

Gerd Arentewicz  
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editors

# The Treatment of Sexual Disorders

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*Concepts and Techniques  
of Couple Therapy*

# THE TREATMENT OF SEXUAL DISORDERS

Concepts and Techniques  
of Couple Therapy

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EDITED BY

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# Foreword

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This is an exciting and unique book. American sex therapists will find new and useful information here.

Nowadays, specialized treatment for sexual dysfunctions is available in most parts of the United States—by clinicians in private practice, at community mental health clinics, or as part of university hospitals. The most commonly used therapeutic approach is based on the principles and guidelines that were described by William Masters and Virginia Johnson in 1970. However, surprisingly few studies have put these principles to a rigorous test, assessing which aspects of the original sex therapy are necessary prerequisites for clinical success and which are permissible and interchangeable modifications. The authors of *The Treatment of Sexual Disorders* have tested the main components of the widely used therapeutic approach to sex dysfunctions. They report on a study of more than 250 couples with sexual problems who were treated with a variety of modalities, which were then compared as to their effectiveness.

The project was conducted at the Division of Sex Research in the Department of Psychiatry at the University of Hamburg in West Germany. This division has a tradition of conducting pioneering empirical studies that have gained international acclaim in the field of sex research. To cite only two examples—in 1968, Hans Giese and Gunter Schmidt published their large survey on the sexual behavior of German university students;\* and in 1970, Gunter Schmidt and Volkmar Sigusch published a study on women's and men's responses to pornography† that was included in the American report of the Commission on Obscenity and Pornography.§

\* H. Giese and G. Schmidt, *Studenten-Sexualität. Verhalten und Einstellung* (Reinbek: Rowohlt, 1968).

† G. Schmidt, and V. Sigusch, "Women's Sexual Arousal," *Contemporary Sexual Behavior: Critical Issues in the 1970s* (Baltimore: The Johns Hopkins University Press, 1973).

§ *Technical Reports of the Commission on Obscenity and Pornography*, vol. 8 (Washington, D.C.: U.S. Government Printing Office, 1970).

This book describes the results of the authors' research, and at the same time includes a training program for clinicians who want to add to their repertoire of psychotherapeutic skills for the treatment of sexual problems. In contrast to other books on sex therapy, which usually focus very specifically on sexual problems only, the authors have broadened the scope of their program by including couples who have more complex conflicts affecting many facets of the couple relationship in addition to their sexuality. Clinicians who are often frustrated by the general rule of accepting only those couples for treatment who do not exhibit other than sexual problems will find the descriptions of how to combine communication training, sex therapy, and marital counseling of great use. It will enable them to treat the large percentage of couples with multiple problems.

In addition to the classical sexual dysfunctions among men and women, the authors include a discussion on "lack of desire," a sexual problem that has recently become of clinical concern and the subject of new investigations. At this point, "lack of desire" is the focus of some controversy about whether it is a separate sexual disorder or part of all sexual dysfunctions with no distinguishing features. Whatever the final decision might be, we already know that it is particularly important to see "lack of desire" in the context of other aspects of the couple's relationship and to treat it as such. This book gives valuable examples on how to approach such couples.

*The Treatment of Sexual Disorders* contains a wealth of new data on therapy outcome in short- and long-term follow-up. Most important, it demonstrates that clinicians can safely modify, without losing effectiveness, some of the essential components of the sexual dysfunction therapy originally described by Masters and Johnson. For instance, treatment success can be achieved by one experienced clinician just as well as by a therapy team consisting of a female and a male clinician working with one couple, although cotherapy is very useful for training. Treatment is equally effective done intensely on a daily basis or stretched out with weekly visits over several months. Couple therapy works for patients with lower socioeconomic backgrounds as well as for those who are highly educated. The sections on undesired side-effects of treatment, on how to deal with particularly difficult patients, and on group therapy for sexual problems will be particularly useful to any clinician.

One-third of the book consists of a manual for couple therapy and includes verbatim transcripts of therapy sessions. The authors emphasize that although this is not meant to be a self-help guide or a train-

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ing manual for inexperienced counselors, it will be immensely valuable to experienced therapists who deal with complicated problems and for those who conduct training courses and workshops in sex therapy. It is likely to become a widely used text for supervision and teaching.

*The Treatment of Sexual Disorders* is a welcome and provocative addition to the current literature on treating couples with sexual dysfunctions.

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# Preface

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This book is the result of a research project conducted between 1972 and 1979 by the Division of Sex Research in the Department of Psychiatry at the University of Hamburg and funded by the Deutsche Forschungsgemeinschaft (German Research Society). The objective of the project was to design and evaluate an economic form of psychotherapy for sexual dysfunctions which would be accessible to all social classes on an outpatient basis.

Our therapy concept is a modification and extension of the couple therapy developed by Masters and Johnson (1970), which proved highly effective in treating sexual dysfunctions. The modifications relate to the structure of therapy: Masters and Johnson suggest one-couple therapy with a therapist team (male and female therapist) in a quasi-inpatient setting lasting between fourteen days and three weeks with daily sessions. In our program couples are also treated in outpatient settings (two sessions a week), sometimes by only one therapist and even in groups of couples.

The extensions relate to technique: our program allows for more treatment of individual psychodynamic problems and of conflicts arising from the dynamics of the couple relationship.

Two hundred and sixty-two couples with sexual dysfunctions were treated within the framework of the Hamburg couple therapy project. The project was divided into three parts:

1. From January 1972 until October 1973 we treated twenty-three couples in a pilot study. Therapy was always conducted by a therapist team in two sessions per week. The study served as a preliminary investigation to test whether the Masters and Johnson concept was applicable in West Germany, to gather therapeutic experience, and to design the therapy manual and so systematize therapeutic procedure in the main investigation. In the light of our experiences in the main investigation we then completely revised the manual, which is to be found in part III of this book. The results of the pilot study have been published elsewhere (Arentewicz et al. 1975).

2. In the main investigation 202 couples were treated for sexual dysfunctions between October 1973 and December 1977. Treatment was carried out in different settings (one therapist or a therapist team; two sessions a week for twenty to thirty weeks or daily sessions for three weeks) and was evaluated in an extensive research program. The investigation had the following aims: to test and improve the therapeutic program; to control the changes induced by therapy on various levels (sexuality, relationship in general, psychological stability); to compare the effectiveness of the different therapy settings; and to investigate the long-term stability of changes induced by therapy in several follow-ups (up to four and a half years after completion of therapy). The results are presented in chapters 4 through 8.

3. In a supplementary investigation we analyzed the viability of couple therapy in groups. Between 1976 and 1979 we treated thirty-seven couples in nine groups. The aim was to test whether couple therapy in groups is possible and with what results, and to determine to what extent the advantages of group therapy could be used in treating couples for sexual dysfunctions. The preliminary results of this study are presented in chapter 9.

In this book we offer a comprehensive presentation of the problems in sexually disturbed relationships on the basis of the results and experiences of the project. We discuss symptomatology, etiology, therapeutic principles and techniques, as well as evaluation of results, complications, and the limits of couple therapy. This book is meant to offer trained and active colleagues in psychotherapy not only a theoretical overview but also practical advice in adapting the concept and technique of couple therapy for sexual dysfunctions. The aim of the book—like that of the entire project—is to contribute to an improvement in therapeutic care for men and women whose relationships are sexually disturbed and who consequently feel that their lives in general are handicapped.

After some hesitation we decided to further this aim practically by publishing the therapy manual as part of this book. We are aware that this decision involves some risks: psychologists or physicians lacking adequate psychotherapeutic training might be tempted to misuse the manual for recipe-book therapy; the manual could even tempt distressed couples to make a completely senseless, if not dangerous, attempt at self-help. For this reason we stress emphatically that the manual is only to be used by psychotherapeutically trained colleagues who have grasped the theoretical principles of couple therapy for sexual dysfunctions (chapters 1 to 3), have studied our didactic concept for



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advanced training (chapter 10), and have, finally, arranged for on-going supervision. We decided to publish the manual in spite of our misgivings, since our experiences have shown this manual to be a helpful guide for colleagues conducting couple therapy for sexual dysfunctions, provided they have met the requirements mentioned above.

All contributing authors also acted as therapists in the project. For time reasons, or because they left the team prematurely, not all the therapists could contribute to this book. We would, therefore, like to thank the following colleagues for conducting therapy and helping in team discussions to develop, modify, or extend the therapeutic concept: Dr. Sigfried Braun, Christa Breiholz (Dipl. Psychl.), Dr. Charlotte Köttgen, Dr. Karin Morisse, Dr. Wilhelm Schoof, Dr. Karin Schoof-Tams, Prof. Dr. Eberhard Schorsch, and Eva-Maria Schorsch (Dipl. Psych.). Our appreciation goes, as always, to Marianne Tode for her support and to Lutz Roland for the electronic data processing. For this American edition we are greatly indebted to Tom Todd for his interminable patience and unfailing precision in translating this book, with all its obsession for scientific detail. The authors who prepared and wrote the text are named at the head of each chapter. However, all chapters were discussed by the entire team, which carries the overall responsibility. Chapters 1 to 3 are the extended and revised version of a paper that was published in the *Handbuch der Psychologie*, vol. 8 (Schmidt and Arentewicz 1977).

Psychotherapists of varying backgrounds participated in our project: physicians and psychologists in psychoanalytic training, psychiatrists and psychologists trained in client-centered or behavior therapy. They worked together for five years, frequently as cotherapists in a team, learned from one another, and discovered again and again that it is possible to correlate or mutually complement theoretical concepts from different psychotherapeutic schools of thought. We have all learned that a supervision group (Balint group) led by a psychoanalyst can offer practical assistance and can help widen the approach of couple therapy, which is, after all, based essentially on behavior therapy principles. Our hope is that this book brings these experiences to light and illustrates not only the need for an integrative approach in psychotherapy but also the harm done by orthodox psychotherapists, of all schools, erecting barriers between one camp and the other.

Gerd Arentewicz  
Gunter Schmidt

Hamburg, November 1982

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# The Treatment of Sexual Disorders



# Introduction

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## SEXUALITY AND RELATIONSHIPS

Gunter Schmidt

There can be no doubt as to the necessity for helping people with sexual problems; the development of adequate forms of therapy has been long overdue. Sexual problems often harbor an emotional misery that goes far beyond the sense of missing pleasure and satisfaction: a fear of not being loved, of being abandoned, and of loneliness; a deep-rooted insecurity in one's sense of self-esteem; feelings of humiliated and mistreated masculinity or femininity.

Although sexual disturbances presumably do not occur more or less often than they used to, relationships are now more vulnerable to sexual problems; they seem to be more dependent on sexuality and its related affects. One could see this as a sign of enlightenment, of progress reflecting the fact that people are more aware of the importance of their sexuality and refuse to passively endure sexual problems and sexual dreariness any longer. And this is without doubt one aspect of the problem. Nonetheless, by confining attention exclusively to this single aspect, as many "sex therapists" tend to do, one loses sight of the general trend that is shaping the societal function of sexuality and relationships, and one mistakes as a conscious act what is in part merely a blind reaction to changed conditions. We shall therefore outline the societal background to our psychotherapeutic work.

Couple relationships once formed the basis for jointly mastering life and rearing children. Couples experienced the ineluctable reality of having to spend their lifetimes together in the common struggle

against everyday hardships and demands. Marriage and family were the means of coping with the exacting demands of the world. Nowadays, at least in the middle class, a couple relationship is no longer essential for the material and existential tasks of survival, if not quite superfluous. Satisfying primary needs (food, warmth, health) and accomplishing common tasks (child-rearing, care of relatives of all ages, joint economic obligations) have become possible without or outside such a relationship by making use of the consumer services provided by society. Whenever this possibility is denied, traditional lifestyles are artificially kept alive: couples then cling to the old division of roles and believe that it is still best to organize their children's upbringing, the household, and economic support as if domestic technology had not been invented or as if at least some opportunities for collective upbringing styles and a more equitable division of labor and domestic responsibility did not exist. In secret they have realized the senselessness of the way they organize their life, and this shines through the façade of a happiness they carry before them.

While couple relationships are being relieved of the pressure for joint survival, they are becoming more and more dependent on other, less reliable sources of gratification, that is, emotional and narcissistic sources. Emotional satisfaction—warmth, protection, love, sexuality, and intimacy—is vulnerable to interference and in any case is far more at risk than are material sources of satisfaction. But the dependence on narcissistic gratification seems particularly problematic. This need, too, has always played an important role: relationships and sexuality provide assurance that one is worthy of being loved and confirmation of one's masculinity or femininity. But this narcissistic function of relationships and sexuality has grown out of all proportion and threatens to burst its seams. We can only hint here at the roots of this development: one can observe that people are being deprived more and more of opportunities to feel they are worth something to others, to experience what they are doing as something of significance, and to know they are indispensable to the lives of their families or at least a few friends.<sup>1</sup> The experience of powerlessness, dependency, inner emptiness, and one's own meaninglessness becomes radical and merciless; the vacuum left behind sucks in any experiences which make one at least temporarily aware of one's own importance. Religious sects and drugs are important in this context, as is the psychotherapy boom, which offers a plethora of ways of replenishing emotions, from group dynamics and encounter groups to the psychoanalytic cure for people who do not really need it. A particularly important mode of compen-

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sation for narcissistic deprivation is the couple relationship or, more precisely, the emotions that it can mobilize, such as falling in love and sexual desire, and satisfaction.

Narcissistic and emotional demands overburden couple relationships in general and sexuality in particular. They lead to illusory hopes and end in the disappointment and hopelessness that we continually came across in couple relationships. The symptoms of this process are expressed in various forms.

First, there is the unspoken illusion that the intense sexuality experienced by couples when they fall in love is compatible with a long-term relationship. This is impossible because the closeness that comes from living together—sleeping, eating, and spending leisure time together and perhaps even bringing up children together—cannot endure sexual symbiosis. The most such closeness will allow is a sexuality that still conveys some tenderness and satisfaction. These are the bearable limits unless some kind of separation intensifies sexual experience and briefly reactivates the feeling of being in love again: a long geographical separation, a quarrel, or even using aggressive tension as an aphrodisiac, as Stoller (1975) observed in perversions. In steady relationships intense sexual experiences are possible only if they create a distance or resolve a recently created distance. The reduced intensity in the everyday sexuality of permanent relationships, its trivialization, is not just a blunting effect or boredom, but actually a necessary and meaningful way of protecting one's autonomy, and is thus an important safety valve in the balance between closeness and distance. Besides, it makes room for nonprivate activities.

An "intact" sexuality of this kind, somewhat boring compared to earlier ebullience, induces far more uneasiness and fear than it used to in previous generations; it sets a series of manipulations in motion that are ideologically glossed over by the slogan "free sexuality." For example, sophistication and technical skill are supposed to rejuvenate the old emotional uniqueness. Alex Comfort's best-seller *The Joy of Sex*, with its promise of acrobatic pleasure, is as much an example of this as are the professional "marital enrichment" and "sexual enhancement" programs, all refresher courses for pepping up the everyday routine of life together. Jumping from one love affair to the next is another widespread, nowadays conventional source of euphoric experiences. Extramarital relationships—which "of course," should not endanger the steady relationship and which "of course" are necessary because, after all, "one partner alone cannot satisfy all needs"—become the crowning glory of the pallid romantic ideal.



Another replenishment mechanism works by turning attention away from events outside the relationship to its inner world, by mirroring the relationship in continual conversations about wishes, problems, conflicts, and so forth, as if life reached no further than this inner world. Communication is certainly a desirable aim, but when it is made an end in itself it creates a hypochondriacal attitude toward the relationship and breeds precisely the illness it fears. Talking about problems is a way of evoking an apparent intimacy that the partners would otherwise be incapable of establishing. The relationship becomes its own topic, and idle talk stands proxy for the relationship itself; one feels what one says one feels. The notion that relationships and sexuality must compensate for everything that is experienced as meaningless, disappointing, or boring testifies to the desperate confusion that rules many relationships.

If adaptive mechanisms fail to resolve problems in a relationship then the illusions are merely transferred to another relationship. The failure is felt to have personal rather than structural reasons. That reading is painful because the failure is seen as one's own fault—or one's partner's. But it keeps alive hope for another attempt. The new middle-class ideology of emotionally and sexually intense relationships that never get over the stage of being passionately in love, of "limerence" (a fashionable term is quickly found), is the expression of a narcissistic deprivation that tempts one merely to reel from one love affair to another. Sexuality holds the potential for rapturous experiences, but if one expects these moments of happiness to last forever, one is doomed to search forever. Narcissistic degradation makes people incapable of standing up to the disillusionment that sets in when the feeling of being in love wears off. They compensate for this inability by changing relationships with an alarmingly compulsive repetitiveness, not so much for hedonistic greed but rather in a desperate search to find out what they are worth. Sexuality and infatuation provide some of the few remaining opportunities to feel, at least for a short while, that one is important to someone else. As soon as the futility of this hope emerges, depression and boredom set in at the point where infatuation could turn into a love of a deeper and more lasting kind. This narcissistic exploitation of sexual relations propels itself *ad absurdum*. The multiplicity of relationships demonstrates that the partners do not really feel for each other, they do not see each other as individuals; what counts is the emotional state of being in love which each partner attains by using the other. The illusion of a completely new emotionality and sexuality is, however, fascinating