it one way—at least for now.” Justin grinned in surprise and delight. He assured her that he’d be putting no pressure on her to receive in kind, and he’d give her whatever support she needed to help her feel better about her body.

Justin was surprised at other items on Kris’s list, such as dressing up in costumes. “I’d love it if you’d wear a fireman’s costume and rescue me,” Kris said, smiling mischievously. “I know you watch porn, and I’d love it if you’d share one of your favorite DVDs with me. And one more thing. I wonder if we could go to an

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erotic boutique and pick up some restraints. I want to take turns tying up our hands.”

Justin’s eyes nearly popped out of his head. “Let’s do it!” he exclaimed.

Kris was surprised how much Justin’s menu was devoted to nongenital activities. “I love being touched,” Justin said shyly. “The more the better: a neck rub, a hand massage, a back rub. I love holding hands with you and spooning on the couch. I’d love it if you would come up behind me and hug me.” He paused. “I’d also love it if you’d tell me all the ways I’m attractive to you.”

After sharing individual menus, I asked them to go home, discuss the items from each list that both were willing to try, and create a joint sexual menu. Any activities that didn’t make the list would be put on a separate “to be explored” menu that we’d revisit after their sexual reconnection was in full gear.

In the next session, they presented their combined sexual menu, which they read aloud together. They organized items by senses: visual (undressing in front of each other, viewing porn, dressing up in costumes, watching a sunset while holding each other); auditory (reading erotic stories out loud in bed, talking dirty); smell (massaging each other with scented oils, making love after exercising without showering; taste (Kris licks chocolate sauce off Justin’s penis, they make special meals together and eat them in bed naked), and touch (holding hands, spooning, genital massages). They sat close together and giggled throughout their menu report. I reminded them that their menu is a work in progress, changeable over time. But they barely heard me, they were laughing so hard.

MINDFUL TOUCH

Even with the aid of the sexual menu, some couples, including Justin and Kris, need a jumpstart to reconnect physically. To their enormous credit,

Masters and Johnson understood this 50 years ago when they devised progressive sensate focus exercises, in which couples start with nonerotic touch, progress to erotic touch, and finally move to genital sex. They instructed clients to pay more attention to bodily sensations than to “spectatoring,” or observing what one is doing.

Unlike Masters and Johnson, I present sensate focus as a mindfulness process, helping clients become aware of mind–body narratives that disrupt sexual presence and pleasure. I structure the exercises by introducing parameters for safety: preplanning the time and place for touching, how long it’ll last (using a timer), how much clothing will be worn, and what parts of the body are okay to include. Partners also decide whether they want to touch each other in back-to-back experiences or at separate times during the week. In addition, I ask each of them to start a journal in which they’ll record their thoughts, feelings, and sensations as both giver and receiver. “Become more aware and curious about what your minds have to say about giving and receiving bodily pleasure,” I say. “You’ll gradually let go of thoughts as you become less reactive to their inner noise.” And finally, I tell them, “As you give and receive touch, remember to breathe.”

Kris wasn’t surprised by her thoughts, which harped nonstop on her inadequacies as she touched Justin. But she was shocked by how much louder these judgments seemed when she was on the receiving end of a sexual encounter. Having had few partners before Justin, she’d long experienced performance anxiety about how to please a man. She now realized that she was suffering more response anxiety than performance anxiety, which she associated with not being good enough to keep her father home or make her mother happy.

Meanwhile, Justin’s inner noise was finely tuned to his perception of Kris’s degree of sexual pleasure. If she was clearly enjoying herself, or if he knew how to shift his approach to please her more, his mind was quieter. He

felt in control of the situation. But if he couldn’t tell how Kris was feeling, he was flooded with anxiety. The sense of uncertainty, he realized, harked back to the charged calm before his father’s storms; no amount of vigilance or effort could prevent them.


Justin and Kris began to realize how the yin and yang of their mind–body narratives triggered each other. The more vigilant Justin became when sexually anxious, the more Kris felt scrutinized; the more scrutinized she felt, the less responsive she became, ratcheting up Justin’s uncertainty and fear. As they became more aware of their inner noise through observation, writing, and sharing, the cacophony diminished, letting them be more present with each other when giving and receiving touch. “It feels safer now,” Kris said. “We keep trying out new things, even ones that feel a bit bizarre.”

They decided to begin a weekly date that began with individual meditation time, followed by some touching and then one item from their couple menu. In the interest of playfulness, they wrote down all of their menu items on slips of paper, stuffed them into a hat, and plucked out one per week. They loved how their menu items, some of which included genital contact and others that didn’t, freed them from the performance and response anxiety associated with the desire-to-orgasm narrative. Instead, they simply looked forward to their erotic time each week, replacing desire with willingness and discovering that passion was generated by having sex—not the other way around.

Whenever I celebrate a success story of this kind, I’m aware that not all couples are willing or able to do the sometimes harrowing work of facing and revising their sexual narratives. Some partners are too frightened to go there; others are too disheartened by years of sexual “failure” to make the effort. It’s our job as therapists to challenge old treatment models that make couples feel broken. We need to let couples know that the barriers

that interfere most with a more satisfying sex life together aren’t biologically based, but socially constructed. Armed with that understanding, they can begin to invent their own approach to a more fulfilling sexual connection, encompassing whatever activities, sensations, and states of being they enjoy. Uncovering their sexual narrative—often brimming with pain and need—and sharing it with the other makes erotic liberation possible.

We should never forget the role the therapist’s sexual values play in our work. Kris and Justin were a couple who’d lost their desire for each other but made their way back to sexual connection. How would you feel about partners who end therapy with no increase in sexual frequency but feel closer than ever? Or a couple who experiences more pleasure from cuddling than from orgasm? Or one who enjoys pain more than pleasure? How about partners who have sex only in sex clubs? By letting go of some ideal form of sexual con-

nection that we deem healthy, we can help struggling couples release their own sense of failure and inadequacy. When we move past narrow definitions of dysfunction, we open the door for partners to discover what works for them—and delights them. There are many roads that lead to sexual satisfaction, and they’re best determined not by therapists, but by the clients they serve. 

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