Handbook of Behavior Therapy with Sexual Problems

Volume I — General Procedures

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Handbook of Behavior Therapy with Sexual Problems

Volume I — General Procedures

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Foreword by Leonard P. Ullmann

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This book is dedicated to the new breed of clinical scientists in the helping professions: the practitioner who is open to new ideas and practice methods, who carefully monitors his client’s progress and evaluates outcome, and who takes the risk of critical analysis of his work by others through publication of his results in professional journals. All of our work — and the outcome for our clients — is enhanced by these efforts.
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More than any other subject, sex brings behavioral, social and biological scientists face to face with human interactions and human values. Here physical pleasure and species survival are constrained and modified by custom and personal feeling. Theoreticians may test their models and clinicians their practices in an area that is changing, vital, exciting and complex. Because sex is important and interesting to all people, nowhere else is the amount of dogmatically asserted misinformation greater, just as nowhere else is the pain caused by such misinformation greater.

It is in this context that it is such a pleasure to give an Aloha of welcome to the present two volumes by Professors Fischer and Gochros. They have brought together many articles about behavior-change procedures for diverse target behaviors. The result is an impressive body of data and clinical alternatives which providers of therapeutic services should have not only on their library shelves, but also firmly mastered and in mind. This information supplements and adds crucially to the excellent presentations of integrated approaches such as those by Annon (1974, 1975) and Masters and Johnson (1970). The clinician should know not only procedures, but also the professional literature and thinking that underlie his or her daily efforts. Without such additional study and thought, the practitioner becomes a technician rather than an open, flexible, creative professional. Repetition of new procedures without understanding leads to dogmatism, ritual and a conservatism as damaging as the ones they replace.

The present volumes should therefore be treated as far more than a how-to-do-it manual. The variety of procedures should alert the clinician to the duty of the professional to choose among options. Here is a good sample of options—a chance to increase one's choices among meaningful alternatives: that is one definition of freedom. But with freedom comes responsibility to read, to learn, to study and to think. These volumes are a growth opportunity for those who will make the effort.
But, because of the very ease of communication of procedures and documenta-
tion of efficacy when used by the expert clinicians who developed
them, these procedures may lead to an unfortunate effect: an unthinking
application that was not the context of their development. Effort is required
on the part of practitioners lest there be an inappropriate generalization of
procedures and data from the skilled and thoughtful developers to the dog-
matic and intellectually lazy application by “technicians.” Examples of mis-
applied, over-simplified behaviorism that are used to justify brutal and
incompetent activity are already appearing, and this author is far more con-
cerned about “converts” to behaviorism than he is about thoughtful critics
of the behavioral approach. Blind adherence to technique rather than to
principle is a method of decreasing responsibility and gaining distance from
the client whether it occurs in the context of a psychoanalytic, Rogerian,
existential or behavioral framework. This problem becomes all the more
critical in the area of sexual behavior where the therapist’s dogmatism may
lead to a new specialized morality that is as inhumane and constricting as the
one replaced. The therapist must think before he applies. The very certainty
of eighteenth- and nineteenth-century “scientific” statements such as those
dealing with masturbation stand as examples. Our current “truths” must be
constantly reviewed lest they lead us into error, and we are at our best as
scientists and practitioners when we evaluate ourselves critically. The very
strength of behavioral techniques increases rather than decreases respon-
sibility.

Beyond improving service to clients, the present book stems from a
model of human behavior that is different from theological-moralistic, medi-
cal, mystical, legislative or psychoanalytic ones. Sexual behavior is a human
interchange in a social context. Sexual activity does not start in the bedroom
and does not end with orgasm. It is a learned social activity that is expressive
of a person’s role within a culture.

The very variety of techniques that may be effective indicates that we
are not dealing with “diseases” that have specific etiologies and cures, but
rather with behaviors that have been learned directly and, as with other
social behaviors, that may be changed through direct interventions of many
different types.

The role-expressive nature of sexual behavior has major implications for
therapists. First, therapists must present their treatment in a manner that is
congruent with the client’s values and expectations. No longer is it possible
to say one form of behavior is “good” because it is “healthy” or “natural,”
and another should be changed because it is “bad,” “sick” or “unusual.”
Rather, the client has a choice, and the therapist makes alternatives available.
The therapist must investigate the meanings and consequences of various
sexual activities within the context of the client’s social system and personal
life.

A problem with presentation of innovative approaches, such as those in
this volume, is that they focus on what is novel and what is added to existing
skills. They presume well-trained competent therapists trained in the funda-
mentals of interviewing and rapport-building. Technique supplements basic
interpersonal skill; it does not replace such skills.

Because treatment goals are set in the context of social values and personal goals, treatment must be tailored to the individual client. Just as there is no one best sexual adjustment, so there is not one set procedure for any, much less every, sexual reaction. In fact, poor results will ensue when all people with the same behavior are treated in the same way. Such a procedure may be justified for researches which determine the relative effectiveness and cost of different treatments or which determine the cues indicating who will benefit most from what specific treatment. In research, the goal is to develop general statements that will guide many future therapists working with clients. In practice, these general statements are applied to individual cases. The process is reversed. In short, many of the articles in the behavioral literature must be taken in the context of exploration rather than practice. The articles are communications among scholars and must be considered as such rather than unchangeable clinical directions. Of particular importance is that a research worker, with his goal of general statements, will rule out alternative explanations by holding constant factors that may affect success. A research worker may indeed seem "cold," because he wishes to hold this factor constant across conditions and therapists. This does not mean that the working clinician should be "cold." Again, the research context is not the same as the context of application, and there are some behaviors in one that are not appropriate in the other. The reader should keep this in mind when studying the articles in these two volumes.

Behavioral approaches lend themselves to specification, teaching and evaluation. To the extent that procedures account for differences in treatment outcome, emphasis on therapist "personality" is reduced. It is not that therapists must be "good people" in all aspects of their lives before they can be effective therapists. This does not mean that demands on the therapist are decreased; quite the contrary, for no longer is it enough to "just be oneself" or to "be therapeutic" without stipulation of what being therapeutic is. Rather than being warm, genuine and empathic, or uniformly positive, the therapist must now be able to discriminate when to be warm and when not. The therapist becomes far more disciplined and accepts the constraint of service to clients rather than the pleasure of "letting it all hang out." The effect of the behavioral approach is a public accountability that is external to the therapist's personal feelings. Service becomes professional, that is, based on specialized knowledge which is not affected by personal whim. Put differently, therapists working within the behavioral framework must be able to think through what to do, when to do it, for what results and for what reasons. Again, more is required of the therapist, not less.

In addition, the behavioral therapist should consider a number of points. First, if there were a disease within the individual, as is the view of the psychoanalytic theory, the therapist might think of himself as "curing." But if there is a learned interaction, that is, reactions to situations created and labeled by others or the person himself, then the therapist is in the role of teacher or coach. Teachers help their students to master new material, but it is not the teachers who pass exams or apply information in the pay-off
situations. Coaches show new ways and devise strategies, but they are not the people who score. Our clients and their significant others are the ultimate change agents. We must teach, and, like all teachers, we must be modest and realize that accomplishments belongs to the client and student.

When there is pleasure and expression of pleasurable roles through changed sexual activity, there is likely to be generalization of feelings of competence and worth in place of feelings of inadequacy and helplessness. On the one hand, sexual activity is role expressive—it has meaning for individuals as a demonstration of the sort of people they are. On the other hand, insight most often follows changed behavior, for people can then see where they were from the vantage of new positions. People can discover not only that change is possible, but also that change is a result of their own efforts. Such experiences engender further feelings of increased competence and worth. Such feelings are role expressive and not the result of any particular sexual adjustment.

This leads to the next point. Behavior therapy not only does not preclude sensitivity to others, it demands that the client be treated as an individual and not as a member of a category. The client is a person who under certain circumstances acts in a particular way. The person is not to be thought of, much less labeled, in terms of the limited sample of behavior of the sexual situation. Only after a careful analysis of the situation is a treatment plan devised. This analysis will focus on the present, but case-history material plays a crucial role because we must know who our client is so that we may present treatment in a manner that is consistent with that person's social role and goals. A case history also provides material to help the client develop a rationale for the present activity. Finally, historical material not infrequently leads us to find that a sexual difficulty that is the presenting complaint may stem from difficulties of a nonsexual nature. Forcing a person to change in the manner desired by some significant other may make the therapist and the treatment examples of the pressures by "others" against the client.

When we think of reactions to situations, we focus on observable behaviors and cues. We not only treat a whole person in a social context, we make the client our active partner in a problem-solving process. This leads to respect for our client and helps establish genuine adult rapport.

Therapists who deal only with reactions and not the situations in which the reactions occur are doing only part of their job. Aversive conditioning may indeed rapidly reduce a behavior and should be thought of if and when there is an act that severely threatens the individual's life or social adjustment, that is, when there is clear harm to the person or others. But the goal is the making of new, alternative, effective social responses that are welcome to both the client and other people. We should not think of responses, much less diseases, but of social reactions to situations, and the increase of new behaviors that will be more consistent with the goals of the client and society.

Still another feature of the behavioral approach is that of responsibility. We have touched on this a number of times. With a social-learning approach,
the therapist must evaluate behavior and cannot merely label it as sick or healthy per se. Further, the role of teacher fostering specific new reactions to situations is different from therapist as a provider of a general "climate" in which the client can "grow." Behavior therapists must take responsibility for the client's progress and can no longer hide behind words such as "resistance."

In similar fashion, as we move to the social learning or behavioral model, our clients increase in responsibility. As noted above, our clients and their significant others are the ultimate change agents. Our clients must choose their goals and whether they will apply what they have learned or not. Our clients are also responsible to their significant others. For example, what choices are opened to the wife of an impotent man? The behavior therapist may not let his contact with the man become an excuse for the man to make no further efforts and leave the woman waiting. Therapists are responsible to wives as well as husbands, and they must make this clear.

Finally, I have been talking about the clinical consequences of the behavioral framework in the area of work with sexual activity. It should be clear that what I have been saying applies to all behavior therapy. Sexual activity is an example, not a special case.

Many of the points I have made in this introduction are touched on throughout these two volumes. I can only urge the reader to remember that research, teaching and treatment arise in social contexts in the same way as sexual reactions to situations. The theory is one of human behavior, and what we say of clients and students should apply equally to teachers and therapists. We are not apart; we are one in our humanness. Sexual behavior is part of and expressive of larger social roles, just as are the acts of teaching and treating. Just as the specific sexual act should not blind us to the social context, so we must not let a therapy procedure or technique become a dogmatic practice. Behavior therapy is not defined by gimmicks, but by how human behavior is formulated. It is a mode of action, not a set of responses taken out of the context of the situations to which they are reactions. We want what is most useful to specific people in particular situations who have varying goals. The beginning of behavior therapy is not technique, but learning about an individual, welcoming that unique person and context, and searching for what will best serve that one person. Such an orientation moves behavior therapy beyond designated techniques, just as such an orientation moves a physiological release from a sexual act to one of love.

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REFERENCES
Preface

The basic purpose of this Handbook is to make available to practitioners and educators of every theoretical orientation and in all of the several helping professions a practical and demonstrably effective system of procedures for implementation with their clients who suffer from sexual problems. This focus on practicality leads to several emphases in the book: 1) a focus on intervention rather than on philosophical issues or attempts to describe the "etiology" of sexual problems; 2) descriptions of all the major techniques that behaviorists have developed for dealing with sexual problems; 3) illustrations of the application of those techniques with the entire range of sexual problems which practitioners encounter in their everyday practice.

Behavior therapy has been found to be particularly adaptable to sexual problems. Since most sexual behavior, whether functional or dysfunctional, is learned, it is amenable to change through the directed learning experiences which are the core of behavior therapy. These behavioral procedures for dealing with sexual problems have been found to be quicker, more effective and accompanied by fewer undesired side effects than any other approach to these problems. Further, the use of behavior therapy procedures can be more easily taught and more easily implemented than the procedures advocated by other theoretical orientations. Thus, behavioral procedures have a wide appeal to practitioners of various backgrounds. Unfortunately, however, clinicians have had to forage for information about behavior therapy of sexual problems from diverse sources rather than having access to such information in one anthology, an apparent lack which led to the development of these volumes.

As mentioned above, this book was developed to be useful to practitioners from all the helping professions—physicians, psychologists, social workers, counselors, nurses, psychiatrists and clergy. All of these groups have considerable contact with individuals suffering from sexual problems, and the need for a sourcebook on behavior therapy that is intended to
transcend professional boundaries seems obvious.

Further, we do not believe it necessary for the reader to adhere to a behavior therapy theoretical orientation to find this book useful. The procedures described in this book can be applied by persons of diverse theoretical orientations. On the other hand, these procedures should not be applied in some arbitrary or purely "cookbook" fashion—in a vacuum of knowledge about the basic principles underlying them or without knowledge of the careful assessment considerations of each client and problem that must take place before procedures are implemented. Since this volume is not intended as a beginning book on the basic principles of behavior therapy (or behavior modification—the terms will be considered synonymous in this book), for gaining such knowledge we would recommend some basic texts such as Bandura (1969), Kanfer and Phillips (1970), Yates (1970), as well as several new comprehensive treatises on the subject: Fischer and Gochros (1975), O'Leary and Wilson (1975), Rimm and Masters (1974), Staats (1975), and Ullmann and Krasner (1975).

A comprehensive review of all available articles on behavioral approaches to sexual problems has led to the selection of articles included in this book. Selections were made in line with the purposes of the book: focus on practicality, effectiveness, innovativeness, clarity and lucidity and, when possible, brevity. Additional Selected Readings for each section reference all the articles not included in the book.

This book is organized into two volumes. Volume I, General Procedures, contains articles that focus on the specific behavioral techniques that have been devised or adapted for use with sexual problems. The emphasis in Volume I is on descriptions of the techniques, per se, plus indications for their use. Also included in Volume I of the book are articles describing the context for use of those techniques, including the special knowledge and skills needed by practitioners to enhance their success, development of rapport and relationship with clients, interviewing skills and so on. The intention, of course, is to convey the idea that use of behavioral techniques does not preclude a sensitivity to interpersonal and human concerns.

Volume II of the book, Approaches to Specific Problems, covers the range of sexual problems to which behavior therapy procedures have been applied. As we note in the Introduction to Volume II, sexual problems are defined in this book as specific behaviors in which people engage, which, because they are undesired, need to be decreased or, because they are desired, need to be increased. The attempt is to avoid labels and inferences about disease entities. The articles in Volume II include reviews of research dealing with specific problem areas, descriptive articles, empirical articles and case studies. All of the articles, however, illustrate use of specific techniques with specific problems. There is a focus on innovative practice since more than one technique may be presented for dealing with each problem.

Each volume is organized into two parts, the first part dealing with techniques and problems involved in heterosexual couple relationships, and the second part dealing with techniques and problems involved in undesired sexual object choices, i.e., those the client wishes to alter. We hope this organization adds to the consistency and integration of the two volumes.
We would like to express our appreciation to the authors whose work is reprinted here. The stimulation we received from their collective work has been very reinforcing to us. We hope the reader will find this material equally reinforcing, and, of paramount importance, of value in enhancing the lives of their clients.

We are also particularly indebted to Dr. Leonard P. Ullmann for taking the time and energy to write a Foreword for this book. Dr. Ullmann is a pioneer in the field of behavior therapy, and in its application to sexual dysfunction, and we are honored by his Foreword. Indeed, his contribution is more than "just" a Foreword, but is an important position statement on the relationships between ethics and technology. This is a position to which both of us subscribe, and we hope it will both set the tone for critically examining the work included in this book and provide a frame of reference against which the reader might test out his own thoughts and values.

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REFERENCES


Acknowledgments—Volume I

The editors are grateful to the authors and publishers of the articles included in this book for permission to reprint them. Following are the sources and publishers of the articles according to their chapters in this volume.

Chapter


23 "An Experimental Analysis of Feedback to Increase Sexual Arousal." 
*Journal of Behavior Therapy and Experimental Psychiatry*, 1974, 5, 
271-274. Copyright 1974 by Pergamon Press.

24 "Basic and Applied Research in Human Sexuality: Current Limitations 
and Future Directions in Sex Therapy." Original manuscript prepared 
especially for this book.

Appendix A. "Sexual Response Inventory." Copyright 1975 by Enabling 
Systems, Inc.
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Introduction

In the years since the end of the Second World War, Americans have increasingly displayed a pervasive interest, fascination and open preoccupation with the problems and potentials in sexual behavior. There are many interrelated factors which have led to this "sexual revolution." Perhaps of greatest significance has been the growing emphasis on individual rights and freedom. Among other changes, this has led to the women's liberation movement, with a concomitant reduction in sexism, and the recognition and acceptance of the expression of female sexuality. The revolution in the perception and rights of women has been closely linked with the development and improved acceptance and access to safe and effective contraception, as well as the decriminalization of abortion.

The emphasis on individual freedom has also led to changing attitudes toward formerly unacceptable sexual behaviors. An increasing number of states have decriminalized homosexual behavior along with most other forms of consensual adult sexual behaviors. Indeed, the American Psychiatric Association has decided, by a vote of its members, to declassify homosexuality as a "disease." Professionals in all fields, as well as the lay public, are increasingly recognizing that sexual expression is not the prerogative of just the young and the physically sound. More and more attention is being addressed to the sexual needs and problems of the adolescent, the old, the retarded and the handicapped (Gochros and Gochros, 1976).

All these changes are both products of and contributions to the growing willingness to break down old taboos of silence about sexual behavior and to openly explore the problems and possibilities of human sexuality.

Many men and women in all social and economic classes are critically evaluating their sexual lives and attempting to more fully express and enjoy their sexuality. They have been exposed to social expectations that they not only can but should be meeting their own and their partners' sexual needs. Masters and Johnson (1970), for example, have estimated that over 50
percent of all married couples experience problems in their sexual relationships. Even those who are not experiencing any particular sexual problems seem intent on enhancing their sexual "performance," as attested to by the wide circulation of such books as *The Sensuous Woman* ("J," 1969) and *The Joy of Sex* (Comfort, 1972).

Certainly many of those caught up in the search for the perfect orgasm have had to pay a price for their quest. Some have become so preoccupied with "performing" adequately and becoming truly sensuous that they have, paradoxically, prevented themselves and, often, their partners from enjoying their sexual activities. Ellis (1972) has pointed out the hazards of some of the cookbook approaches to sex and sensuality. Such preoccupation with sexual performance leads to what Masters and Johnson (1970) have described as the "spectator role" in sexual behavior. That is, the individuals look upon themselves as actors in a performance with their partners and are so preoccupied with how they are doing as competent, up-to-date, uninhibited lovers that they cannot relax and spontaneously enjoy their sexuality.

Nevertheless, whatever their motivation, an increasing number of people are expressing dissatisfaction with aspects of their sex lives and are seeking professional help for their problems. Indeed, it has been estimated recently that there are from 3500 to 5000 professionals, clinics and agencies offering treatment for sexual dysfunctioning (*The New York Times*, May 5, 1974, p. 71).

This explosion of interest in sex and the demands upon professionals to treat sexual problems are just beginning to be reflected in the education of professional helpers. For example, in 1964, there were less than 10 medical schools that offered even a single lecture on sexual behavior and problems. Less than ten years later, more than half of the 82 medical schools in the United States were offering courses on human sexuality. (See Lief, H. "New Developments in the Sex Education of the Physician." *Journal of the AMA*, June 15, 1970, and Buckley, T. "All They Talk About is Sex." *The New York Times Magazine*, April 20, 1969, 98.) Similarly, in 1965, only one course in human sexual problems was offered in one graduate school of social work. Ten years later, there were over 35 schools offering such courses (Gochros, 1976).

Unfortunately the existence of such courses does not guarantee effective practice for the future professionals taking them. Often, these courses focus on the physiology and character of "normal" sexuality along with a categorization of "deviance." Little direction for effective intervention may be offered.

Even when the student or practitioner seeks out information about treatment approaches to sexual problems, he may be overwhelmed with the current plethora of novel interventive approaches of dubious effectiveness and questionable ethics. Current sex-treatment literature, for example, includes suggestions for group and office nudism often with bodily contact, recommendations for bisexual relationships, therapeutic infidelity, training with sexual surrogates, prostitutes as co-therapists, and therapeutic sexual intercourse between therapist and client (Bindrim, 1972; Coons, 1972;
There are several characteristics of sexual behavior which lend themselves to behavior therapy approaches: First, since most sexual behaviors, whether dysfunctional or functional, are learned, they are amenable to change through the directed learning experiences which are the core of behavior therapy. Many of these behavioral procedures for dealing with sexual problems have been found to work more quickly, are more effective and are accompanied by fewer undesired side effects than any other approach.

Second, sexual behaviors are also reinforced by a wide variety of social stimuli, such as peer and spouse approval. The behavior modifier, therefore, has available the potential of these significant reinforcements to motivate client cooperation to bring about the desired behavior.

Third, many desired sexual behaviors such as orgasm, erection, ejaculation and even subjective pleasurable experiences are fairly easily pinpointed and counted. Fourth, society has already built in—for better or worse—powerful aversive stimuli for undesired sexual behavior. These, again, negatively reinforce participation in programs specifically aimed at decreasing undesired sexual responses. Finally, the use of behavior therapy procedures is easily taught and is more easily implemented than the procedures advocated by other theoretical orientations.
SOCIAL CONTROL OF SEXUAL BEHAVIOR

Society generally wields considerable influence over sexual expression. The sexual response is a powerful one, and one of its products, reproduction, is of prime concern to the survival of any group. Indeed, there are few areas of behavior which are more carefully regulated (Marshall & Suggs, 1971). Until very recently, the strength of any group very much covaried with its ability to reproduce itself. This reproductive imperative, along with other factors, led to strong societal reinforcement for sexual behaviors resulting in reproduction, as well as permitting the reinforcement intrinsic to sexual behavior to be enjoyed by those engaging in certain prescribed sexual behaviors. These behaviors had to be compatible with the maintenance of semi-permanent, monogamous, heterosexual relationships in which children would be conceived, born, cared for and socialized. Thus, through a complex system of learning experiences provided by parents, peers, teachers, media and others, certain behaviors are shaped, varying somewhat from culture to culture, place to place and time to time.

For example, those sexual behaviors which potentially bring about socially approved pregnancies are reinforced. Thus, most men who are taught to work toward achieving and maintaining firm erections seek more or less responsive women who will accept the penis into the vagina, where in due time they will ejaculate. Such behaviors are certainly conducive to pregnancy, and are considered by most reinforcing agents as the ideal, natural, normal and mentally healthy activities associated with sexuality. Other sexual behaviors which can potentially provide physical and/or psychological pleasure but cannot lead to pregnancy, such as homosexual behavior, self-stimulation, or manual, oral or anal stimulation of a partner’s genitals have often been met with aversive social consequences ranging from feelings of guilt to peer ridicule and even legal sanctions.

The societal reinforcement for reproduction and the acceptance of the separation of reproduction and sexuality has somewhat diminished among the 15 percent of college-educated Americans who, because they produce most of our educators and writers, influence sexual attitudes of most Americans. Further, the relatively new awareness of the hazards of over-population has tended to diminish the focusing of the sexual drive exclusively into traditionally acceptable sexual behaviors. Thus, recent studies (Hunt, 1974) show that nonreproductive behaviors such as self-stimulation and oral-genital contact are gaining greater acceptance. However, powerful long-established patterns of societal reinforcement and punishment—and even sex-related laws—change slowly, and conflicting attitudes about desirable sexual expression coexist in many individuals as well as society as a whole.