

# CASE STUDY OF A SEXUAL DYSFUNCTION

Martin presented for therapy with the problem of a loss of interest in sex. He was 47 years of age, married for 28 years, and a top-level executive for an international company. He complained of a loss of interest in sex, with an accompanying loss of fantasy about sex. He had experienced intercourse once or twice in the last 12 months and one orgasm in the last five months. This contrasted with his experience of intercourse several times each week up until he reached his mid-30s. He obtained little enjoyment from the sexual act.

His relationship with his wife Jenny was not good at the time he presented for treatment, which he saw as being largely a result of their unsatisfactory sexual relationship. Jenny exhibited no sexual problems. Martin had not told her that he was seeking treatment.

Martin was an intelligent and logical person who had stifled his emotional development to the point where he rarely experienced or expressed an emotional reaction, either positive or negative. He had no close friends and expressed no need for them. He was strongly attached to his three children, but it was an intellectual rather than emotional attachment. He had a high need for achievement and a reluctance to show any vulnerabilities. As such, he was resistant to his wife's involvement in the treatment program, but accepted the need to involve her.

The assessment of Martin's history revealed that he had been sexually inhibited from an early age. He had always been interested only in sexual intercourse, expressing little desire for other sexual activities. He was a reasonably heavy drinker from about 16 years of age and would use alcohol to relax and remove his inhibitions. Martin came from a restrictive family and his father was a particularly religious man. He wore glasses from an early age and, as a result, perceived himself to be inferior to his peers. He always avoided intimacy in relationships. He claimed he failed to develop intimate relationships due to his own low self-esteem, which made it hard for him to reveal his true self. Even his relationship with his wife Jenny was far from intimate. He allowed her to perceive his strengths but he prevented her from detecting his weaknesses.

The first task of therapy was to establish a pattern of trusting communication between Martin and Jenny. This was a difficult demand for Martin because he had never revealed any vulnerabilities to Jenny. Then sensate focus exercises were introduced. Previous sexual encounters involved little foreplay or preparation for intercourse. The approach to intercourse was task-oriented and devoid of feeling. The aim of the sensate focus program was to remove

the emphasis from intercourse and to develop and encourage enjoyment of the body's responses to various sensual and sexual acts. The sensate focus exercises were designed to encourage physical responses to body stimulation, to foster self-acceptance and enjoyment of these sensations, and eventually to achieve a situation where these behaviours were actively sought out and initiated by Martin. These exercises also allowed both partners to discover and communicate to one another those sexual activities they enjoyed and those that they did not find pleasurable. After five weeks, Martin was becoming aroused with the sensate focus exercises, something he had not experienced for a long time. Treatment also involved encouraging the use of sexual fantasy. For example, extracts were taken from the erotic short stories by Anaïs Nin (1978; 1979). The goal of these fantasies was to widen the sexual repertoire and model communication about sexual activities and feelings.

The level of communication between Martin and Jenny improved substantially through the course of the program, and at the conclusion of treatment Martin felt quite comfortable discussing his feelings on a wide range of issues with his wife. These communication skills generalised to relationships with other people and he found himself more at ease and communicating at a deeper level with others. Both Martin and Jenny viewed their relationship realistically – there were a number of problems to be solved but both partners were prepared to tackle this task. In terms of his sexual functioning, Martin experienced pleasurable responses to both body massage and genital pleasuring. At the conclusion of therapy he was engaging in foreplay for about 20 minutes, becoming very aroused during this experience, and engaging in slow and unhurried intercourse. Both partners reported satisfaction with their improved relationship and sexual experience.