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## **A Relational Approach to Sex Therapy**

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Most clients come to us with the expectation, or at least the hope, that we will be able to help them contain or cure a problem that they locate inside of themselves or someone else. We respect our clients and work hard to develop an empathic understanding of their experiential world; however, we never accept such a request at face value. Problems, from our perspective, are best conceived not as things that reside inside of people<sup>i</sup> but, rather, as patterns of relationship, unfolding through time. Such relationships are comprised of interweaving strands of both intrapersonal experience (thoughts, sensations, emotions, behaviors, images, perceptions) *and* interpersonal experience (verbal and nonverbal communications within a couple, a family, an extended family, a group, and so on).<sup>ii</sup>

If problems were things, they could be isolated and tossed away like so much garbage. But because problems are relationships that weave through the experience of those contending with them, then no such isolation is possible. Relationships are always connections, so any effort to purposefully separate from a problem will only serve to create yet another connection to it. We see this often in our sex therapy work when couples come in, struggling with the after-effects of an affair. Their desire to put it behind them, to not talk or think about it, keeps it very much alive. Similarly, clients trying to rid themselves of performance-related sexual problems discover again and again that they can't just will themselves not to feel anxiety.

If any effort to resolve a problem creates a kind of connection to it, then the art of therapy is in helping to create connections that are characterized by a comfortable, loose grip—connections that are able to fade in significance. One way we do this is to bring legitimacy to the presence of a problem, honoring how it fits into the logic of the clients' lives. When the problem stops being an enemy to be destroyed, clients can relax their efforts to rid themselves of it, thereby allowing it to diminish in significance and wander away on its own. We specialize in seeing sex-related issues, but this work fits into a more encompassing relational approach to any concern expressed by an individual, couple, or family (Flemons, 2002; Flemons & Green, 2007).

As the first session commences with Mary and Fred, and we have learned a bit about their social, family, and professional contexts, we begin to explore their hopes and desires for an intimate relationship. As we ask about this, we also attempt to learn about what they believe is getting in the way of their intimacy. We learn about the meanings that each of them ascribe to their intimate encounters as well as to the times when intimacy has not been possible. We also learn about how they have attempted to resolve this situation, as we assume that the relationship they have with the problem of “lack of intimacy” will be a particular focus of our therapeutic involvement.

In the first session, Mary begins to tell us that Fred has always had an “inexhaustible” sex drive. In the beginning of their relationship, she found this incredibly sexy and in fact bragged to her friends about his desire for her and their dynamic sexual relationship. However, over time, and especially after the birth of their child, she began to feel oppressed by the magnitude of his desire. She began accusing him of being a “sex addict,” interested more in orgasms than in her. Fred of course took offense at this. His anger, an expression of his hurt, confirmed Mary's growing sense that he was uninterested in and incapable of emotional

closeness, which led to her pulling away from him more and more. In the last several years, she has found herself rejecting almost all of Fred's requests for sex. She explains this by saying that if she "gives in," he will just want more and more, and "I will never be enough for him." She does worry now that Fred will seek sex outside their relationship; this has heightened her fears for the marriage, but has done nothing to ease her anxiety that Fred will always want too much sex from her if she opens the door to any sex at all. She says she loves Fred and deeply misses the emotional intimacy they once shared, but it doesn't feel it's safe to initiate sex or to respond positively to a sex addict.

As Fred listens to this story, he becomes increasingly upset. We ask him how this makes sense to him and he quickly replies, "It doesn't! I love Mary and I just need to be able to show her that physically. I feel completely cut off from her, but I would never force myself on her. She used to love sex with me; now she wants nothing to do with me. She never initiates, but she gets mad at me when I try. If I stop trying, we will never have sex again, I guarantee it."

This conversation helps us to understand the dynamics that are preserving Mary and Fred's impasse. Mary's attempts to protect herself from Fred's strong sex drive have resulted in no sex at all; Fred has alternated between angry recriminations, depressed withdrawal, and vigorous efforts to rekindle their once-active sex life. In doing so, with increasing urgency, he has unknowingly confirmed Mary's belief that she will never be enough for him, further entrenching her "no-sex" position. Their efforts to control and rid themselves of the problems they have each located in the other ("he needs to get his sex addiction under control"; "she needs to thaw her frigidity") have created painful connections to the problems and to each other.

At this point in the session, our primary goal is to shift the nature of these connections by acknowledging and respecting the efforts of both Fred and Mary, making sense of, and thus

legitimizing, each of their behaviors within the context of meaning they have created around their relationship. We comment to Mary on the wisdom of her desire to preserve the integrity of their intimacy by insuring that they are never reduced to having “empty” or “meaningless” sex; we also note that while painful for both of them, her reluctance to have sex regularly with Fred has allowed Fred to feel almost constant desire for her. Although at the moment, that desire is coupled with anger, clearly the passion remains and can be a starting place for sexual and emotional intimacy when that becomes safe. We acknowledge as well Fred’s willingness to openly express his ongoing desire for Mary, and comment on the vulnerability he has shown by continuing to risk rejection from her. We note that while this has been painfully frustrating for him, we believe the openness of his desire and vulnerability creates a beautiful place to begin exploring what emotional intimacy would look like for them. We recognize that Mary has been concerned that he has a sex addiction, but we are curious how his sexuality will be expressed and satisfied when it isn’t intermixed with anger, fear, loneliness, and sadness.

Each of them begins to soften a bit as they hear their positions respected and honored. We then ask Mary what it would be like for her to believe that Fred could be intimate without necessarily being sexual. She says that would be “unbelievable” but that if she could actually see that from him, she would feel less at risk exploring being sexual with him. We then ask Fred what he believes this would be like for him. He says that it has been so long since he has felt any emotional connection with Mary, he assumed she didn’t even want that any more. He had simply continued to hope that she was at least “human” and still had a sex drive. The idea that she wanted an emotional connection with him was much better news than he expected to hear.

As the session ends, we ask Mary to consider what a sexual encounter with Fred might look like if it were based on a strong emotional connection; we ask Fred to think about how he

might make space for that emotional connection to grow, as it is clearly something that he values as well.

This, of course, is a beginning, not an ending. We would anticipate seeing the couple for as many sessions as it took for them to begin noticing and negotiating their way through the changes that are initiated by our inviting relaxed connections between them and between them and the problems they have identified.

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<sup>i</sup> See Bateson (1972) for his discussion of “dormitive principles,” and Albert North Whitehead (1925/1953) for what he called the “fallacy of misplaced concreteness”—the “error of mistaking the abstract for the concrete” (p. 51).

<sup>ii</sup> We never attempt to educate our clients about these ideas, as this would mean telling them how wrong they are. Our understanding is reflected in our therapeutic choices, in the ways we invite clients into alternative approaches to solving their problem.