

## **Sexuality and Sex Therapy: The DEC-R Model**

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## Sexuality and Sex Therapy: The DEC-R Model

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God's Word makes sex and gender an important part of our lives and relationships, especially in marriage. However, often within the church we have been unable to create comfortable sexual conversation and teaching. Unfortunately, this discomfort extends to the counseling arena also. In the area of sexuality we have often failed to be "workmen who do not need to be ashamed and who correctly handle the Word of Truth" (II Tim 2:15). This failure becomes tragic since God's words of truth in sexuality are desperately needed. God's gift of sexuality is badly distorted and many are deeply wounded in their sexuality. Forty-three percent of women and thirty-one percent of men in America report experiencing a sexual dysfunction (Laumann, Paik & Rosen, 1999). We have developed the DEC-R, a simple practical model, to assist counselors in beginning to work with sexual issues in counseling.

The DEC-R Model (pronounced: Deck-Are) develops a four-step process for helping clients start to deal with their sexual issues. The therapist begins by introducing the subject and creating a *Dialogue*. Dialogue progresses into *Education* as needed information is shared. *Coaching* guides the couple through basic self-help steps to address more specific problems. Finally, as in any counseling situation, the therapist needs to know when and to whom to make a *Referral* for specific professional treatment. Referral is a crucial part of sex therapy throughout the process---probably more so than in any other type of therapy.

For ease of presentation, the DEC-R model is taught sequentially. In reality, you will find yourself jumping from one step to another throughout the therapy. For example, while helping a couple to dialogue, you might do some coaching by assigning them an exercise, then return to dialoguing about a specific issue they raised. In other words, this is a dynamic model that will help you map out what you need to be covering with a client.

Those who counsel, and especially those who work with marriages and families, must have beginning sex therapy skills. If you are willing to carefully understand and utilize the four skills of this chapter (and read at least three other books from the bibliography), you will be pleasantly surprised at how much more skilled you have become as a therapist.

### Dialogue

A vital part of therapy and marriage counseling is giving clients permission to talk about the sexual part of their lives and relationships. Therapists will sometimes tell us that they don't seem to get many sexual problems or issues in their counseling practice. What we are aware of is that this is not a commentary on the population they are working with, but on their inability to create dialogue about sexual topics with their counselees.

We are sometimes appalled at the fact a client has been to several other therapists but has never addressed some deeper sexual concern. One client who had suffered sexual abuse related that she had told her first therapist, who briefly dealt with the issue and then moved on to other topics. So the client believed the abuse wasn't critical to her issues.

Her second therapist hadn't even picked up on it. Again, this is a commentary on her counselors.

It is the therapist's responsibility to directly initiate comfortable sexual dialogue. If you don't, the client often won't bring up the topic of sex or will do it very indirectly. So how do we begin dialogue? We will discuss this skill, but first the necessary foundation for dialogue is a therapist who has prepared him or her self to engage in sexual discussions.

### Preparing The Therapist For Dialogue

When we are talking about sexuality we are on sacred ground. As such, it is important to prepare ourselves for this journey into an intimate part of our clients' lives. In sex therapy, as in so many areas of therapy, it is difficult to bring a client to a place of growth above the level that the therapist has been willing to grow. We recommend therapists spend time sorting through the following three crucial areas in order to be able to engage in sexual dialogue comfortably.

#### Possess and make peace with your own sexuality.

Be a Caleb who asked for the part of Canaan in which the giants were and went in and "possessed" it. The sexual part of ourselves and our relationships are certainly some of the most daunting things to face. When teaching sex therapy to developing therapists, one of our major goals is to get the students to deal with their own sexual issues. The first step is encouraging them to process through their own sexual history. How did they learn about sex? What messages did their parents and others give? What are their sexual experiences and how has that shaped or distorted their view of sex and sexuality? Just as you will ask your clients to process through these issues, you need to do the same. Be strong and courageous in facing the ignorance, guilt, shame, pain, pleasures and joys of your sexual past.

We have enough Christian leaders, pastors, and counselors who have fallen into sexual sin. You can't counsel and dialogue on sexual topics safely or effectively until you have dealt with your own issues. Get some therapy or supervision as you work through your own wounds, questions, and values. Accept and understand your sexiness. Learn to set good boundaries. Deal with your own curiosity through reading and courses in sexuality. If you do not take the time for this growth, it is easy for dialogue and your counseling questions to become voyeuristic and invasive.

#### Desensitize yourself in dealing with sexual topics.

Helping your clients feel safe in exposing their sexual thoughts, hopes and fears to you requires that you be somewhat desensitized to sexual discussions. It is fascinating how clients watch for a therapist's reactions to their comments. This is especially so with sexual topics. Clients often use slang or kiddy language when trying to discuss their sexual issues. Sometimes they begin talking and suddenly realize they have told you more than they meant to. Statements like, "We love doing it in the shower." Or, "I've always thought my boobs were too small," must be handled calmly and professionally with no reaction or looking down at her chest.

There are many ways this desensitizing can be accomplished. Take a human sexuality class. Read *out loud* from sexual books and engage in conversations with your mate or an appropriate same-sex friend. Practice teaching the basic facts of life, as you trace the path of the sperm to the egg. Say the words until they are comfortable.

While working to desensitize ourselves to this subject, we must remember to keep a holy balance. There are boundaries for us as Christian therapists. Seeking to “desensitize” ourselves is not a license to explore the depths of sexual depravity. Just as a skilled therapist can work effectively with cocaine addiction without trying cocaine, we can handle sexual issues with sensitivity and professionalism without having first-hand knowledge.

Isn't it interesting how our clients mirror what we are uncomfortable discussing. My clients (Doug) have no trouble talking about sex, but for some reason they don't discuss fees and charges for missed appointments as easily. Grow comfortable or dialogue won't occur.

Remember that sexual responses can be reflexive and counter-transference will occur.

When you dialogue with a client about sexual topics, you may experience some personal sexual arousal. This can be troubling to a beginning therapist, especially if this arousal occurs during an erotic retelling of the client's past abuse. Rest assured that sexual arousal is normal and does not make you a pervert. Your response should be to take note of this sexual surge in your mind, ignore it and move on with therapy.

You can choose not to feed this sexual arousal and process it later with a colleague or supervisor. Don't waste your client's time and interrupt the therapeutic process with internal recriminations. Focus on your client's needs. Proceed with the dialogue and your arousal will become unimportant. Don't just ignore it however—deal with your sexual response later. It's critical that you talk about your response *in supervision* and grow from your experience.

You may also experience some sexual attraction and counter-transference when with a client. Don't, and we repeat, don't ever process your own issues with a client. Even if they ask, “Do you feel attracted to me?” “I think we have some real sexual vibes, do you?” You can carefully process *their* transference but counter-transference should be processed out of therapy with a colleague or supervisor.

Begin to define your own theology of sex.

The uniqueness of Christian therapists is the various ways we integrate our faith into our therapy. Part of preparing yourself is knowing what you believe God says about sexuality. What does scripture say about premarital sex? Masturbation? Pornography? Oral sex? Anal sex? Sex toys? Frequency? Fantasy? These are common sexual issues and even if you don't specialize in sex therapy, you will likely need to address them at some point as you help people struggle with their sexual history, sexual behavior or relationships.

Scripture doesn't often give specific guidelines or instructions on sexual behaviors and issues. We have to understand God's character and general precepts as we apply these principles to sexual behavior. The circle (Figure 1) describes what this process looks like as we move from God and His principles to creating our heart attitudes, which in turn shape behavior. We work inside out as our theology influences our heart. It is easy as counselors to zoom in immediately on the sexual behaviors but that is often just the symptom. When a

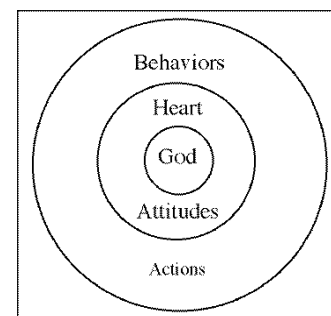


Figure 1

client asks us what we think about a behavior like oral sex or masturbation, we want to know what oral sex or masturbation means to them---their motivations and relational values.

As an example if we are trying to sort through masturbation, we start with God's principles: "Everything is permissible for me but not everything is beneficial. Everything is permissible for me but I will not be mastered by anything" (I Corinthians 6:12). "Each of you should learn to control his own body in a way that is holy and honorable, not in passionate lust like the heathen" (I Thessalonians. 4:4, 5). Our heart attitudes will incorporate what God wants for us sexually as we discipline our lusts and thought life and don't get into any habits. This obviously will affect the behavior of masturbation.

Understanding the basics of God's sexual economy will be developed more throughout this chapter. As counselors, we need to continually be working on our personal sexual values and heart attitudes—thinking through behaviors from the inside out. This is such a crucial part in helping us define our boundaries.

#### Setting Boundaries In Sexual Dialogue

We have already stated two crucial boundary skills. You will have reflexive sexual reactions. Acknowledge them to yourself and then move on in your therapy session. Never discuss your own sexual counter-transference with your client. Both of these issues can be processed out of the session with an appropriate person. You will tell your clients never to keep sexual secrets because Satan works in darkness and secrecy. Make sure you practice the same advice.

#### Maintaining personal sexual integrity.

An important skill to practice is stopping personal sexual fantasies both during and after your counseling sessions. Sometimes on the way home from a counseling session, an attractive client or some sexual activity that was described will come to mind. Immediately choose not to run with that thought and practice thought-stopping. God has given our clients and us the choice what we want to fantasize about and build in our minds.

Apply God's power and guidelines for keeping sexual integrity. Understand God's economy of covenant monogamy (discussed below). We will cover this more in the Education section. Basically God's guidelines are very clear and simple. Sexuality, both gender (moms, dads, sisters, brothers) and romantic/erotic was given to us by the Creator to demonstrate intimate connection and relationship. For every Eve there is a possible Adam and for every Adam there is a possible Eve. We don't engage in lovemaking with any other person than our Adam or Eve.

Practice simple skills like staying 3-dimensional with clients, meaning an intentional recognition that each of God's children is body, soul and spirit, not a body or body parts only. This allows us to see an attractive body but after recognizing this, we move into their soul and spirit. These are precious lambs that God has entrusted into our care. They are hurting and don't need us to set poor boundaries. Their needs must be our primary concern; for some this will be the first safe opposite sex relationship they have ever been in.

#### Creating a safe environment.

You can state to your clients that you maintain the boundaries in the therapy session (and then follow through and maintain boundaries). This can be especially important for abuse survivors who think most relationships or sexual discussions are not safe. .

Pray with your clients. Inviting God's presence and power into the session is a reminder to you, as well as the client, that God is in charge and He wants to minister to His child through you. This adds such perspective. If married, mentioning your wife or husband or children can ground your life in intimate relationships that are important to you. This will in turn give your clients safety and perspective.

Learn to skillfully back off of the sexual topic if the transference is getting too strong. Questions can strategically do this as you go from the emotionally and erotically loaded to more rational. "How did these sexual experiences in college affect your ability to respect men?" can take the dialogue from personal erotic stories to processing content.

Always remember that you control the session and can keep it safe. You can start and direct the dialogue. This also applies to being very careful about any physical contact, like holding hands during prayer or hugs after sessions. Our encouragement would be to not engage in any touching, especially with opposite sex clients.

### Initiating Sexual Dialogue And History-Taking

It is the therapist's responsibility to initiate dialogue. You can make this part of the flow of therapy and general history taking.

#### Beginning the dialogue should be kept simple.

When we are training therapists to initiate dialogue, we often jokingly tell them that we have a magic question that instantly opens up clients to pour out their sexual issues. They eagerly wait for something profound but the question is simply: "How is the sexual part of your life?" Just inviting them to talk about their sex life is often sufficient to start the dialogue. Then as you continue to model your comfort with the subject, they too will become more comfortable.

One of the keys to effective marital sexual therapy is in this opening dialogue. Many couples have never talked about their sex lives openly. Often couples learn enough new information as they listen to each other talk with the therapist that options for change become very obvious.

Remember that sexual activity is a powerful form of nonverbal communication. Unfortunately, like other forms of non-verbal communication, it is often misunderstood. A wife who thinks her husband is just "using her body" may be surprised to hear him talk about how meaningful that experience is to him. Helping them to talk about what they like, dislike, fear, dream of and the meaning their actions have to them is a powerful intervention in itself. You will be surprised how many couples with good sex lives never talk about sex well. Those with issues have to be able to talk with each other about the problem or concern. This often happens during your session as you model this for them.

In addition to the session, there are helpful exercises that can assist them in getting more comfortable with sexual language and dialogue. Have them read aloud from a book like Doug's book, *A Celebration of Sex*, or Debra's book, *The Secrets of Eve*. Give them homework to write out their ideal sexual encounter with each other. Encourage them to give details and how this can create mood and feelings and arousal.

#### History taking needs to include several key pieces of information.

Don't get intimidated into not making an accurate assessment because the topic is sex. Assessment of sexual issues is similar to assessment of depression or anxiety. Individuals will rarely volunteer all the important information you will need to fully assess their case. Sometimes it's easy to think of taking a sexual history as simply helping them tell their sexual story. You might begin with their present experiences and explore

back into their history, or you might begin with how they learned about sex and their early sexual experiences and work your way to the present. Similar to depression, anxiety or a variety of other clinical issues, assessment of sexual issues requires the counselor be able to answer several key questions that fall into six main categories.

When beginning to explore these categories, the counselor must be sensitive to the client's safety and discomfort. While all of our sexuality is a private arena, there are some sexual issues that are more private than others. Asking how frequently they engage in sexual activity is less threatening than asking how frequently they masturbate. This is especially true when working with couples. Take special care in asking questions with spouses in the room. Very often you will be asking for information the couple has never discussed with each other. Taking a sexual history is often a good time to meet with the couple in individual sessions. Follow this with a couple sessions where both summarize their individual session.

The first key question is "*what is the problem as they see it?*" Listen to their language and clarify important words. What they mean by "I'm impotent" may be a variety of things. Use reflection or gentle probing questions to help them elaborate and define their problem specifically for you. Knowing he believes he climaxes too quickly identifies the problem as he sees it, but how you intervene will be different if he is attempting to maintain an erection during 40 minutes of active intercourse so he can climax with his wife or if he becomes aroused so quickly that he consistently climaxes before penetration.

A second main question is "*how long has this problem been present?*" Knowing the onset of the sexual problem and the circumstances surrounding it is often critical for accurate diagnosis and treatment. A similar question would be, "*does this problem seem to be related to any specific circumstances?*" Finding out she cannot reach orgasm when with her husband, but can with masturbation makes a difference in interventions. Knowing sex hurts during deep penetration may be a reflection of internal issues (i.e. ovarian cyst) whereas pain at the very opening of the vagina (even when she isn't engaging in sexual activity) may be a sign of vestibulitis.

A third category involves looking at other areas of their current sexual functioning. What is their level of sexual desire? Do they have difficulty achieving arousal? Do they experience orgasms? Do they ever experience pain with sex? Do they engage in any sexual behaviors they do not want to engage in? These questions can help the counselor identify other issues the client didn't realize were related to their presenting issue.

One important area to assess in this category is their masturbatory practices. As mentioned above, this is one of those very secret topics that usually call for an individual session. Explore their masturbation history and current practice. It is not uncommon to learn of compulsive or paraphillic behaviors when you begin to query this area.

A fourth important question is "*what health issues may be complicating their sexual issue?*" Are there any other physical issues like obesity, menopause, diabetes, or hypertension? These issues, and many others, can complicate sexual issues. Another very critical question in this category is if they are taking any medications. Most, if not all, medications have the potential for sexual side effects. Discovering complicating physical issues may mean referring them back to their physician after coaching them in how to explore this with the physician.

Exploring other relational and emotional issues becomes a fifth category. Anger, anxiety, guilt and depression have all been linked to sexual disorders. It is important to assess and treat these issues in counseling for effective resolution of the sexual issue.

Finally, explore the past with them. Ask, “how did you learn about sex?” then branch out into what their family’s attitude was about sex. What are their early sexual memories? These questions can give valuable insight into the etiology of their sexual issue(s). . “Has there ever been a time when you were in a sexual situation you thought you were not in control of or where you couldn’t say ‘no’?” is one way to elicit traumatic sexual memories.

## Education

Education is the most crucial part of sex therapy and can often be the entire process of helping a client resolve his or her sexual issues. We have included four different areas where we get many questions and utilize education to work in the sexual part of a client’s life.

This one section won’t prepare you to answer all your client’s questions. Read several of the books we have included in our bibliography. You’ll be greatly encouraged with how reading strategic chapters in a couple of good sex manuals will increase your teaching skills. Clients yearn for therapists who can be great sex educators. “Whoever loves instruction, loves knowledge.” (Proverbs 12:1, NIV)

### Creating A Theology Of Sexuality & Intimacy

The church has neglected to create a clear and practical theology of sexuality. It is little wonder that our clients come in confused. Myths abound like “the more we talk about sex, the more we will lust and cross boundaries”. The opposite is usually true. Distorted beliefs establish that sexual sins deserve greater guilt and, despite forgiveness, will haunt you forever. Sexual education needs to help clients accurately and therapeutically understand God’s sexual economy.

We are often asked the question as to why God created sex? The answer is that He wanted to teach us about intimate relationships, which are so dear to His heart. He wanted us to understand His very make-up and image. It’s no surprise that a God who calls us to reflect him in his characteristics like holiness, love, and forgiveness would also call us to reflect him in his intimacy and oneness. As the doctrine of the trinity demonstrates, God is an intimate *one*. God created us male and female – distinctly different – and called us to be one. Sexuality is His grand metaphor and a special insight into the Almighty. “So God created mankind in His own image...male and female He created them.” (Gen. 1:27) In doing so he provided both a vision and boundaries to his gift of sex. Understanding his vision and boundaries for sex are the basis of a theology of sex.

### Connecting as soulmates and knowing intimately.

Scripture introduces sex with the phrase, “Now the man knew his wife Eve, and she conceived” (Genesis 4:1, KJV) If you read popular modern translations you might find “laid with” instead of “knew.” While some say the scriptural use of “knew” is euphemistic, we would disagree. *Yada*, the Hebrew word used here is an experiential and reflexive knowing. It is knowing, being made known, perceiving and learning and reflects a God who knows us intimately and desires that we know him intimately. This word begins to set the vision for sex.



Part of educating couples is helping them discover this in their own lives. The enemy has been successful in distorting God's gift for hundreds of years. Sex is often seen as an animalistic and hedonistic urge. It is all about the physical pleasure and the goal is a bigger and better buzz. When the focus is on the physical pleasure God's boundaries are often quickly broken for the promise of greater pleasure.

Clearly God designed sex for physical pleasure. Our bodies are wonderfully made to respond to sexual stimulation with great pleasure. Denying this reality is not any more true to God's design for sex than acting as if sex is just about physical pleasure and not also about deeply connecting with our spouse. Sex with our spouse provides a unique opportunity to explore each other physically, emotionally, mentally and spiritually. Doing so however requires that we see sex as intimate connection.

#### Honoring covenant monogamy and becoming soul virgins.

In creating this sexual picture, we must understand the two types of sexual expression God designed: gender and romantic/erotic. If we aren't married to someone, then the goal is to ensure sexual interaction remains gender focused. "Treat younger men as brothers, older women as mothers, and younger women as sisters, with absolute purity." (I Tim. 5:1b, 2) This wonderful complement of male and female is ours to enjoy: mommying and daddying, firm and soft, brother and sister, nurturing and protecting, flirting and intimately loving.

God's sexual guidelines are really quite clear. He made the covenant and relationship of marriage for the expression of erotic sexuality. "The two will become one flesh. This is a profound mystery---but I am talking about Christ and the church." (Ephesians 5:31,32) A covenant is a formal contract that two people agree to enter into that binds them together in courageous commitment. The sexual marital union, with its emotional bonding, passion, orgasmic excitement, and loving nurturing, gives us a picture of the special redemptive covenant relationship Jesus has with the Bride.

In covenant monogamy we are choosing to only go all the way intimately with only one other person in our lifetime---our mate. Another way to look at this is the concept of being a soul virgin. Soul virginity is not based upon past experiences or whether we have had intercourse. It is an attitude that God wants us to practice of chastity and purity. It is continual choices and a disciplined fantasy-life to become a one woman or one-man person.

#### Understanding and disciplining lust.

It is interesting that the Scriptural concept of lust or desire is not inherently evil. We can lust and deeply desire our wife or deeper spiritual growth. In psychology, lust is often used as a term for sexual feelings and again has no negative connotation. James 1:14,15 teaches how desire can become evil desire, which gives birth to sin, and eventually sin causes something to die.

Our clients need to hear that desire is normal and we each are given responsibility for disciplining our sexual desires so they don't cross over into evil lust and sin. One tool that works is thought stopping. Choose not to mentally run with an inappropriate fantasy. If my neighbor's wife comes to mind in a sexual way, I choose to change my thoughts to something else. I cannot prevent environmental cues from coming into my thinking but I can choose not to give them free rein in my mind and massage these images into sinful lust.

### Recognizing sensuality and human eroticism.

We are all sexual, sensual and erotic beings. We were created male or female with the accompanying sexual feelings of arousal and attraction. Not accepting or expressing and enjoying these feelings can severely limit an important part of who God created us to be. Contrary to some of the church's teachings, our clients need to understand that there is a healthy, God-reflective nature to our sensuality and erotic propensities.

In sensuality, we are referring to our human capacity for taking in data through our senses: touching, hearing, seeing, tasting, and smelling. This is an important aspect of experiencing sexuality and marital lovemaking. Erotic is that sexual and romantic part of us that is attracted to another person and ultimately, in a God-given way, yearns for completion and becoming one flesh. This is distinguished from gender interaction that is more brother and sister, mother and father. Eroticism, like lust, needs to be disciplined and in God's plan is designed for its complete expression only in the covenant of marriage.

### Disputing common myths, stereotypes, and assumptions

It is scary how many people live out their sexual lives operating on incorrect assumptions, myths and false expectations. The following are a sample of myths and false assumptions you will encounter as you work with couples around their sexuality.

#### Disputing incorrect assumptions.

Women seldom fantasize about sex and are less sexual than men. Men are always ready to go and have instant erections with little stimulation. All men want is to get lucky and score. Instant sex will create instant intimacy; sexual chemistry and being in love are constants. Erections and lubrication indicate that the partner is fully aroused. Intercourse is the ultimate form of sexual fulfillment.

#### Addressing false expectations.

If you wait until marriage, you will automatically have a great sex life; the sexual switch will instantly flip on when you are married and you will become wild and crazy. Most couples naturally have a great sex life. My husband will know all about sex and be the primary initiator. My wife will think about sex frequently and keep sex on the front burner. The size of my penis/breasts makes a real difference in being a great lover. Romance comes easily if you are in love.

These and many other myths and false assumptions can wreck a sex life. Counselors have the opportunity to gently educate and correct these myths. Lovemaking requires being comfortable and learning skills. This takes time. If you have come to marriage as virgins, you will have fewer scars and bad habits to overcome but you still have *to learn* to make love. Most couples struggle with some aspect of sexuality and work to overcome these problems, whether it is performance anxiety, body image problems or premature ejaculation.

#### Dissecting misinterpretations.

"The wife's body does not belong to her alone, but also to her husband." (I Cor.7:3-5) "Whoever looks at a woman has already committed adultery" (Matt 5:8) "Men give love to get sex and women give sex to get love." These and other issues will be brought to you by couples and given many different interpretations. Counselors must become comfortable providing dialogue and education scripturally *and* sexually. Discussions with a mate or colleague can be tremendous help in rehearsing corrections of counterproductive reasoning.

Making love is not about demand but about giving, which is the key to the Corinthians passage. There is a difference in consequences between having a fantasy and not acting upon it and actually having a physical affair. In Matthew, Christ is telling us that fantasy has consequences: it demeans our sister or brother, and thoughts can lead to actions.

Men can get too many eggs in the sexual basket when they expect sex to carry the load for physical affection, emotional vulnerability, and quality time. But men too need love and not just sex. Women can actively desire sexual connecting, although perhaps not with such an emphasis on intercourse and orgasm. Women also need sex with love within the marital companionship. Helping clients see misinterpretations and clear up false expectations is so crucial to education and sex therapy.

#### Understanding Male And Female Differences

As we explore male and female differences, two paradoxical ideas become clear: "Men and women are wired sexually very differently." "Men and women are sexually very similar." It is difficult to understand differences without stereotyping but these distinctions are important to clients. This is why John Gray's book, *Men Are From Mars, Women Are From Venus* (1992) has done so well with its metaphors of "men retreat to their caves" and women are home improvement committees."

Generally, on an emotional level the words "significance" and "security" help to define some basic needs of men and women. Men do have an ego and want to be admired and praised. They get great significance from what they do rather than their relationships. In women there is a special need to feel safe and secure. Anything that threatens this security (leaky roof, no Will or proper insurance) will be heard about.

Sexually, men have a different path than women. They connect their soul through physical sexual interaction. Women want to connect emotionally and then perhaps will want to express this connection physically. In research with women, Hart, Weber and Taylor (1998) found that women desire emotional connection and physical affection above the need for intercourse. This is typically different than men who connect their emotions through intercourse. These gender traits and differences are crucial to marital and sex therapy. Having a husband or wife read the *Secrets of Eve* (Hart, Weber & Taylor, 1998) or *Men & Sex* (Penner & Penner, 1997) can greatly help them understand each other and work through some of their sex therapy issues."

#### Models Of Sexual Response

Much of the education stage is teaching what "normal" sexuality is. While this is still a debated topic in the field, there are some generally accepted models of normal sexual response (i.e.: Masters & Johnson, 1966, Kaplan, 1974, Walen & Roth, 1987, Schnarch, 1991, Zilbergeld, 1999, McCluskey, 2001). These models are especially important as the therapist seeks to understand and diagnose where problems occur, but are often hold valuable as a teaching tool for the client as well. The authors use different models but we recommend the beginning therapist explore McCluskey (2001). This model is based on Masters & Johnson (1966) and includes the four stages of atmosphere, arousal, apex and afterglow. It is quickly grasped, scripturally integrated and easily taught to couples.

### COACHING

The metaphor of coaching is so apt for sex therapy. We aren't on the playing field with our clients. In fact, we are not even on the sidelines. We are in the locker room with

dialogue, education and helpful instructions. We then respectfully send the couple back to the privacy of their own homes and lives to play the game.

In our DEC-R Model for beginning sex therapy, coaching refers especially to guiding couples beyond education into growing sexual intimacy as well as assigning self-help exercises around specific problems. It is a given that some couples' problem will take some intensive therapy and you will need to make a referral to an experienced sex therapist.

Many times clients have already bought a self-help book and read about their problem. They may even have begun trying some exercises. It is our experience that most will still need a coach/therapist to explain the exercises, guide them through them, and provide accountability.

An initial step in coaching for those learning to deal with sexual issues is finding a helpful layman's book. We have listed a variety of books in the Bibliography that are great resources, including *A Celebration of Sex* (Rosenau, 1994), *Secrets of Eve* (Hart, Weber & Taylor, 1998), and *Restoring the Pleasure* (Penner, 1993).

In addition to important information, Rosenau (1994) and Penner (1993) also provide couples exercises. Coaches need to familiarize themselves with the information and counseling skills these exercises require. Practice going over the instructions for common sexual exercises until you are comfortable and clear. Remember that sexual issues are complex. The first area we will discuss is behavioral interventions, however, often behavioral methods alone are not enough. . For example, to work on an erection problem medically (i.e. Viagra) or behaviorally does not address relational or emotional concerns that must also be taken into consideration.

### Basic Skills In Cognitive Behavioral Sex Therapy

Sex therapy exercises use many basic skills repeatedly. Some of these are common to any behavioral therapy. You may find that many of these you are already using in other areas of counseling. This section considers self-help exercises that are used with specific problems: impotence, premature and delayed ejaculation, vaginismus and pain in intercourse, or becoming more easily orgasmic.

#### Troubleshooting the problem.

Understanding the problem in detail is extremely important in sex therapy. When did the problem start? How was sex before? How has the problem progressed? How does it affect each partner? What are possible causes? What are the couple's theories? Have they consulted a physician and what has been done medically? How have they tried to solve the problem? From this data, appropriate steps and exercises can be chosen. We have previously covered some of this material in taking a sexual history.

#### Conditioning and desensitizing.

Part of effectively changing behaviors is pairing a positive experience or reward with a desired behavior. Sexual activity paired with anxiety is changed to sexual activity paired with relaxed massage and pleasuring. Desensitizing means taking the negative feelings (e.g. anxiety) out of a sexual experience and growing more comfortable with a thought or activity. This is usually accomplished by slowly exposing the person to the negative (fear of premature ejaculation) while pairing a pleasant experience (penis lying quietly in vagina without ejaculation).

### Building in small increments.

People change more effectively by taking small steps toward their end goal. Going too fast can re-traumatize and create more anxiety. Couples need a coach to keep them encouraged with slow steady changes. Sex therapy and sexual changes take time both in learning new skills and in changing attitudes. E.g. “Don’t worry about erections now, just start to play and touch sensually.”

### Cognitive restructuring.

This is the excellent Scriptural principle of renewing our minds and changing destructive attitudes. It may begin with education and encouraging a client, “The size of your penis isn’t crucial in your lovemaking. The outer third of your wife’s vagina is the most sensitive. Your penis will easily reach that area.”

Deeper attitude changes will only occur with specific work over time. This most often will occur with assigned reading and homework assignments. An example would be the person who is suffering with poor body image. Reading the chapter “I’m Not Very Sexy” in Rosenau’s (1994) book and doing the exercise of standing in front of a mirror as you try to accept and not make judgments could help *begin* to change attitudes.

### Sensate Focus.

This technique encourages relaxing with sensual touching and takes the focus off performance. The chapter on massage in Rosenau (1994), or other sexual self-help books, teaches couples how to do this as one is the toucher and the other is the touchee. Then roles are reversed. Coaches should explain some of the rationale behind this exercise: “God gave us feelings, we just need to relax and gently tune into them.” Explain Performance anxiety: “when we worry about how we will ‘perform’, we mentally ‘get up on the bedpost’ and become a spectator and judge. Sensate focus can help us to stop watching and instead re-involve us in the process of sensual feeling and making love.

Sensate focus and structured massage can be used in several ways. Prescribe no communication while the one giving the massage touches the partner’s body in ways that feels good to the giver. This decreases performance anxiety and allows the one touching to tune into his/her own sensuality and the partner’s body. You can also prescribe that the one being touched coaches on what feels good to him or her. This allows the couple to practice asking and receiving what feels good in types and strengths of stroking.

### Kegel exercises.

In the 1950’s, Arnold Kegel worked to alleviate urinary incontinence by helping women to strengthen the PC (pubococcygeal) muscle. These exercises are described in most self-help books. The PC muscle is the muscle that stops urine flow and can be easily strengthened by exercising daily in the car while driving, before going to sleep, or at whatever time is convenient for the client. Exercising this muscle can increase awareness of the genital area and improve sensation in the vagina for women. For men, it can be utilized in working with premature ejaculation.

### Processing Sexual Accelerators and Brakes

Another way of coaching couples is through helping them identify the factors that enhance their sexual functioning (accelerators) and those that detract from healthy sexual functioning (brakes). We all have genetic and personal factors that increase our state of sexual awareness and excitement and factors that “turn us off” sexually. One great coaching technique is to talk with couples about their typical sexual encounters, identifying these brakes and accelerators.

Jim and Susan began this exercise by writing down the brakes and accelerators that contributed to their sexual desire. Susan identified a list of brakes including the major brakes of being tired and feeling pressured. Accelerators included items such as: Jim being romantic, feeling good about her physical appearance, and having heard a romantic story. Jim realized he was less complicated in his desire brakes and accelerators but identified feeling criticized by Susan as a brake and anything that made him think about her in a positive way as being an accelerator. Just taking this first step helped them realize things they were doing to sabotage their partner's desire and things they could do to help. Susan also realized she spent very little time thinking about sex compared to Jim. This meant he stayed at a higher level of sexual arousal than she did. Taking time to allow herself to recognize her sensuality and sexuality helped increase her overall desire and receptivity.

Next, Jim and Susan explored their typical sexual encounters. What types of sexual initiation were accelerators and what types of sexual initiation were brakes? They were able to talk through a variety of ways they could let each other know they were "in the mood" and even come up with some new options to try.

Once they began openly talking about their typical encounter they began to learn valuable information about each other and themselves. Both laughed as they realized one of their common foreplay practices was neutral to both. Jim did it because he thought Susan enjoyed it. Susan did it because she thought Jim enjoyed it and neither saw it as an accelerator. At the same time, Jim shared with Susan some fantasies he had that he thought would be accelerators for both. Susan talked about how her accelerators and brakes often seemed to jump categories. Sometimes kissing her breasts was an accelerator and sometimes a brake. This was confusing to Jim who felt the same things always worked for him. They continued to process through ways she could tell him what was and wasn't working *during* sex without her feeling critical or guilty and him not feeling hurt or frustrated.

Over the course of a couple weeks, Susan began to realize that one major brake happened when they began intercourse before she felt emotionally or physically ready. As Jim moved toward climax, she experienced the same feeling she had in early dating with someone where she felt pressured and used sexually. This brake was strong enough to stop her sexual excitement. Jim was aware that sometimes this happened but this was the first time they actually talked about why. As they discussed it they were able to come up with ways to avoid this brake and continue adding accelerators for both.

Using this technique, Jim and Susan talked about fantasies, new techniques, non-acceptable positions, desires and frustrations. They didn't always agree or understand why something was a brake or an accelerator, but realizing the impact certain things had on each other allowed them to increase the excitement and pleasure for both. Part of the beauty of this technique is that the therapist (coach) doesn't have to know all the intimate details of their sexual encounters. Helping them talk about some of the common ones identified above and in other writings is often enough to get them well on their way in this technique. Occasionally the therapist needs to take a more active role when one or both partners is controlling, unaccepting of their partner or having difficulty with the introspection required in this technique.

### Coaching into Deeper Emotional Connection

Finally, since sex is more than just a physical experience, but also an opportunity to deeply connect, you may need to coach some couples into emotional connection. We have provided a couple ideas to get you started with this important coaching task.

Help the couple focus on the context for their sexual connection. What type of atmosphere are they creating in their marriage? Many therapists recommend that married couples spend *at least* ten minutes each day emotionally connecting with each other. Regularly revealing our hurt, anger, disappointment, hope and joy to each other can be critical in setting a great atmosphere for connecting. This is especially true when done in a context of acceptance, commitment, apology, forgiveness and celebration. Often the best sex therapy happens when we focus on developing a great atmosphere for deep emotional connection.

A second focus would be in helping them learn to keep their partner present during sex. While this might sound strange at first, many couples begin by having sex with their spouse but part way through the process they focus exclusively on their physical sensations. The focus moves to the buzz and away from connecting with their spouse. Coaching them to keep their partner present can temporarily short-circuit their arousal and ability to achieve orgasm, but as they get comfortable with connecting with their spouse the arousal and orgasm will return with the power of connecting added.

A final suggestion would be to help them make their connecting time sacred. Something that is sacred is set aside as special and holy. As a married couple, our connecting time can be a way we reflect and learn about God and each other and it needs to be set aside as special and holy. Learning to set boundaries on this time to protect it from the pressure of life, parenting and career is a start. Just as scripture points out that we aren't to enter into worship with unresolved conflict, we keep our sexual connecting by resolving conflict first. Third, we keep our connecting sacred by protecting it from sexual focus or sexual behavior outside our marital relationship. Helping couples to explore how they are doing in these arenas enhances the emotional connection during their lovemaking.

### Referral

We have made "R"eferral a separate part of the DEC-R model for a purpose. Referral should take place strategically within all three parts of dialogue, education and coaching. As you begin the dialogue, you may discover severe sexual abuse or a medical condition that needs immediate referral to an appropriate specialist. As you educate or are helping a couple work on self-help exercises, you may see you have exhausted your skills and need further resources. Skillful referral is crucial in sex therapy.

### When To Make A Referral

There are several factors to keep in mind in knowing when to make a referral. It is important to know when we are beyond our training or experience, but there are other considerations also.

#### Accessing medical or other professional help to assist therapy.

Though many sexual difficulties are psychological, always begin with eliminating the physical and medical issues. This is especially true with problems like impotence, lack of desire or female pain. Sometimes you will need to refer to a physician to determine hormonal deficiencies, vascular problems, drug interactions or the cause of

pain. You may also find you utilize a variety of other professionals like a physical fitness trainer to help with body image. These professionals will be an adjunct to sex therapy and help the client reach their goals.

#### Referring when additional training and skill level is warranted.

Each of us needs to know when we've reached the limit of our training and experience. While this chapter is designed to help the skilled therapist address sexual issues using some of the skills they already have, reading a few books on sex therapy doesn't make one a qualified sex therapist. You will run into issues that are beyond your ability to help your clients with. To continue with those clients would be unethical. At these points it is imperative that you refer them to someone who does have the additional training and experience in sex therapy. Sometimes it is fairly obvious when additional expertise is needed. However, it is more difficult when you are working with what seems to be a straightforward case of impotence or a desire discrepancy and it turns complex and no progress is being made.

#### Keeping yourself safe.

There are certain sexual issues that therapists have no business treating because of their own wounds or lack of boundaries. It is not a lack of character or growth that you need to refer out a seductive woman involved in an affair when it is triggering your own lust. You can be far into your own recovery but a sexual addict may trigger your "drug of choice", (such as strip clubs). Sexual survivors cannot work with every D.I.D. client that comes along. Don't believe you are obligated to try to work on your issues as you work with your clients' issues. Don't believe you are above being ensnared! Recognize your vulnerability/vulnerabilities and be willing to protect yourself and your clients, and refer!

#### Where To Make A Referral

Several important types of resources must be considered in making a sex therapy referral. Creating list of these in your community and geographic area is helpful.

##### Physicians.

Urologists work with male issues like impotence and penile or prostate problems. Gynecologists work with female concerns. You may need someone who specializes in dermatology problems to work with specialized problems like vestibulitis. A general physician or gynecologist can check for hormonal deficiencies but it may also require an endocrinologist.

##### Adjunct Professionals.

We have mentioned that someone struggling with body image may need a trainer or nutritionist to assist. Chiropractic or physical therapy may be needed.

##### Specialized psychotherapy professionals.

Sexual problems can be symptomatic of other issues like an extramarital affair or severe conflict in the marriage. A skilled marital therapist may be needed. A sexual abuse survivor will need to work through those issues before lovemaking and marital intimacy can be addressed. Sex addiction can destroy a sex life and marriage in many ways. A specialist in this area can save hours of therapy time.

##### Groups and church or community resources.

As in other areas of therapy, a good group can be both financially and therapeutically efficient. A men's growth group to teach intimacy skills, or a survivor's group can be crucial. In sex addiction, a group is often the mode of choice for therapy. Spiritual growth



groups and couples community groups are helpful. All of these inexpensive or free resources help clients to keep working on their issues while staying within their budget.

#### Professional sex therapists.

More counselors-in-training are required to or have the opportunity to take some basic sex therapy training. This is different than those who have chosen to specialize in the area of sex therapy, have gotten specialized training, become certified and above all, worked in supervision with a professional sex therapist.

#### How to Make a Referral

Don't assume that simply giving a professional name to a client will be enough. Help them make contact if necessary and call the professional to fill them in on the client's situation if this is needed and appropriate. Coach your clients as to why you are making this referral. Help them know what information is important to tell the professional, so that they can get the help they need. Be sure to follow up with your clients in the next sessions if they are coming back. Let them know that you will help them find the right person if this referral is not a good fit or cannot create needed changes or healing.

### Conclusion

This is an exciting and challenging time in the history of the church. We are poised to tackle issues that have never been comfortably dealt with before. We appreciate a comment by Archibald Hart, Ph.D., one of the deans of evangelical Christian counseling, when he emphasized that "The most critical need for the church in the next century is to come to terms with sexuality." (Counsel Tapes, The Secrets of Eve, Archibald Hart, AACC, 1999). We finally are ready to develop a practical theology of sexuality in this new millennium—a theology that will create guidelines and better answers for struggling individuals and marriages.

The goal of this chapter is to help and encourage each of us who counsel people to learn to "correctly handle the Word of Truth" and create sexual dialogue, education, and coaching. If we are willing to learn and grow, we can do this in a skilled and wise manner. Thank you for working through this chapter and increasing your skills.

The authors of this chapter often lead workshops together. We would like to conclude this chapter with the call to service that we end our workshops with—Would each of you please join us in becoming missionaries for sexual wholeness? You can do this in so many ways: initiate a conversation, write an article, coach a client, give a book, preach a sermon---as we join hands in bringing education and healing to this important sexual part of life and relationships.

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