ASSESSMENT AND TREATMENT OF CO-EXISTING MARITAL AND SEXUAL DISSATISFACTION

by

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A practicum report presented
in partial fulfillment of
the requirements for the
degree of MASTER OF SOCIAL WORK
in the
School of Social Work
University of Manitoba
1983

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By

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A practicum submitted to the Faculty of Graduate Studies of the University of Manitoba in partial fulfillment of the requirements of the degree of

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Acknowledgements

I would like to extend my appreciation to my committee for their help. To Derek, a special thanks for sharing his knowledge and skills.

I would like to extend my appreciation to my friend, Phyllis, who gave me English language instruction and endless amounts of coffee.

A special thanks to John, who provided support and encouragement every step of the way and to Rebecca, whose smiling face has added a new dimension to my life. Both have been reminders that there is more to life than school.

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Chapter 1: Introduction and Literature Review

The purpose of my practicum was to examine the co-existence of marital and sexual dissatisfaction experienced by many couples. This interdependency has been recognized in the literature of marital and sex therapy (Kaplan, 1974; Frank et al, 1976; Hartman, 1980; Hartman and Daly, 1983; Witkin, 1977; Sager, 1976; Jehu, 1979) and an emphasis has been placed on the importance of therapists being skilled in both marital and sex therapy. Both working with different components of the same entity. In my practicum, I choose to address this issue and develop clinical skills using behavioral therapy in the assessment and treatment of marital discord and sexual dysfunction.

Behavior Therapy

In the developmental stage of my practicum it was necessary to describe the behavioral approach which would become the basic foundation of my work. This approach would provide the basis for explaining, assessing and testing sexual and marital dissatisfactions.

The three primary characteristics central to behavior therapy are: the psychological model of human behavior, the committment to the scientific method, measurement and evaluation, and the therapeutic application of knowledge from psychology and its related disciplines (Agras et al, 1979; Jehu, 1979, 1983).

The first characteristic, the psychological model of human behavior, is in opposition to the medical or quasi-disease model. The psychological model views abnormal behavior, which is not caused by organic pathology, as being learned and maintained in

the same way as normal behavior.

Jehu (1983) defines abnormal behavior as "a way of responding in certain situations that is unacceptable to the patient or other people."[1](pp.3-4) For example, one couple who engages in sexual intercourse once a month may describe their sexual relationship as dysfunctional, whereas another couple engaging in intercourse with the same frequency may describe their sexual relationship as good. Each couple has different needs and interpretations of their function level.

Jehu also states that abnormal behavior is assumed to be caused by "certain organic factors, previous learning experiences and contemporary conditions, operating singly or in combination in particular cases."(p.4) An organic condition causing a physical disability might also affect a psychological reaction. Previous learning experiences may give an individual the opportunity to learn to respond in an abnormal manner. Also, contemporary conditions in a person's life may lead to a recurrence of abnormal behavior reflecting previous organic or psychological problems. For example, a woman who is experiencing lack of sexual desire in an intimate relationship may be reacting to her previous experiences. She may have had a number of close relationships which deteriorated traumatically so now she responds to closeness by withdrawal. The contemporary conditions activate her previous learned reactions.

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[1]Jehu, D. Contemporary behavior therapy. In P. Dean (Ed.) Mental Illness: Changes and Trends. Chichester: Wiley, 1983 pp.3-4

The most commonly accepted characteristic of behavioral therapy is its scientific component. The use of valid, reliable techniques is necessary for proper assessment and evaluation. These techniques provide the therapist with information on the client's progress as well as the effectiveness of therapy. This information is essential to allow improvements in therapeutic interventions. New procedures or techniques may also apply. Jehu (1979) states that "in no way does it (the empirical stance) prevent the derivation or innovation of new therapeutic procedures from any source, providing that these are empirically investigated and found to be relatively effective before they become an accepted part of the behavioral repertoire."[2](p.2) The scientific aspect is effective in improving and maintaining the approach.

The third characteristic is the therapeutic application of theories taken from psychology and its related disciplines. This knowledge is used in the explanation, assessment and treatment of psychological problems. One must be aware of the inadequacies of the principles and recognize this knowledge as "a flexible guide to understanding and treatment, leaving much need and scope for the personal spontaneity, experience, judgement and inventiveness of the individual therapist" (Jehu, 1979, p.1).

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[2]Jehu, D., Sexual Dysfunction: A Behavioral Approach to Causation, Assessment and Treatment. Toronto: John Wiley & Sons.

Link Between Sexual and Marital Dissatisfactions

Sex Therapy

In sex therapy literature, marital discord is recognized as disrupting sexual satisfaction.

In a symposium on sexual interest, three therapists express their ideas about marital and sexual dissatisfaction (Medical Aspects of Human Sexuality, 1978) Kroop considers marital distress as an influencing factor in lack of sexual desire. Massler states that "sex does not begin and end in the bedroom" and "sexual needs, drives and interests should be viewed within the greater context of our interpersonal relationships"(p.37). Roback summarizes his opinion by stating that "both interpersonal and relationship factors are interdependent issues which can conceivably result in sexual disinterest in one or both marital partners"[3](p.45).

Ellis (1975) concludes his article on sexual disturbance with the following statement: "If sexual and non-sexual functioning and disorder are viewed in this interactional light, scientific approaches to understanding are more likely to prevail and to be effective"(p.120). Gonchros (1977) and Jehu (1979) emphasize in their writings that marital discord can affect sexual functioning. They describe dif-

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[3]Kroop, M.S., Davidson, L., Ruben, H.L., Massler,D.J., Klebanow, S., Roback, H.B., & Boutelle, W.E. Medical Aspects of Human Sexuality, October 1978, 12(10), p.28-45.

[4]Ellis, A., The Treatment of Sexual Disturbance. Journal of Marriage and Family Counselling, April 1975, 1(2), p.111-121.

ferent combinations of dysfunctions - marital dissatisfaction resulting from sexual dysfunction, sexual dysfunction resulting from marital discord and sexual and marital dissatisfaction occurring independently.

Marital Therapy

Sexual dysfuntions are recognized in literature on marital therapy as well. Greene (1970) in his work with 750 couples reports the fourth most frequent complaint was sexual problems. Ables (1977) believes marital and sexual difficulties overlap. He views "sexual problems as a subsystem of general patterns of how partners communicate"[5](p.314). He sees marital and sex therapy as interdependent and emphasizes the importance of sex therapy in paving the way for marital therapy. Jacobson and Margolin (1979), recognizing the possibility of this overlap, believe marital difficulties may affect the couple's sexual interaction, just as the frustrations of a sexual dysfunction may jeopardize other aspects of the marital relationship.

The Marital and Sexual Link

In the literature directly examining the link between marital and sexual dissatisfactions, descriptions of the overlap as well as therapeutic approaches are reviewed.

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[5]Ables, B.S., in collaboration with Brandsma, J.M. Therapy For Couples: A Clinician's Guide for Effective Treatment. San Francisco: Jossey-Bass Publishers, 1977.

Kaplan (1974) states that 75% of her patients who presented marital problems of a non-sexual nature were found to have a sexual complaint, while among these presenting with sexual complaints, some 70% also had non-sexual marital problems.

Frank et al's (1976) research on couples seeking marital and sex therapy, revealed no significant differences between the two groups. They reported the following information:

> "Many of the women who were seeking marital therapy were bothered by inability to reach orgasm, as well as difficulty getting excited and difficulty maintaining excitement. Nearly two-thirds of these women were unable to relax prior to intercourse, and almost half were generally disinterested in sexual activity. Women who were seeking sex therapy had a somewhat higher frequency of individual sexual difficulties than the women in the marital group, although none of the differences reached statistical significance.
>
> The husbands of the women who were seeking marital therapy also tended to be bothered by sexual disinterest. Some men reported difficulty getting and/or maintaining an erection, and more than one-third reported premature ejaculation. The inability to relax and differing sexual habits or practices also constituted problems for a considerable number of these men. Although the men who were seeking sex therapy had more problems with premature ejaculation and were generally less disinterested in sex, there were no significant differences between the two groups."

and

> Outstanding among the interpersonal

> difficulties experienced by the sex therapy couples were decreased interest in talking to one another, feeling that their spouse did not understand them, frequent arguments and feeling that their spouse did not fill their emotional needs. Most of these couples reported that they were experiencing difficulties discussing problems"[6] (p.560).

Hartman (1980) used a self-rating scale to access material and sexual functioning of twenty couples who had been referred to a family therapy center. Four groups were created - sexual dysfunction and marital conflict combination group, sexual dysfunction group, a marital conflict group and a control group. The research revealed some differences among the groups, with the most noteworthy being that couples reporting sexual dysfunction and no marital distress differed on a wide variety of interactional variables from those in the marital conflict group or those in the combination group. He concluded by stating that "sexual difficulties may occur in the context of a functional marital relationship" and "satisfactory sexual functioning does not preclude the presence of difficulties in other areas"[7] (p.579).

Hartman and Daly (1983) investigated the relationship factors in the treatment of sexual dysfunction. Twelve couples received both marital and sex therapy in a balanced cross-over design. It

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[6] Frank, E., Anderson, C., & Kupfer, D.J. Profiles of couples seeking sex therapy and marital therapy. American Journal of Psychiatry, 1976, 133, p.559-62.

[7] Hartman, L.M., The interface between sexual dysfunction and marital conflict. American Journal of Psychiatry, May 1980, 137(5), p.576-579.

was found sex therapy helps both sexual and marital problems whereas marital therapy helps marital problems only. The researchers also emphasized that the primary factor in determining positive results in sex therapy was the degree of motivation to improve the relationship shown by each of the partners. The evidence shows sex therapy as an effective means of improving a relationship.

Witkin (1977) examined sex therapy as an aid to marital and family therapy. She reports that positive outcomes in sex therapy may create a better dyadic relationship, optimism about therapy and an eagerness to work on specific changes. Also, 'no change' outcomes may be useful in providing more information to assess the difficulties. Both outcomes have implications for the marital or family therapist who will be working with these couples or families. Witkin concludes by stating that "sex therapy is a discipline that is valuable in its own right and also as an adjunct to other treatment modalities"[8](p.29).

Sager (1976) states that the relationship between sex and marital therapy is highly complex. He believes they are interrelated a great deal of the time because they work with different aspects of the same entity. His conclusion contained the following statements which emphasize his ideas on this interrelationship:

"The sexual components of a couple's

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[8]Witkin, M.H., Sex therapy as an aid to marital and family therapy. Journal of Sex and Marital Therapy. Spring 1977, 3(1), p.19-30.

> relationship cannot be separated from their total relationship, either in the reality of their daily life or in treatment. Sex therapy has had and will continue to have a profound effect on marital therapy."[9] (p.558)

Thus, research confirms the overlap which can exist with marital discord and sexual dysfunction. It also supports the idea that a therapist working with couples should be knowledgeable in both marital and sex therapy.

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[9] Sager, C.J. The role of sex therapy in marital therapy. American Journal of Psychiatry. May, 1976, 133(5), p.555-558.

Chapter Two: Therapeutic Approaches

Marital Relationships

The Theoretical Aspect of Marital Therapy

The behavioral marital therapy used in my practicum followed behavioral-exchange and social learning principles. The behavioral-exchange model has some principles based on learning theory. Environment is recognized as a controlling or influencing element of behavior. As well as environment, cognitions occurring within a person influence behavior. The social learning theory attends to the function thoughts and feelings have in behavior. It also examines the effect of social influence on behavior.

After borrowing some principles from the learning theory, the behavioral-exchange model developed its own framework. It assumes "the behavior of individuals in a marital relationship can be made explicable by focusing on the social environment of each spouse"[10] (Jacobson and Margolin, 1979, p.12). A spouse is directly affected by his partner's reaction to or the creation of an environment. Each spouse provides consequences for his partner on a continual basis. For example, A reacts to the situation. B is affected by A, thus creating a reaction which acts as a consequence for A. A, in turn, reacts and creates a consequence for B. It can be thought of

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10 Jacobson, N.S. & Margolin, G. Marital Therapy: Strategies Based on Social Learning and Behavior Exchange Principles New York: Brunner/Mazel, 1979.

"as a process of circular and reciprocal sequences of behavior and consequences, where each person's behavior is at once being affected by and influencing the other"[11] (Jacobson and Margolin, 1979,p.13). In essence, each response sets the stage for the next person's response.

As well as environmental determinants, this model includes the cognitive aspect. Jacobson and Margolin (1979) refer to cognitions as "possible mediators of behavior"(p.12). An individual takes in environmental stimuli and reflects upon them before exhibiting a specific behavior or response. These cognitions connect with environmental determinants to create an individual's behavior.

Jacobson and Margolin (1979) used four principles to describe marital relationships--positive reinforcement, reciprocity, social exchange, and relationship satisfaction.

Positive exchange. When considering positive exchange, one must be aware that each stimulus from one spouse has negative or positive effects on the partner; they act as reinforcers of certain behaviors or punishments for others. As well as exchanges being rewarding and punishing, they are idiosyncratic since they are

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[11] Jacobson, N.S. & Margolin, G. Marital Therapy: Strategies Based on Social Learning and Behavior Exchange Principles. New York: Brunner/Mazel, 1979

unique to the relationship. After all, every relationship is comprised of two individuals with their own learning backgrounds and cognitions. For one couple, a given exchange or stimulus acts as a positive reinforcement but it may have the opposite effect on the next couple. For example, a couple's exchange of a good-bye kiss may be considered an important reinforcing behavior, whereas another couple may consider it ineffective and would see phoning each other during the day to chat as a better reinforcer.

There appears to be differences in non-distressed and distressed couples in the area of exchanges. Some studies' findings show distressed couples as having a low rate of pleasing behaviors or a high rate of displeasing behaviors (Gottman, et al, 1977; Vincent et al, 1975). Jacobson and Margolin (1979) describe this difference by stating that "happy couples tend to function according to a positive control system, whereas aversive control predominates as the behavior-maintaining mechanism in distressed couples"(p.14). One can say that a happy or non-distressed couple provides positive reinforcement in their relationship, while a distressed couple operates around the negative reinforcement force.

Reciprocity. The couple's behaviors are seen as interdependent in reciprocity. One behavior affects and elicits a response, thus creating the circular process mentioned above. There is a continual influence flowing between spouses. This influence has been explored,

with results revealing that a spouse tends to reward her partner if she has just been rewarded by him (Gottman et al, 1977). Connected with this statement is the belief that non-distressed couples depend less on the immediate exchange and relate to their long-term interaction. They have a high rate of positives on which to base their situation, whereas the distressed couple reacts to what is happening presently as their past exchanges have not provided a solid base of positives. For example, in a distressed relationship, an angry comment by the wife would activate a negative response from the husband, whereas in a non-distressed relationship, the same comment may not elicit a negative response. Reciprocity reveals patterns of exchanges found in marital relationships.

Social exchange and relationship satisfaction.

The aspects of reciprocity and positive reinforcement are then connected to the cognitive component of the model. Every individual takes a stimulus and appraises it with the experience and information she has. It is important to recognize that the appraisal of the exchanges affects the spouse's reactions and behaviors. Appraisal involves one's view of how one fits into a situation. Jacobson and Margolin (1979) believe that "the reinforcing effects of interactional sequences in a relationship depend upon the valence of the partner's behavior and the receiver's estimation of her outcomes in alternative relationships"(p.18). For example, a wife

receiving some career development may view herself as less dependent and open to more satisfying relationships. Her new appraisal of the situation may cause her to move out of the present marital relationship.

In appraisal, there is an element of the past. The spouses appraise their relationship from their past contact and experience together. These "cumulative happenings"(p.19) act as a guide upon which spouses make this general appraisal which is continually updated as interactions and situations change.

Jacobson and Margolin (1979) believe there is a "strong relationship between satisfaction in a relationship and the tendency to behave in a pleasing manner toward's one spouse" (p.20). It appears satisfaction can best be determined by looking at the relationship behaviors rather than the environmental factors. Relationship behaviors include appraising or evaluating the present and past situation, thus providing a more realistic view of marital relationships and satisfaction. If there is a high satisfaction level, there is likely to be a high level of pleasing behaviors.

Marital Distress

Marital distress has been viewed as an increase in negative reinforcement or a decrease in positive reinforcement. A number of common antecedents also contribute to distress in marital relationships. These include behavior change deficits, reinforcement erosion, stimulus control deficiencies, skill deficits,

changes external to the environment, and discrepant preferences in regard to the degree of intimacy desired (Jacobson and Margolin, 1979).

Behavior change deficits. Conflict is inevitable in a long-term relationship. A husband may be disturbed by his wife's over-involvement in community activities, which has reduced their time together. He approaches her with his concern, problem-solving begins and a change is decided upon. Jacobson and Margolin (1979) believe "partners must accomodate to one another, and at times do things that, in an ideal world, they would prefer not to do"(p.23).

Conflicts may also remain unsolved. A couple may communicate their needs but be unable to decide on a plan of action. Other couples may resort to manipulative methods of changing behavior. These methods include such actions as withdrawal and verbal or physical attacks. Short-term effects may result. The skills necessary to work through specific behavior changes are not being used if the end result is continued conflict.

Reinforcement erosion. Erosion occurs when a couple does not reinforce each other's behavior or when reinforcers lose their strength due to continuous abuse. Couples who find and use new reinforcers will avoid erosion more successfully than those who do not.

Stimulus control deficiencies. Specific norms or rules tend to develop in any relationship. These provide an organized and predictable structure which allow the smooth flow of decisions and interactions. A

couple without a structure of rules must stop and work through every task. This takes a great deal of energy and sets the stage for more conflict.

As their lifestyle changes, it may become necessary to adjust this structure. For example, a woman's return to work outside the home would necessitate an adjustment in the couple's framework. The man may need to shift his role to include more household and child care duties. The couple may easily shift their energy into their adjusted roles or may face a major crisis before creating a new set of norms.

Skill deficits. These are deficits in skills which are essential in maintaining a relationship. Examples include problem-solving, communicating, having a sexual relationship and organizing a household.

Changes in external environment. Distress may be initiated by changes in the external environment. When an alternative appears more rewarding than the present situation, the relationship will come under stress. Having another relationship, loneliness and establishing a career are examples of external factors.

Affiliative versus independent/preference. Conflict may develop when two individuals have different reinforcement needs. Jacobson and Margolin (1979) refer to this difference as being connected with "the extent to which each spouse derives rewards from interpersonal closeness and intimacy as opposed to independence and interpersonal distance"(p.28).

A wife may want affection whereas the husband may want companionship. The incompatibility of these needs will be a source of conflict.

Sexual Relationships

Sexual Response.

One needs to examine the physiological aspects of the sexual response to understand the causes and treatment of sexual dysfunctions.

Different kinds of stimuli activate sexual response. Sight, sound, taste, and touch and their varying intensities all affect and create response, along with the person's emotional state. The number of contributing factors allows for a wide spectrum of results.

Masters and Johnson (1966) describe four phases of sexual response - excitement, plateau, orgasm and resolution. Kaplan (1974) had two, erection and ejaculation in males, lubrication - swelling and orgasm in females.

Male. The erection phase is characterized by local vasocongestion. The tissues in the penis become engorged, causing it to become larger and harder. Muscular tension as well as blood pressure, heartbeat and breathing rate increase. The nipples become erect and the skin on the upper part of the body may flush (Zilbergeld, 1978).

The ejaculation stage can be divided into emission and expulsion. Emission involves the contractions of the internal sexual organs as they

collect and deposit semen at the entrance of the urethra (Jehu, 1979). With emission, comes the feeling ejaculation is inevitable. Expulsion begins with the rhythmic contractions of the penile urethra and the muscles at the base of the penis (Jehu, 1979). Then semen spurts out of the penis and a feeling of pleasure follows.

In resolution, the penis becomes flaccid and the body returns to its normal state. Also in this phase, is the refractory period. This is the time, of varying length, after a sexual encounter when the body cannot respond sexually, that is, erection and ejaculation cannot occur.

Female. Local vasocongestion and lubrication of the vagina occur in the lubrication-swelling phase. The inner two-thirds of the vagina lengthen and expand while the outer third becomes engorged. The entrance of the vagina narrows to form the orgasmic platform (Masters and Johnson, 1966). The nipples become erect, the skin flushes and muscle tension, blood pressure, heart rate and respiration increase (Jehu, 1979).

During orgasm, a woman experiences rhythmic muscular contractions in the orgasmic platform, the pelvis and the uterus. Like men, women have feelings of pleasure after the contractions.

In resolution, decongestion of the orgasmic platform occurs. The uterus returns to its usual shape and position. Unlike men, women do not experience a refractory period and can often be stimulated to another orgasm immediately.

Sexual Dysfunctions.

Sexual dysfunctions are defined as responses to sexual opportunities or stimuli that client or their partner consider to be inadequate (Jehu, 1979). A woman may describe herself as experiencing lack of sexual interest because she only feels desire once a month in contrast to her husband who experiences desire three times a week. Another couple may be quite comfortable having intercourse once a month. Each couple has different needs. Therefore, when defining the dysfunction, it is important to begin with the client's and their partner's perspective of the dysfunction.

Sexual dysfunctions involve impairment of one or more of interest, arousal, orgasm, ejaculation or pleasure including inadequate sexual interest, erectile dysfunctions, vasocongestive dysfunction, vaginismus, premature ejaculation, retarded or absent ejaculation, retrograde ejaculation, orgastic dysfunction, inadequate sexual pleasure and dyspareunia.

Inadequate sexual interest depends on the subjective judgements of those concerned (Jehu, 1979). For example, a man may find his interest level to be lower than he and his partner find satisfying. Inadequate sexual pleasure is also subjective. Jehu (1979) describes the men and women with this dysfunction as complaining "that they 'feel nothing' during intercourse, or that it is insufficiently pleasurable or satisfying for them" (p.98).

Erectile dysfunction involves impairment of the erection phase; vasocongestion in the penis does not occur normally. Jehu (1979) also

states that it could be defined as "a persistent inability to obtain a sufficiently firm erection, or to maintain this during intromission and intercourse"(p.81).

Vasocongestive dysfunction involves the lubrication-swelling phase. Lubrication, lengthening and expansion of the inner two-thirds, engorgement of the outer third of the vagina and other physiological changes may not occur (Jehu, 1979). Vaginismus is defined as " an involuntary contraction of the muscles surrounding the vagina"[12] (Ellison, 1972, p.34). Intercourse may become impossible or accomplished only with a great deal of difficulty and pain.

Premature ejaculation is defined as "a lack of adequate voluntary control over the orgastic and ejaculatory reflexes"(p.87). It is based on the man's subjective judgement. Retarded or absent ejaculation is referred to as "a persistent delay or failure in the occurrence of orgasm and ejaculation despite the presence of an adequate erection"(p.93). When the semen is deposited in the bladder instead of urethra, retrograde ejaculation occurs. Erection and orgasm will occur but there will be no visible ejaculate (Jehu, 1979).

Orgastic dysfunction refers to the involuntary impairment of the orgasm phase, involving the release of the reflex contractions of the vaginal and pelvic area.

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[12]Ellison, C. Vaginismus. Medical Aspects of Human Sexuality, August 1972, pp.34-54.

Dyspareunia is defined as painful intercourse. Women describe the pain as located in the vagina, the clitoris, the pelvic area or internal pelvic organs. They may experience pain during intromission, intercourse or resolution. In men, the pain may occur during erection, insection, thrusting or ejaculation or throughout any combination of these. Certain non-coital forms of sexual activity, such as masturbation or manual stimulation can also involve discomfort (Jehu, 1979).

Causes of Sexual Dysfunctions

Jehu (1979) describes three general categories of causes: organic factors, previous learning experiences and contemporary conditions. These can operate singly or in combination.

Organic factors. These include such processes as aging, illness, surgery and the side effects of certain drugs.

Although the sexual response cycle remains the same throughout one's life, it slows with age. For example, the male refractory period lengthens as he grows older; in an older woman, vaginal lubrication takes minutes rather than seconds.

Sexual functioning may be affected by illness specific to genital organs or systems such as the neural and endocrine which are involved in producing the sexual response. Any painful or debilitating illness may affect sexual activity. This includes such chronic illnesses as cardiac, renal and arthritic disorders as well as colds, migraines and

bone fractures. A person who has been ill may avoid sexual contact out of fear of possible pain or relapse. For example, a woman who has previously experienced burning sensations during intercourse when she had vaginitis, may continue to avoid intercourse after the infection is cured. She fears the past discomfort will return. This effect may be psychological as well as physiological.

Specific surgical procedures may cause organic damage. Damage may be incurred through removal of or repair of specific hormone-producing glands such as testes, ovaries or adrenals, or by neurological surgery. Surgery also creates an atmosphere in which an individual can react negatively and develop a sexual dysfunction. For example, after heart surgery, a man may not allow himself to become aroused because he believes intercourse will induce a heart attack.

The side effects of some medications can affect the systems involved in sexual response. This varies with the type and dosage of the drug as well as the individual's reaction. Sedatives, major tranquillizers, antidepressants, antihypertensives, narcotics and oral contraceptives are some drugs which affect sexual response (Jehu, 1979).

Previous learning experiences. Past experiences may affect sexual response. Trauma may be induced after being punished for masturbating, experiencing an incestuous relationship or being the victim of sexual assault. Dysfunctions have been tied to the effects of restrictive upbringing. In environments where sex was described as sinful and dirty, sex was not discussed or sexual expression was condemned,

disinclination twoard sexual activity may result. In many cases, the negative view of sexuality is accompanied by an ignorance of sexual information. Thus, a woman raised in a restrictive environment may experience a lack of sexual interest. She sees sex as an unpleasant function of a wife and has no knowledge of what type of stimulation would make sex a satisfying experience for her and her spouse.

The processes of learning are as important as the matter learned. The behavioral approach emphasizes that a person acquires both functional and dysfunctional behaviors through the same process. Many dysfunctions are tied to conditions or experiences which trigger specific behaviors. An example is a man who as a child was punished for masturbating is now experiencing erectile difficulties. He experiences anxiety and cannot maintain and erection. It seems the punishment for his past behavior is affecting his present sexual behavior.

Contemporary conditions. The behavioral approach emphasizes contemporary conditions as the foci of intervention (Agras, et al, 1979; Jehu, 1979). Although organic factors and previous learning may contribute, present conditions activated the dysfunction. Jehu (1979) describes a number of conditions which may contribute to a dysfunction. They include sexual stresses such as anticipation of harm or failure, moral or religious contraventions, non-sexual stresses such as finances and work, partner discord, psychological reactions to organic factors, psychiatric syndromes, deficient or false information and deficient or inappropriate stimulation.

Marital and Sexual Dissatisfactions

Although sexual and marital dissatisfaction have been received as separate entities, they can be concurrent.

In marriage, a couple receives positive gratification from their sexual relationship. Although this is not the only source of rewards and gratification, it affects the appraisal of each individual's attractiveness and worth. If a couple's sexual relationship is negative, they may begin to question their total marital satisfaction.

Marital non-sexual problems can cause sexual problems. When communication is poor, the couple will not be able to solve their problems, whether they relate to budget, children or sexual contact. Anxiety may spill over into many areas of a marriage. For example, anxiety about finances may make a husband disinterested in sexual contact. The couple may perceive themselves as experiencing a sexual dysfunction.

Chapter Three: Intervention

Assessment

In the majority of cases cited in my practicum, assessment initially concerned sexual dysfunctions as clients came to a specialized clinic for the purpose of working on the sexual area of their relationships. Although this may have slanted the intervention, marital issues did eventually arise and become priorities during therapy.

Assessment included interviews, questionnaires, self-monitoring, medical examinations and tasks.

Interviews

As part of the assessment, I interviewed client and partner together and separately, using Jehu's (1979) "Checklist of topics for assessment interviews and sexually dysfunctional clients and partners" (see Appendix A) as a guide. I also used questions suggested by Jacobson and Margolin (1979). These concerned the nature of the day-to-day interaction of the couple, factors contributing to the relationship problem and attempts by the couple to bring about changes in their relationship.

Questionnaires

I used the following questionnaires: the Psychological Service Center Form for basic information about the couple, such as age, education and employment, Dyadic Adjustment Scale for information on the quality of the couple's relationship, Semantic Differential Scale which was useful as a measure of the client's self image and image of his or her partner as well as the ideal self and partner, parts of the

Spouse Observation Checklist to gather information on the couple's interaction, Sexual History Form to gather information on the couple's sexual interaction, Sexual Arousal Inventory to measure female sexual arousability and Index of Sexual Satisfaction to measure the satisfaction level of the couple's sexual relationship (see Appendix A).

Self-monitoring.

I had couples create their own forms for self-monitoring with regards to such items as anxiety levels and the number of sexual encounters.

Medical Examinations.

I made use of medical reports from specialists and referred clients for medical assessments.

Tasks.

As part of the assessment, I assigned such tasks as sensate focus exercises, or spending time as a couple. These were effective in bringing forth information about the couple's relationship. The tasks may have been met with ease, anxiety or resistance. They also proved good therapy for many clients.

Summary

I reviewed this assessment information as well as the tentative goals and treatment plan I had set in the pre-treatment phase. At

this point, goals and treatment were agreed upon by the couple and I.

Assessment was a continuous process and the goals and treatment plans were reviewed and updated as therapy proceeded.

Treatment

Each treatment plan was tailored to suit the needs of the clients. I used a variety of techniques and strategies in my practicum.

Behavior Exchange Procedures

Behavior exchange procedures are based on the reinforcement model of marital exchange and refers to "any procedure that directly helps spouses gain an increased frequency of desired behavior from one another"[13] (Jacobson, 1981, p.569). It accentuates the reinforcement potential in a relationship.

The basic procedure involves identifying behaviors which one or both spouses describe as desirable and working toward increasing their frequency. For example, a man needs to spend time with his partner and she wants to get out of the house. They agree to go out for supper one evening and for coffee one afternoon. Both are receiving the positives they desired.

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[13] Jacobson, N.S., Behavioral marital therapy. In A.S. Gurman and D.P. Kniskern (Eds.) Handbook of Family Therapy. New York: Brunner/ Mazel, Inc., 1981.

Communication Training

Communication training is a common element in most marital treatment. Communication deficits are recognized as a source of stress in a marital relationship. If couples are unable to communicate their ideas, hopes and needs, it is unlikely that they will be able to solve the problems they encounter or to meet each other's needs. Communication deficits create distress in other areas of a relationship and act as maintainers of stress. Both marital and sex therapy utilize communication training.

Skill training. The behavioral approach to communication training is distinguished from other approaches by systematic programs of skill training. This involves feedback, instruction (which includes coaching and modeling), behavior rehearsal, and shaping positive communication, by using ambiguous cues.

Feedback occurs "when the cues we give back to a speaker allow that person to know how we received the message"[14] (Weaver, 1978, pp.107). This process allows the speaker to clarify his message when he hears what the receiver heard. Therapists act as good models of feedback as they use it to clarify their ideas about the relationship. Feedback must be descriptive rather than interpretive.

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[14] Weaver, R.L. II. Understanding Interpersonal Communication. Illinois: Scott, Foresman & Company, 1978.

This keeps the clarity of the communication alive.

Modelling and coaching are processes by which alternative responses are shown. They allow different communications to be acted out. The therapist takes an active role in modelling these new alternatives and coaching the couple in new ways of communication or expressing an idea.

Behavior rehearsal involves a couple rehearsing or practising new skills. It allows them to "try on" new behaviors. Another type of exploratory technique that clarifys the way one's behavior affects one's spouse is to reverse roles and have each act out the other. By revealing their perceptions of each other, it is effective in making people aware of the changes they would like to work on in their behavior rehearsal.

Using cues to shape positive communication involves reinforcing certain responses with non-verbal stimuli. The non-verbal stimuli must be reviewed to make the couple aware of the cues that are positive or negative for them. For example, a smile and eye contact portrays support, watching the television portrays a lack of interest.

Targets. Couples need to focus on empathy and listening skills. Listening skills can be improved by training couples to paraphrase and reflect. Paraphrasing involves stating the content of the speech or few sentences that were just heard. This skill

can be practised by having one partner state a few sentences, while the spouse listens. Then the spouse re-states the message she heard. Tied to paraphrasing is reflecting. Reflecting denotes the person's conclusion or idea about the speaker's emotions in the situation. For example, a wife who says, "I'm tired of having to meet other people's deadlines," may receive this message from her husband: "Well, don't do it." A reflection from the husband might have been, "You sound upset." In this last statement, the emotional content is recognized.

Reflecting and paraphrasing together create empathy. Empathy has been described as "a direct apprehension of the other's experience, especially the emotional component of the other's experience" (Jacobson and Margolin, 1979, pp.201). Empathy includes both facts and emotions. It could be illustrated by the following statement: "The children have created a lot of work for you by playing in the garage, and this made you angry and frustrated."

With empathy and listening skills, the therapist must start the couple on less emotional topics, as well as work closely with them in the beginning stages of using the skills. As they replace old patterns of interacting, these new skills must be practised. After practise in sessions and at home have been carried out, the therapist can shift to concerns and areas of change.

Although this training "promotes co-operative effort between

spouses and often increases feelings of closeness and caring"[15] (O'Leary and Turkewitz, 1978, pp.272), one must be aware that it can be misused. It can be used to avoid responsibility for a certain behavior, a complaint from a spouse, and other issues. It is most effective when spouses want to ventilate their feelings; with this co-operative aspect, a positive outlook prevails.

The positive aspect of empathy and listening skills is associated with positive verbal interactions. Distressed couples have fewer positive exchanges than non-distressed couples. This often appears to be not from the lack of a spouse's positive traits or behaviors but rather the lack of verbalization. Couples are aware of each other's positives but do not express them.

A therapist could work with the positive exchange by exploring how these messages are sent and received. Feedback, listening skills, and reflecting skills become invaluable in this area. The positive remarks can be collected, and discussion can focus on how the remarks are sent and received. For example, a husband compliments his wife on her skill at re-decorating the kitchen. The wife may devalue the compliment by remembering how much it cost and how her husband worries about their financial situation, or she may also take the positive viewpoint and let it reinforce her positive view of their marital relationship.

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[15] O'Leary, K.D. & Turkewitz, H. Marital therapy from a behavioral perspective. In T.J. Paolino, Jr. & S. McCrady (Eds.) Marriage and Marital Therapy: Psychoanalytic, Behavioral and Systems Theory Perspectives. New York: Brunner/Mazel, Inc., 1978.

Another aspect of positive interaction is the need for couples to be "explicit and unambiguous, to lessen the probability that they will be heard as either neutral or negative" (O'Leary and Turkewitz, 1978, pp.274). This forces people to be specific in what they feel good about and to clearly communicate that to their partners. Instead of a wife saying that she likes Fridays, it would be more constructive and effective if she said that she likes Friday's supper hour because it is when she and her husband discuss their plans for the following week. She was specific about the behaviors she saw as positive and reinforcing for her. Rehearsal is an effective way of developing this new pattern of interaction.

Positive verbal interaction interlocks with the appropriate expression of feelings. The first barrier faced is the awareness of one's feelings and the situations in which they occur. A couple must individually become aware of the situation that arouse specific feelings. This can be done by having them retrospectively review their feelings or keep a diary of the situations and feelings they encounter daily. Sharing of feelings about non-marital situations such as work, community happenings, or the neighborhood would provide the beginning stage for the expression of feelings about the marriage.

The couple can apply the guidelines of general communication to the expression of feelings. Empathic reflections act as reinforcers. Coaching, modelling and role rehearsal can help the couple strengthen their perceptions of themselves and their partner and clarify any misconceptions.

The move into marital issues occurs when a package of new skills has been rehearsed and mastered. They are used to clarify the way for behavior change and problem solving.

Validation is an important aspect of communication. Gottman, Notarius, Gonso, and Markham (1977b) refer to validation as the communication that one's spouse's ideas make sense and that his feelings are reasonable if one were to view the situation from that perspective. It is not necessary to agree with the partner but rather to recognize his position on the issue. Jacobson and Margolin (1979) emphasize that validation affirms the legitimacy of feelings and the worth of a person as a human being. For example, a wife may say, "I'm going to quit my job as I can not stand all the paperwork at the end of the month." Her husband might say, "Well, quit." In the therapy session, he may be coached to say, "I understand that you are upset by the paperwork. Your feelings are real. I suspect that your solution is not the best one, and maybe we should look for other solutions." Validating connects with positive verbal interaction, as well as expression of feelings. It is necessary to validate ideas as well as feelings. Validating is an important component in all forms of communicating.

Problem-solving Training.

Problem-solving training naturally follows communication as it is based on the flow of ideas and opinions between a couple. Problem-solving has been defined as "a structured interaction between two

people designed to resolve a particular dispute between them" (Jacobson and Margolin, 1979, pp.215).

Jacobson and Margolin (1979) developed a program for problem-solving training, with two distinct sections - problem definition and problem solution. Problem definition involves developing a clear, concise definition of the problem. No solutions are to be discussed. Only after the problem is defined, does the couple work toward resolution.

Their general guidelines for defining and solving problems suggest:

1. discuss only one problem at a time.
2. paraphrase.
3. avoid making inferences about the other person's motivation, attitudes or feelings.
4. avoid verbal abuse and other aversive exchanges.

Their guidelines for defining problems are:

1. always begin with something positive.
2. be specific.
3. express your feelings.
4. admit to your role in the problem.
5. be brief when defining problems.

The guidelines for reaching agreements are:

1. focus on solutions
2. behavior change should include mutuality and compromise.

3. final agreements should be in writing and they should be specific.

(Jacobson, 1981, Jacobson and Margolin, 1979).

Zilbergeld's "Male Sexuality" Program

Zilbergeld's Male Sexuality includes both information and specific exercises. He discusses a variety of subjects such as myths about sexuality, male and female anatomy, masturbation and conditions for good sex. It also contains individual exercises directed toward touching, masturbation, ejaculatory control, and couple exercises such as snuggling and the stop-start technique.

Lopiccolo's "Becoming Orgasmic" Program.

Although this program was developed for inorgastic women, it can be used with couples experiencing a variety of dysfunctions. It consists of a book and a series of films. The first part of the program focuses on exploring the body, the second on pleasuring and the third on the couple's sharing. It provides information as well as exercises. The films reinforce the exercises.

It was unnecessary to use the total program with all couples. Specific parts were more appropriate for some couples than others. The program provided a flexible guideline.

Relaxation Training

Relaxation training was introduced when a client had high levels

of anxiety which interfered with completing sexual assignments. The training begins by having the client relax specific muscle groups and proceeds to total body relaxation. The client will be able to use relaxation while working on the sexual assignments as well as other activities.

I used Berstein and Borkovec's (1973) relaxation training.

Systematic Desensitization.

In conjunction with relaxation training, desensitization helps to reduce anxiety in specific situations. First, a hierarchy of anxiety-provoking items ranked from lowest to highest, is established. One woman's list consisted of thinking about semen, talking about it, having semen on the bedsheet, inside the vagina and on the leg. While using muscle relaxation, the client imagines the first item on the list. When she can think about it without anxiety, she focuses on the next item, until she has completed the list.

In Vivo Desensitization.

The client proceeds through a hierarchy as in systematic desensitization but instead of imagining the situations the client puts himself in the actual anxiety-provoking situations. Instead of a woman imagining herself touching her genitals, she would use relaxation and touch her genitals.

Sensate Focus Exercises.

Masters and Johnson developed and used sensate focus exercises

with all clients. First, the couple was to abstain from intercourse. They were then directed to explore each other's bodies by touching and caressing, but, in the first session, they were to avoid sexual areas (genitals and breasts).

This exercise is effective in re-introducing the need for touching. There is a tendency for many couples to shorten the foreplay period when they are unaware of how important touching is to a satisfying sexual experience. Sensate focus forces the couple to look at their own needs as well as their spouse's. They have to communicate what kind of touching they need. It reinforces communication between the couple.

This exercise is also a useful diagnostic tool. It reveals the level to which the couple is comfortable with each other. Many underlying blocks or difficulties may surface when a couple finds the exercise stressful.

Provision of Information.

Many clients have deficient or false information about sexuality. Often, simply being provided with the information allows them to reassess their "perceived" difficulty. For example, a man who complains that he is unable to get an erection as rapidly as he used to may need information on how aging affects the male sexual response cycle. Education can also give clients information about how they can enrich their sexual relationship. For example, a couple may be unaware of

the possibility of bringing each other to orgasm without intercourse. Oral or manual stimulation may provide them with variety as well as lessen the pressure to achieve an orgasm during intercourse.

I supplied reading material from Zilbergeld (1978), Heiman, Lopiccolo and Lopiccola (1976), Katchadourian and Lunde (1975) and Strayhorn (1977).

Films also proved valuable educational devices. I used the films which accompanied the Becoming Orgasmic program and the Chernicks' film Sexuality and Communication.

Evaluation

In the evaluation component of my practicum, I used questionnaires, self-monitoring and client feedback. The questionnaires described in the assessment section were given at various intervals throughout the therapy to provide information about the client's progress as well as to compare their results to established standards. Self-monitoring provided specific information. For example, one woman recorded each time she and her husband had intercourse and what level of anxiety she felt. One could observe whether there was a change in her anxiety level as therapy progressed. Client feedback was useful in evaluation. The client could share the improvements she saw in herself. A husband may report that his sexual desire has increased and parenting difficulties have decreased since he and his wife have spent more leisure time together. The client is able to give his perception of what has or has not changed.

Chapter Four: Case Studies

Each case study involves the assessment, treatment, and evaluation. The confidentiality of clients has been held by changing names, facts or omitting information from the reports.

CASE I: Geraldine and Henry

Geraldine, a 51 year old domestic labourer and Henry, a 51 year old machinist were referred by a social worker at Children's Aid who had been involved with the family. Geraldine asked the worker to link her with someone who could help her with her lack of sexual interest.

Description of Problem

Nature.

Geraldine reported she had no desire to engage in sexual activities. She stated that when Henry approached her for sex she lubricated but did not feel aroused. It appeared that she sometimes experienced physiological arousal but did not experience subjective arousal. Geraldine had never experienced an orgasm and had an aversion to sex. She vomited when she had intercourse and semen touched her skin.

Frequency.

Geraldine had always had a low-desire level. It became a major problem for the couple in the last few years.

Timing.

Sexual contact was always unpleasant, even at different times.

Duration.

The orgastic dysfunction and lack of interest were primary as

Geraldine had never experienced desire or an orgasm. Her aversion to sex which was of a secondary nature, had intensified in the last few years.

Onset.

Geraldine believed the lack of desire had always been present but felt the aversion had increased in the last five years.

Course.

Prior to marriage, the couple's sexual contact was satisfactory but this was due to its' infrequency. Geraldine co-operated in sexual intercourse for Henry's sake. At that time, she did not feel an extreme aversion to sex. The lack of desire was present after marriage but gradually increased over the years.

Contemporary Influences on Problems

Situational Antecedents.

a) sexual stresses

Geraldine feld pressured to have sexual intercourse with Henry because he sought out a prostitute. This incident angered Geraldine a great deal and she considered divorce but remembered how her mother had left and decided to stay in the relationship. At this point, Geraldine tried to have more frequent intercourse with Henry. This only lasted a few weeks.

Geraldine was upset when she discovered that Henry had been fondling their fifteen year old daughter. Henry had put his finger into their daughter's vagina. This increased the pressure on Geraldine.

Geraldine felt pressure from Henry when she told him she loved him because his response was "show me". She stopped telling him how she felt as he did not believe her and she wanted to avoid further pressure.

b) deficient or inappropriate stimulation

Geraldine was unaware of any part of her body that responded positively when touched or caressed. Henry and Geraldine did not communicate about what aroused them (where and how to touch).

c) relationship with partner

Both cared for each other. They felt they had no major problems other than the sexual difficulties.

d) timing and setting of encounter

Geraldine often avoided sexual intercourse by making excuses such as their daughters were not asleep, the door was open or she had her period.

Geraldine and Henry had many sexual contacts in the early morning.

Henry slept after supper until Geraldine went to bed. Then he would get up and watch the French movies until 2 or 2:30. He would go to bed and wake Geraldine for intercourse.

e) concomitant non-sexual stress

This couple were not experiencing financial stress. They both enjoyed their work.

Organismic Variables

a) thought processes

i) cognitive avoidance

Geraldine avoided sexual issues. She did not talk or fantasize about sex.

ii) deficient or false information

Both lacked information about sex. Geraldine lacked facts and Henry had false information.

Henry also lacked information about the development of adolescence. He found it difficult to cope with his daughters' independence and need for privacy. ie. dating and their need to have the bathroom door locked.

b) emotional reactions

i) anxiety

Geraldine became anxious when she anticipated a sexual approach by Henry. She created such barriers as pretending to be asleep, or saying the girls would hear.

ii) guilt

Geraldine felt guilty when she discovered that Henry had gone to a prostitute and touched their youngest daughter. Guilt followed her initial anger. She felt that if she had been more open to sexual intercourse, these problems would not have occurred.

iii) depression

Geraldine did not appear to be depressed. She was positive about her activities at home and at work.

iv) anger

Geraldine was very angry with Henry when she learned about him seeing a prostitute and touching their daughter. She sought advice from her minister about a divorce but changed her mind about leaving after she thought of how her mother had left her and her brothers.

c) organic states

i) aging

Geraldine was 50 and had not reached menopause. Henry was

50. They did not consider their age as a major reason for avoiding sex.

ii) illness

Geraldine was extremely ill with her last two pregnancies. She had high blood pressure.

iii) surgery

Geraldine had surgery on her leg and a tubal ligation.

iv) drugs

Geraldine was taking medication for her high blood pressure.

Situational Consequences

a) partner's reactions

Henry placed performance demands upon Geraldine. She stopped saying "I love you" because his response was "Show me".

Henry did not react to Geraldine's vomiting. He recognized her discomfort with intercourse but this did not have a strong impact upon him ie. change his pattern of behavior.

b) absence of sexual relationship, due to avoidance reactions.

Geraldine would have liked to avoid sex totally. Henry pressured her thus preventing their sexual relationship from becoming

non-existent.

Personal and Family Background

Both Partners

a) age.

Geraldine - 50

Henry - 50

b) marital status and history

They had been married for 27 years.

c) occupation

Geraldine worked as a housekeeper for a number of people. Henry was a machinist.

d) education

Henry had a grade eight education plus some vocational training. Geraldine had a grade nine education.

e) ethnic background

Both were German and were raised in Germany. They had been in Canada for 25 years.

f) religious and moral beliefs

Both were raised Lutheran. Since moving to Canada, they had

joined the New Apistolic Church and were very involved in its activities.

g) leisure activities

Geraldine enjoyed reading and the Spa. They were involved in the church but did not spend much leisure time together as they did not have common interests.

h) friendship pattern

They did not have any close friends. In the past, they were involved in the visiting aspect of the church.

i) health

Henry did contact veneral disease when he had intercourse with a prostitute. He transmitted this to Geraldine. Both were treated.

Geraldine was sick with her last two pregnancies and it was recommended that she have a tubal ligation.

Partners' parents

a) marital status and history

Henry's parents were married for 23 years when they sought a divorce. His mother was involved with another man. Two years after the divorce, Henry's parents remarried each other.

Geraldine's mother left the family when Geraldine was eight and remarried within a year or two. Geraldine's father re-married when Geraldine was 18.

b) occupation

Henry's father was a coal miner and Geraldine's father was a farmer. Both mothers worked in the home.

c) health

Henry's father had to stop working at the age of 42 because coal dust had damaged his lungs.

d) ethnic and religious background

Their parents were of German-Lutheran background.

e) relationship between parents

Henry's parents obtained a divorce after 23 years of marriage. The stresses on the marriage were the husband's illness and the wife's extra-marital affair. His parents re-married two years after the divorce.

Geraldine's parents separated when she was eight. Her mother re-married and had a child in her second marriage. Geraldine's father did not re-marry for 10 years.

f) relationship with parents

Henry felt close to his parents.

Geraldine felt close to her father until he re-married. He had promised Geraldine she could come home and work when she was 18. Before she turned 18, he re-married so she felt she could not go home. After his re-marriage, Geraldine did not have much contact with her father.

Before her marriage, Geraldine contacted her mother as Henry wanted to meet her. In the first few months of marriage, the couple lived with Geraldine's mother. Geraldine felt she was not as close to her mother as she would have been if they would have stayed as a family.

g) relationship with parents-in-law

Both reported good relationships with their in-laws.

Partner's Siblings

a) age

Geraldine had two brothers. One was two years older, the other was two years younger than she.

Henry had four sisters and three brothers. He was the second oldest child.

b) relationship with partner

Henry reported his family was close. He mentioned that one of his brothers committed suicide.

Geraldine was close to her younger brother because she had to care for him in place of their mother.

Children

a) age

Oldest son - 27
Youngest son - 21
Oldest daughter - 17
Youngest daughter - 16

b) education

The two daughters were in school.

c) occupation

Both sons were working in the East.

d) relationship with each partner

Geraldine felt close to her children. Henry felt close but was disturbed by his daughters' independence ie. dating and wanting privacy. He described it as "feeling like a stranger in my own home".

Childhood and Puberty

Family Attitude Toward Sex

Neither family discussed sex. Henry and Geraldine received no instructions about sex from their families.

Learning about Sex

Henry remembered his mother having a miscarriage and how he had gained some knowledge from that incident. It was not until he was apprenticing that he talked with other males about sex. Henry said he read material and watched movies to broaden his knowledge.

Geraldine did not know about menstruation until her boss explained it to her and was not aware of intercourse until she was in her late adolescence. At one time, she thought one could become pregnant from a kiss. She received most of her information from Henry.

Sexual Activities

Geraldine did not masturbate when she was young. She was unaware of what masturbation was.

Henry did engage in masturbation.

Traumatic Sexual Experiences

At sixteen, Geraldine was raped by her boyfriend. One evening she was returning from a visit with her father and had to walk from the train to the farm where she was employed. Her boyfriend knew about her trip, waited for her along the road, jumped out and attacked her. She fought but was unable to get away. He pushed her to the ground and had intercourse with her. It was a painful experience for Geraldine.

She went to the farm and told her boss who assisted her in getting cleaned up and called the doctor. The doctor examined Geraldine and assured her no physical harm had been done.

She had told her husband and children about the rape.

Puberty

a) menstruation

Not long after the rape, Geraldine began to menstruate. She was very sick before her first period.

Current Partnership

Date of Marriage

They were married in 1954.

Engagement

Henry and Geraldine had dated for 3½ years before they married. Their engagement and marriage were brought on by their interest in going to Canada and by Geraldine's pregnancy. She was about 3 months pregnant when they were married.

Sexual Experience with Current Partner Before Marriage

Henry and Geraldine dated for two years before they had intercourse. Henry was the one who made the decision about intercourse and Geraldine went along with it.

Sexual Relationship During Marriage

Henry felt Geraldine had always had an excuse for avoiding intercourse. When they lived with her mother, she worried about her mother or step-sister hearing them. Then she worried about the children hearing. She also used her period as an excuse.

Contraceptive Methods and Wishes Concerning Conception

The couple did not use contraceptives as Henry did not believe in them.

Problems occurred when Geraldine became pregnant with her oldest daughter. She was very ill and it was recommended they have no more children. However, they did not use birth control so Geraldine became pregnant again. The doctor performed a tubal ligation after the second daughter was born.

General Relationship Between Partners

This couple cared for each other but they did not communicate hostile or positive feelings.

Henry was the dominant person in the relationship and appeared to control decisions in the family.

Sexual Experience Outside Current Partnership

Masturbation

Geraldine did not masturbate and Henry did.

Erotic Literature, Pictures and Films

Henry has watched 'stag' movies. This was arousing for him. He has read material but this was less effective as he had problems with his eyes.

Intercourse

Henry had intercourse with prostitutes on a few occasions.

Sexual Variation

Incestuous Behavior

This family was seen by Children's Aid Society after it was reported Henry had fondled his youngest daughter. Henry had inserted his finger into his daughter's vagina to see if it was big enough for a tampon. It was also reported that he had been french kissing his daughters. Henry only spoke about the tampon incident and appeared to feel that it had not been inappropriate.

Self Concept

Body Image

Geraldine saw her body as unimportant but was not critical of it.

Self-esteem

Geraldine appeared to have little self-confidence. She did not

make many decisions so saw herself as being powerless. Geraldine had employment which brought her satisfaction but she had limited contact with people.

Henry felt confident and took the responsibilities as head of the house.

Attitude Toward Treatment

Motivation

Geraldine was interested in working on the difficulties. She was willing to make time for the readings and assignments.

Henry was interested in learning more about sexuality as well as helping Geraldine.

Organizational Capacity

Both had been able to attend their appointments and were willing to fit further interviews into their evening schedules. They saw themselves as having time for assignments.

Desired Outcome

Henry wanted to increase the frequency of intercourse and to know Geraldine was getting pleasure out of their sexual contact.

Geraldine wanted to have more information about sexuality. She wanted to feel some desire for intercourse as well as become aroused. She was looking for a positive sexual experience.

Clinical Formulation

Specification of the Problem

Geraldine had a lack of desire. She experienced some physiological arousal but no subjective arousal. She had never experienced an orgasm and had an aversion to sex. Her vomiting after intercourse appeared to be connected to a semen phobia.

Contemporary Conditions Which Influence Its' Initiation and Maintenance

The following were conditions that may have influenced the dysfunctions:

a) Geraldine saw herself as a non-sexual being. She was operating from the position of knowing very little about sex and this helped to reinforce the idea that sex was dirty. She handled sex by avoiding it.

b) Geraldine's avoidance of sex reinforced negative feelings and her aversion developed. The aversion was reinforced by her reaction (vomiting) to semen.

c) Henry controlled most decisions in the home. Geraldine may have been holding control by not experiencing a positive sexual encounter.

d) Henry was also operating with false information about sexuality. He was not able to recognize this so was uninterested in getting assistance for himself.

e) Henry was not upset by Geraldine's vomiting. All he wanted

was for her to have more pleasure. This could have been a control issue.

Resources for Treatment

The couple was willing to work on the sexual area. They felt they would be able to complete their assignments at home and fit interviews into their evening schedule. They appeared to be motivated but resistance could come from Henry if he was requested to make specific changes.

Professional resources were to include providing information through interviews, films on sexuality and readings.

Goals

1. To increase the couple's knowledge of sexual responses and sexuality.

2. To decrease Geraldine's anxiety around sexual contact which involves reduction of body tension as well as of vomiting.

3. To work toward making the couple's sexual contact more pleasant as well as Geraldine achieving an orgasm.

4. To increase Geraldine's communication with her daughters about sexuality. This includes talking to them about their bodies, menstruation, intercourse, birth control and sexual attitudes.

Treatment Plan

The intervention was to involve approximately twenty sessions,

some with Geraldine individually and some with Henry and Geraldine together.

The treatment plan was to consist of five components. They included:

a) educating the couple on the facts of sexuality. This was to involve readings from Male Sexuality, Becoming Orgasmic and Fundamentals of Human Sexuality, viewing the film Sexuality and Communication and discussion time to review the material seen and read.

b) using Bernstein and Borkovec's progressive relaxation training with Geraldine.

c) using systematic desensitization with Geraldine to work on her semen phobia. A subjective rating scale (0 to 100) was to be used in the relaxation training as well as in the systematic desensitization. A hierarchy of anxiety provoking situations connected with semen was to be established for the systematic desensitization.

d) Working through the Lo Piccolo program, Geraldine was to complete the first part on an individual basis (Chapter 1 to 7). Henry was to work with Geraldine on the last part of the program (Chapter 8 to 12).

Evaluation Plan

The communication with daughters was to be recorded in dairy form.

Geraldine was to record her level of anxiety and the number of times she vomited after intercourse. This was to be discussed and reviewed at each session.

Arousal would be measured by the Sexual Arousal Inventory (SAI) at the beginning and end of treatment and at follow-up.

Progress and Outcome of Treatment

I had four assessment interviews, four sessions with the couple, and twelve sessions with Geraldine.

The first sessions with the couple involved the education component of the treatment plan. I provided readings from Katchadourian and Lunde's (1975) Fundamentals of Human Sexuality and Heiman et al (1976) Becoming Orgasmic. They viewed the Chernicks' film Communication and Sexuality which lead to a stimulating discussion. Henry was full of questions and this revealed his lack of information and misconceptions. Geraldine was able to explain her experience with intercourse by relating it to the stages the Chernicks described. She felt she had not experienced any of the stages of sexual response.

Because the couple did not spend much time together, I had them decide on a joint activity - going out for coffee - as well as describe what they appreciated about each other. Deciding on a

joint activity revealed that Henry had nothing to say to Geraldine, Geraldine waited for Henry to make the decisions and Henry did not give positive messages. The list of appreciations was not attempted by Henry. It was obvious Henry controlled the couple and his presence was restricting Geraldine from speaking in the sessions.

I made a decision to see Geraldine individually. I wanted to work with her in a more comfortable and safer environment. This also was acceptable to Henry as he attributed the problem to her in the first place. Geraldine accepted the idea. I hoped that after I was able to move Geraldine ahead, Henry could be brought back into the sessions.

At this point, I introduced the Becoming Orgasmic program. The program involved readings and exercises, accompanied by films. The first part focused on becoming comfortable with one's body. It moved to having the woman touch her genitals, then masturbate and bring herself to orgasm. The last section involved having the couple do sensate focus exercises, mutual stimulation and intercourse.

Geraldine completed the first chapter which involved looking at her body and genitals. She reported feeling ashamed but felt better about the exercise every time she did it. She was pleased with her success.

I introduced relaxation training. After Geraldine mastered

relaxation, the next step was to develop an anxiety hierarchy which connected with her vomiting (Table 1). Geraldine was able to tie the relaxation with each item in the hierarchy. It proved to be affective as the vomiting decreased and became non-existent after a few sessions.

Geraldine recorded when she had intercourse with Henry as well as the anxiety level she experienced (Figure 1). After a couple of weeks, the recording revealed that when intercourse took place in the early morning (1 or 2 o'clock), Geraldine experienced high anxiety (50 to 70). If intercourse took place in the evening, Geraldine's anxiety was low (10-15). She said she participated more in sexual encounter where low anxiety was experienced.

Geraldine did talk with her daughters. The first contact was to ask them if they had ever looked at their bodies. She then answered some questions they had after they looked at the book, Becoming Orgasmic. They also saw her lists of intercourse and anxiety. Geraldine felt comfortable in her communication with her daughters.

Geraldine progressed through the Becoming Orgasmic program. She experienced pleasure when she engaged in the stimulation exercises. These involved touching the genitals and other parts of the body in a manner that was arousing for the person. She did experience arousal but no orgasm. She was experiencing pleasure when Henry caressed her genitals and breasts and became aware that

she lost this pleasure when he penetrated. She felt manual stimulation during intercourse would increase her pleasure.

Geraldine used a vibrator as suggested by the program to increase her pleasure. It increased pleasure but Geraldine did not experience an orgasm.

When it was time to move into the couple session, we reviewed Geraldine's progress. She was not vomiting, felt pleasure during sexual encounters, had mastered relaxation, had talked to her daughters about some sexual issues and had identified some conditions for experiencing good sex such as manual stimulation during intercourse and having sex in the "waking hours". At this time, Geraldine put forth some of her concerns about upcoming couple sessions. She was unsure if she could talk to Henry about the late night intercourse being unsatisfying to her. She also felt he would not believe some of the things she reported such as the number of times they had intercourse. We discussed how Henry dominates her in such matters as buying appliances and saving money. Geraldine said this was part of his background and she accepted it.

With the couple, I reviewed the progress Geraldine had made as well as what we had discovered such as intercourse in the early morning was unsatisfactory for Geraldine and the necessity for more stimulation during intercourse. Henry seemed to take in this information but he questioned if Geraldine had completed the exercises

properly. I had them see the two parts of the Becoming Orgasmic program; this was a review for Geraldine. This helped to reinforce the exercises Geraldine completed and gave Henry some information about what the exercises involved. I assigned a sensate focus exercise and placed a ban on intercourse. The result was that they did some touching and went on to have intercourse. Geraldine experienced an orgasm.

I reviewed the good conditions of sex as well as the desire issue, emphasizing that positive sexual experiences may help Geraldine feel desire and that there is a possibility the desire level may not change. They viewed the third film of the Becoming Orgasmic series which involved the woman showing her partner the type of stimulation she needed, the couple manually stimulating each other and the couple having intercourse. At this point, we agreed upon terminating with a follow-up. It seemed the couple work was less profitable than the individual segment.

At the follow-up, I met with Geraldine. All was well with her; she was still doing the exercises and finding pleasure in them. Henry was still waking her for intercourse in the early morning but she said this was not as anxiety provoking as it was in the past.

Geraldine's desire level had not changed. She was enjoying intercourse more. She completed the Sexual Arousal Inventory (SAI) and we compared it to her past score. She had moved from 7 to 53;

she was in the eleventh percentile rather than the first. She had moved out of the dysfunction area which was the fifth percentile and below.

I believe that she was doing as well as possible without Henry's assistance. It seemed his cooperation had not been gained.

Summary

This couple was an example of an intervention where the sexual issue could not progress further until the marital relationship shifted. The relationship, in many ways, was functional for both Geraldine and Henry so it was understandable why they did not make an effort to alter it. I believe Geraldine made great progress in that she was enjoying sex more and talking to her daughters about sexuality.

TABLES

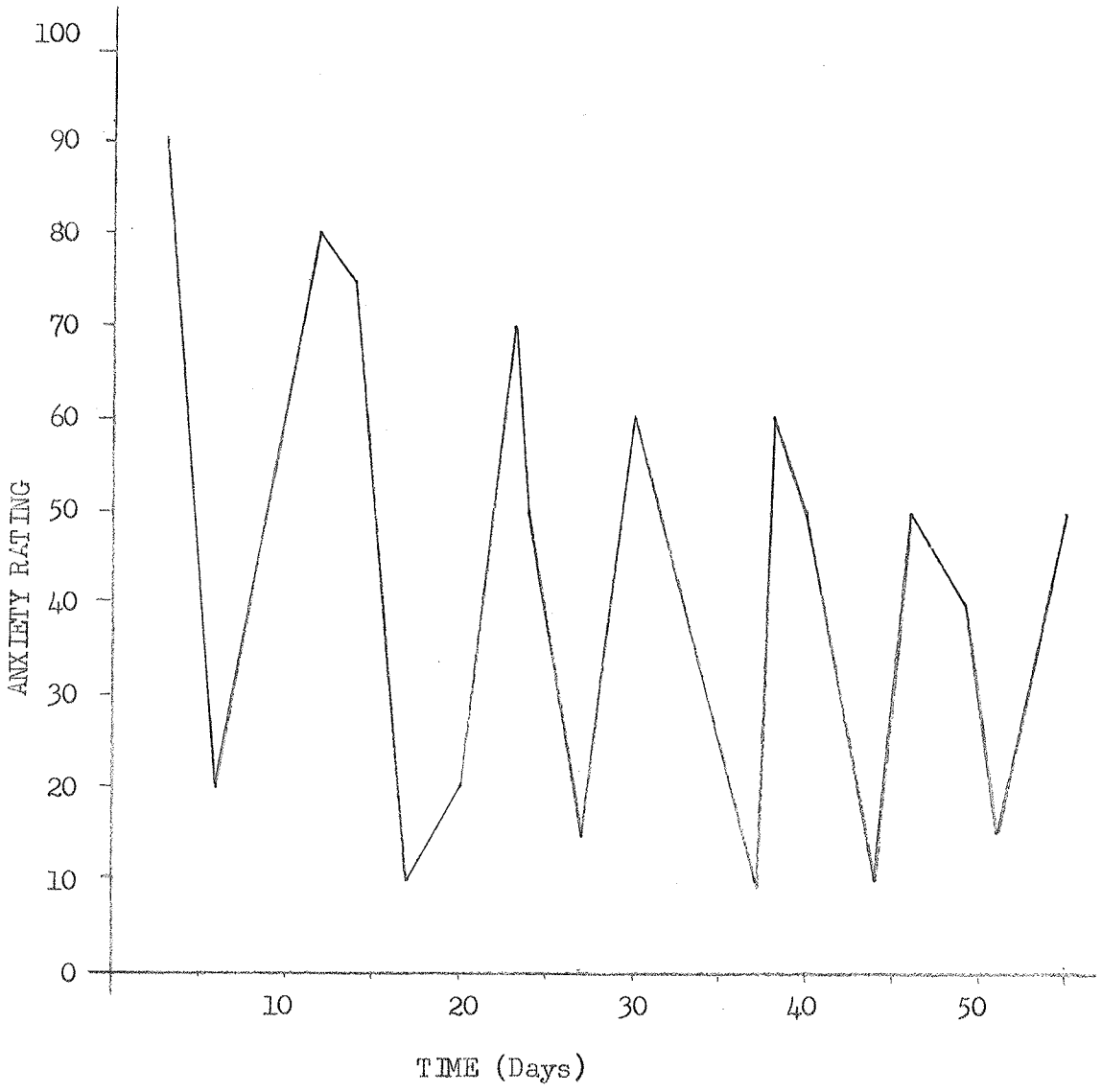
Table 1

Anxiety Hierarchy

Least Anxiety	1.	Liquid soap
	2.	Thinking about semen
	3.	Someone talking about semen
	4.	Semen inside her vagina
	5.	Semen on her underclothes
	6.	Semen on the bedsheet
	7.	Semen on her leg
	8.	Semen on her stomach
	9.	Semen on her face
Most Anxiety	10.	Semen in her mouth

FIGURES

Figure 1: Anxiety Rating vs. Time.



CASE II: Janet and Len

Janet, a 23 year old homemaker and Len, a 31 year old security officer came to the Clinic with a concern about Janet's lack of sexual desire.

Description of Problem

Nature

Janet described her difficulty as a lack of sexual desire which stemmed from some of her unsatisfactory sexual encounters. Unsatisfactory to Janet meant not reaching orgasm.

It appeared that once intercourse began (penetration), Janet concentrated on having an orgasm. If Len were to say something to her during this period, she would lose her concentration and not achieve an orgasm.

Janet's score on the SAI was between the fifteenth and twenty percentile (62).

Frequency and Timing

Janet was unable to say there was a pattern to her satisfactory and unsatisfactory sexual encounters. She felt the need to concentrate in every sexual encounter. Orgasms could be reached about 75% of the time.

Duration

The difficulties appeared to be of a secondary nature.

Course

The couple thought things would improve once they were married as the guilt of living common-law would be gone. This did not occur. They felt their present problem was the same as it had been at the beginning of their relationship.

Contemporary Influences on Problems

Situational Antecedents

a) sexual stresses

Len's sexual desire was higher than Janet's. He wanted to have sex more often but did not pressure Janet. He said he had no thoughts of leaving Janet or having an affair.

Janet wanted to please Len as well as herself so she created her own pressure. Janet did not worry about Len being involved with other women but she did dream he had left her. The dream worried her because it did not reflect how she felt.

b) deficient or inappropriate stimulation

The couple engaged in foreplay. Janet did become aroused subjectively and physiologically during foreplay. She was unsure whether she was sufficiently aroused in foreplay to be able to engage in intercourse and achieve an orgasm.

c) relationship with partner

This couple appeared to have a good relationship. They discussed their difficulties as well as positive experiences. On the Dyadic Adjustment Scale, the only subscale that was low was Len's affectional expression. It appeared they had been unable to resolve the sexual issue.

d) timing and setting of encounter

It appeared timing and setting did not influence the kind of sexual encounter they experienced. Janet felt the encounter was a bit better if she had sexual desire before foreplay and intercourse.

e) concomitant non-sexual stresses

Presently, this couple was experiencing finanicial difficulties. They did not see this as a problem in that the difficulties were tied to the purchase of a house and Len's new job. It was a difficulty they could see their way out of in the near future.

Organismic Variables

a) thought processes

i) cognitive avoidance

Janet did not avoid thinking about sex. She was comfortable with her thoughts but did not have the desire to follow through with actions.

ii) cognitive monitoring

Janet appeared to monitor herself. During foreplay, she enjoyed arousal and gained pleasure from it. When penetration occurred, she found herself concentrating on the build-up to orgasm. She did not think about the pleasure she was feeling but rather about the end result - orgasm.

iii) deficient or false information

Janet found herself in a dilemma when she did not achieve an orgasm. She felt she needed an orgasm even though she knew it was not necessary in order to experience a pleasant sexual encounter. As well, masturbation was not clear for her. She had stopped masturbating because she wondered if it was affecting her desire for sexual intercourse with Len.

b) <u>emotional</u>

i) anger

Janet did get upset and angry with herself when she was unable to reach orgasm. She cried a few times after intercourse.

ii) guilt

Janet felt guilty about having intercourse before she was married. She said there were still times when she thought about her past relationships with men and wished she had been a virgin when

she met Len.

c) organic states

i) surgery

Janet did have an episiotomy. She felt this had no effect on her sexual activity.

Situational Consequences

a) partner's reactions

Len was understanding and patient with Janet's difficulty. He was upset when Janet was disappointed with a sexual encounter. He worked hard to meet her needs ie. holding off his orgasm, avoids speaking to her during intercourse so as not to break her concentration.

b) absence of sexual relationships, due to reactions

Len saw intercourse as being a lot of work on occasion. He sometimes had desire but did not follow through because the energy involved in intercourse was too great.

Janet sometimes avoided disappointment by avoiding sexual relations.

Personal and Family Backgrounds

Both Partners

a) age

Len - 31

Janet - 23

b) marital status and history

Len divorced his first wife and had custody of their child. Their separation occurred a number of years ago.

Janet and Len had been married for a year and had lived together for three years.

c) occupation

Janet was a homemaker - cared for the children and the house. Len worked for a security service.

d) education

Both completed grade 12 and Len took some technical training while in the Armed Forces.

e) ethnic background

Janet described her family as having no distinct ethnic base. She said she had a Scottish and Irish background.

Len was a Bermudian. He spent a great deal of his life in Canada.

f) religion and moral beliefs

Janet's family was Catholic. Len was not tied to a specific church in his childhood.

The couple had become involved in the Born Again movement. Religion played an important part in their lives, especially for Janet. The religious change occurred at a time when Janet was having difficulty living in the common-law relationship, being unable to work and live in Bermuda (different culture).

g) leisure activities

Janet was very involved in the church.

h) friendship

The couple were new in the neighborhood (2 months) so had not been associating with the neighbors a great deal. They had friends from Len's work and the church.

Janet said she had difficulty thinking about friendships as long-term as she experienced a very transient life style as a child. She was thinking of the future in a new light now that they had settled in Winnipeg.

i) health

Neither used alcohol or illicit drugs.

Partner's Parents

a) marital status and history

Janet's parents had been married for over 26 years and she described them as having a happy marriage.

Len's parents did not get along and evidently separated.

b) occupation

Janet's father retired from the Air Force. Len's father was involved in sales and was quite well off finanicially.

c) relationship between parents

Janet described her parents as having a good marital relationship.

Len said his parents did not get along. When they separated, Len and his mother came to Canada and his father and sister stayed in Bermuda. Len remembered that his parents did not share the same bedroom.

d) relationship between each partner and own parents

Janet felt close to her parents. Len cared for his parents and was able to have more contact with them when he lived in Bermuda.

e) relationship between each partner and parents-in-law

Both appeared to have good relationships with their in-laws.

Partners' Siblings

a) age

Len had one sister, who was younger than he.

Janet had a brother who was 25 and a sister, 18.

b) relationship with each partner

Janet felt close to her siblings. At one point in Len's life, he lived with his mother in Canda and his sister lived with his father in Bermuda. This was a difficult time for Len as he was very close to his sister.

Children

a) age

Len had one child from his first marriage (pre-schooler).

Len and Janet just had their own child (under 1).

b) relationship with each other

Both appeared to be close to their children.

Childhood and Puberty

Family Attitude towards Sex

Janet's family did not talk about sex. She believed her parents gave her the message that sex was for "after marriage".

Len's family did not discuss sex either.

Learning about Sex

Both learned about sex from peers and through experience. Janet said she was given a bit of information in school.

Sexual Activities

Both masturbated in their teenage years.

Janet had intercourse at the age of 16.

Traumatic Sexual Experience

Janet felt her first experience with intercourse was traumatic. She was infatuated with a fellow who was older than she. He took her to his motel room after a date and they had intercourse. Janet remembered it as a negative experience as there was pain and the fellow did not react to her needs. Janet remembered thinking she would marry this fellow because they had had intercourse. She later found out this fellow was separated from his wife. It was hard for her to realize he did not care for her.

The whole experience was negative and she felt guilty about losing her virginity in that manner.

Sexual Experience Before Current Partnership

Masturbation

Both masturbated.

Dating and Previous Partnership

Len was married previously. This marriage ended because they were incompatible. He married when he was quite young (18) and felt his immaturity lead him into that relationship. Len dated a number of women and had sexual relationships with some of them.

Janet was involved in sexual relationships with three men before Len. The first, when she was 16, was traumatic for her. The next relationship was with a fellow she always thought she would marry as she cared very much for him. Janet described the third relationship as a situation where she abused the man and finally ended the relationship. Janet developed a very negative attitude about men - "all they wanted was sex".

Intercourse

Both had had intercourse before they met each other. Len did not have any sexual difficulties in any of his other sexual relationships.

Janet felt that her negative experiences with intercourse reinforced her negative attitude about men and sex. The sexual area was still unresolved for her.

Current Partnership

Date of Marriage or Cohabitation

Janet and Len met in May 1979, and began to live together in July. The following May they moved to Bermuda. Janet had to come back to Canada as she was just there as a visitor. Len followed her back and they were married in April 1981.

Sexual Experience With Current Partner Before Cohabitation

When Janet first met Len, she had hostile feelings about men. She remembered Len bringing her home the first night and extending her hand to give him a handshake as a good-bye. She said she was hard on Len at the beginning of their dating period.

Sexual Relationship During Cohabitation

Janet and Len did not have a good sexual relationship when they were living together as Janet had to concentrate intensely during intercourse. She also experienced guilt feelings because she was in a common-law relationship.

Sexual Relationship During Marriage

Since Len and Janet married, consequences reduced their sexual activity. Janet became pregnant quite soon after they were married. In the first trimester, she was sick and for the rest of the pregnancy, she experienced pain so they did not have intercourse. After the baby was born, they waited six weeks before engaging in intercourse. They had been having sexual intercourse during the last three months.

Contraceptive Methods and Wishes Concerning Conception

They were using foam as a birth control method and had used it throughout their relationship. They were not concerned about the possibility of Janet getting pregnant again.

The conception of their daughter occurred on their honeymoon when they were not using the foam properly. They had discussed having children and were not adverse to having one immediately.

General Relationship Between Partners

Len and Janet appeared to have a good relationship. They were able to discuss Len's subscale of Affectional Expression, which were outside the normal range.

It appeared this relationship would continue even if the sexual difficulties did not improve.

Sexual Experience Outside Current Partnership

Masturbation

Len masturbated but Janet had stopped because she felt it may affect her desire for intercourse.

Intercourse

Neither had had intercourse with anyone else since their marriage.

Dreams

Janet had a re-occurring dream about Len leaving her. In the dream, he had another woman with him. Janet worried about this because she said she knew Len would not do that.

Self Concept

Body Image

Janet appeared to be comfortable with her body. She felt masturbation was alright but had stopped this activity, believing it could influence her desire level and her performance in sexual intercourse.

Self-esteem

Janet said she felt very good about herself. She did worry Len would get tired or bored with the sexual difficulty she experienced. She wanted to please him as well as make sexual intercourse more pleasant for herself.

Attitudes Toward Treatment

Motivation

This couple was very interested in working on their difficulty.

Organizational Capacity

They felt they would be able to fit exercises and appointments into their schedules.

Prognostic Expectancy

This couple wanted to solve their difficulty. Prognosis was good since they did not appear to have any other marital problems.

Desired Outcome

Janet wanted to be less concerned with orgasms and more involved in the pleasure of intercourse. Len and Janet wanted to engage in sexual intercourse more often than they were.

Clinical Formulation

Specification of the Problem

The problem for Janet appeared to be a lack of sexual desire which had resulted from unsatisfactory sexual experiences. Janet avoided sexual encounters because she was disappointed with the end

result - no orgasm. She became aroused but was not always able to reach orgasm. During intercourse, Janet found herself concentrating on the orgasm rather than the pleasure she was feeling.

Len was also avoiding sex because it took a lot of energy and was disappointing for him if Janet was upset after intercourse.

Contemporary Conditions Which Influence It's Initiation and Maintenance

The following conditions appeared to be influencing their difficulty:

1) Janet had had negative experiences in her past relationships, especially with sexual intercourse. The negativeness had been reinforced over time.

2) Janet saw orgasm rather than pleasure as the ultimate goal of sex.

3) Janet appeared to let guilt about her past relationships occasionally creep in and affect her.

Resources

The couple wanted to have further sessions regarding their sexual difficulty.

They were able to fit the appointments and assignments into their schedules.

Goals

1. To increase Janet's ability to react to and enjoy the pleasure of intercourse.
2. To increase the frequency of intercourse.
3. To reduce the importance of orgasm for Janet and provide more realistic expectations about sex.

Treatment and Evaluation Plans

The program was to include an educational as well as experimental component. They would be involved in touching exercises with the emphasis on pleasuring. Then they would be involved in arousing exercises where the focus was again on pleasure. Next the assignments would focus on intercourse without and with orgasm. These assignments would be accompanied by information emphasizing pleasure and providing realistic ideas about orgasm. It may be necessary to have them experiment with giving Janet direct simulation of the clitoris during intercourse to ensure pleasure and orgasm.

Janet could trace her thoughts during the assignments. Any further blocks would be revealed.

The Dyadic Adjustment Scale and Sexual Arousal Inventory would be given at the beginning and follow-up.

Progress and Outcome of Treatment

I had seven sessions; two were assessment sessions.

The first session focused on foreplay. Len and Janet felt they engaged in foreplay for less time than they had in the past. I introduced touching exercises along with the assignment of communicating what felt good and where to touch. I also placed a ban on sexual intercourse.

The body rub brought forth a lot of information. Janet needed more touching to enjoy sex and touching in the right places. Len was unsure of how long to touch but enjoyed mutual touching.

We reviewed their sexual encounters. Either one initiated. Janet caressed Len and Len caressed Janet lightly (Janet felt Len did not focus on the areas she had told him aroused her), before penetration occurred. Janet then began to concentrate on reaching an orgasm. She was tense and had her eyes closed. Len held back as long as he could and then ejaculated. Janet may have reached an orgasm.

After intercourse, Len felt he had failed if Janet did not reach orgasm. He also felt isolated because he could not communicate during intercourse for fear of breaking her concentration. Janet felt disappointed if she did not have an orgasm.

I emphasized the importance of foreplay and the pleasure of sexual intercourse outside orgasm. We discussed how Janet enjoyed the foreplay and orgasm by intercourse and Len liked penetration and thrusting.

The couple were going to focus on the foreplay aspect of intercourse until next session by doing mutual caressing before and separate from intercourse. Janet would also keep her eyes open during intercourse.

At the next session, they reported the mutual caressing was good. She was still concerned about the lack of feeling in her vagina and was interested in having it checked by a physician. I suggested the use of Kegel exercises for building the vagina wall muscles.

I emphasized the need to relax and enjoy foreplay and intercourse. This area appeared to be where Janet was having difficulty.

They were going to be involved in further caressing as well as some reading about myths from Zilbergeld's Male Sexuality. An appointment was set up for Janet with a gynaecologist to check the lack of feeling in the vagina.

The next session began with Janet explaining the outcome of her appointment. Some muscles were still healing; they had been injured in childbirth. The doctor recommended Kegel exercises for these muscles but she felt there was nothing amiss to cause a lack of feeling in the vagina.

Janet also reported that relaxing and enjoying the feeling of intercourse had been extremely helpful. Both felt sex had improved.

The couple continued with the caressing. Also, they tried the female superior position and Janet did some Kegel exercises to help her focus on the sensation of the penis in her vagina.

At the next session, Janet reported things were improving with each sexual encounter as she was learning to relax more and focusing on the pleasure she felt in foreplay and intercourse. They were also taking time for foreplay and communicating their needs to each other.

We agreed upon a follow-up in a few months.

I made a follow-up call and they reported all was well. Their Dyadic Adjustment questionnaires and Janet's SAI showed no significant changes.

Summary

This couple needed to receive information about sexuality and to focus on the touching component of their relationship. Janet needed to direct her attention away from orgasms and to the pleasure in foreplay and intercourse. Because this couple saw positives occurring in other areas of their life and had good communication skills, the therapy for the sexual problem was short-term and had positive results.

Beginning of Therapy

DYADIC ADJUSTMENT SCALE: Scoring Sheet

Couple Janet and Len

Dyadic Consensus		Scores	
Item #	Content	M	F
1	Finances	4	5
2	Recreation	4	5
3	Religion	4	4
5	Friends	3	5
7	Conventionality	3	5
8	Philosophy-life	3	5
9	In-laws	4	5
10	Goals	5	5
11	Time Together	4	5
12	Decisions	5	5
13	Household	4	5
14	Leisure	5	5
15	Career	5	5
(a)	Subtotal (65):	53	64

Dyadic Satisfaction		Scores	
Item #	Content	M	F
16	Divorce	3	4
17	Leave-fight	4	4
18	Going well	4	5
19	Confide	5	0
20	Regret marrying	4	3
21	Quarrel	3	3
22	Annoyance	3	3
23	Kiss mate	4	4
31	Happiness-scale	2	4
32	Future hope	5	4
(b)	Subtotal (50):	37	34

Affectional Expression		Scores	
Item #	Content	M	F
4	Affection	4	5
6	Sex-agree	0	4
29	Tired for sex	1	0
30	Not show love	1	1
(c)	Subtotal (12):	6	10

Dyadic Cohesion		Scores	
Item #	Content	M	F
24	Outside interests	1	4
25	Exchange ideas	4	4
26	Laugh together	5	5
27	Calm discussions	4	5
28	Work together	4	5
(d)	Subtotal (24):	18	23

	Male	Female
(a) Dyadic Consensus (65)	53	64
(b) Dyadic Satisfaction (50)	37	34
(c) Affectional Expression (12)	6	10
(d) Dyadic Cohesion (24)	18	23
DYADIC ADJUSTMENT (151)	114	131

End of Therapy

DYADIC ADJUSTMENT SCALE: Scoring Sheet

Couple Janet and Len

Dyadic Consensus		Scores	
Item #	Content	M	F
1	Finances	2	5
2	Recreation	3	5
3	Religion	3	5
5	Friends	3	5
7	Conventionality	4	5
8	Philosophy-life	4	5
9	In-laws	5	5
10	Goals	4	4
11	Time Together	4	5
12	Decisions	4	5
13	Household	5	5
14	Leisure	3	5
15	Career	5	5
(a)	Subtotal (65):	49	64

Affectional Expression		Scores	
Item #	Content	M	F
4	Affection	3	5
6	Sex-agree	3	5
29	Tired for sex	1	0
30	Not show love	0	1
(c)	Subtotal (12):	7	11

Dyadic Satisfaction		Scores	
Item #	Content	M	F
16	Divorce	4	5
17	Leave-fight	3	4
18	Going well	4	5
19	Confide	5	5
20	Regret marrying	4	5
21	Quarrel	3	4
22	Annoyance	4	4
23	Kiss mate	4	4
31	Happiness-scale	4	5
32	Future hope	4	5
(b)	Subtotal (50):	39	46

Dyadic Cohesion		Scores	
Item #	Content	M	F
24	Outside interests	2	4
25	Exchange ideas	4	3
26	Laugh together	4	5
27	Calm discussions	5	5
28	Work together	5	2
(d)	Subtotal (24):	20	19

	Male	Female
(a) Dyadic Consensus (65)	49	64
(b) Dyadic Satisfaction (50)	39	46
(c) Affectional Expression (12)	7	11
(d) Dyadic Cohesion (24)	20	19
DYADIC ADJUSTMENT (151)	115	140

CASE III: Bill and Glenda

Bill, a 33 year old and Glenda, a 29 year old came to the Clinic with a concern about Bill's premature ejaculation.

Description of Problem

Nature

Bill described his difficulty as premature ejaculation. He became aroused and achieved erections. Ejaculation usually occurred before entry or upon attempting penetration. After ejaculation, he would lose his erection. Recently, he maintained an erection after ejaculation and continued with intercourse until he reached a second orgasm.

Frequency and Timing

Premature ejaculation occurred in all sexual encounters. They tried sexual encounters in various places and at various times but these did not have a positive effect on Bill's ejaculation control.

Duration

The premature ejaculation appeared to be of a secondary nature. In the past, Bill was able to perform without this ejaculatory difficulty.

Onset

Bill tied the premature ejaculation to an incident which occurred three years ago when a prisoner kicked him in the genital area. This was checked and no damage or abnormalities were present. At the time of the kicking, Glenda went off the pill and they began to use condoms as birth control. Bill found condoms affected his sensation as he was unable to tell if he was inside Glenda's vagina or not. He said he sometimes ejaculated before he entered Glenda.

Course

Since the kicking incident and use of condoms, the premature ejaculation had become steadily worse. Recently, (last month) Bill was able to maintain his erection, on a few occasions, after ejaculation. On these occasions, he continued with intercourse until he reached his second orgasm.

Contemporary Influences

Situational Antecedents

a) sexual stresses

Bill was concerned about satisfying Glenda. Both were very disappointed when sexual encounters end prematurely. The result was Glenda ended up crying and Bill tried to comfort her. This reinforced the demand for Bill to perform.

b) deficient or inappropriate stimulation

Glenda was not touching Bill's genitals for fear he would ejaculate sooner. She did touch his genitals after he had penetrated and intercourse had begun.

Bill was using a condom during every sexual encounter. This was recommended by a doctor to reduce sensitivity. Also, if Bill ejaculated before entering Glenda, she did not have to clean herself off before they proceeded. The condom was not used as a method of birth control as Glenda was on the pill.

c) relationship with partner

Bill could be described as infatuated with Glenda. He became aroused by just being in the same room with her. Glenda felt her love had deepened over the years and she sometimes had difficulty understadning Bill's infatuation especially when he described how wonderful she was to their friends.

It appeared they were able to talk about their difficulties and feelings with each other. They did not do this in their early relationship.

d) timing and setting of encounter

This couple had tried various places and times but found no difference in the sexual encounters. They had more opportunity for

sex now as Bill was on a straight day shift.

e) concomitant non-sexual stresses

The couple felt they were not overwhelmed by stresses.

Organismic Variables

a) thought processes

i) cognitive avoidance

Sexual dissatisfaction caused the couple to avoid sex rather than risk another dissapointing encounter. They were not bloking their desires but were not following through on them.

ii) deficient or false information

They appeared to have some false information which interfered with sexual encounters. These included such things as Glenda not allowing herself to receive any other form of stimulation but intercourse to bring her to orgasm, Bill feeling he must satisfy Glenda before himself and that reducing sensitivity with condoms would help.

b) emotional reactions

i) anxiety

Bill was anxious about sexual encounters. He found that

not initiating a sexual encounter was the best way to avoid an upset. He was caught in a bind in that he wanted to engage in sexual intercourse but did not want to face the disappointment of premature ejaculation.

ii) disgust

Bill was disgusted at his inability to satisfy his wife. Glenda felt disgusted by the whole sexual encounter when he came too soon, and she acted this out by crying.

c) organic states

i) injury

Bill was kicked in the groin but his urologist checked for damage and abnormalities and found none.

ii) drugs

Glenda was taking the birth control pill.

In his teens, Bill was involved in using some street drugs.

Situational Consequences

a) partner's reactions

After an unsuccessful sexual encounter, Glenda would cry. Bill would then attempt to comfort her.

b) absence of sexual relationship, due to avoidance reactions

Glenda and Bill sometimes avoided sexual encounters. When they had sexual desire, they would not act upon them by initiating sexual intercourse. Bill masturbated about once a month and Glenda did not masturbate at all. Both said they found it unsatisfying.

Bill reported he had sexual desire 3 or 4 times a week and Glenda reported having desire once a day. They were having sexual intercourse once a month.

Personal and Family Background

Both Partners

a) age

Bill - 33
Glenda - 29

b) marital status and history

Glenda and Bill had been married for 11 years. They were very young when they first married and their immaturity caused problems in their first few years of marriage. The last five years had been fairly stable and secure.

c) occupation

Bill worked in security and Glenda worked for a financial institution.

d) education

Glenda graduated from grade 12.

Bill attended University.

e) ethnic background

Glenda had a Ukrainian background.

f) religion and moral beliefs

Both felt religion played a minor role in their childhood. They were not involved in any church.

Both felt their parents had strong beliefs about what was right and wrong.

g) leisure activities

Glenda enjoyed creative activities such as crocheting and pottery. Bill was involved in physical activities such as curling and running.

h) friendship pattern

Bill and Glenda had a number of couples they were friends with but also had separate friends. They felt it was important not to restrict each other's friendships.

i) health

Both described themselves as healthy.

Glenda had difficulty with the birth control pill. In the past, she had problems with side-effects like tender breasts and little lubrication. She felt she was on a pill of a suitable dosage for her.

Partner's Parents

a) marital status and history

Bill described his parent's marriage as good. He did not remember them having any major disagreements.

Glenda said her parents have never gotten along. After Glenda and her brother had grown up, they obtained a legal separation. Presently, her parents were back living together.

b) relationship between parents

Bill felt the relationship between his parents was good.

Glenda's parents still were fighting and she was unsure why they lived together.

c) relationships between each partner and own parents

Bill felt he was close to his parents. Bill's over-involvement with his family caused problems for the couple at one time.

Glenda had a close relationship with her mother. She had never gotten along with her father and was not speaking to him. Glenda's mother came to stay with Glenda and Bill during the separation. From this point on, Glenda's father did not attempt to contact her. In the past, Glenda moved to mend things but she refused this time. Her father also disliked Bill.

d) relationship between each partner and parents-in-law

Bill got along with his mother-in-law. He had attempted to talk with Glenda's father, but these encounters had no positive results.

In the past, Glenda had some conflicts with Bill's mother. These were resolved.

Partner's Siblings

a) age and sex

Bill had five brothers with four younger than he.

Glenda had one brother, younger than she.

b) relationship with parents

Bill described his brother as being close to his parents.

Glenda said her brother had become close to her father since the separation incident.

c) relationship with each partner

Bill was close to his brothers and kept in close contact with them.

Glenda was speaking to her brother but there were hard feelings between them because he felt she interfered in their parent's marriage.

Childhood and Puberty

Family Attitude Toward Sex

Bill said sex was not talked about in their family. He felt it was a taboo subject. He found his parents still avoided it, even in joke form.

Glenda said sex was not discussed in her family but she felt she could talk to her mother if she had a question. Her mother explained menstruation to her. Glenda said her family did not hide the differences between the sexes. She remembered seeing her father and brother getting out of the bathtub. No one made an issue about hiding one's body.

Learning About Sex

Both felt they gained most of their sexual information from their friends.

Sexual Activities

Bill described himself as being "quite promiscuous" when he was young. In his teens, he lived in Vancouver and became involved in the street life which included free love and drugs.

Traumatic Sexual Experiences

Neither felt her or she had any traumatic sexual experiences.

Masturbation

Both masturbated.

Dating and Previous Partnerships

Glenda had relationships with men before Bill. She was sexually involved with some of them.

Bill had a lot of sexual experiences when he was involved in the street life in Vancouver. He did develop a close relationship with one girl. They ran off together and lived in California for 6 months. She became pregnant and wanted to go home. When they got home, her parents would not allow Bill to see her. This was not a positive experience for Bill.

Intercourse

Both had intercourse with other partners.

Current Partnership

Date of Marriage

Bill and Glenda had been married for eleven years.

Sexual Experience With Current Partner Before Marriage

Glenda and Bill described their sexual experience before marriage as good. They tried a number of different positions and different places and found their sex life quite exciting. About a year before their marriage, Glenda "cut him off" sex.

Honeymoon

Bill described sex after marriage as "starting all over again", since they had not had intercourse for a year.

Sexual Relationship During Marriage

The couple experienced a great deal of stress whey they were first married. They had moved away from family and friends, were short of money, Bill had a new job and Glenda had no job. They were transferred quite a bit. At this point, Bill was not happy with his job. They felt sex was alright but it was affected by stresses. Premature ejaculation was not a problem.

Glenda had cystitis in the early part of their marriage. Intercourse was painful then. Glenda felt this was only a minor happening whereas Bill saw it as a major one.

Glenda and Bill used to engage in oral sex. Glenda developed a dislike for it and found it dirty and disgusting.

Contraceptive Methods and Wishes Concerning Conception

Glenda was on the birth control pill. This was acceptable to both Glenda and Bill.

They both would like to have children but not at this point in their life.

General Relationship Between Partners

This couple appeared to be able to talk about some difficulties and feelings. Since Bill had gone on straight days, they were spending more time together.

They felt the last five years had been good. This connected with Bill's employment as he had been at his job for about five years. He had good feelings about it.

Bill was in awe of Glenda. Glenda wondered about this infatuation as she felt her love had deepened and matured over the years. She was unsure about the quality of Bill's love.

They had some differences about body contact. Glenda was not a "touchy" person and Bill was.

Glenda was the worrier in this couple. Bill described himself as being relaxed and care-free.

Self Concept

Body Image

Bill liked to look good and he saw himself as having a good body.

Glenda liked to present herself well but was quite shy when someone commented on her looks.

Popularity and Attractiveness

Bill was caught up in being accepted by others. He tended to be overpowering.

Glenda appeared to be less concerned about being popular but she did spend time making herself more attractive - make-up, dress.

Self-esteem

Bill felt confident in his employment. This helped to boost his esteem.

Bill tied his happiness to Glenda so if she was down, he was down. He did not feel confident of being able to satisfy Glenda sexually.

Glenda was dissatisfied with her employment and was very unsure of what she wanted to do. She also was very defensive about providing information about herself.

Attitudes Toward Treatment

Motivation

Bill was eager to begin rectifying his difficulty. Glenda appeared to be less enthusiastic about it. She was unsure of why she needed to be involved in treatment.

Organizational Capacity

Glenda worked out of town every couple of weeks so this would affect appointment times as well as completion of exercises.

Prognostic Expectancy

I expected this couple to do well in treatment but I believed most of the energy would come from Bill.

Desired Outcome

Bill would like to be able to delay his ejaculation. He would like to have a mixture of foreplay and penetration for 30 minutes. He wanted to bring Glenda to orgasm with sexual intercourse. Glenda wanted Bill to last longer so she could reach orgasm.

Clinical Formulation

Specification of the Problem

The problem presented by Bill was premature ejaculation. This

appeared to be secondary in nature as it began after Bill was kicked in the genitals and when they started to use condoms as birth control.

Contemporary Conditions Which Influence It's Initiation and Maintenance

The following were factors which could have influenced the situation:

a) Bill was not receiving any stimulation to his penis. Glenda was unwilling to touch him for fear he would ejaculate faster. Using a condom also impaired his awareness of increasing arousal and hence his control.

b) Bill was very anxious to satisfy Glenda. If he came too soon, she would not allow him to satisfy her manually or orally. This placed pressure on Bill to perform.

c) Premature ejaculation was seen as "awful" by this couple. They did things to block the negativeness of the situation. For example, Bill used a condom so there would be no mess if he ejaculated too soon. Glenda's disgust with the whole situation was quite definite.

d) There may have been an element of power struggle in this relationship. Glenda had usually been the strong dominant partner. Now she was in the position of being unsure about her job and Bill was

in the position of feeling secure in his job. It seemed there was some shifting of responsibilities and roles occurring.

Resources For Treatment

I would be working with this couple. They were willing to come in for further sessions and to work on the exercises and readings.

Goals

1. To increase the length of time during which Bill can maintain his erection after penetration.
2. To increase Bill's ejaculatory control.
3. To clarify some of the false information Bill and Glenda have about sex.

Treatment and Evaluation Plans

It appeared that the Zilbergeld program re: masturbation and stop-start exercises would be appropriate. Bill could do the masturbation exercises and as a couple, they could do the stop-start exercises.

Bill could keep track of the length of time he was able to maintain his ejaculatory control thus tracking his progress.

Progress and Outcome of Treatment

I had eleven sessions with this couple. Three were assessment sessions.

Bill and Glenda proceeded with exercises from Zilbergeld's Male Sexuality. Bill started with masturbating without lubrication. He then introduced a lubricant and used the stop-start masturbation with fantasy. As a couple, they did some sensate focus exercises. Glenda also stimulated Bill's penis with her unlubricated hand. Bill was responsible for telling her when he had the urge to ejaculate so she could stop stimulating him. After the urge diminished, Bill was to ask her to resume stimulating him. Lubrication was then introduced. Bill also did some readings from Zilbergeld's Male Sexuality (The Physical Aspects of Sex, Touching, The Importance of Relaxation and On Not Lasting Long Enough).

Bill had good results from his exercises. He did not ejaculate but did stop a few times. He was able to masturbate with lubricant and was surprised it was not as difficult as he had anticipated.

The couple found the body rub relaxing and positive. The exercises in which Glenda stimulated Bill were rewarding as Bill was able to communicate when he had the urge to ejaculate and Glenda would stop stimulating him until the urge had passed.

The readings from Zilbergeld's Male Sexuality were affective in getting the couple to talk sexuality.

The couple had encountered a few problems. Bill was impatient and wanted to quickly go through the exercises. He sabotaged himself when he had intercourse with Glenda and was unable to "perform" the way he wanted to. Bill was also concerned that Glenda was not being

stimulated to orgasm. After discussing ways of bringing Glenda to orgasm, she assured Bill she was not feeling the need for sexual stimulation.

The next exercise I introduced was to have Glenda insert Bill's penis into her vagina. There was to be no movement. Bill was to focus on the feeling of being in Glenda's vagina. The result was that Bill was able to concentrate on the feeling and did not ejaculate. On one occasion, they went on to have intercourse.

At this time, our sessions were interrupted by holidays and Bill's nose surgery. The couple was unable to come in for a few months. When they returned, they revealed that they had not engaged in any sexual encounters since our last session three months ago. They said they felt a lot of tension in their relationship and were leading busy lives. Glenda had quit her job and was attending university, so finances had to be considered more carefully.

After further discussion, I suggested wer shift to the marital relationship. Glenda was concerned that Bill was not listening, as well as with the ease with which they got into arguments. Bill was concerned about the arguments as well as Glenda's perfectionist beliefs. Bill wanted more positives in their relationship.

It appeared their arguments were about minor issues eg. who got toothpaste on the mirror, whether Bill should elaborate on certain areas of his essay. Their pattern of communication was Glenda responding as the parent and Bill as the child. The interesting thing

was that when they talked about positives, they were happy and had good examples to present.

For next session, they were going to bring a list of positives. The discussion would focus on the interaction in their arguments.

At the next session, they came with lists that contained such points as common goals, respect for each others' need and common interests. We reviewed these before looking at their arguments. We discussed the roles each played and how they kept each other in these roles. They were to note their interaction in the following week and also resume the exercise which involved Glenda stimulating Bill.

Glenda had a concern about therapy. She was not sure that it would "work" for the marital or sexual difficulties. I emphasized the interdependency of these two areas and focused on the positives I saw in their past therapy. Bill also said the sexual exercises were going well before they quit doing them.

The couple was not able to set up another appointment for a few weeks because they had so many activities planned. The result was that I had to refer them to another therapist as my practicum was ending.

Summary

I saw this couple as having some marital problem along with the sexual issue. Bill's premature ejaculation could have been a

side issue of what was happening in the relationship. Glenda seemed to have some questions about whether she wanted to continue in the marriage and I believe this would need to be addressed before therapy could continue.

CASE IV: Iris and Greg

Iris and Greg were referred to the clinic by a gynaecologist. Iris was complaining about a lack of sexual desire.

Description of Problems

Nature

Iris described her difficulty as lack of interest in sex. She could become aroused by Greg but she experienced pain if she had not lubricated enough before penetration. It appeared there was decreased subjective and physiological arousal. She was unsure whether she had ever reached orgasm.

Frequency and Timing

The lack of desire existed all the time. The pain with intercourse was not present when there was enough lubrication.

Duration

The difficulty appeared to be secondary in nature.

Onset

The difficulty began after Iris had surgery. In 1978, she had electrocoagulation on condylomata of the vulva.

Course

Since the surgery, Iris had avoided sexual intercourse. The difficulty had increased since her marriage to Greg because she was unable to elude his sexual advances. They had had intercourse six times since their marriage a year ago and for the last four months, they had not had intercourse.

Greg's and Iris's scores on the Index of Sexual Satisfaction showed dissatisfaction with their sexual relationship.

Contemporary Influences On Problems

Situational Antecedents

On one occasion, Greg told Iris he had thought of getting sex elsewhere. This upset Iris and she tried harder, without success, to be more interested in sex.

Greg had stopped initiating sex and had limited his touching.

b) deficient or inappropriate stimulation

Greg and Iris did not spend as much time on foreplay. Iris also felt she was sometimes in so much of a hurry to have Greg enter her and finish intercourse that she did not allow herself enough time to lubricate. The result was she experienced pain.

c) relationship with partner

Iris felt pressure from Greg. He told her on one occasion he had thought of going elsewhere for sex. She tried to make more of an effort in regards to sex but failed.

Greg felt Iris might have blamed him for giving her the growths which were removed.

At one time, Greg had wondered if Iris was involved with another man. This issue had been dealt with.

d) timing and setting of encounter

The timing or setting did not seem to affect the sexual experience.

e) concomitant non-sexual stresses

The couple was feeling stress, due to Greg not having full-time employment.

Organismic Variables

a) thought processes

i) cognitive avoidance

Iris did avoid situations that might lead to sex or thinking about sex.

ii) deficient or false information

Iris appeared to have some reservations about masturbation. She had some difficulty understanding why Greg masturbated but felt she must expect it since they were not having intercourse.

b) emotional reactions

i) anxiety

Iris was anxious when she suspected Greg would want sexual intercourse. Being intimate represented sexual intercourse.

c) organic states

i) surgery

Iris's past surgery had been reviewed and the doctor described it as entirely healthy.

Situational Consequences

a) partner's reactions

Greg was very frustrated. He felt rejected and wondered if Iris loved him. He had stopped touching Iris and had not initiated sex for the last few months.

b) absence of sexual relationships, due to avoidance reactions

Greg and Iris had not had intercourse in the last few months.

Personal and Family Backgrounds

Both Partners

a) age

Greg - 23
Iris - 22

b) marital status and history

Greg and Iris had been married for one year.

c) occupation

Greg was a tradesman and was not employed full-time but worked at every opportunity. Iris was a student at the University of Manitoba.

d) education

Iris was working on her B. Ed. and Greg had received vocational training.

e) ethnic background

Both had Ukrainian backgrounds.

f) religion and moral beliefs

Greg had not received any religious training as a child. He was baptised in the Ukrainian Catholic church before marrying Iris.

Iris was raised in a Ukrainian Catholic home. Her family put a great deal of emphasis on their religion.

g) leisure activities

Greg felt they did not do a great deal as a couple except to go out with friends.

h) friendship pattern

Greg and Iris had a number of friends they socialized with.

i) health

Greg had a hearing disability and wore a hearing aid.

Iris had had surgery. She had electrocoagulation on condylomata of the vulva. This was checked by her doctor and described as entirely healthy.

Partner's Parents

a) marital status and history

Greg's father died when Greg was five. His mother did not re-marry. She was living in Winnipeg.

Iris's parents were residing in Winnipeg.

b) ethnic background

Both families were Ukrainian.

c) religion and moral beliefs

Iris's parents are Ukrainian Catholic. They had strong beliefs especially Iris's mother on what was right and wrong. She even emphasized her ideas about sex to Iris.

d) relationship between parents

Greg did not remember much about his parent's relationship.

Iris felt her parents got along. Any difficulty they had was dealt with by ignoring the problem. For example, Iris's mother told her that "you turn your husband down once or twice when he requests sex but you do it the third time". Iris felt this was a description of her parent's sex life.

e) relationship between each partner and own parents

Greg felt close to his mother. Greg and Iris visited her regularly.

Iris described herself as getting along with her parents. Having them know about the sexual difficulty added tension to her relationship with them. Her father supported them in seeking help for their difficulty but her mother disagreed.

f) relationship between each partner and parents-in-law

Both appeared to get along with their in-laws.

Partner's Siblings

a) age and sex

Iris did not have any sisters and brothers.

Greg had one brother who was five years older than he.

b) occupation

Greg's brother was a teacher.

c) relationship with siblings

Greg described his relationship with his brother as being close. He felt they were closer now than when they were children.

Childhood and Puberty

Family Attitudes Toward Sex

Greg said there was no discussion about sex in his family.

Iris described her family as being closed to sexuality. They emphasized covering oneself up and she still felt the impact of that message.

Learning About Sex

Greg said he learned a great deal from his first girlfriend at the age of 14. She told him about intercourse and he felt finding out about it was a positive experience.

Iris learned from her peers.

Traumatic Sexual Experiences

Iris described her first sexual experience as very painful. She had not lubricated and described the fellow as just wanting to "get his rocks off".

Sexual Experience Before Current Partnership

Masturbation

Greg did masturbate. Iris did not.

Dating and Previous Relationships

Greg dated a number of women before Iris.

Iris did date. She had two relationships before Greg in which there was sexual contact.

Intercourse

Greg had intercourse with a number of women he dated. He described intercourse as very pleasant and positive.

Iris had two sexual relationships before Greg. She had intercourse for the first time at age 16. It was a painful experience as she did not lubricate and the fellow was only concerned with his own pleasure. The second experience was very positive. She was able to become aroused and experience pleasure.

Current Partnership

Date of Marriage

Iris and Greg were married in 1981.

Sexual Experience With Current Partner Before Marriage

Iris and Greg dated for five years before they married. They had intercourse soon after they started dating.

About six months after they started to date, Iris had surgery

for genital growths. When Greg and Iris resumed having intercourse, it was extremely painful for Iris. On one occasion, she remembered crying in pain. This was the time she felt Greg was so caught up in having intercourse, he did not pay attention to her feelings.

After the pain disappeared, Iris said she began to make excuses to avoid sex, eg. my parents may come home, I'm tired. Sexual intercourse went from occurring 2 or 3 times a week to once a month. When they decided to get married, Greg talked to her about the sexual issue and Iris's response was "it will be different when we have our own place".

Honeymoon

Iris remembered their wedding night as a great sexual experience. She thought she had built up her expectations and played them out that night.

The rest of the honeymoon was not good. Greg said when he touched her she would move away or say it was too hot. Greg was also upset because Iris wore pyjamas on their honeymoon.

Sexual Relationship During Marriage

Iris felt their sexual relationship had not improved since their wedding. She said she avoided touching in case it lead to sex. She might put her arm around Greg in bed, but that was all.

Greg felt Iris rejected his touching even when it would not lead to sex eg. a hug, holding hands. He stopped touching and initiating sexual intercourse as he did not want to anger Iris.

They both felt when they had sexual intercourse there was less foreplay than when they were dating. Iris said she sometimes was so anxious for Greg to enter and get sex over with that she would not have lubricated enough and there would be pain. Greg sensed her need to hurry and this made him ejaculate sooner than usual.

At one point, Greg talked to Iris about the problem and said he had thought of going elsewhere for sex. Iris's response was to cry. After this incident, she tried to make more of an effort but it was ineffective. Up until this point, they had avoided the problem.

They had had sex six times since their marriage.

Contraceptive Methods

Iris was on the birth control pill. She was not experiencing any side effects.

General Relationship Between Partners

Both felt they had a good relationship although Greg felt they had some areas of difficulty. On the Dyadic Adjustment Scale, Greg's scores on the satisfaction, cohesion and affectional expression subscales were below the normal range. Iris's score on the affectional expression subscale was below the normal range.

Sexual Experience Outside Current Partnership

Intercourse

Neither of them had been involved with anyone since their marriage.

Masturbation

Iris did not masturbate but Greg did.

Self Concept

Body Image

Iris was uncomfortable with her body. She did not like to be nude and connected this to the message her parents gave her to cover herself at all times. She was uncomfortable with the thought of Greg looking at her nude body.

Self-esteem

Iris felt negative about herself because she was unable to respond sexually to Greg. She appeared to have handled this by withdrawing from him.

Attitude Toward Treatment

Motivation

Iris was very motivated to work on her lack of sexual desire as well as her uneasiness with her own body. Greg felt he had tried and was going to let Iris make the first move. He was willing to come with her and do the exercises even though he was wondering if things would improve.

Organizational Capacity

They appeared to be able to organize time for exercises and appointments.

Prognostic Expectancy

It appeared that this couple would benefit from therapy. Difficulty could arise if Greg did not see any positive changes as he could give up on the situation totally. The marital relationship appeared to be weak.

Desired Outcome

The desired outcome included Iris being more comfortable with her body, Iris and Greg having intercourse more often and Iris experiencing pleasure during intercourse. It would also be important to bring touching back into their relationship.

Clinical Formulation

Specification of the Problem

Iris experienced lack of sexual desire. There appeared to be decreased subjective and physiological arousal. Iris was unsure about whether she had reached orgasm.

The lack of sexual desire appeared to be secondary in nature as its' onset occurred after Iris had surgery on vulva growths and in the early stages of her relationship with Greg.

Contemporary Conditions Which Influence It's Initiation and Maintenance

The following factors might have influenced the situation:

a) Iris experienced painful intercourse after her surgery. On one occasion, she remembered crying and said she felt Greg was so caught up in having intercourse he did not pay attention to her feelings. This appeared to have a lasting effect. She also experienced pain, due to dryness, if she hurried Greg to penetrate. This pain might have had a reinforcing effect.

b) Iris's uncomfortable feelings about her body were threatened by Greg. Besides being uncomfortable with looking at her own body, she did not like him to see her nude. Iris's anxiety regarding this issue could not help but be high as marriage allowed more opportunity

for physical closeness. Iris's barriers had to be stronger. She increased her negative messages to Greg, eg. "Don't touch" and "Keep away".

c) Greg became frustrated by the present situation. He gave up trying to initiate sexual intercourse or touching. He stopped all direct pressure. He left the next move to Iris which created pressure for her.

d) The Dyadic Adjustment Scale revealed poor marital adjustment. Problems in the marital situation might have influenced or created the sexual dysfunction.

Resources For Treatment

They agreed to come in for further sessions with me as therapist.

The materials were to include reading materials and films. The sessions were to involve reviewing their beliefs and feelings about the readings and exercises.

Goals

1. To increase Iris's comfortable feelings about her body.
2. To increase the frequency of touching between Iris and Greg.
3. To increase the frequency of intercourse and the pleasure Iris feels when having intercourse.

Evaluation Plan

Self-monitoring of Iris's anxiety level about her body would be used as an evaluation tool.

The Arousal Inventory was to be given at 8 week intervals as well as the Index of Sexual Satisfaction.

Treatment Plan

Iris was to begin the "Becoming Orgasmic" program. Greg was to attend these sessions with her.

Together, they were to work on sensate focus exercises. This was to allow for physical between the couple and to keep Greg involved.

Progress and Outcome of Treatment

Assessment and treatment consisted of twelve sessions.

Greg and Iris were introduced to the sensate focus exercises as well as the "Becoming Orgasmic" program in the first session.

When they reported the results of the exercises, it was quite obvious Iris was uncomfortable with her body and with touching. I included a less threatening form of physical contact, a cuddling exercise, along with the sensate focus one. The cuddle exercise involved a joint cuddle as well as one where Iris was to give Greg physical affection.

The couple also saw the first section of reel one in the "Becoming Orgasmic" series. Iris was to begin the exercises which involved looking at her body, touching and exploring her genitals. She was to record her reactions so we could discuss them in the following session.

The third session was significant for Iris. Iris had completed her body examination, the touching and exploration of genitals as well as Kegel exercises. Her diary revealed how difficult the examination of the body and genitals had been. She stated that on the third occasion of completing the exercises, she did not feel embarrased or negative. She wrote that when she first imagined her body, she saw it much better than it really was. Iris felt the exercises had allowed her to find out more about her body.

The cuddling exercises brought out Iris's fears that touching would lead to intercourse and Greg was interpreting her withdrawal as rejection. Greg questioned whether Iris wanted him sexually. Iris responded by saying she would be the same with any partner. At this point, I became aware that Greg was not putting a great deal of energy into the exercises because he believed Iris did not want him.

After viewing more of the film series, discussion focused on masturbation. Iris had difficulty with the thought of masturbation but was willing to try genital touching exercises. I also requested

another joint cuddle and suggested they try a body rub with their clothes on as well as in the nude. My belief was that these couple exercises would either move them toward being more comfortable with each other or force hostilities to surface.

One session was cancelled and at the next session, Iris came in alone as Greg had a job, working out of town for a few weeks.

In the fourth session, Iris was questioning her relationship with Greg as she was able to communicate with him only about daily tasks, and cars. She did not miss him when he was away working and described herself as having a lack of feeling. She was going to discuss her concerns with him and saw separation as a possible outcome.

The exercises had gone well. She was feeling comfortable with her body and genitals. We decided to put a hold on the exercises until she was able to talk with Greg.

At the fifth session, Iris came in alone. They had decided to separate and she planned to move in with her parents. It was decided to postpone our sessions until Iris was moved and back at university.

Iris called and arranged an early appointment. She reviewed some of the difficulties she was experiencing, such as the pressure from her parents, and the lack of contact with Greg. She needed to

get some clear idea of what she wanted to do.

After Iris was back at school, the sessions proceeded. Reconciliation appeared to be out of the question for Greg and Iris. Iris felt Greg had made no effort to work on their relationship. He had not called her and she was tired of being the one to make contact. He told her he was involved with other women. Iris had explored the possibility of an annulment.

Iris had been receiving support from a male friend she met in her summer class. She said their relationship had become intimate and felt she would not have any sexual difficulties with him. She had sexual desire.

She wanted to continue with the program as she did not want to fall back into her "old habits".

After one cancellation, we met for a seventh session that focused on orgasm. Iris was unsure whether she had ever experienced an orgasm. She was able to do further reading in Becoming Orgasmic as well as do exercises which focused on genital stimulation.

In the eighth session, Iris reported that she relaxed while doing the exercises and became aroused. She was still unsure about orgasms.

She had intercourse with her boyfriend and described it as being great. She even engaged in oral sex. In the past, she found oral sex

distasteful and avoided it. Iris believed the communication aspect of this present relationship was the key to the success of her sexual experience. She had been questioning this relationship and wondering where it was going. The boyfriend agreed to attend the last session with Iris.

In the nineth session, the second reel on pleasuring was viewed. Iris recognized that what she had experienced were orgasms. She imagined them as being more dramatic.

In the tenth session, Iris and her boyfriend came in. Iris had requested that when they viewed the third reel on sharing, that the first section on the woman masturbating, not be shown. The film was viewed and we discussed the issue of it being artificial. I emphasized the touching aspect as well as the need for information to be presented in a short period.

I met with Iris alone as well. She completed the Arousal Inventory and we compared her past and present scores. She was impressed by the change. She had moved from 43 to 105, from the fifth to the eighty-fifth percentile. She was feeling good about her progress, especially being comfortable with her body and experiencing pleasure in sexual contacts.

Summary

I feel the lack of desire in this case was tied to Iris's feelings about her relationship with Greg. Her feelings about her body also influenced her desire level.

CASE V: Tom and Rose

Tom, a 34 year old electrician and Rose, a 31 year old homemaker came to the Clinic with concerns about Rose's lack of interest in sex. At the preliminary interview, they agreed the sexual difficulty was only a small part of much wider dissatisfaction and discord in their marriage.

Description of Problems

Nature

Tom and Rose stated that there were a number of areas of conflict. Tom felt inadequate housekeeping was a major concern for him. He questioned whether Rose was pulling her share of the workload in their family.

Rose's concerns were with the lack of physical affection, outside of sexual intercourse and the lack of time they spent together as a couple. She also was experiencing lack of sexual interest. Sexual intercourse had been engaged in approximately once a month up until three months before when the frequency increased to once or twice a week.

Frequency and Timing

The neatness was a daily problem as was the concern about physical affection. The lack of sexual interest had improved since their move three months ago.

Duration

The lack of sexual interest appeared to be secondary in nature.

Onset and Course

The concern about the neatness of the house had always been present but Tom had not verbalized his concern a great deal. Since the move to a larger, new home, he had begun to verbalize his concerns to Rose as he expected the new home to be easier to keep clean, and that pride in it would motivate her to work harder.

The physical affection had decreased since the birth of their first child, five years before. The decreased time together also began at that point.

The lack of sexual interest began after the birth of their first child. Both agreed it gradually worsened until their move three months ago. At this time, the frequency of intercourse increased. Rose said this was due to her effort to engage in intercourse even though she had no desire to do so. Tom was unaware of the reasons for the increase in frequency.

Personal and Family Background

Both Partners

a) age

Rose - 31
Tom - 34

b) marital status and history

They were married in 1971.

c) occupation

Rose worked in the home and had been at home since their first son was born. Tom worked for an equipment repair company.

d) ethnic background

Both had English backgrounds.

e) religion and moral issues

Religion played a minor role in their upbringing and present life.

It was expected by both families that Rose and Tom would act in an "appropriate" manner. They were quite closely supervised when they were dating.

f) friends

They had made contact with their new neighbors. It

appeared they had individual friends each associated with separately.

e) health

Rose was 5 months pregnant.

Alcohol was consumed infrequently.

Partners' Parents

a) marital status and history

Both felt their parents had good marriages.

b) occupation

Rose's family moved from the farm when she was quite young. Her father began to work as a labourer in the city. Her mother worked for a number of years when Rose was in school but was presently at home.

Tom's father worked as a foreman with a cement company and his mother always worked at home.

c) ethnic background

Both families were of English origin.

d) religion and moral beliefs

The parents were not highly involved in the church.

e) relationship between parents

Rose and Tom felt their parents had stable marriages.

f) relationship with parents

Rose felt she had a good relationship with her parents.

Tom saw himself as having a good relationship with his parents and felt especially close to his father as he could talk a great many things over with him.

g) relationship with parents-in-law

Rose liked Tom's parents but felt pressure from them to improve her housekeeping.

Tom felt he got along with Rose's parents.

Partner's Siblings

a) age and sex

Rose had one sister who was five years older than she. Tom had a sister who was the same age as Rose and a brother a year younger than his sister.

b) marital status and history

All the siblings were married and had what Rose and Tom described as happy marriages.

c) relationship with parents

Their siblings appeared to have good relationships with their parents.

d) relationship with each partner

The couple socialized with their siblings. Rose's sister and her husband spent a fair bit of time with Rose and Tom.

Children

a) age

They had two boys, age three and five.

b) education

They youngest was at home and the oldest was in kindergarten.

c) health

Both boys were healthy and active.

d) relationship with each partner

The boys spent a great deal of time with Rose. She put them high on her priority list and would spend time with them before doing housework.

Tom took the boys with him on the weekends.

Both saw themselves as being close to their sons.

Relationship History

First Contact

Rose and Tom met at a young people's group. Rose was 15 and Tom was 18.

Initial Attraction

Rose and Tom were involved in common activities such as the young people's and social groups when they first began to date.

Courtship Period

Rose and Tom dated on a irregular basis for a couple of years and went steady for a few years. They married after being engaged for a few months.

When courting, they spent a great deal of time socializing with other couples.

Circumstances Around Decision of Marriage

Their parents approved of their marriage but did not pressure the couple to marry.

Pregnancy was not an issue.

Sexual History

a) sexual activities

Rose and Tom had only had intercourse with each other. They described themselves as having a "little" sexual experience with each other before their marriage. Rose's sister had a baby before she was married so there was some pressure on Rose and Tom to be careful with their sexual involvement.

b) traumatic sexual experience

On one occasion before marriage, Rose and Tom unintentionally engaged in anal intercourse. This was a very painful experience for Rose.

Rose felt this experience had made her wary of trying new positions and she did not relax totally when engaging in sexual intercourse. Tom was unaware of Rose's reasons for being negative about trying new positions.

Contemporary Influences on Problems

Factors Contributing to the Central Relationship Problem

a) financially

They were financially secure.

b) children

Discipline was sometimes a problem especially when it involved having the boys pick up after themselves.

c) friends

They had few friends in the neighborhood as they had just moved. They each had more individual friends than couple friends.

d) sexual

Tom felt the sexual issue - desire and variety - was due to Rose's laziness. Rose felt the variety in sexual activity was affected by her experience with anal intercourse. She also saw all physical affection as leading to sex and wanted this to change.

e) recreation

They spent little time together as a couple. Any outside activity was initiated by Rose.

f) work distribution

Rose felt Tom did not help her in the home. He would leave his clothes on the floor or a mess in the kitchen thus making her job more difficult.

Tom questioned whether Rose pulled her share of the work-load. He did not trust her when it came to work in the house because he felt she did not do enough housework.

g) communication

They made a lot of critical comments in their conversations. There appeared to be little or no positive comments made to each other.

Arguments usually occurred around supper-time.

Beliefs That Each Spouse Held About the Relationship

Tom felt that each partner should carry specific responsibilities. He felt Rose's work should include a number of tasks that she was not presently completing, eg. keeping the kitchen neat, the driveway clear of toys, the boys' toys downstairs and the breezeway neat and orderly. He also expected her to clean at the 'right' time so it would be neat when he got home.

Tom expected Rose to meet many of his needs. He wanted her to

come and talk with him when he was working in the garage or outside but felt it was inappropriate for himself to stop work, go inside and talk with her for a few minutes. He put work highest on his priority list.

Rose felt Tom should be willing to spend time with her as she wanted to be able to spend fun times with him.

Rose felt she worked at home and cared for their sons as best she could. She did not see neatness as a problem. Her role as mother took priority over the duties of the household.

Nature of Day-to-Day Interaction

Tom left the house early in the morning. Rose looked after the boys all day with the exception of the morning when the oldest boy attended kindergarten.

Tom returned home at supper-time. After supper, he worked in the garage or in the yard while Rose got the boys to bed. At eight, Rose began her relaxation time and went to bed at 10. Tom finished his work at 10 and began his relaxation time.

On the weekends, Tom usually took the boys with him to do some activity or errand in town. Rose was at home on these occasions.

Their interaction time was around suppertime. This appeared to be the time when criticisms were given.

Attempts to Change

Tom tried to avoid saying anything about the messy house but after the move, he was unable to do this as he expected a new home would mean a neater home.

Tom started to work in the evenings in hopes Rose would do the same with the result being a tidier house.

Tom took the boys with him so Rose had time to herself. He could not understand why the house was not neater when he and the boys returned from an afternoon away. He expected her to use this time for cleaning.

Rose had made efforts to clean the house. She said Tom did not comment on it. Then there were times when Tom "blew up" about the kitchen and she could not see what was wrong with it.

Presently, Rose was responding to Tom's sexual advances but was doing it to improve the sexual situation. Her desire had not increased. She wanted Tom to be satisfied in at least one area.

Attitudes Toward Treatment

Motivation

Both appeared to be interested in changing the present situation. Tom expected the majority of changes to be made by Rose.

Organizational Capacity

Both had been able to organize appointments into their schedules. They said they would have time for further sessions as well as homework.

Prognostic Expectancy

Prognosis was not good. Tom wanted Rose to change and Rose was not in the position to make all of the changes.

Desired Outcome

Tom wanted a neater house and Rose wanted to spend more positive time with Tom.

The sexual issue was low on their priority list of concerns.

Clinical Formulation

Specification of the Problems

Rose and Tom were unable to solve the problems they encountered. These problems included tidiness, organization of workload, sexual issues and time together. They could not communicate their expectations, feelings or needs. The situation had intensified to the point that they were in conflict most of the time. They did not share positive activities. Affection and sexual contact had decreased.

Contemporary Conditions Which Influence Initiation and Maintenance

The following were factors I felt influenced the situation:

1) The communication aspect of their relationship influenced their problem-solving. Tom was throwing ideas at Rose about how he felt she should complete a task. No agreement or decision was made on a specific change so nothing happened. The result was Tom was angry and Rose was frustrated and angry.

It appeared that the positive aspect of this relationship was hidden by the negative side. No positive time or conversation existed.

2) It appeared they were unaware of each other's expectations and needs. Tom was unaware of the importance Rose put on spending time with the boys as well as with him. Tom put work highest on his list of priorities.

Resources

This couple was willing to come in for further sessions. They recognized their problem as marital.

They said they would be able to set time aside for appointments. They appeared to be motivated though resistance might come from Tom as he wanted the changes to be made by Rose.

I would work with this couple, providing information through verbal exchanges and reading material on communication, reviewing expectations and beliefs, and assigning exercises.

Goals

1. To provide information on communication.
2. To review and reframe attitudes.
3. To increase positive communication and activities.

Treatment Plan

The book, Talking It Out, by Strayhorn would be used for communication training.

When exploring expectations and attitudes, clarification could occur as well as established behavior exchanges, eg. time together and tidiness of the house. Homework would be directed toward specific verbal exchanges as well as time together.

Evaluation Plan

Self-reports at the weekly sessions would be part of the evaluation as well as charting increased positive exchanges.

Dyadic Adjustment Scale would be given at the beginning and at eight week intervals during treatment.

Progress and Outcome of Treatment

I had two sessions with this couple after the assessment period.

At the first session, I reviewed the assessment material and focused on the positive side of their relationship. We also discussed communicating positives.

In the second session, communication was explored further. The focus was on "I" messages as this couple used "you" a great deal. I linked the "I" messages with the expression of feeling. They had difficulty expressing their feelings appropriately such as saying they were angry or frustrated.

The couple worked at setting up an exchange of behaviors. Tom was resistant to committing himself to completing a task but accepted Rose's idea of establishing an evening time to spend together. Rose made an agreement to clean the breezeway a few minutes before Tom arrived home. Both presented these tasks as the behaviors they wished to change.

The couple was provided with some readings from the book, Talk It Out (facilitative messages).

The couple cancelled two appointments and when I contacted them, they wanted to leave it until the New Year (a month). I had talked to Rose about an assertiveness group so I forwarded that information to her.

There was no further contact with these clients.

Summary

I believe that a power struggle was operating between Tom and Rose. Both benefited from their position. Rose was passively controlling Tom by not meeting his expectations. Tom controlled the input of funds into the home as well as many decisions about their family. This couple was not able to gain any positive support from each other. They had hurt or been hurt so often it was a risk for them to exchange positives.

I question whether another direction with this couple would have moved them ahead. I believe presenting the idea of the power struggle might have been a more direct beginning point which could have been followed by behavior exchanges and communication training.

Beginning

DYADIC ADJUSTMENT SCALE: Scoring Sheet

Couple Tom and Rose

Dyadic Consensus		Scores	
Item #	Content	M	F
1	Finances	4	4
2	Recreation	4	4
3	Religion	4	4
5	Friends	4	4
7	Conventionality	3	3
8	Philosophy-life	4	4
9	In-laws	3	3
10	Goals	4	4
11	Time Together	2	3
12	Decisions	4	3
13	Household	2	2
14	Leisure	3	3
15	Career	4	4
	(a) Subtotal (65):	45	45

Affectional Expression		Scores	
Item #	Content	M	F
4	Affection	2	2
6	Sex-agree	2	2
29	Tired for sex	0	0
30	Not show love	0	0
	(c) Subtotal (12):	4	4

Dyadic Satisfaction		Scores	
Item #	Content	M	F
16	Divorce	5	3
17	Leave-fight	4	2
18	Going well	2	2
19	Confide	4	3
20	Regret marrying	5	4
21	Quarrel	3	2
22	Annoyance	3	3
23	Kiss mate	3	2
31	Happiness-scale	2	2
32	Future hope	3	4
	(b) Subtotal (50):	34	27

Dyadic Cohesion		Scores	
Item #	Content	M	F
24	Outside interests	1	2
25	Exchange ideas	1	2
26	Laugh together	3	4
27	Calm discussions	2	2
28	Work together	0	1
	(d) Subtotal (24):	7	11

	Male	Female
(a) Dyadic Consensus (65)	45	45
(b) Dyadic Satisfaction (50)	34	27
(c) Affectional Expression (12)	4	4
(d) Dyadic Cohesion (24)	7	11
DYADIC ADJUSTMENT (151)	90	87

CASE VI: Frank and Frances

Frank, a 31 year old service co-ordinator, and Frances, a 28 year old receptionist, were referred to the Clinic by Frank's psychologist. They had been married slightly over one year and had not consummated their marriage.

I saw Frances in a supporting role while Frank was going through a difficult time. After Frank resolved this difficulty, they began therapy with me and a male therapist.

Description of Problems

Nature

Frances had never been able to allow penetration thus her marriage to Frank had not been consummated. Frances had physiological and subjective arousal but this was affected by her aversion to intercourse. This aversion developed out of her beliefs that intercourse was always painful and the male genitals were very powerful. She had never reached orgasm. Frances experienced vaginismus.

Frank was experiencing a lack of sexual desire. He did not experience subjective arousal and did not achieve erections. Frank blocked any sexual desire before he needed to act upon it.

Frequency and Timing

Frances felt her fear of painful intercourse and the male genitals had always been present. She was unaware of her vaginismus until she and Frank attempted intercourse.

Frank's lack of sexual desire began in the fall of 1981. He had not experienced any desire since that time although he said if he did experience any sexual feelings, he blocked them.

Duration

France's difficulties appeared to be primary and Frank's appeared to be secondary.

Onset

Frank's lack of desire reoccurred about eight months ago. There appeared to be a gradual decline but there was a period of distress which might have acted as added stress and affected his sexual desire. The stress was Frank's court case where he was to meet charges of assault.

Course

Frances felt before Frank's lack of interest she was becoming very aroused and was near the point of engaging in intercourse. She was now able to use tampons which she was unable to use a year ago.

Frank's stress re: court case had been resolved. When under this stress, Frank became involved in more compulsive rituals and these had not lessened since the court case.

Contemporary Influences on Problems

Situational Antecedents

a) sexual stresses

France's fear of painful intercourse and the unknown power of the male genitals affected her feelings about sexual intercourse.

At one point in his life, Frank was very inhibited and naive about sexuality. Presently, he was concerned he was back at that stage because his sexual desire seemed blocked.

b) deficient or inappropriate stimulation

Presently, this couple was only engaging in holding each other. When they were first married, they were involved in foreplay - caressing each others' genitals, oral sex, etc..

c) relationship with partner

Frank and Frances felt their relationship was good. Their communication appeared to be restrictive and structured. They did not open up to each other and restricted what they said in the

presence of each other. This couple spent a great deal of time analyzing what was happening in their relationship.

They were insecure in their relationship and acted this out by demanding attention from each other. If one of them was quiet for more than five minutes, the other one was asking what is wrong or is this the "silent treatment".

Frances felt very insecure. She liked Frank to go to bed at the same time as she did and wanted to fall asleep before him. She appeared to need his attention a great deal of the time.

d) timing and setting of encounter

Presently, the couple was avoiding sexual encounters, although they had time together and privacy.

e) concomitant non-sexual stresses

Frank involved himself in a large number of compulsive rituals. He was concerned that these rituals might interfere with his sexual life.

These compulsive behaviors caused his wife stress and she reacted to them with anger and guilt. Her anger was directed at the amount of time Frank spent away from her and the guilt occurred when she felt she might have caused Frank to start his rituals.

Organismic Variables

a) thought processes

i) cognitive avoidance

Frank said that he avoided any sexual thoughts and feelings which might lead to arousal.

Frances avoided sexual behaviors but on the other hand wanted to be involved in the closeness of a sexual relationship. She was both attracted and repulsed by sexual involvement. She felt desire once a day.

ii) cognitive monitoring

Frank and Frances were very caught up in monitoring their behaviors. They spent a great deal of time analyzing situations.

iii) deficient or false information

Frances was working from a great many misconceptions such as intercourse is always painful, male genitals are very powerful and should be feared and that orgasm equals bright lights, pain and loss of control.

Frank appeared to have a more realistic idea of intercourse.

Both felt sex should be spontaneous and unstructured. They believed they would fall together and intercourse would just occur.

b) emotional reactions

i) anxiety

Frances felt a great deal of anxiety which was mostly created by her need to please Frank.

Frank found himself blocking his sexual desire. He was anxious about a great many stresses in his life and spent a great deal of time worrying about them.

ii) guilt

Frank felt guilty about masturbating.

Frances felt guilty when she believed she had caused Frank to engage in his compulsive rituals.

iii) anger

France's present reaction to Frank's lack of responsiveness was anger. She had reached the point where she had indicated she was going to leave. She later described this as "being childish".

c) Organic states

i) surgery

Neither Frank or Frances had had any surgery.

ii) drugs

Neither was a taking any medication.

Situational Consequences

a) partner's reactions

Before their marriage, Frank and Frances decided not to have intercourse. At this time, Frank was experiencing intense arousal to the point of creating pelvic congestion. At this time, Frances felt extremely guilty about Frank's pain.

Now, Frances was concerned about Frank's lack of interest and her unability to arouse him. She assumed the responsibility for arousing Frank.

b) absence of sexual relationships, due to avoidance reactions

Presently, this couple avoided anything sexual beyond holding each other.

Personal and Family Background

Both Partners

a) age

Frances - 28
Frank - 31

b) marital status and history

They had been married slightly over a year.

c) occupation

Frank was a service co-ordinator and Frances was a receptionist.

d) health

Frank's childhood was uneventful until grade seven when he began to show psychiatric syptomatology, beginning with difficulties in concentration, lack of self-confidence and some marked ritualistic behaviors. His functioning deteriorated and he eventually became home-bound. Frank was in therapy for many years.

Partner's Parents

a) marital status and history

Both parents had a good marriage.

b) occupation

Frank's father was a successful businessman and his mother was a homemaker.

c) health

Frances' parents had passed away; her father died a number of years ago and her mother died last year.

d) relationship between parents

Frank described his parents' marriage as good.

Frances claimed her parents had a good relationship, but she remembered her father sulking or using the silent treatment whenever he and her mother had a disagreement.

e) relationship between each partner and own parents

Both felt they were close to their parents.

f) relationship between each partner and parent-in-law.

France's mother was close to Frank and encouraged Frances to marry him.

Frances felt she got along with Frank's parents and received a lot of support from Frank's mother about handling the compulsive behaviors.

Partners' Sibling

a) age

Frances was an only child.

Frank was the oldest of three children.

Childhood and Puberty

Family Attitudes Toward Sex

Sex was not discussed in Frank's home, the unspoken message being that it was okay but not to be talked about. Modesty was considered very important by his parents. Frank did not feel that he was either encouraged or discouraged by his parents to date or be sexually active.

In Frances's family, parental attitudes regarding sex were that it was okay but not to be talked about. Modesty was emphasized. Her mother encouraged her to date.

Learning About Sex

Most of Frank's learning regarding sex was through friends and a therapist.

Although Frances did receive some information about sex and reproduction from her mother, most of her learning about sex came from her friends and all types of books. At age 13, menstruation was explained to her by her mother who stressed that this was not to be talked about with boys. Frances remembered feeling frightened of the unknown.

Sexual Activities

Frank avoided masturbation during most of his life and when he did, he felt extremely guilty. When he did masturbate, he said orgasm was always of minimum intensity.

Frances did not masturbate.

Traumatic Sexual Experiences

Frances remembered two experiences which she described as traumatic. The first experience took place at age 13 and was not very clear. She described being pushed against a wall by a fourteen year old boy who exposed himself. Although she did not actually see anything, that was what she assumed he did. She ran home. This boy was then kept away by her father.

At 17, she experienced a second traumatic experience; (first date) she went out with a fellow whom she described as a "strange guy". They ended up in his bedroom. Although nothing physical actually happened, she knew it was not okay and felt ashamed as she "nearly committed the worst sin".

Sexual Experience Before Current Partnership

Masturbation

Frances did not masturbate.

Sexual Fantasies and Dreams

In her early teens, she started to fantasize about what she read as a means of replacing what she was missing due to not dating. Her orgasms usually occurred in her fantasies where it was safe. She had been frightened of "the penis" since even before she ever dated. She used to think the penis was the same size as that of a horse and this haunted her.

Dating and Previous Partnership

Frances described her dating as consisting of what she called one nighters which involved going to dances, "being danced" and dropped.

Frank started dating when he entered his twenty's.

Petting

Frances experienced guilt from petting on dates.

Intercourse

Frances had never experienced intercourse. Frank had sexual experiences with a few women which he found to be reasonably satisfying. Arousal occurred through physical contact and orgasm through partner stimulation.

Date of Marriage

Frank and Frances had been married for approximately one year.

Sexual Experience With Current Partner Before Marriage

As per an argument, they had no pre-marital sex, although during that time Frank was very interested and aroused to the point where he reported having pain due to pelvic congestion.

Sexual Experience During Marriage

Their first sexual encounter following marriage turned out to be an awkward, frustrating and highly stressful experience. Their anxiety was reinforced by further frustrating attempts until sex was eventually avoided completely.

Frances had never had intercourse and was very anxious at the thought of intercourse and orgasm and horrified at the notion of childbirth.

General Relationship Between Partners

The couple felt their relationship was good.

They were not open with each other and demanded a great deal of attention from each other. They spent a lot of time analyzing their relationship.

Self Concept

Self-esteem

Frances saw herself as a quiet understanding person who tended to put herself down. She made statements such as "if I do it, then others won't" and "I know I'm a failure, therefore you cannot put me down".

Frank described himself as pessimistic by nature and said "I never present myself with an acceptable image", "I want to be my own person and sometimes this gets me into trouble" and "I wasn't popular as a kid, maybe because of my own doing".

Attitudes Toward Treatment

Motivation

Frances presented as fairly motivated although Frank tended to resist and block by intellectualizing and analyzing.

Frank had made fairly strong statements to the effect that he would not change. He said "things are as good now as ever will be, so perhaps I will never be sexual."

Prognostic Expectancy

It appeared to be poor. Both were very disillusioned with marriage as it turned out to be quite different from what they

expected. Frank felt marriage and sex would likely be a cure for his compulsive behaviors but to his disappointment it was not.

Frances was trying to understand the sexual difficulties Frank was experiencing but her patience was stretched fairly thin. There had been talk of separation on a number of occasions.

Desired Outcome

Frances wanted to become sexually involved with Frank. She wanted to have intercourse.

Frank was not sure what he wanted although he implied he wanted to have desire again.

Clinical Formulation

Specification of Problem

Frances was experiencing vaginismus (primary) and Frank was experiencing lack of sexual desire (secondary).

Contemporary Conditions Which Influence It's Initiation and Maintenance

1. Frances had fears and attitudes about intercourse. She believed that the penis was very powerful. Intercourse meant pain. She feared sexually letting go.

2. They did not communicate about their sexual needs. Neither knew what aroused or pleased each other.

3. Franks obsessive, compulsive behaviors caused friction between this couple. Frances was jealous of the time Frank spent carrying out his compulsive behaviors.

4. They were not open with each other. They spent time analyzing their relationship rather than talking to each other.

Resources for Treatment

A male therapist and I would work with this couple. Two books, Male Sexuality and Becoming Orgasmic would be used as resource material.

Goals

1. To increase Frances's aversion so she would be able to look at and touch Frank's genitals.
2. To have Frank regain his interest level.
3. To decrease Frank's negative reaction to sexual contact.
4. To have the couple engage in intercourse.

Treatment Plan

The intervention would include sensate focus exercises, the "Becoming Orgasmic" program and readings from Male Sexuality. The couple needed to engage in discussions about sexuality so they could check out their myths and gather correct information.

Evaluation Plan

Frances would fill in the Arousal Inventory at 10 week intervals.

A diary could be used to record anxiety levels of specific assignments.

Self-reports would be another measure of anxiety. They would also be useful in keeping track of the number of sexual contacts.

Progress and Outcome of Treatment

Following the first assessment session, we prescribed sensate focus in an attempt to get a clearer picture of how comfortable they were with each other. This was introduced along with a ban on sexual intercourse for a period of one month. Sensate focus proved to be extremely anxiety producing and was avoided. It was re-introduced along with suggested reading of two chapters in Male Sexuality by Zilbergeld (1978), Touching and Importance of Relaxation. This was again met with much resistance and the vagueness of the information obtained revealed little to work with. We continued to improvise in attempts to give them successful experiences but kept getting messages from Frank that he did not want to overcome his lack of sexual desire.

Following a consultation session with Frank's psychotherapist, we directed the focus on involving Frank in helping Frances overcome her fear of the penis. This was based on a belief that Frank liked to

play the role of therapist. The outcome was Frances became eager to be helped but Frank would not co-operate, simply being content to hold Frances and fall asleep in this position.

Frank came as far as being able to tolerate being touched on the stomach (a very sensitive area) but carefully kept his penis out of Frances's view or reach.

Frances managed to introduce one finger into her vagina, stimulated herself to orgasm once and was eager to proceed with the "Becoming Orgasmic" program as well as deal with her anxiety towards the penis.

Frank, on the other hand, was saying he wanted therapy, and on the other hand was saying he did not want to become sexual.

On our last session before holidays, a review was done and new plans were established. Following a two month break, Frank would be involved in further assessment and Frances would begin the "Becoming Orgasmic" program.

We resumed contact with this couple. They were in the middle of changing careers and wanted to discontinue therapy until they had that part of their life in order.

Frances completed the Sexual Arousal Inventory. Her score was 57 as compared with 68 from the assessment. It appeared that she was experiencing a lot of sexual feelings and this could cause frustration for her.

Summary

Prognosis appeared very good for Frances but not promising for Frank which was likely to result in considerably more relationship stress as time goes by.

CASE VII: Kirk and Pat

Kirk and Pat came into sex therapy from a couples' communication group. The group leader and I were the therapists.

Description of Problem

Nature

Pat was concerned about her diminished sexual arousal and lack of interest to the point of aversion. She experienced arousal which included lubrication and increased heart rate and breathing, about 50% of the time. On the Sexual Arousal Inventory, her score fell between the fifth and eigth percentile.

Frequency

Pat believed these feelings began after the birth of their first child. In the last few months, these difficulties had worsened.

Timing

On some occasions, Pat experienced desire and became aroused. The desire and arousal occurred when she was not pressured into having intercourse.

Duration

The lack of desire and aversion were secondary.

Onset

They felt the onset of the inhibited desire occurred after the birth of their first child, 2 years before.

Course

The lack of desire had gradually worsened.

Contemporary Influences on Problems

Situational Antecedents

a) sexual stresses

Pat felt pressured into having intercourse. Kirk sometimes returned late from an evening outing and would wake Pat up for sex. This had not occurred since they entered marital counselling.

b) relationship with partner

Pat and Kirk had marital difficulties such as adjusting to parenting, spending time together and communicating. They worked on these and there had been improvements.

c) timing and setting of encounter

In the past, Kirk approached Pat late at night for sex. He would wake her up. Pat said she felt like she was being raped.

Organismic Variables

a) thought processes

i) cognitive avoidance

Pat avoided physical contact because she thought it would lead to sexual intercourse.

ii) deficient and false information

They appeared to have some questions about masturbation.

b) emotional reactions

i) anxiety

Pat was anxious about talking about sex

ii) guilt

Pat had guilt feelings about masturbation and pornographic material.

iii) anger

Kirk found himself angry when Pat rejected his sexual approaches.

Situational Consequences

a) partner's reactions

Until the couple came in for marital counselling, Kirk was waking Pat up for sex when he returned from an evening out. Pat found this distasteful and she sometimes refused. Rejection angered Kirk.

Kirk felt uncomfortable when Pat approached him because she used a direct method.

Both felt very positive about the progress they had made in marital counselling.

Personal and Family Background

Both Partners

a) age

Pat - 34
Kirk - 30

b) marital status and history

They had been married for three years and lived together for two years prior to their marriage.

c) occupation

Pat was a course co-ordinator and Kirk was a maintenance worker.

Children

a) age

They had two girls, age 2 years and 4 months.

Childhood and Puberty

Family Attitudes Toward Sex

Pat remembered sex being presented negatively. She remembered her mother condemning her father for "playing with himself".

Kirk remembered his parents sending him to the library with titles of books about sex to read.

Learning About Sex

Kirk remembered three older boys "showing him the ropes". He remembered he thought orgasms were great.

Pat's Roman Catholic education reinforced her idea that sex was bad.

Sexual Activities

Kirk said he masturbated.

Pat remembered looking at Playboy, feeling aroused and turning off those feelings by putting the magazines away. She remembered discussing with her classmates how you stopped those feelings by removing the stimulation. She did not examine her genitals until

was 18.

Traumatic Sexual Experience

Pat recalled when she was very young her younger brother and she had decided to try "this sexual thing". All they knew was that you were nude and the man laid on the woman. They were seen by a passer-by who reported it to their mother. All she said was "I know what you have been doing". It was never referred to again. Pat felt guilty about the incident and became anxious when telling the story.

Sexual Experience Before Current Partnership

Dating and Previous Partnership

Both had been sexually involved with other people. Pat lived with one fellow for eight years. It ended because the relationship and sex deteriorated.

Current Partnership

Date of Marriage and Cohabitation

They had been married for 3 years and had lived together for two years prior to their marriage.

Sexual Experience With Current Partner Before Cohabitation

They had been sexually involved before they decided to live together. In the beginning of their relationship, they attempted a trial period of living together. The result was they decided to live apart for a while but see each other. They were satisfied with their sexual encounters at this time.

Contraceptive Methods and Wishes Concerning Conception

Kirk and Pat had used the diaphragm and natural birth control. Presently, they were using an IUD. They were considering vasectomy as a possible alternative.

General Relationship Between Partner

Their relationship had improved since marital therapy. They wer able to work through their communication difficulties.

Sexual Experience Outside Current Partnership

Masturbation

Kirk masturbated but stopped a short while ago because he was unsure whether it would affect his sexual involvement with Pat.

Pat did not masturbate.

Self Concept

Body Image

Kirk was comfortable with his body. Pat was not comfortable with her genitals.

Self-esteem

They both believed they could work on these problems with good results.

Attitudes Toward Treatment

Motivation

Both felt confident about working on their sexual concerns.

Organizational Capacity

They felt they could fit the homework and sessions into their schedules.

Prognostic Expectancy

Prognosis was good for this couple.

Desired Outcome

They wanted to both enjoy intercourse and be able to talk about sex. Pat wanted to feel more comfortable with her body

Goals

1. To improve the couple's communication about sex.
2. To decrease Pat's anxiety about her sexuality eg. her genitals.
3. To have the couple communicate their sexual needs.
4. To increase Pat's desire level and decrease the feelings of aversion.

Treatment Plan

Sensate focus exercises and the "Becoming Orgasmic" program would be introduced. Readings from Male Sexuality would also be used.

Evaluation Plan

Self-reporting would act as the major evaluation tool in measuring the couple's communication and anxiety about sexuality.

Pat and Kirk filled out the Dyadic Adjustment Scale at the beginning of treatment and would re-do it at the follow-up. Pat also filled out the Sexual Arousal Inventory.

Progress and Outcome of Treatment

We had seven sessions with this couple.

The first few sessions involved information gathering and introducing the "Becoming Orgasmic" program and sensate focus exercises.

The sensate focus exercises were not successful on the first occasion but they found the exercise more effective and useful in later sessions. These did encourage Pat and Kirk to make more physical contact generally.

Pat found the first exercise in the "Becoming Orgasmic" program where she had to examine her genitals very anxiety provoking. The film also caused anxiety. Discussion about this anxiety allowed Kirk to achieve understanding of the extreme difficulty Pat was having. He gave her a lot of support. As Pat read further in the book, she became more comfortable with the ideas it presented. She also was spending more time thinking about sex.

Discussion allowed Pat and Kirk to express their ideas about such things as masturbation, fantasies and orgasms. The sessions created an atmosphere for the exchange of ideas to occur, and false information to be clarified.

The couple's sexual encounters were enjoyable. Both were involved in the encounters because they wanted to be. On one occasion, Kirk approached Pat for sex. She turned him down. Later, they discussed the incident and had a positive sexual encounter. They were able to talk through their difficulties which they had not been able to do previously.

A break for holidays was taken.

When we recommended therapy, Pat revealed that she was very

tense. The couple said they had gone back to avoiding the issue. The first two parts of the second reel of the "Becoming Orgasmic" series were reviewed and discussed. Pat felt mildly aroused, but guilty. We focused on how this guilt had influenced her sexuality.

In the next session, the last part of reel two was viewed. Both enjoyed the film and Pat also reported she had enjoyed reading the book last week. The tension had decreased.

In the last session the third reel was viewed. The couple reported that although intercourse was not occurring often, it was occurring at a proper rate for them. Intercourse was pleasureable. Both felt they were communicating more about sex.

A follow-up was agreed upon.

Summary

This couple needed to get in touch with their sexual feelings, and have time to exchange ideas and communicate their sexual needs. Pat was able to examine her guilt and reconstruct her sexual framework in a positive manner.

Beginning

DYADIC ADJUSTMENT SCALE: Scoring Sheet

Couple Kirk and Pat

Dyadic Consensus		Scores	
Item #	Content	M	F
1	Finances	4	4
2	Recreation	3	2
3	Religion	4	4
5	Friends	3	2
7	Conventionality	3	3
8	Philosophy-life	3	2
9	In-laws	4	3
10	Goals	3	2
11	Time Together	3	2
12	Decisions	4	2
13	Household	3	3
14	Leisure	3	3
15	Career	4	4
	(a) Subtotal (65):	44	36

Affectional Expression		Scores	
Item #	Content	M	F
4	Affection	2	2
6	Sex-agree	2	2
29	Tired for sex	0	0
30	Not show love	1	0
	(c) Subtotal (12):	5	4

Dyadic Satisfaction		Scores	
Item #	Content	M	F
16	Divorce	5	3
17	Leave-fight	4	4
18	Going well	4	4
19	Confide	3	5
20	Regret marrying	3	5
21	Quarrel	3	3
22	Annoyance	2	3
23	Kiss mate	4	4
31	Happiness-scale	3	4
32	Future hope	3	4
	(b) Subtotal (50):	34	39

Dyadic Cohesion		Scores	
Item #	Content	M	F
24	Outside interests	1	2-1
25	Exchange ideas	2	1
26	Laugh together	3	3
27	Calm discussions	3	3
28	Work together	2	1
	(d) Subtotal (24):	11	9-10

	Male	Female
(a) Dyadic Consensus (65)	44	36
(b) Dyadic Satisfaction (50)	34	39
(c) Affectional Expression (12)	5	4
(d) Dyadic Cohesion (24)	11	9-10
DYADIC ADJUSTMENT (151)	94	89

CASE VIII: Nancy and George

Nancy and George came to the Clinic because they had a concern about Nancy's lack of sexual desire. They have been married for two years and the lack of interest was present at the beginning and had gradually worsened.

Description of Problem

Nature

Nancy, a 34 year old woman was referred to the clinic because she had a lack of sexual desire. Nancy described the problem as "having no sexual desire" and "no interest in sexual contact". Her mind and body did not respond; there was decreased physiological and subjective arousal. In a period when she felt sexual desire, she was able to experience physiological and subjective arousal as well as reach climax. At times, Nancy experienced an aversion to sex, on these occasions she became angry if her spouse approached her for sexual contact.

Frequency and Timing

Nancy said this lack of desire lasted for a month or two and then she would experience a short period - a week or two where she had desire. She was unable to link any happenings that cause the shift from desire to no desire.

Duration

This lack of desire appeared to be of secondary nature. Nancy felt the problem had not been with her always although in the past, she experienced times of "caring less" but they were not as intense and lengthy as those she had been experiencing lately.

Onset

Nancy felt the periods of lack of desire had increased in the last year. George agreed that the lack of desire had increased but felt that it was present in their relationship when they were dating.

Course

Nancy and George were unable to note any specific differences between the periods of desire and lack of desire in regard to stresses, anxiety or fatigue.

Contemporary Influences on Problems

Situational Antecedents

a) sexual stresses

Nancy was under sexual stress as she felt if she did not work on this problem she would lose George. The stress appeared to be focused on the desire issue. They were trying to conceive but this was a minor concern at present.

b) deficient or inappropriate stimulation

Nancy did not like it when George touched certain parts of her body. She saw herself as flabby and unattractive.

c) relationship with partner

Nancy felt there were other concerns in the marital relationship. They included disciplining the children, finances and time together as a couple. George felt these issues were heightened by the sexual stresses.

The Dyadic Adjustment Scale confirmed the conflict this couple had in issues listed above. It also revealed that consensus was their weakest area with their affectional expression lacking strength as well.

d) timing and setting of encounter

Nancy felt that when and where a sexual approach was made, did not affect her desire. She said she did experience desire sometimes when George was working (evening shift) but could not wait up for him as she became tired.

e) concomitant non-sexual stresses

Nancy felt she was under some stress at work. She had had

a disagreement with some of the women at work and interaction with this group was limited.

Organismic Variables

a) thought processes

i) cognitive avoidance

Nancy did avoid some situations that might lead to sexual contact. It appeared that she might be unaware of the activities she carried out to avoid thinking or engaging in sex.

ii) cognitive monitoring

Nancy felt she did not monitor her arousal.

iii) deficient and false information

Nancy felt communicating about certain pleasure of sex meant you were not a nice person. She was unsure about was pleased her sexually or how to find out what pleased her.

b) emotional reactions

i) anxiety

Nancy felt anxious when she was not feeling the desire to engage in sexual contact. She said she did not think about it all the time but when they had not had sexual intercourse for two weeks, she started to think about George approaching her. Her anxiety

then increased.

She was anxious when she thought about the possibility of George leaving her.

ii) guilt

Nancy did not experience guilt around the lack of desire issue.

iii) depression

There appeared to be no signs of depression.

iv) anger

Nancy said she felt angry when George approached her and she did not want any sexual contact. George did not pressure her but she felt her anger would intensify if he did.

c) organic states

i) illness

Nancy was healthy and had had a medical examination.

ii) surgery

Nancy had had a hymenectomy and cholecystectomy.

iii) drugs

Nancy was not taking any medication.

Situational Consequences

a) partner's reactions

George felt that Nancy was not having sex with him because she did not care for him anymore. This summer he reacted by allowing himself to "go down hill". He gained weight, did not work out and was less conscientious about his appearance. He was giving her a reason for rejecting him. Nancy noticed and commented on the change. At one point, George said he would get himself back into shape when things improved. Nancy was hurt by this comment.

Presently, George was in the position of being supportive of Nancy. He felt that she still cared for him and the sexual desire issue was not tied to her like or dislike for him.

George felt Nancy put up barriers that prevented his approach eg. reading a book, falling asleep on the couch, watching television. He took these as messages that she was not interested in sex to-night. When he approached her, she said "no". No further pressure was applied.

b) absence of sexual relationships, due to avoidance reaction

Nancy avoided showing or receiving affection from George

especially in the presence of others. She did not want to make them feel uncomfortable. Nancy felt caught in this affection issue because she liked the affection but was embarrassed by it.

Personal and Family Background

Both Partners

a) age and sex

Nancy was a 34 year old woman who was presently married to George, a 35 year old.

b) marital status and history

Nancy and George married in 1979. This was George's first marriage and Nancy's second. Nancy divorced her first husband.

c) occupation

Nancy was a salesperson in an office on a full-time basis and had worked there for 8 years.

George was a foreman, full-time and was on shift work.

d) education

Nancy completed her grade 12 and took some technical training.

George went to university for two years, but failed.

e) ethnic background

Nancy's ethnic background was Ukrainian (father) and Italian (mother).

f) religion and moral beliefs

Nancy was brought up Roman Catholic and her parents were strict. Her father was very concerned about his children hanging around with the "wrong" crowd.

George was brought up Baptist. His parents appeared to be open people who talked with their children about moral issues.

g) leisure activities

Nancy's leisure activities included working out at the Health Spa, crocheting and reading.

George was interested in sports and had season tickets for hockey and football. He liked to golf and fish.

h) friendship patterns

This couple had just relocated and were only beginning to become acquainted with their neighbor's. In the past, they had not had a lot of friends in common.

i) health

Nancy and George appeared to be healthy individuals. Nancy had surgery in the past (hymenectomy and cholecystectomy).

Partner's Parents

a) relationship between parents and parents-in-law

Nancy's relationship with her parents did not appear to be close. She felt more comfortable talking to George's mother than her own mother.

George's mother passed away 8 years ago. He felt he was closest to his mother as she was an open, loving person.

Nancy was not totally comfortable with George's father and step-mother. Both George and Nancy visited with their parents.

Partner's Siblings

a) age and sex

Nancy had 4 siblings, three sisters and one brother, all younger than she. George had 2 siblings, a brother and a sister.

b) marital status and history

All Nancy's siblings were married. Her youngest sister was in her second marriage.

c) relationship with parents

Nancy's and George's brothers and sisters had a good relationship with their parents.

d) relationship with each partner

Nancy and George spent time with their parents and siblings.

Children

a) age and sex

Nancy had two girls from her first marriage. The eldest was 10 and the youngest was 9.

b) education

Both were in school.

c) health

The oldest had had stomach problems due to nerves. She was seen by the school psychologist last year.

d) relationship with each parent

Nancy felt good about her girls and loved to cuddle them.

George saw himself as having a good relationship with his step-daughters.

Childhood and Puberty

At home, Nancy had a lot of responsibilities. Her mother worked so Nancy had to come home from school and do housework. This limited Nancy's activities outside the home.

Family Attitudes Toward Sex

Nancy's father was very strict. He was concerned about his children getting in with the "wrong" crowd. He would not allow her to date until she was 18.

Nancy said there was not a great deal of physical contact between her parents. They did not hug or cuddle their children much. Nancy attributed her resistance or being touched to her childhood experiences of little physical contact.

Learning About Sex

Nancy's education about sex came from her peers and health class. Her mother did talk with her once about menstruation but Nancy felt this had occurred because her father had put pressure on her mother to talk with her daughter.

Sexual Activities

Nancy did masturbate as a child.

Traumatic Sexual Experiences

Nancy said she experienced no traumatic sexual experiences as a child.

Puberty

a) menstruation

Nancy did not remember menstruation as an upsetting event.

Sexual Experience Before Current Partnership

Masturbation

Nancy masturbated until she married.

Dating and Previous Partnerships

Nancy started to date at 18. She first dated Jim who she eventually married. Problems developed between Nancy and Jim when he began to spend a great deal of time working. They drifted apart and Nancy finally moved out.

Lack of desire was not a problem in the first marriage.

Petting

Nancy engaged in petting with Jim.

Intercourse

Nancy did not have intercourse until she was married to Jim.

Traumatic Sexual Experiences

Intercourse was painful until she had a hymenectomy, six months after her marriage to Jim.

Current Partnership

Date of Marriage

Nancy and George married in 1979.

Sexual Experience With Current Partner Before Marriage

George and Nancy engaged in intercourse before their marriage. In retrospect, George felt Nancy was experiencing lack of desire when they were dating. He said she avoided intercourse by using excuses such as saying it would be better if she had her own bedroom. It did not improve when the girls and Nancy moved into a two bedroom as there was then another excuse.

Sexual Relationship During Marriage

Communication around sexual issues was limited. Nancy avoided these issues and was embarrassed if she was made to talk about them.

George told Nancy about sexually pleasuring things for him but she only did the activity for a few seconds. Nancy did not tell George what she liked as she was unsure what felt pleasureable for her. She believed if you talked about such things, you were not a nice person.

Nancy sometimes experienced desire for sexual intercourse when George was at work but she was too tired or asleep when George came home.

Contraceptive Methods And Wishes Concerning Conception

Nancy and George were trying to conceive. This appeared to be one of the factors they were concerned about in regard to the frequency of sexual intercourse.

General Relationship Between Partners

George and Nancy cared for each other. They felt there were stresses in their relationship outside the sexual area. They included disciplining the girls, finances, time together and work distribution around the house.

Nancy felt George reacted to the girls in too harsh a manner and George felt Nancy did not make the girls help enough.

Nancy and George did not spend a lot of time together. They had different interests. George's shift work interfered with being able to just sit down and relax together on a regular basis.

Nancy was concerned about her housework. She wanted everything to be organized and neat thus she spent most of her time at home cleaning and picking up. Her expectations of her house seemed to be high and unrealistic. Nancy complained that George did not help her enough.

George was a person who showed his affection. Nancy liked his affection but felt the need to push him away, when he hugged her too long. She was more resistant to his affection when other people were around.

Communication was an issue for this couple. Nancy wanted to hear about George's feelings and thoughts but George said he had learned to "clam up" because expressing them only hurt or angered Nancy. His "clamming-up" hurt Nancy as well.

Sexual Experience Outside Current Partnership

Masturbation

Nancy did not masturbate. George masturbated less than once a month.

Sexual Fantasies and Dreams

On some occasions, Nancy thought about being close to George's body and she felt the desire for sexual intercourse. This happened when George was at work and when he got home, she was too tired or asleep. She did not masturbate when she had this feeling.

Erotic Literature, Pictures or Films

Nancy felt that romantic movies and literature sometimes excited her.

Sexual Partners

Nancy and George had not sought other partners outside their marriage.

Self Concept

Body Image

Nancy was concerned about her body. She saw herself as "flabby" and "unfresh" and was uncomfortable in the nude.

Popularity and Attractiveness

Nancy did not feel attractive. She wondered why George chose her when he could have had someone younger, more attractive and without children.

Self-esteem

Nancy's self-esteem was low. She did not see herself as attractive, or a good homekeeper. She was concerned about what people would think if her house was a mess. Other people's opinions were important to Nancy.

Attitudes Toward Treatment

Motivation

Both were motivated to put energy into a program. They accepted the ideas of homework assignments, interviews, films and readings.

Organizational Capacity

They would be able to organize their time to include the assignments and interviews.

Desired Outcome

George would like to improve the feelings behind their sexual contacts. He wanted it to be a mutually pleasing activity. He felt "just talking about it" would be a good outcome.

Nancy would like to decrease the time she felt lack of sexual desire. She would also like to be able to talk with George about pleasureable parts of her body and to approach him for sex.

Clinical Formulation

Specification of the Problem

The problem was presented by Nancy as a lack of sexual desire which appeared to be secondary in nature. When she experienced low desire, she had a decreased physiological and subjective arousal and

was unable to climax. When experiencing the lack of sexual desire, Nancy felt an aversion to sex especially when George made advances to her. Along with the sexual issue, there were other marital difficulties such as communication breakdown and parental roles.

Contemporary Conditions Which Influence It's Initiation and Maintenance

The following were factors I felt influenced the present situation.

a) Nancy's strict background influenced her attitudes about sexuality. She had limited sexual information and was not comfortable in talking about sexual issues with George.

b) Nancy had a poor concept of herself. She believed she was not quite good enough - for sex, body pleasuring, and to accept affection. This restricted her ability to enjoy intimacy. It appeared this poor concept might have begun in her childhood.

She had a dominating father who was suspicious of his children mixing with the wrong crowd and expected them to meet his standards. Having her first marriage fail contributed to Nancy's negative opinion of herself. This poor concept appeared to be an important element in the low level of sexual desire she experienced.

c) Communication had become dysfunctional. George did not express his feelings and thoughts openly because he had learned they might hurt Nancy. This lack of sharing hurt Nancy anyway. The feeling of isolation surfaced.

Nancy feared intimacy less if they were not communicating. It served the purpose of keeping George away.

Resources

This couple was willing to come in for further sessions. They recognized problems in the sexual as well as communication area. Through work on the sexual issue, I felt communication would improve.

This couple would be able to fit their assignments and interviews into their work schedules. They appeared to be motivated through initial resistance might come from Nancy.

I would provide information which included verbal exchanges, reading material and films teaching communication, reviewing beliefs and attitudes, assigning exercises and reviewing the outcome of the exercises.

Goals and Treatment

a) To provide information on sexuality and sexual response. The book "Becoming Orgasmic" and "Male Sexuality" will be used to work on the information aspect. The review of this literature and use of films (Becoming Orgasmic) will allow for further clarification.

b) To look at reframing attitudes. By reviewing the literature and films, attitudes will be reviewed and cognitive restructuring may be utilized.

c) To improve the pleasuring aspect of Nancy's life by having her work through the Becoming Orgasmic program and use relaxation exercises.

Evaluation Plan

Self reports at weekly sessions would be a part of evaluation.

Arousal Inventory was given at the beginning and would be given at 8 week intervals.

Dyadic Adjustment Scale was given at the beginning and would be given at 10 week intervals.

Semantic Differential would be given at the beginning of treatment and at 6 week intervals.

Progress and Outcome of Treatment

Therapy began with the focus on the Lopiccolo's "Becoming Orgasmic" program. Nancy worked through the touching and exploring aspect and received relaxation training. Nancy presented a lot of negative feelings about her body. Some of the sessions were with Nancy only as George was on the night shift.

After a few months, Nancy presented her concerns about the marital relationship. I had a session with Nancy and George and they agreed they needed to do some work on their marriage. It seemed problems were arising which did not allow the work in the sexual area to proceed successfully.

I had Nancy and George prepare "I appreciate" lists and spend a specific time together without the girls. It was difficult to keep them focused on positives as all appeared to be negative.

From their lists, I developed a list and had them post it at home. They were to record when they did one of the items for their partner. The list contained such items as giving a kiss, a hug, making a pie and spending time with the girls. I wanted to have the couple recognize the positive things they were giving each other as it seemed they were blinded by negative things.

The couple was able to present the positive side of their time together with such examples as having coffee, watching M.A.S.H., and making lunch. They were even willing to set times for spending with each other.

It became obvious that the girls were causing problems for George and Nancy. I directed them to look at themselves as a parenting unit and this unit could work to make decisions about the girls such as allowance and discipline. Both wanted the same things for the girls but they ended up criticizing each other for their attempts. I suggested they do specific tasks such as sitting together at the table rather than being split by the girls, set up a worksheet and refer to themselves as a unit by saying "we want you to" or "George and I will decide". They reported a bit of an improvement. At this time, I presented the idea of seeing a family therapist. They wanted to continue working on the marital and

sexual areas.

I also connected them with the Step Parent Association.

Therapy focused on communication. I suggested this because they were not listening to each other, providing feedback or presenting their feelings. We contracted for four sessions. We worked on feedback, expressing feelings and presenting needs. The sessions involved reviewing the ideas and rehearsing examples from the couple's relationship. Nancy, especially made use of these skills outside the sessions.

I was still concerned about the interaction in the family and approached the couple with the idea of a family therapist again. They agreed they needed to clarify the family issues. Nancy wanted to work on the sexual difficulties but felt unless she felt better about George's relationship with the girls, things would not improve for her sexually. She said George disciplining the girls could turn off her desire.

This couple was seen by a family therapist. After five months, it was reported tension had decreased and Nancy and George were starting to work on specific marital concerns.

Summary

I felt that if the couple could handle the family difficulties, they would have more energy to put into their marital and sexual difficulties. They might find that the marital and sexual issues lessened intensity and became easier to work through.

Beginning of Therapy (sexual part)

DYADIC ADJUSTMENT SCALE: Scoring Sheet

Couple Nancy and George

Dyadic Consensus		Scores	
Item #	Content	M	F
1	Finances	3	4
2	Recreation	1	3
3	Religion	3	2
5	Friends	2	4
7	Conventionality	3	3
8	Philosophy-life	2	3
9	In-laws	2	2
10	Goals	3	4
11	Time Together	2	3
12	Decisions	4	4
13	Household	3	3
14	Leisure	3	3
15	Career	3	4
(a)	Subtotal (65):	34	42

Dyadic Satisfaction		Scores	
Item #	Content	M	F
16	Divorce	4	5
17	Leave-fight	5	4
18	Going well	3	3
19	Confide	4	3
20	Regret marrying	4	4
21	Quarrel	3	3
22	Annoyance	3	4
23	Kiss mate	4	1
31	Happiness-scale	2	3
32	Future hope	5	4
(b)	Subtotal (50):	37	34

Affectional Expression		Scores	
Item #	Content	M	F
4	Affection	0	4
6	Sex-agree	1	2
29	Tired for sex	0	0
30	Not show love	1	1
(c)	Subtotal (12):	1	7

Dyadic Cohesion		Scores	
Item #	Content	M	F
24	Outside interests	1	1
25	Exchange ideas	2	2
26	Laugh together	3	3
27	Calm discussions	3	2
28	Work together	2	1
(d)	Subtotal (24):	11	9

	Male	Female
(a) Dyadic Consensus (65)	34	42
(b) Dyadic Satisfaction (50)	37	34
(c) Affectional Expression (12)	1	7
(d) Dyadic Cohesion (24)	11	9
DYADIC ADJUSTMENT (151)	83	94

End of Sexual Therapy - beginning Of Marital

DYADIC ADJUSTMENT SCALE: Scoring Sheet

Couple Nancy and George

Dyadic Consensus		Scores	
Item #	Content	M	F
1	Finances	3	3
2	Recreation	2	3
3	Religion	3	2
5	Friends	3	3
7	Conventionality	3	2
8	Philosophy-life	3	3
9	In-laws	3	2
10	Goals	3	3
11	Time Together	3	3
12	Decisions	3	3
13	Household	2	2
14	Leisure	3	3
15	Career	4	3
(a)	Subtotal (65):	38	35

Dyadic Satisfaction		Scores	
Item #	Content	M	F
16	Divorce	4	5
17	Leave-fight	5	4
18	Going well	3	3
19	Confide	3	3
20	Regret marrying	4	3
21	Quarrel	3	3
22	Annoyance	4	3
23	Kiss mate	4	2
31	Happiness-scale	3	3
32	Future hope	5	4
(b)	Subtotal (50):	38	33

Affectional Expression		Scores	
Item #	Content	M	F
4	Affection	2	3
6	Sex-agree	2	2
29	Tired for sex	0	0
30	Not show love	1	1
(c)	Subtotal (12):	5	6

Dyadic Cohesion		Scores	
Item #	Content	M	F
24	Outside interests	2	1
25	Exchange ideas	3	2
26	Laugh together	3	3
27	Calm discussions	4	2
28	Work together	2	2
(d)	Subtotal (24):	14	10

	Male	Female
(a) Dyadic Consensus (65)	38	35
(b) Dyadic Satisfaction (50)	38	33
(c) Affectional Expression (12)	5	6
(d) Dyadic Cohesion (24)	14	10
DYADIC ADJUSTMENT (151)	95	84

Chapter Five : Conclusion

Conclusion

I have met the objectives of my practicum in that I familiarized myself with literature on marital and sex therapy as well as expanded my knowledge of evaluation procedures. I also believe I developed clinical skills in the area of assessing and treating marital and sexual dissatisfactions.

The outcome of my practicum has been that many of my questions have been answered and more questions have arisen. Specific ideas generated by my experience include:

a) Marital and sexual dissatisfactions can co-exist. I found this to be true in my clinical experience and supported by the literature addressing these two areas.

b) Therapists working with couples or families must be knowledgeable in both marital and sex therapies. One might begin therapy focusing on the sexual area and therapy progresses, shift to sexual dissatisfactions of the couple. Sager (1976) portrayed this idea by referring to both therapies as dealing with different aspects of the same entity.

c) Treatment plans must be flexible. It may be necessary to re-assess and shift the focus of an intervention.

d) Therapists have little information on which to concentrate on if marital and sexual dissatisfactions are both present. Hartman and Daly (1983) have completed some research but it appears that the

therapist and couple must decide on the direction they feel is appropriate. There is also the possibility of working on both therapies concurrently.

Some questions remain unanswered. They include:

a) Do specific sexual problems accompany marital discord? For example, lack of sexual desire seemed to be linked to marital discord in some of the couples I saw.

b) What benefits are exhibited if marital therapy precedes sex therapy and vice versa?

c) What are the long-term effects of therapy with couples who have sexual and marital dissatisfactions?

It is obvious more research is required that is above and beyond the scope of this practicum. It is my wish that others will take up this challenge.

APPENDIX

PSYCHOLOGICAL SERVICE CENTRE
THE UNIVERSITY OF MANITOBA

FAMILY NO.: | | | | | |

DATE: | | | | | | |
Yr. Mo. Day

WORKER NO.: | | | | |

(Do Not Complete Shaded Areas)

REGISTRATION INFORMATION FORM

HOME ADDRESS: _____ POSTAL CODE: | | | | | | |

ADULT MALE | 0 | 0 |

ADULT FEMALE | 0 | 1 |

SURNAME:		
GIVEN NAME(S):		
WORK PHONE NO.:		
HOME PHONE NO.:		
BIRTHDATE:	Year_____ Month_____ Day_____	Year_____ Month_____ Day_____
OCCUPATION:		
SINGLE PARENT:	(check one) YES ☐ 1 NO ☐ 2	(check one) YES ☐ 1 NO ☐ 2

CURRENT MARITAL STATUS: (check one)

Married	1
Separated	2
Divorced	3
Widowed	4
Living as Married	5
Never Married	6

EDUCATION: (check one)

	M	F	
None			1
Grades 1 - 4			2
Grades 5 - 8			3
Grades 9 - 12			4
Tech. or Voc. Training			5
University Education			6

LABOUR FORCE ATTACHMENT: (check one)

	M	F	
Employed			
Full-Time, Ongoing			1
Part-Time, Seasonal			2
Unemployed, Seeking Work			3
Not Seeking Work			
Full-Time Unpaid Homemaker			4
Full-Time Student			5
Disabled Can't Work			6
Retired			7
Because No Work Available			8
Other			9

LIVING ARRANGEMENTS: (check one)

Immediate Family	1
With Relatives	2
With Friends	3
Boarding	4
Alone	5

CHILDREN AT HOME:

		NAME	SEX	BIRTHDATE Year	Month	Day
0	2					
0	3					
0	4					
0	5					
0	6					
0	7					
0	8					

TOTAL NUMBER OF CHILDREN:_____

SIGNIFICANT OTHERS: (list other individuals or agencies who are involved with the problem area)

NAME	ADDRESS	PHONE NO	RELATIONSHIP

WHO RECOMMENDED P.S.C.? (check one)

Friend or Relative	1
Physician	2
Counselling Service U. of M.	3
University Professor or Staff	4
Community Agency or Professional	5
Other (Specify)	6

WHY DID YOU COME TO P.S.C.? (check one or more)

Followed Recommendation	1
Services Unavailable Elsewhere	2
Convenient Location	3
Convenient Hours	4
Other (Specify)	5

PSC:01 9/80

PSYCHOLOGICAL SERVICE CENTRE
THE UNIVERSITY OF MANITOBA

FAMILY NO.: | | | | | | DATE: | | | | | | | (Yr. Mo. Day) WORKER NO.: | | | | |

(Do Not Complete Shaded Areas)

REGISTRATION INFORMATION FORM

HOME ADDRESS: [redacted] POSTAL CODE: | | | | | | |

	ADULT MALE 0 0	ADULT FEMALE 0 1
SURNAME:	[redacted]	[redacted]
GIVEN NAME(S):		
WORK PHONE NO.:		
HOME PHONE NO.:		
BIRTHDATE:	Year____ Month____ Day____	Year____ Month____ Day____
OCCUPATION:	____	____
SINGLE PARENT:	(check one) YES ☐ 1 NO ☐ 2	(check one) YES ☐ 1 NO ☐ 2

CURRENT MARITAL STATUS: (check one)

Married	1
Separated	2
Divorced	3
Widowed	4
Living as Married	5
Never Married	6

EDUCATION: (check one)

	M	F	
None			1
Grades 1 - 4			2
Grades 5 - 8			3
Grades 9 - 12			4
Tech. or Voc. Training			5
University Education			6

LABOUR FORCE ATTACHMENT: (check one)

	M	F	
Employed			
Full-Time, Ongoing			1
Part-Time, Seasonal			2
Unemployed, Seeking Work			3
Not Seeking Work			
Full-Time Unpaid Homemaker			4
Full-Time Student			5
Disabled Can't Work			6
Retired			7
Because No Work Available			8
Other			9

LIVING ARRANGEMENTS: (check one)

Immediate Family	1
With Relatives	2
With Friends	3
Boarding	4
Alone	5

CHILDREN AT HOME:

	NAME	SEX	BIRTHDATE (Year Month Day)
0 2	[redacted]		
0 3			
0 4			
0 5			
0 6			
0 7			
0 8			

TOTAL NUMBER OF CHILDREN:____

SIGNIFICANT OTHERS: (list other individuals or agencies who are involved with the problem area)

NAME	ADDRESS	PHONE NO	RELATIONSHIP
[redacted]	[redacted]	[redacted]	[redacted]

WHO RECOMMENDED P.S.C.? (check one)

Friend or Relative	1
Physician	2
Counselling Service U. of M.	3
University Professor or Staff	4
Community Agency or Professional	5
Other (Specify)	6

WHY DID YOU COME TO P.S.C.? (check one or more)

Followed Recommendation	1
Services Unavailable Elsewhere	2
Convenient Location	3
Convenient Hours	4
Other (Specify)	5

PSC:01 9/80

DYADIC ADJUSTMENT SCALE

Name: _____

Date: _____

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list.

	Always Agree	Almost Always Agree	Occa-sionally Disagree	Fre-quently Disagree	Almost Always Disagree	Always Disagree
1. Handling family finances	5	4	3	2	1	0
2. Matters of recreation	5	4	3	2	1	0
3. Religious matters	5	4	3	2	1	0
4. Demonstrations of affection	5	4	3	2	1	0
5. Friends	5	4	3	2	1	0
6. Sex relations	5	4	3	2	1	0
7. Conventionality (correct or proper behaviour)	5	4	3	2	1	0
8. Philosophy of life	5	4	3	2	1	0
9. Ways of dealing with parents or in-laws	5	4	3	2	1	0
10. Aims, goals and things believed important	5	4	3	2	1	0
11. Amount of time spent together	5	4	3	2	1	0
12. Making major decisions	5	4	3	2	1	0
13. Household tasks	5	4	3	2	1	0
14. Leisure time interests and activities	5	4	3	2	1	0
15. Career decisions	5	4	3	2	1	0

	All the time	Most of the time	More often than not	Occa-sionally	Rarely	Never
16. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	0	1	2	3	4	5
17. How often do you or your mate leave the house after a fight?	0	1	2	3	4	5
18. In general, how often do you think that things between you and your partner are going well?	5	4	3	2	1	0
19. Do you confide in your mate?	5	4	3	2	1	0
20. Do you ever regret that you married? (or lived together)	0	1	2	3	4	5
21. How often do you and your partner quarrel?	0	1	2	3	4	5
22. How often do you and your mate "get on each other's nerves?"	0	1	2	3	4	5

	Every Day	Almost Every Day	Occa-sionally	Rarely	Never
23. Do you kiss your mate?	4	3	2	1	0

	All of them	Most of them	Some of them	Very few of them	None of them
24. Do you and your mate engage in outside interests together?	4	3	2	1	0

How often would you say the following events occur between you and your mate?

	Never	Less than once a month	Once or Twice a month	Once or Twice a week	Once a day	More often
25. Have a stimulating exchange of ideas	0	1	2	3	4	5
26. Laugh together	0	1	2	3	4	5
27. Calmly discuss something	0	1	2	3	4	5
28. Work together on a project	0	1	2	3	4	5

These are some things about which couples sometimes agree and sometime disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Check yes or no)

	Yes	No	
29.	0	1	Being too tired for sex.
30.	0	1	Not showing love.

31. The dots on the following line represent different degrees of happiness in your relationship. The middle point "happy" represents the degree of happiness of most relationships. Please circle the dot which best describes the degree of happiness, all things considered, of your relationship.

0	1	2	3	4	5	6
Extremely Unhappy	Fairly Unhappy	A little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

31. Which of the following statements best describes how you feel about the future of your relationship?

5 I want desperately for my relationship to succeed, and would go to almost any length to see that it does.

4 I want very much for my relationship to succeed, and will do all I can to see that it does.

3 I want very much for my relationship to succeed, and will do my fair share to see that it does.

2 It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.

1 It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.

0 My relationship can never succeed, and there is no more than I can do to keep the relationship going.

INSTRUCTIONS

At the top of each page you will find the name of a real or ideal person, and below it are some pairs of words.

Here is how to use these pairs of words:

If you feel that the real or ideal person at the top of the page is very closely related to one of the words, you should place a cross as follows:

PLEASANT X : : : : : : UNPLEASANT

OR

CALM : : : : : : X ANXIOUS

If you feel that the thing is quite closely related to one or other word, you should place a cross as follows:

PLEASANT : X : : : : : UNPLEASANT

OR

CALM : : : : : X : ANXIOUS

If the thing seems only slightly related to one or other of the words, then you should place your cross as follows:

PLEASANT : : X : : : : UNPLEASANT

OR

CALM : : : : X : : ANXIOUS

If you consider the thing to be equally related to both words, or if the words are completely unrelated to it, you should place your cross in the middle space:

PLEASANT : : : X : : : UNPLEASANT

IMPORTANT (1) Place your crosses in the centre of the spaces not on the dots between them.

This Not this

____:____:_X_:____:____X____:____

(2) Be sure to put a cross between every pair of words on every page - do not leave any out.

(3) Never put more than one cross between a pair of words.

Please do not look back and forth through the pairs of words through the pages, and do not try to remember how you placed your crosses earlier. Make each cross a separate judgement. Work at fairly high speed. Do not worry or puzzle over individual items. It is your first impressions, your immediate feelings that are needed.

MYSELF AS I AM

Pleasant	:	:	:	:	:	:	:	Unpleasant
Calm	:	:	:	:	:	:	:	Anxious
Sexy	:	:	:	:	:	:	:	Sexless
Loving	:	:	:	:	:	:	:	Unloving
Sexually Frustrated	:	:	:	:	:	:	:	Sexually Satisfied
Bad	:	:	:	:	:	:	:	Good
Jittery	:	:	:	:	:	:	:	Placid
Repulsive	:	:	:	:	:	:	:	Seductive
Warm	:	:	:	:	:	:	:	Cold
Sexually Attractive	:	:	:	:	:	:	:	Unattractive
Cruel	:	:	:	:	:	:	:	Kind
Erotic	:	:	:	:	:	:	:	Frigid
Affectionate	:	:	:	:	:	:	:	Unaffectionate
Inhibited	:	:	:	:	:	:	:	Uninhibited
Easy to arouse Sexually	:	:	:	:	:	:	:	Hard to arouse

MYSELF AS I WOULD LIKE TO BE

Pleasant	:	:	:	:	:	:	:	Unpleasant
Calm	:	:	:	:	:	:	:	Anxious
Sexy	:	:	:	:	:	:	:	Sexless
Loving	:	:	:	:	:	:	:	Unloving
Sexually Frustrated	:	:	:	:	:	:	:	Sexually Satisfied
Bad	:	:	:	:	:	:	:	Good
Jittery	:	:	:	:	:	:	:	Placid
Repulsive	:	:	:	:	:	:	:	Seductive
Warm	:	:	:	:	:	:	:	Cold
Sexually Attractive	:	:	:	:	:	:	:	Unattractive
Cruel	:	:	:	:	:	:	:	Kind
Erotic	:	:	:	:	:	:	:	Frigid
Affectionate	:	:	:	:	:	:	:	Unaffectionate
Inhibited	:	:	:	:	:	:	:	Uninhibited
Easy to arouse sexually	:	:	:	:	:	:	:	Hard to arouse

MY PARTNER

Pleasant	:	:	:	:	:	:	:	Unpleasant
Calm	:	:	:	:	:	:	:	Anxious
Sexy	:	:	:	:	:	:	:	Sexless
Loving	:	:	:	:	:	:	:	Unloving
Sexually Frustrated	:	:	:	:	:	:	:	Sexually Satisfied
Bad	:	:	:	:	:	:	:	Good
Jittery	:	:	:	:	:	:	:	Placid
Repulsive	:	:	:	:	:	:	:	Seductive
Warm	:	:	:	:	:	:	:	Cold
Sexually Attractive	:	:	:	:	:	:	:	Unattractive
Cruel	:	:	:	:	:	:	:	Kind
Erotic	:	:	:	:	:	:	:	Frigid
Affectionate	:	:	:	:	:	:	:	Unaffectionate
Inhibited	:	:	:	:	:	:	:	Uninhibited
Easy to arouse sexually	:	:	:	:	:	:	:	Hard to arouse

MY IDEAL PARTNER

Pleasant	:	:	:	:	:	:	:	Unpleasant
Calm	:	:	:	:	:	:	:	Anxious
Sexy	:	:	:	:	:	:	:	Sexless
Loving	:	:	:	:	:	:	:	Unloving
Sexually Frustrated	:	:	:	:	:	:	:	Sexually Satisfied
Bad	:	:	:	:	:	:	:	Good
Jittery	:	:	:	:	:	:	:	Placid
Repulsive	:	:	:	:	:	:	:	Seductive
Warm	:	:	:	:	:	:	:	Cold
Sexually Attractive	:	:	:	:	:	:	:	Unattractive
Cruel	:	:	:	:	:	:	:	Kind
Erotic	:	:	:	:	:	:	:	Frigid
Affectionate	:	:	:	:	:	:	:	Unaffectionate
Inhibited	:	:	:	:	:	:	:	Uninhibited
Easy to arouse sexually	:	:	:	:	:	:	:	Hard to arouse

Week: _____

_____

Initials _____

Male ___ Female ___

SPOUSE OBSERVATION CHECKLIST
WEEKLY SUMMARY

Mo. Date Yr. Day

ay 1 = _____

ay 7 = _____

DAY

	1	2	3	4	5	6	7
TIME Together (Hrs) Each Day							
MARITAL SATISFACTION RATING							
_____							
_____							
_____							
_____							

5 9

y sfied — Neither Satisfied nor Dissatisfied — Very Satisfied

DAY

	1		2		3		4		5		6		7		
	p	d	p	d	p	d	p	d	p	d	p	d	p	d	
I Affection															I
II Companionship															II
III Consideration															III
IV Sex															IV
V Communication Process															V
VI Coupling Activities															VI
VII Child Care/Parenting															.VII
VIII Household Management															VIII
IX Financial Decisions															IX
X Employment/Education															X
XI Personal Habits															XI
XII Independence															XII
DAILY TOTALS															

Spouse Observation Checklist

Spouse Initials _____
Male ____ Female ____

Date

1		2		3		4		5		6		7	
p	d	p	d	p	d	p	d	p	d	p	d	p	d

AFFECTION

We held each other
We took a shower or bath together
We warmed each other in bed
We tickled and rough-housed together
We held hands
Spouse hugged or kissed me
Spouse gave me a massage, rubbed lotion on my back, etc.
Spouse cuddled close to me in bed
Spouse warmed my cold feet
Spouse greeted me affectionately when I came home
Spouse touched me affectionately

_____
_____
_____

Affection Total

COMPANIONSHIP

We listened to music on the radio or stereo
We sat and read together
We watched TV (½ hour or more)
We read aloud to each other
We worked together on decorating our home
We played musical instruments together (sang together)
We read the newspaper together
We gardened
We played with our pets
We baked bread or pastries
We played chess, monopoly, scrabble, etc. (any board game)
We played cards
We got high on drugs or alcohol
We hunted for interesting things to photograph
We took a walk
We went for a ride
We did exercises together
We sunbathed together
We played volleyball, basketball, etc. together
We went bowling, skating or played pool
We went swimming or diving
We played frisbee
We attended a sporting event

Companionship Subtotal

COMPANIONSHIP - continued	1		2		3		4		5		6		7	
	p	d	p	d	p	d	p	d	p	d	p	d	p	d
We went jogging or bicycle riding														
We played golf, tennis, badminton or pingpong														
We went shopping for new clothes														
We went to a dance or party														
We had a fancy 'candlelight' dinner at home														
We went out for a nice meal or dinner														
We went out for coffee, coke, or ice cream														
We ate at an inexpensive restaurant or drive-in														
We went to a museum														
We went to a bar or tavern														
We went to a movie (play, concert, ballet, etc.)														
We went to a club or organizational meeting														
We worked on a community project														
We went to a class or lecture														
We went to the library together														
We went folk dancing or square dancing														
We worked together on an art or craft project														
We discussed or worked on a project that one of us is responsible for														
We worked together on a hobby (stamp collecting, etc.)														
We participated in religious activities														
We went to a church service														
We took a nap together														
We exchanged a gift														
We watched the sunset (sunrise)														
We laughed together														
We had a pillow fight														
Companionship Subtotal														

CONSIDERATION														
We talked affectionately														
Spouse thanked me for doing something														
Spouse said he/she loved me														
Spouse asked me how my day was														
Spouse complimented me on my appearance														
Spouse said he/she likes me														
Spouse acted patient when I was cross														
Spouse showed he/she was glad to see me														
Spouse listened sympathetically to my problems														
Spouse skillfully calmed me down when I was being unreasonable														
Spouse agreed strongly with something I said														
Spouse complimented something I made														
Consideration Subtotal														

CONSIDERATION - continued

	1		2		3		4		5		6		7	
	p	d	p	d	p	d	p	d	p	d	p	d	p	d
Spouse talked to me when I asked for some attention														
Spouse tried to cheer me up														
Spouse apologized to me														
Spouse forgave me for something														
Spouse expressed approval of me or something I did														
Spouse was tolerant when I made a mistake														
Spouse comforted me when I was upset														
Spouse complied in a friendly manner to a request														
Spouse called to tell me where he/she was														
Spouse called me just to say hello														
Spouse waved goodbye to me when I left and/or wished me a good day														
Spouse smiled at me or laughed with me														
Spouse laughed at my jokes														
Spouse answered my questions with respect														
Spouse was tolerant of me when I was late														
Spouse was tolerant of my friends														
Spouse was careful not to wake me when I was asleep														
Spouse met me on time														
Spouse answered the phone while I was busy														
Spouse cut my hair														
Spouse patched my clothes														
Spouse packed a lunch for me														
Spouse prepared a favorite food or dessert														
Spouse got up and made breakfast for me														
Spouse brought me a cup of coffee, tea, etc.														
Spouse prepared a snack for me														
Spouse prepared breakfast-in-bed														
Spouse prepared a food or dessert I especially like														
Spouse bought some food item especially for me														
Spouse did some of 'my' chores so I could finish a rush job														
Spouse asked me if I needed anything at the store														
Spouse brought me home something to read														
Spouse went to bed when I did														
Spouse showed interest in my hobby														
Spouse told me he/she sees my work as important														
Spouse said something unkind to me														
Spouse failed to call when he/she was coming home late														
Spouse talked while I was trying to sleep														
Spouse woke me up when I was sleeping														
Spouse fell asleep while I was talking to him/her														
Spouse wouldn't accept my apology														
Spouse was sarcastic with me														
Spouse commanded me to do something														
Spouse lectured me rather than listen to me														
Spouse ignored me when I asked for some attention														

Consideration —— continued

	1		2		3		4		5		6		7	
	p	d	p	d	p	d	p	d	p	d	p	d	p	d
Spouse told me how to do something I already know how to do														
Spouse did something for me instead of showing me how														
Spouse said my jokes are stupid														
Spouse did not respect my opinion														
Spouse disapproved of me or something I did														
Spouse refused my apology														
Spouse did not give me the attention I asked for														
Spouse did not pay attention when I was talking about something that interests me; he/she looked away or had a bored expression														
Spouse complained about something I did														
Spouse criticized me in front of others														
Spouse criticized something I made														
Spouse criticized my body														
Spouse called me just to complain about something I did														
Spouse came home late when I needed the car														
Spouse was late when I went to pick him/her up														
Spouse bothered me when I was concentrating														
Spouse bothered me when I was on the phone														
Spouse mimicked me														
Spouse did not come to a meal when asked														
Spouse read the paper (or watched TV) rather than attending to me														
Spouse criticized me for smoking														
Spouse insisted we go somewhere I didn't want to go														
Spouse showed no interest in my hobby														
Consideration Subtotal														

SEX

We engaged in sexual intercourse														
We enjoyed petting and other sex play														
We hugged and kissed passionately														
We tried some new sexual behaviors that we liked														
We had oral-genital sex														
We both were sexually responsive to each other														
We were both sexually satisfied														
Spouse admired my body														
Spouse helped me to reach orgasm														
Spouse set mood for sexual experience (music, wine, candles)														
Spouse wrote something that was provocative, enticing, etc. for me														
Spouse caressed me with hands														
Spouse caressed me with mouth														
Spouse wore clothing I found sexually stimulating														
Spouse read something pornographic aloud														

SEX - continued	p	d	p	d	p	d	p	d	p	d	p	d	p	d
Spouse engaged in other sexual behaviors that I especially like														
Spouse let me know that he/she enjoyed intercourse with me														
Spouse initiated sexual advances														
Spouse was pleasantly responsive to my sexual advances														
Spouse petted me														
Spouse participated in a sexual fantasy														
Spouse presented him/herself in the nude														
Spouse was uncommunicative during sexual activity														
Spouse left me frustrated at end of sexual session														
Spouse rushed into intercourse without foreplay														
Spouse complained about my sexual behaviors														
Spouse rejected my sexual advances														
Spouse turned off in the middle of making love														
Spouse fell asleep immediately after making love														
Spouse insisted on sexual practices that I dislike														
Spouse hurt me or made me uncomfortable during sexual activities														
Sex Subtotal														

COMMUNICATION PROCESS														
We talked about something troubling, outside of our relationship														
We were able to work successfully on a problem														
We had a good talk about our relationship														
We agreed about something														
We talked about personal feelings														
We talked about personal day-to-day happenings														
We had a constructive conversation about family management														
We talked about a vacation														
We had an intellectual, philosophical or political discussion														
We talked about a show we had seen														
We had a humorous conversation														
Spouse asked about my feelings														
Spouse expressed feelings and thoughts to me														
Spouse confided in me														
Spouse consulted me about an important decision														
Spouse asked for my opinion														
Spouse showed particular interest in what I said by agreeing or asking relevant questions														
Spouse helped in planning an outing or social event														
Spouse suggested something fun or interesting that we could do for the evening														
Spouse refused to make a decision on a significant issue														
Spouse refused to talk about a problem we share														
Spouse brought up bad times from the past														
Spouse dominated the conversation														
Spouse interrupted me														

	1		2		3		4		5		6		7	
COMMUNICATION PROCESS - continued	p	d	p	d	p	d	p	d	p	d	p	d	p	d
Spouse offered unsolicited advice														
Spouse responded "I don't know" without considering the question														
Spouse disagreed harshly with something I said														
Spouse didn't want to talk about his/her problem with me														
Communication Subtotal														
COUPLING ACTIVITIES														
Spouse got angry and wouldn't tell me why														
Spouse refused to listen to my feelings														
Spouse made an important decision without consulting me														
Spouse complained														
Spouse read a book or watched TV and wouldn't talk to me														
Spouse wouldn't talk to me about an outing or social event														
Spouse planned an outing or social event without consulting me														
Spouse refused to help in planning an outing or social event														
Spouse wouldn't talk to me about his/her special interest														
We went out for an evening with friends														
We invited a couple of our friends over to visit														
We visited with relatives														
We met new people														
We wrote letters to friends or relatives														
We telephoned friends or relatives														
We went to a party														
We entertained a business/work associate														
We made plans for entertaining friends, associates, relatives, etc.														
We talked about friends or relatives														
Spouse arranged to get together with relatives or in-laws														
Spouse invited friends over to visit														
Spouse invited company for dinner														
Spouse arranged for us to go to a party														
Spouse made a good impression on my friends														
Spouse was unpleasant to people we had over for company														
Spouse went to bed early while we had company														
Spouse criticized my parents or relatives														
Spouse made bad impression on my friends														
Spouse embarrassed me in front of friends or relatives														
Coupling Total														

CHILD CARE AND PARENTING

	1		2		3		4		5		6		7	
	p	d	p	d	p	d	p	d	p	d	p	d	p	d
We discussed the children														
We took the children on a family outing														
We cared for the child when sick														
We played with the children														
We disciplined the children														
Spouse read a story to the children														
Spouse played with the children														
Spouse disciplined children appropriately. Specify: _____														
Spouse answered child's question														
Spouse took the children to school or elsewhere														
Spouse taught the children something														
Spouse helped child with homework														
Spouse gave the children responsibility for a job														
Spouse helped resolve a fight between the children														
Spouse comforted a baby, made him/her stop crying														
Spouse watched the children for a few minutes while I was busy														
Spouse took care of children while I did some work														
Spouse helped feed the children														
Spouse gave child a bath														
Spouse got up in the night to take care of child														
Spouse changed baby's diapers														
Spouse helped put the children to bed														
Spouse arranged for babysitting														
Spouse cleaned out dirty diaper														
Spouse criticized the way I handled children in front of them														
Spouse refused to help with the children														
Spouse punished child too severely. Specify: _____														
Spouse refused to answer child's question														
Spouse was unkind to children by criticizing or humiliating them														
Spouse yelled at the children														
Spouse was too permissive with child. Specify: _____														
Spouse was too protective towards child. Specify: _____														
Spouse hit child														
Spouse told child to leave him/her alone														
Spouse conspired with children to break rules														
Spouse contradicted me in front of child														
Spouse favored one child over another														
Spouse refused to help in babysitting arrangements														
Spouse left dirty diaper in toilet														
_____														
_____														
_____														
Child Total														

HOUSEHOLD MANAGEMENT

	1		2		3		4		5		6		7	
	p	d	p	d	p	d	p	d	p	d	p	d	p	d
We ran some errands														
We went grocery shopping														
Spouse helped with shopping														
We planned or prepared a meal together														
Spouse prepared an interesting or good meal														
Spouse carried groceries into the house														
Spouse had dinner ready on time														
Spouse helped with cooking														
Spouse set the table														
Spouse cleared the table and put the food away														
Spouse did the dishes														
Spouse helped me do the dishes or other chores														
Spouse straightened up the house														
Spouse swept, dusted or did other light cleaning														
Spouse mopped the floor, or did other heavy cleaning														
Spouse cleaned the bathroom														
We straightened up the house														
Spouse made needed complaints to the landlord, utility companies, garbage collector, etc.														
Spouse appropriately handled a minor household crisis without bothering me about it														
Spouse did household repairs or arranged to have them done														
Spouse put dirty clothes in the hamper														
Spouse set the alarm clock														
Spouse put the newspapers outside														
Spouse turned up the heat in the morning														
Spouse did the laundry														
Spouse chopped wood														
Spouse built a fire														
Spouse turned the lights off, heat down, etc., before we went out														
Spouse fed the pets														
Spouse cleaned up after the pets														
Spouse mowed the lawn or took care of the yard														
Spouse took care of needed car repairs or maintenance														
Spouse washed or cleaned the car														
Spouse put gas in car														
Spouse emptied the car ashtray														
Spouse served leftovers from the night before														
Spouse fixed a food I dislike														
Spouse forgot to buy food we needed														
Spouse left something out of the refrigerator														
Spouse left a sink full of dishes														
Spouse prepared a tasteless meal														
Spouse refused to help with household chores when asked														
Spouse delayed in doing household tasks														
Spouse nagged or became angry about chores I hadn't completed														
Spouse left a chore incomplete														

	1		2		3		4		5		6		7	
Household Management — continued	p	d	p	d	p	d	p	d	p	d	p	d	p	d
Spouse left an appliance turned on when he/she left the house														
Spouse did not take care of needed car repairs or maintenance														
Spouse forgot to put gas in car														
Spouse took car when I needed it														
Household Subtotal														
FINANCIAL DECISION MAKING														
We made a major financial decision														
We worked on the budget														
We balanced the checkbook														
We agreed on a purchase														
We got a 'good buy' on something														
Spouse paid the bills on time														
Spouse helped in planning a budget														
Spouse got a 'good buy' on something														
Spouse agreed to splurge on something														
Spouse gave me money to spend any way I want														
Spouse helped make a decision about a purchase														
Spouse wrote a check without recording it														
Spouse spent more than the budget allowed														
Spouse bought something that could have been purchased for less at another store														
Spouse did not pay the bills on time														
Spouse bought something important without consulting me														
Spouse borrowed money from a friend														
Spouse wouldn't let me buy something I wanted														
Spouse made a mistake in balancing the checkbook														
Spouse wanted to know what I had spent money on														
Financial Total														

	1		2		3		4		5		6		7	
EMPLOYMENT-EDUCATION	p	d	p	d	p	d	p	d	p	d	p	d	p	d
We celebrated a success in work (advancement, completion of a project, end of term).														
We discussed future employment opportunities														
We figured out ways to meet new job demands														
Spouse made significant achievement in his/her work/school														
Spouse assisted me with work I brought home														
Spouse helped me solve a problem I have in my work														
Spouse earned special recognition at work														
Spouse consulted me about a decision for work														
Spouse showed interest in my work/school														
Spouse read my paper (report, etc.)														
Spouse showed no interest in my work/school														
Spouse interfered with me working on projects I brought home from work/school														
Spouse made bad decision or behaved inappropriately at work														
Spouse remained upset or angry about work after he/she came home														
Spouse talked too much about work														
Spouse made no efforts to get a job														
Spouse worked overtime or brought home work to do														
Spouse complained I spend too much time at work														
______														
______														
______														
Employment Total														

	1		2		3		4		5		6		7	
PERSONAL HABITS AND APPEARANCE														
Spouse paid attention to his/her appearance (shaved, took a bath, etc.)														
Spouse dressed nicely														
Spouse hung up his/her clothes in the closet														
Spouse got a haircut or hairdo														
Spouse left clothes lying around														
Spouse left dirty dishes around the house														
Spouse missed the ashtray with cigarette ashes														
Spouse made a mess and didn't clean it up														
Spouse left personal belongings lying around the house														
Spouse mumbled														
Spouse spoke in whining voice														
Spouse smoked during mealtime														
Spouse blew smoke (or coughed in my face)														
Spouse slurped liquid or made other unpleasant noises while eating														
Spouse used poor table manners														
Spouse talked with mouth full of food														
Spouse belched														
Spouse was late in picking me up														
Spouse exceeded the speed limit or drove carelessly														
Spouse made us late for an appointment by not being ready on time														
Spouse hogged the covers														

PERSONAL HABITS AND APPEARANCE - continued

	1		2		3		4		5		6		7	
	p	d	p	d	p	d	p	d	p	d	p	d	p	d
Spouse wore curlers when I was at home														
Spouse violated his/her diet														
Spouse wore sloppy clothes														
Spouse neglected his/her appearance (did not shave, did not bath, etc.)														
Spouse used my toilet articles (razor, toothbrush, etc.)														
Spouse left hairs in the sink														
Spouse monopolized the bathroom														
Spouse did not flush the toilet after using it														
Spouse left her/his toilet articles laying out in the bathroom														
Spouse used all of the toilet paper without getting a new roll														
Spouse left the cap off the toothpaste														
Spouse did not clean the tub after using it														
Spouse left the bathroom in a mess														
Spouse used up all the hot water														
Personal Subtotal														

SELF AND SPOUSE INDEPENDENCE

	1		2		3		4		5		6		7	
	p	d	p	d	p	d	p	d	p	d	p	d	p	d
We scheduled independent activities and responsibilities														
We both engaged in independent activities														
We went to different shows that we each wanted to see														
Spouse agreed that we would spend a period of time by ourselves														
Spouse responded favorably to my desire for a night out without her/him														
Spouse supported an independent activity of mine														
Spouse went to a lecture (show, film, etc.) alone														
Spouse read a book														
Spouse is doing a physical activity alone (jogging, biking, etc.)														
Spouse had lunch (dinner) with a friend														
Spouse is taking a night class														
Spouse went to a party alone														
Spouse complained when I wanted to spend time with friend														
Spouse complained when I wanted time to myself														
Spouse refused to let me have free time for a hobby														
Spouse left me behind to watch the children or work, while he/she went out for fun														
Spouse spoke positively about experience from which I was excluded														
Spouse excluded me from an activity I would have liked to participate in														
Spouse opened my mail or went through my personal papers														
Independence Total														

SEXUAL HISTORY FORM*

(Please find the most appropriate response for each question.)

1 . How frequently do you and your mate have sexual intercourse or activity?

1) more than once a day
2) once a day
3) 3 or 4 times a week
4) twice a week
5) once a week
6) once every two weeks
7) once a month
8) less than once a month
9) not at all

2. How frequently would you like to have sexual intercourse or activity?

1) more than once a day
2) once a day
3) 3 or 4 times a week
4) twice a week
5) once a week
6) once every two weeks
7) once a month
8) less than once a month
9) not at all

3. Who usually initiates having sexual intercourse or activity?

1) I always do
2) I usually do
3) my mate and I each iniate about equally often
4) my mate usually does
5) my mate always does

4. Who would you like to have initiate sexual intercourse or activity?

1) myself, always
2) myself, usually
3) my mate and I equally often
4) my mate, usually
5) my mate, always

5. How often do you masturbate?

1) more than once a day
2) once a day
3) 3 or 4 times a week
4) twice a week
5) once a week
6) once every two weeks
7) once a month
8) less than once a month
9) not at all

6. How frequently do you feel sexual desire? This feeling may include wanting to have sex, planning to have sex, feeling frustrated due to a lack of sex, etc....

1) more than once a day
2) once a day
3) 3 or 4 times a week
4) twice a week
5) once a week
6) once every two weeks
7) once a month
8) less than once a month
9) not at all

7. For how many years have you and your mate been having sexual intercourse?

1) less than 6 months
2) less than 1 year
3) 1 to 3 years
4) 4 to 6 years
5) 7 to 10 years
6) more than 10 years

8. For how long do you and your mate usually engage in sexual foreplay (kissing, petting, etc.) before having intercourse?

1) less than one minute
2) 1 to 3 minutes
3) 4 to 6 minutes
4) 7 to 10 minutes
5) 11 to 15 minutes
6) 16 to 30 minutes
7) 30 minutes to 1 hour

9. How long does intercourse usually last, from entry of the penis until the male reaches orgasm (climax)?

1) less than 1 minute
2) 1 to 2 minutes
3) 2 to 4 minutes
4) 4 to 7 minutes
5) 7 to 10 minutes
6) 11 to 15 minutes
7) 15 to 20 minutes
8) 20 to 30 minutes
9) more than 30 minutes

10. Does the male ever reach orgasm while he is trying to enter the woman's vagina with his penis?

1) never
2) rarely, less than 10% of the time
3) seldom, less than 25% of the time
4) sometimes, 50% of the time
5) usually, 75% of the time
6) nearly always, over 90% of the time

11. Overall, how satisfactory to you is your sexual relationship with your mate?

1) extremely unsatisfactory
2) moderately unsatisfactory
3) slightly unsatisfactory
4) slightly satisfactory
5) moderately satisfactory
6) extremely satisfactory

12. Overall, how satisfactory do you think your sexual relationship is to your mate?

1) extremely unsatisfactory
2) moderately unsatisfactory
3) slightly unsatisfactory
4) slightly satisfactory
5) moderately satisfactory
6) extremely satisfactory

13. When your mate makes sexual advances, how do you usually respond?

1) usually accept with pleasure
2) accept reluctantly
3) often refuse
4) usually refuse

14. When you have sex with your mate, do you feel sexually aroused (i.e. feeling "turned on," pleasure, excitement)?

1) nearly always, over 90% of the time
2) usually, about 75% of the time
3) sometimes, about 50% of the time
4) seldom, about 25% of the time
5) never

15. When you have sex with your mate, do you have negative emotional reactions, such as fear, disgust, shame or guilt?

1) never
2) rarely, less than 10% of the time
3) seldom, less than 25% of the time
4) sometimes, 50% of the time
5) usually, 75% of the time
6) nearly always, over 90% of the time

16. If you try, is it possible for you to reach orgasm through masturbation?

1) nearly always, over 90% of the time
2) usually, about 75% of the time
3) sometimes, about 50% of the time
4) seldom, about 25% of the time
5) never
6) have never tried to

17. If you try, is it possible for you to reach orgasm through having your genitals caressed by your mate?

1) nearly always, over 90% of the time
2) usually, about 75% of the time
3) sometimes, about 50% of the time
4) seldom, about 25% of the time
5) never
6) have never tried to

18. If you try, is it possible for you to reach orgasm through sexual intercourse?

1) nearly always, over 90% of the time
2) usually, about 75% of the time
3) sometimes, about 50% of the time
4) seldom, about 25% of the time
5) never
6) have never tried to

19. What is your usual reaction to erotic or pornographic materials (pictures, movies, books)?

1) greatly aroused
2) somewhat aroused
3) not aroused
4) negative--disgusted, repulsed, etc.

20. Does the male have any trouble in getting an erection, before intercourse begins?

1) never
2) rarely, less than 10% of the time
3) seldom, less than 25% of the time
4) sometimes, 50% of the time
5) usually, 75% of the time
6) nearly always, over 90% of the time

21. Does the male have any trouble keeping an erection, once intercourse has begun?

1) never
2) rarely, less than 10% of the time
3) seldom, less than 25% of the time
4) sometimes, 50% of the time
5) usually, 75% of the time
6) nearly always, over 90% of the time

22. Does the male ejaculate (climax) without having a full, hard erection?

1) never
2) rarely, less than 10% of the time
3) seldom, less than 25% of the time
4) sometimes, 50% of the time
5) usually, 75% of the time
6) nearly always, over 90% of the time

23. Is the female's vagina so "dry" or "tight" that intercourse cannot occur?

1) never
2) rarely, less than 10% of the time
3) seldom, less than 25% of the time
4) sometimes, 50% of the time
5) usually, 75% of the time
6) nearly always, over 90% of the time

24. Do you feel pain in your genitals during sexual intercourse?

1) never
2) rarely, less than 10% of the time
3) seldom, less than 25% of the time
4) sometimes, 50% of the time
5) usually, 75% of the time
6) nearly always, over 90% of the time

25. (WOMEN ONLY, MEN GO ON TO QUESTION 28) Can you reach orgasm through stimulation of your genitals by an electric vibrator or any other means such as running water, rubbing with some object, etc.?

1) nearly always, over 90% of the time
2) usually, about 75% of the time
3) sometimes, about 50% of the time
4) seldom, about 25% of the time
5) never
6) have never tried to

26. (WOMEN ONLY) Can you reach orgasm during sexual intercourse if at the same time your genitals are being caressed (by yourself or your mate or with a vibrator, etc.).

1) nearly always, over 90% of the time
2) usually, about 75% of the time
3) sometimes, about 50% of the time
4) seldom, about 25% of the time
5) never
6) have never tried to

27. (WOMEN ONLY) When you have sex with your mate, including foreplay and intercourse, do you notice some of these things happening: your breathing and pulse speeding up, wetness in your vagina, pleasurable sensations in your breasts and genitals?

1) nearly always, over 90% of the time
2) usually, about 75% of the time
3) sometimes, about 50% of the time
4) seldom, about 25% of the time
5) never

28. (MEN ONLY) Do you ever ejaculate (climax) without any pleasurable sensation in your penis?

1) never
2) rarely, less than 10% of the time
3) seldom, less than 25% of the time
4) sometimes, 50% of the tim
5) usually, 75% of the time
6) nearly always, over 90% of the time

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