

Lindenwood University

Digital Commons@Lindenwood University

Theses

Theses & Dissertations

10-1976

Sexuality Counseling for Male-Oriented Men

Daniel W. Fulmer

Follow this and additional works at: <https://digitalcommons.lindenwood.edu/theses>



Part of the Social and Behavioral Sciences Commons

Sexuality Counseling
For Male-Oriented Men

by

Daniel W. Fulmer

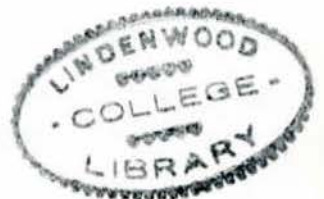
Faculty Administrator: Sharon Rubin

Faculty Sponsors: Paul Van Ness, Ph.D.
Dorothy de Moya, R.N.

October 1976

In partial fulfillment of the requirements
for the degree of Master of Arts

Lindenwood Colleges



ABSTRACT. This paper discusses conceptual and experiential aspects of helping male homosexuals who have problems in achieving pleasurable and satisfying sexual experiences. New helping modalities, particularly those of Masters and Johnson, are explored in the context of a case study of a single 28 year old male who was able during the course of the counseling relationship to attain greater sexual pleasure and emotional satisfaction both by himself and with a partner by breaking out of a pattern of unfulfilling masturbation. The conclusion reached is that non-analytical approaches used successfully by "new sex therapists" with committed heterosexual couples can work equally well with single homosexual men.

Three somewhat related phenomena have converged to open doors to a hitherto unavailable source of help for same-sex oriented people experiencing problems in achieving sexual and emotional fulfillment with partners. This paper draws upon all three of these factors: (1) the new sex therapy pioneered chiefly by Masters and Johnson (1966, 1970); (2) counseling approaches that differ from the classic psychoanalytic model; and (3) the growing acceptance of same-sex relationships both by society and by the helping professions.

All three factors share a departure from the view previously held by society and professionals that not only all homosexual practices but also heterosexual problems, such as impotence, premature ejaculation and related orgasmic failures are abnormalities which can be treated solely by self-discipline or by intensive psychoanalysis concentrating on the revelation of underlying causes.

It is important to note at the outset that these three trends are not altogether revolutionary. For instance, the above-stated view of abnormality and its treatment has not been universally held by professionals over the years. The unsatisfying and ambiguous nature of theories used to condemn homosexuality has bothered psychiatrists and others for some time. Freud (1908, 1959) himself had doubts about the cause and treatment of homosexuality. The lack of evidence about "cures" for homosexuality probably played the largest role in changing professional attitudes about homosexuality. The Wolfenden report

(1957) to the British Parliament which led to abolition in the United Kingdom of criminal sanctions against homosexuality relied heavily on the fact that there was a total absence of reference in the medical literature to a complete change in those oriented to persons of the same sex.

It may be that psychiatrists continued to treat homosexuality as a disorder for some time before the official change in 1974 by the American Psychiatric Association of its diagnostic categories because so many patients coming to a therapist made explicit or tacit contracts for change. In that sense, it is still appropriate for a professional helper to move in the direction of a client who is sure he wants to give up relationships with his same sex. The literature is not devoid of examples of "successful" reorientation of homosexuals, but one must look sharply at the references to notice that in all such recorded instances the patient himself wanted to change his same-sex behavior.

This paper does not cover the aspect of reorientation therapy. Instead, it focuses on the subject of helping men preferring their same-sex orientation to achieve greater satisfaction from their sexual relationships. The impetus for the paper stems largely from the lack of attention to this specific topic in the literature. The aim here is to explore concepts and experience in helping same-sex oriented males with blockages to sexual fulfillment in the hope that

approaches can be institutionalized and made more widely available. Unfortunately, the data base for the paper is limited, and further research and experimentation are needed to expand on the issues discussed here.

Definitions

It is necessary to define some terminology and set limits on the inquiry. First of all, the phrase "male-oriented" is used because the study concerns only males, with no assumptions made or implied that the concepts and experiences elucidated here apply to woman-oriented women. The term "homosexual" is avoided, because it has become so freighted with the very taboos and misunderstandings that the new attitude already mentioned rejects. The use of the term "homosexual" can be overly restrictive since it tends to be applied to individuals in a way that makes their sexual behavior the most significant characteristic of their personality. One would not usually characterize heterosexual males mainly in terms of their sexuality.

Also, the term "sexual dysfunction" is not used in the paper because it places a mechanistic aura around sexuality counseling. A broader term such as "sexual problems" or "blockages to sexual fulfillment" is preferred. Even where the term "sexual dysfunction" is used by the new sex therapists in the literature, it seems to do an injustice to the concepts elaborated by them.

Moreover, the term "sexual dysfunction" is often used in the literature without definition. For example, in the work

of Helen Singer Kaplan (1974) the reader is forced to construct a definition of sexual dysfunction by inference. That is, since she writes mostly about impotence, premature ejaculation, and other orgasmic failures, one must assume that these problems define dysfunction. Similarly, Masters and Johnson (1970) appear not to have bothered with a definition of sexual dysfunction. The impression created by their work is that whatever a couple regard as unsatisfactory sexual functioning could be considered a dysfunction. Masters and Johnson (1970) emphasize that they treat a relationship and not a pattern of behavior, much less a single so-called dysfunctional partner. A client's self-definition is also important to Masters and Johnson's work because their experience has shown that self-concepts and belief systems are probably the most crippling factors. In one of the few italicized portions of their book, Human Sexual Inadequacy (1970), Masters and Johnson say:

It should be restated that fear of inadequacy is the greatest known deterrent to effective sexual functioning, simply because it so completely distracts the fearful individual from his or her natural responsibility by blocking reception of sexual stimuli either created by or reflected from the sexual partner. (p. 12)

The writer concludes, then, that it is preferable to use general terms, such as "sexual problem" or "blockage to sexual fulfillment." The team of Masters and Johnson would undoubtedly

agree that, since the aim of sex therapy is not orgasmic performance, it is misleading to place emphasis on specific orgasmic failures. The work of Masters and Johnson, in fact, takes on real meaning only when one realizes that successful treatment comes from helping clients move away from goal and performance orientation in favor of general sensate pleasure and emotional well-being. Integration of sexual behavior into the whole psycho-social being is stressed by Masters and Johnson since that approach is considered to lead to satisfactory sexual behavior as well as to emotional fulfillment.

One final term, "counseling", needs some explanation. The reasons for employing that word rather than "psychotherapy" are several. First, the author gained his initial experience helping people in the context of the Gay Men's Counseling Collective of Washington, D.C. The Collective, a group of 20 men who range in age, background, and training, do not consider that they practice psychotherapy. Instead, the group emphasizes that its work is "peer counseling", in which the helper shows the client that they share similar experiences and problems. "Peer counseling" can be regarded as offering advice and support rather than analysis or confrontation. Occasionally, the Collective, which does not receive reimbursement for its services, refers clients to professional psychotherapists.

Another reason the author uses the term "counseling" is that other professionals, as well as the statutory law, consider

psychotherapy as a special category of treatment defined in varying degrees of exactitude. For instance, in the District of Columbia, it is illegal to offer psychotherapy for a fee without a license. In Title 2 of the District of Columbia laws, section 2-482, psychotherapy is defined as "the use of learning or other psychological behavioral modification methods in a professional relationship to assist a person to modify feelings, attitudes, and behavior which are intellectually, socially or emotionally maladjustive or ineffective".

Nevertheless, there are few satisfying attempts in the literature to define psychotherapy and contrast it with counseling. Both therapists and counselors are coming to appreciate the illusory quality of the distinction, which may have mostly to do with the level of training and other valuable credentials such as the academic discipline to which the person is related. Masters defines therapy as "whatever works," according to Ms. Dorothy De Moya, R.N. (Note 1), a sex therapist trained with her husband by Masters and Johnson, who provided guidance for this paper and the case work described below.

It is not worthwhile to belabor further the distinction between counseling and therapy any more than it is to make strenuous efforts to categorize new forms and approaches to helping relationships. What is probably occurring in the helping professions is a growing together of concepts and approaches. A brief discussion of old and new approaches to helping people with their relationships follows. Subsequent

to that discussion is a capsule account of the Masters and Johnson model. The bulk of the paper thereafter is a case history which serves to elucidate some of the approaches and concepts discussed, followed by a concluding statement concerning the directions that can be taken in helping male-oriented men with their sexual problems.

Traditional Approaches to Sexuality Problem Solving

Scientific and professional attention to sexual problems was first the province of physicians and educators. Early progress was made with patients suffering from hormonal deficiencies, genital malformations, or the effects of disease on sexual behavior. However, very little was accomplished by medical means in curing impotence, frigidity, premature ejaculation, or other orgasmic inadequacies. It was recognized that involved in such problems was a mixture of both emotional and physiological components, but little was known about their interrelationship.

The initial breakthroughs with respect to this interrelationship were made by those trained in traditional medicine who were interested in exploring the emotional components of the problem. In the early studies of hysteria by Freud and Breuer (1895), the sexual origins of physical ailments were identified. The focus in these studies was on ailments, which in Freud's opinion, were symptoms of sexually-related hysteric reactions that resulted in paralysis, headaches, twitches, stuttering

and the like.

Many of Freud's successors concentrated on what they termed pathological sexual disorders, as exemplified by the work of Krafft-Ebbing (1894). Unfortunately, such work became infected with morality which had no relationship to experimental or clinical data. Such writers became sermonizers, thus affecting profoundly the work of sex educators and popular writers who followed them. For instance, Krafft-Ebbing stated that the problem for man was to restrain his sexual drive, and, for this purpose, religion, law, education, and morality had been created by society to help bridle man's passion. Despite such help, Krafft-Ebbing feared that man was always in danger of sinking from the height of pure, chaste love into the mire of common sensuality. To retain his morality, man, according to Krafft-Ebbing, had to fight a constant struggle with natural impulses:

Only characters endowed with strong wills are able to completely emancipate themselves from sensuality and share in that pure love from which springs the noblest joys of human life (p. 5).

It is easy to understand how with this viewpoint Krafft-Ebbing was led to theorizing that sexual abnormality resulted either from frequent abuse of the sexual organs (e.g., masturbation) or from an inherited abnormal constitution of the central nervous system. This attitude, in turn, led to the

view that every kind of sexual activity except that leading to procreation was a psychopathologic act. Krafft-Ebbing grew to scorn with equal emphasis homosexuals and handkerchief collectors.

With such a base, it is not surprising to find that physicians, psychiatrists, and educators became increasingly prone either to guesswork about sexual problems or to moralizing. This habit, combined with the pressures of societal taboos, kept professionals from true scientific inquiry into the real dynamics of sexual functioning and malfunctioning. Nevertheless, traditional psychoanalytic practice did not lose sight of sexual and emotional problems as essentially intertwined. The treatment concentrated on analysis in which the patient sought to gain insights into his self, i.e. his unconscious, and to work through the transference in order to free blockages to normal functioning.

The only other standard source of help for most people in the first half of this century was the work of so-called sex educators. The most popular text was Ideal Marriage by T.H. Van de Velde (1926). Although the book was widely used as a self-help handbook, its basic emphasis on a caring attitude between partners stops short of specific guidance for sexual problems. For instance, in only two pages is there any discussion of impotence. The author considered it sufficient to urge moderation in sexual activity and rest as a cure for temporary impotence.

As a result of the lack of a systematic treatment program based on successful case data, couples having sexual problems found few places to go for help. This is best typified by a story (De Moya, R.N. Note 2) told about a couple eventually seen at the Masters and Johnson clinic in St. Louis. The pair had had essentially non-orgasmic sexual relations for their entire married life--over forty years. Traditional analytical psychotherapy had not yielded results, and, out of desperation, the couple decided to track down the author of a well-known self-help sexuality handbook. Impulsively, they went to the author's apartment in New York City. After begging the physician-author to help them, the couple were told frankly by the author that he only wrote books and did not treat patients for sexual problems.

It was Kinsey (1948) who broke the scientific ice by being the first person to gather statistical data openly on human sexuality, largely through surveys and interviews. Apart from its contribution to the accurate portrayal of actual sexual behavior patterns, the Kinsey work helped to destroy taboos by showing convincingly that large numbers of people practice sexual acts usually considered forbidden. Kinsey also pointed out how the inaccuracy of previous studies served to reinforce taboos. For instance, most works cited without critical review the earlier estimate of 2 to 5% as the incidence of homosexuality among males. Exposing those early estimates as the product of

guesswork and mere gossip, Kinsey, using accepted statistical sampling methods, revealed that among males who remained unmarried until the age of 35, almost half had had homosexual experiences between adolescence and age 35, and at least a third of the entire male population had had some homosexual experience between adolescence and old age. Moreover, Kinsey demonstrated that, if anything, these estimates might be conservative ones.

Following Kinsey, there was an acceleration of research dealing with various hitherto unexplored aspects of sexuality. Work by Olds and Milner (1954) demonstrated the existence of a physical pleasure center in the brain. Hormonal determinants of sexuality were explored by Money and Ehrhardt (1971).

Such work was the necessary prelude to Masters and Johnson, although it contained a paucity of data on the physiological dimensions of sexual behavior as they might relate to treatment of problems in relationships.

Another emphasis in the historical background of sexuality counseling has to do with those non-traditional helping modalities which focus more generally on relationship problems rather than specifically on sexuality. A brief account of this emphasis follows.

New Approaches

The engrafting of new approaches on to the classical analytic treatment model has been a gradual process in which

traditionally trained therapists have played the dominant role. The process is one which can be seen historically, moving from Freud to Jung, Adler, Maslow and Rogers.

If one were to search for a common ground of traditional analytic work, one would probably emphasize the client working through unconscious determinants of his presenting problem or problem behavior by exploring the client's history. On the other hand, the thread running through new approaches could fairly be called its emphasis on "here and now" with little concern for the past. The focus of the new work is often on actual present behavior, and the role of the therapist is to help the client see the unworkability of his belief systems and perceptions and to take responsibility for changes in his situation. Some of the new approaches do this through cognitive processes, while others concentrate on bodily functions and exercises. The various new schools of therapy that have emerged have different names but share these emphases: Gestalt Therapy (Perls, 1969), Reality Therapy (Glasser, 1974), Rational-Emotive Therapy (Ellis, 1973), Bioenergetics (Lowen, 1975) and Transactional Analysis (Berne, 1964).

The work of Glasser (1974) typifies the departure from classic psychoanalytic approaches which concentrate on exploration of the past. For example, faced with a depressed patient, Glasser will press the patient to seeing the need to doing something other than merely feeling depressed. The patient is asked to take responsibility for action in order to move from a

"stuck" position to new habits and behavior which, through actual experience, show the patient that he can change his situation and eventually his feelings.

Although the goal of these new approaches is to help the client change his behavior through his own actions, the therapist or counselor avoids telling the client what to do or how to do it. Instead, the therapist offers options and alternatives, encouraging the client to experiment with various suggested actions. The emphasis throughout is on allowing the client to be responsible not only for change, but also for perceiving reality as it actually is. The key to success then is held by the client.

Although the new approaches emphasize behavior and behavior change, which the client controls, the process begins with the client exploring his own feelings, needs, and wants, as well as his potentials and strengths. Here, too, the focus is on the client setting the course of the therapy. The role of the helper is to guide the client in his journey of self-exploration. Techniques used by the helper in this guiding process, as illustrated by the author in the case study which follows, are available in a wide, diverse body of concept and experience. In the author's approach, the choice of techniques is eclectic and determined by the unique personality of the client and moment of the counseling relationship.

At the risk of over-simplification the techniques can be listed briefly at this point and illustrated later in some

detail in the body of the case history:

1) Client-centered therapy (Rogers, 1951). The technique associated with Rogers is often called "reflective listening" in which the counselor concentrates on listening closely to what the client is saying and then feeds back not only the gist of those statements but also their underlying nuances. What is important is that the counselor works to locate the client's immediate level of feeling at the actual moment of the counseling session. Another way to put it is that the counselor attempts to "be with" the client. In this process it is equally important that the counselor not shrink from showing the client where the counselor is, revealing and disclosing himself to the client in order to build trust and free-flowing expression. The counselor aims at giving support and showing empathy for the client. The goal is often to permit the client to accept himself, an essential first step to taking responsibility for one's feelings and actions.

2) Exploring the "inner self" through dreams (Faraday, 1974). Ann Faraday, a British psychotherapist, has evolved a new method for helping a client interpret his own dreams. Her approach is based on actual clinical experience and research with dreams which revealed nightly patterns of dreaming. Faraday's conclusions based on her work with clients are that each dream carries a new message from the unconscious that charts a course of action for a person through his inhibitions and his situational difficulties. The process begins by first exploring the objective

aspects of the dream sequence and events. The objective level of a dream can be represented by a dream in which the person, for example, dreams that he is falling down a stairs, calling to mind that there may be a torn carpet on the stairs needing repair. The message here is that the dreamer should fix that carpet. The second level is symbolic in which the counselor and the dreamer explore various meanings attached to events and persons in the dream in a manner not too dissimilar from that used by Freud or Jung. The last stage in the dream self-analysis relies on Gestalt techniques by which the client selects figures in the dream and carries on a conversation with them, letting the first thing which pops into the client's mind guide the conversation. The client plays all roles including himself as the questioner. Ultimately, the dreamer integrates all of the phases, symbols and conversations and decides what the dream is trying to tell him.

3) Spiritual and bodily awareness. There is a growing realization in the helping community that traditional as well as non-traditional religious or spiritual concepts can play a dramatically strong role in releasing the power within a client to solve his emotional problems. Ornstein (1972) and others have recently attempted to integrate the body of psychological learning with religious experiences, particularly those of the East. Experimentation with so-called "higher states of consciousness" is demonstrating that ancient and often esoteric

Eastern religious practices bear a striking similarity with new approaches to bodily and spiritual awareness, such as biofeedback and bioenergetics. Great stress is put on bodily relaxation, meditation and spiritual revelation. The author's own experiences have been with the Arica movement, first documented by Lilly (1972) after his exposure to the initial Arica training session led by Arica's founder, Oscar Ichazo. Arica is a body of concepts and exercises which blends psychological learning with Eastern religious practices designed to release subtle body energies. To some extent these body energies are experienced as leading to spiritual growth and insights through meditation, relaxation exercises and even calisthenics modeled on traditional Yoga.

Little of the work embodied in these new techniques and approaches relate specifically to helping solve sexual problems. For this aspect one must turn to Masters and Johnson. However, before doing so, one must recognize that the Masters and Johnson approach does build on the new helping modalities. Two examples of the work of others in the behavior or action-oriented field demonstrate that Masters and Johnson work can be related to the new helping modalities which are the subject of this section of the paper.

The first of these examples is the work of those who stress the need, as do Masters and Johnson, to treat the relationship and not the problem or the problem partner. Again, it is important to note the conscious departure from traditional

psychoanalysis. Bach and Deutsch (1970) are practitioners who help partners to communicate better and work together to overcome barriers to a satisfying relationship. Bach and Deutsch term their approach "pairing". They view traditional analysis as striving to create successful relationships by working with each individual partner; whereas "pairing" concentrates on the relationship. Their analogy states: To build a fire, don't concentrate on the logs but the fire (p. 26).

Another school of treatment, in this case specifically related to sexual problem-solving, goes by the name of behavior modification or desensitization. The literature in this field is still scanty. A recent review of that literature by Glick (1975) revealed reports on only 13 cases of impotence and 33 cases of frigidity treated with behavior modification techniques. The approach, best described by a typical example recounted below, is a far lengthier one than that used by Masters and Johnson. The same literature search just noted tabulated treatment time and found that mean treatment time was 9.8 months and involved 30.6 interview sessions. By contrast, Masters and Johnson work with a couple for 8 days to two weeks, albeit in settings exclusive of any other activities for the pair during that time.

An interesting reported example of behavior modification or desensitization concerns the search of a hitherto male-oriented man to achieve a successful sexual relationship with a woman he

was attached to emotionally. (Lo Piccolo and Lobwitz, 1972). The man was living with the woman, who was a fellow graduate student at the time. He came to the therapist with the woman to discuss how their sexual life, characterized by impotence on the man's part, could be improved. The therapist decided to concentrate on the patient's masturbation habits. Using Polaroid pictures of his partner, the man was taught a relaxation technique while continuing to masturbate with homosexual fantasies, but gradually introducing a heterosexual fantasy (using the pictures of his partner) when nearing climax again. In time, the man reportedly became satisfied with heterosexual fantasy, and a successful sexual relationship emerged with his female partner.

This kind of therapy is mentioned to underscore the fact that although Masters and Johnson have reported and documented the largest amount of success with their approach to sexuality problem-solving, there are other methods which may prove equally useful. In this context, one other method needs to be mentioned, one largely medical in its emphasis. Maddison (1973) reports success in treating impotence through the use of sex hormones and drugs, such as mesterolone, in order to restore erectile capacity.

The Masters and Johnson Model

Masters and Johnson have made two major contributions to the subject of sexuality, one to the physiology of sexual functioning, and the other to psychotherapeutic practice.

Prior to the Masters and Johnson effort, a therapist attempting to treat sexual disorders was at a serious disadvantage in not having access to reliable physiologic data. In many cases, therapists were operating on incorrect assumptions. The inaccuracies regarding vaginal orgasm, for example, plagued the field for years, leading some to suggest that clitoral stimulation reflected a deep-seated neurosis. Masters and Johnson (1966), through actual observation under laboratory conditions, demonstrated conclusively that there is only one kind of female orgasm, having both clitoral and vaginal components.

This breakthrough was part of the outcome of the exhaustive research program conducted by Masters and Johnson. For almost twenty years, the pair observed and recorded approximately 14,000 sexual acts, including every conceivable condition in heterosexual behavior. These studies have given practitioners what is regarded as the basic psychophysiology of human sexual functioning. The major description of this research is found in the couple's first book, Human Sexual Response (1966).

Until this work, sexual behavior had never been directly and systematically studied in a scientific fashion. Accurate data were, for the most part, absent in the literature. Using cameras and mechanical devices, Masters and Johnson were able to catalog the varieties of coital experiences.

Even if the Masters and Johnson work had stopped at the point of recording and describing bodily phenomena associated

with sexual activity, therapists probably would have been able to go forward more successfully in treating sexual problems, since basic data were made available by the research.

However, the pair did not stop at the descriptive level. With their second major work, Human Sexual Inadequacy (1970), Masters and Johnson described successful treatment methods based on eleven years of daily clinical work involving over 500 couples referred to their Reproductive Biology Research Foundation in St. Louis, Missouri.

The connection between their earlier descriptive work and their therapeutic approach is a vital and intimate one, since the two regard ignorance of basic sexual physiology, reinforced by social cultural deprivation, as the etiological background for most sexual dysfunctions. Consequently, as one British author has noted (Haslam, 1975), this emphasis on ignorance as the basis of most couples' problems allows for a treatment approach that is short term, educative, and supportive. This approach has met with verified success, in contrast to the meager results of traditional medical and psychoanalytic methods.

It is interesting to realize that all Masters and Johnson clients are referred by other practitioners, most of them psychoanalysts and therapists. Thus, although the Masters and Johnson approach purports to differ from traditional therapy modalities in that it treats behavior and symptoms rather than explores background issues such as motivation, psychological symptoms (e.g., depression, anger), or marital differences, there is no way to be certain that the previous analytic

experience has not contributed importantly to the successful treatment of the couples.

Moreover, although not emphasized or described in any detail, it seems obvious from reading Masters and Johnson, as well as from talking to other practitioners trained by the pair, that extensive discussion about emotional issues is an important focus of the approach.

The characteristics of the Masters and Johnson methodology can be listed briefly:

- . Treat the relationship, not the dysfunctional partner.
- . Isolate the couple from everyday routine and stresses for two weeks of intensive, daily sessions with therapists.
- . Use pair therapists, usually husbands and wives themselves.
- . Begin with abstinence, and gradually focus on general sensate pleasure with non-goal and non-performance criteria.
- . Consider history-taking as a continual and detailed process.
- . Concentrate on partner communications.
- . Give specific suggestions to encourage a couple's opportunity to experience their response to non-demand pleasuring.
- . Do not disclose information identified in single partner history-taking sessions with the other partner without specific permission.
- . Provide positive reinforcement for progress.
- . Integrate sexual progress with the overall psycho-social personalities of the couple.

Masters and Johnson have carefully documented their success and failure record. By following up on their patients

for as long as five years after therapy, the pair calculated an average 25% failure rate. The chief category of failure was with relationships in which the male partner had a problem of attaining an erection at the outset (primary impotence). The authors detailed what they saw as reasons for this failure in their second book, Human Sexual Inadequacy (1970). Many of the cases of failure were traced to therapeutic approaches which the authors have since changed or discarded.

Application of Concepts to Treating Male-Oriented Men--Case Study

Whereas a significant body of literature and clinical data on sexuality therapy is beginning to develop for heterosexual couples, there are next to no data published on helping single individuals, be they heterosexual or homosexual. This writer conducted a bibliographic search with the help of the National Library of Medicine using the MEDLARS data bank. The search revealed no article on the topic of sexuality therapy for male-oriented men. Searches were also made in the card catalogs of both the National Library of Medicine and the Library of Congress for books and articles on the topic. All searches unearthed nothing about theory or practice in treating gay males for sexual problems except those wishing to change their orientation.

This writer turned to practical experience in order to explore theory and practice that might help male-oriented men in their sexual relationships. Under the guidance of a Masters and Johnson-trained therapist, Ms. Dorothy de Moya, R.N., and

with the support and advice of fellow members of the Gay Men's Counseling Collective of Washington, D.C., this writer has provided help to several male-oriented men with their sexual problems. One such client is the subject of the case study described and analyzed below.

Roy (pseudonym) was a 28 year old, white, employed male. He presented himself at the first counseling session as being troubled by the fact that he had not been involved in a steady, committed relationship, and feared that he was never going to be so involved because of his belief that men were repelled by his sexual pattern. He reported inability to experience orgasm with a partner except by masturbating himself. Attempts at oral and anal intercourse did not reach orgasm, although he was able to have and maintain an erection.

While masturbating, either with or without a partner, Roy invariably reached orgasm by fantasizing a man having sexual intercourse with a woman. In the fantasy the man had very recognizable features and was usually someone Roy had been attracted to that day. The woman in the fantasy was never recognizable and did not seem to be the object of any interest or excitement to Roy. In the fantasy there usually would be extensive and exciting preparation in which the man was somewhat aggressive in pursuing the woman and undressing her. Roy reported becoming more excited when the man undressed and revealed an attractive body. He reached orgasm when the man began intercourse with the woman.

Roy also reported that he masturbated by himself quite frequently, usually at least once a day and sometimes three times a day. In doing so, he experienced orgasm only by a vigorous action in which there was substantial pressure in the down stroke against the pubic bone but no pleasure or sensation in or on the penis. Explicit details of sexual activity obtained in follow-up history-taking sessions provided many of the details reported above. Attitudes and other general behavior are also important to uncover in history-taking. History-taking is also a way of providing feedback to the client and being with him in the "here and now" and not for purposes of psychogenic analysis.

At the outset, Roy appeared somewhat shy, reserved, and "closed in" although he was articulate, intelligent and appeared to have definite ideas of what he wanted and regarded as important values. For instance, he was determined to have a love relationship, sure that he had warmth and caring to contribute. Much of this was exhibited to the author in his reported day-dreams of lying in bed with another man with whom he could exchange gentleness, fondling and intimate conversation. He did not report any "ideal" love object and was attracted to many men, mostly his own age, and with similar "masculine" characteristics.

Roy displayed no guilt over his male orientation but was severely disturbed by his fantasy. He had been in intensive psychoanalysis for four years, and although quite frustrated

and sometimes angry over the lack of progress in that process, was left with the nagging suspicion that his fantasy meant he was basically heterosexual. He was not consciously attracted to women and had had no sexual contacts with them. Analysis also seemed to leave him with the belief that there is some repressed experience which is the key to a successful relationship with another man.

The author was concerned about conducting treatment with Roy while he was still in analysis, and suggested that he might wish to inform his analyst. Roy chose not to do so. This presented a question of conflict, as well as one of professional ethics that was never resolved. It is also open to speculation as to what effect the analysis had on the treatment.

In the first session with Roy, various options and conditions were discussed. This writer made clear to Roy that he was not an accredited, experienced sex therapist, and if he were, no guarantees could be made. Agreement was reached to emphasize actual sexual behavior, leaving the door open to integrating other aspects of his life and emotional problems in the counseling. The contract made was to meet every week for an undetermined amount of time. Average counseling sessions over four months lasted from one and one-half to two and one-half hours.

In the first session, this writer also informed Roy that his sexual pattern was not unusual among gay men, and that fantasizing while relating sexually to a partner was

quite common among both heterosexual and homosexual couples. In this discussion, the counseling objective was to give Roy permission to continue his present pattern of sexual activity if that was what he desired. However, Roy was quite determined to seek other pleasurable outlets for his sexuality, not only for their own sake--satisfaction and fulfillment--but also in order to be confident that he could keep a partner and maintain a relationship.

Roy's fear that his sexuality was wrong and repellent to others was only one of the pressures he felt. In the first session's history-taking, it was revealed that his peers had told him that his pattern represented a form of impotence and over-sensitivity. He continued to experience feelings of loss and yearning for a person with whom he had felt love. This person, Tim (pseudonym), had, without much explanation, terminated their relationship.

It can be seen from the above description that Roy illustrated the power of fear as a major deterrent to effective sexual functioning and pleasure. Masters and Johnson (1970) emphasize the importance of removing at the outset the self-imposed pressures to perform as one of the means of eliminating the fear of inadequacy. Because of this fear pattern, this writer considered it not too early in the counseling relationship to allow Roy to see his apparent strengths. Even if just first impressions (though later confirmed), these apparent strengths seemed important to feed back to Roy because of their

positive value in breaking down the fear pattern. Hope, even for counselors, is a good commodity in which to indulge. At any rate, the writer was struck by Roy's warmth, his sensitivity, his capacity for love and giving, and his sincerity.

Roy was also told it would be best to forget the words of his peers and to be aware of the self-imposed pressures from which he was suffering. The first step toward personal growth is often awareness of the "should" and "must" messages that flash into one's head during the day. Related to this pattern of fear and obligation was Roy's self-image as victim. Both Arica teachings and Gestalt approaches stress the need to learn a new way to communicate to oneself, to learn a language other than that fed by the superego or "top dog". In this context, Roy was told that perhaps instead of seeing himself as a hopeless victim of fate or deep-seated neurosis, he might only be a "late bloomer".

In the second session, various approaches and experiments were discussed. This writer attempted to show Roy that the counselor had no completely thought-out plan for him and that it was all right to experiment. Roy was quite comfortable with the notion of trying out new approaches, recognizing that new actions were worth the chance particularly because nothing was being risked. Moving forward could lose him nothing and gain him much.

Roy was told about the various techniques and exercises used by other therapists, and the successful treatment that

ensued from them. One approach discussed was the use of a sexual surrogate. Roy was uncomfortable with this technique, and it was discarded. In the experience of this author, shy or withdrawn individuals often find it difficult to have sexual contact with another outside the context of an emotional bond with the other.

It is also important to note in this connection that Masters and Johnson restrict their practice to, and have observed success only with committed relationships. Genital sex, after all, is only one aspect of the interaction between sexual excitement and affection, and, therefore, needs to be understood in that respect. Related to this contextual understanding is the Masters and Johnson experience of witnessing how the breakdown in communication between two people had a direct correlation with sexual problems.

The second approach discussed with Roy was the usefulness of abstaining altogether from autoerotic sexual activity, including masturbation. Roy was receptive to this information since he felt that his pattern of masturbation was excessive. Abstinence serves two purposes. First, it contributes to the relaxation of self-imposed performance pressures. Secondly, it allows awareness of sexual desire to accelerate, and thus be more readily available for other sexual outlets. Roy's problem was perhaps self-perpetuating and habituating. That is, his frequent pattern of masturbation was a sexual rut, and possibly, this made it difficult for Roy to invest sexual energy

in the context of a relationship. Roy decided, then, to practice abstinence. After giving Roy time to experiment with this mode of behavior, this writer would consider introducing Roy to general sensate pleasure exercises.

Subsequent sessions were devoted to further history-taking. It was revealed during these sessions that Roy had had no childhood experiences in seeing a man and a woman have sexual intercourse. This fact was relevant in searching for antecedents to Roy's primary sexual fantasy. Roy's only experience in seeing a man and a woman engage in sexual activity was through X-rated movies. By contrast, Roy's first actual exposure to sex happened at age 12 when male friends, a year or so older, had urged him to participate in mutual masturbation, when they took him to a favorite hiding place in the woods. The other boys began to masturbate themselves, and one of them began to masturbate Roy. It was a very tense situation, as he remembered it, and even quite painful and irritating because of the friction on his penis. However, he did experience orgasm.

Pondering this first experience, Roy in the session learned two things about himself he had not hitherto realized. First, he could better understand how he had fallen into a pattern of rapid and anxiety-prone masturbation. Second, he realized that this experience was evidence that he could have an orgasm through other means than self-masturbation. This latter point was emphasized by this writer as an important step in the treatment process.

At this juncture this writer felt it would be helpful to use dreams for further history-taking and client self-exploration. The approach used was derived from the work of Ann Faraday (1974), described earlier. The Faraday approach emphasizes the dreamer doing his own interpretation with minimum guidance from the counselor. This is achieved, after the client is taught how to command his dreams and capture them in his memory, by leading the dreamer through three stages of self-interpretation: the objective level of the dream, the symbolic level and the underlying Gestalt at the end. In the first stage, the client is asked to look for the connection between the dream and any real events, usually those occurring on the day of the dream. The second stage explores the symbols in the dream. Finally, the dreamer "talks" to figures and objects in the dreams, playing the roles of both himself and the object. Success is achieved when the dreamer sees the dream holistically and comes to his own conclusions about the new message that the unconscious has sent him.

Roy was asked to record his dreams immediately upon awakening, and the interpretation was produced at counseling sessions. To determine whether the interpretations seemed valid to Roy, he was asked after the sessions to write down the dreams and their interpretation. Here are three examples in his own words:

Dream No. 1:

Description:

I am sitting in a sterile, windowless classroom about to take an exam. It is very important and I am apprehensive about it. All the students are men, but I don't know them. The test proctor is also a man. He reads the exam question: a traffic signal at an intersection is square and continuously red, but contained within it is a flashing circle of green light. As a driver approaching the light, what do you do? The question seems to be contradictory and unanswerable and I become more apprehensive and frustrated. Some other students ask the proctor for clarification, but he says he just reads the questions and can't explain them. He is smug about it and this annoys me. The dream ends with a feeling of frustration and despair about the situation.

Interpretation:

The dream is clearly about frustration and how I react to it. I am frustrated most of the time in terms of establishing my sexuality and meaningful relationships. I usually feel alone as in the dream and under great pressure to perform well in some area. The red/green signal is everything and everyone that has been or is frustrating to me--bars, dating, work, psychiatrist come immediately to mind. The proctor reminds me of my father who was a teacher and who has not been helpful to me in overcoming my frustration, and, in fact, like the proctor, has added to it. The signal is the most important element of the dream, and I think the purpose is to tell me that things which frustrate me or cause me to feel a failure may be unimportant things, which, seen objectively, are ridiculous or absurd. These things are sometimes or usually not worth getting upset about, since there is obviously no right or wrong answer to them. The lesson of the dream seems to be that one should learn this as soon as possible. Passing the exam means one recognizes that this situation is absurd and one shouldn't feel frustrated.

Dream No. 2:

Description:

I am riding a bicycle at night through a wooded area and down a hill where the road is winding. There are no people or houses around at first but I am not afraid. Then I pass a small group of men on the road walking in the opposite direction. I turn around and see them leave the road on a path going into the woods and leading up to an old decaying house with no light

on. I become excited and turn around and follow them through the woods to the house. Inside, I am on the top floor with many rooms with eaves, and there are many men there. They are naked and so am I. It is still very dark, and I move among the other men whom I cannot see well but looking at their bodies and sometimes touching them. It is all very exciting to me, but I feel sort of alone and out of place, like an outsider. I feel that I am welcome at this house but do not feel as though I really belong, as if I must go back to my bicycle and go forth down the road.

Interpretation:

As in the dream, I feel as though I am in search of something, in many ways a home, a place to belong among people with whom I am comfortable. I stopped by this house because it seemed to be a place of men with a kind of forbidden excitement about it. It is the same sort of feeling I had when I first went to gay bars and still have to a certain extent. The darkness and quietness of the house represents the impersonal nature of most of my experiences with men--short-lived, usually sexual episodes. I think the dream is saying to me that while this is exciting for me, it is not ultimately satisfying, and I need to go beyond this type of experience. I need to keep searching for something more personal--for a home which is well-lit and where I want to stay.

Dream No. 3:

Description:

I enter a very dark corridor in which naked men are leaning against both walls. No one speaks as I work my way down the corridor (which I must do for some reason), touching the men and particularly their erections. I am nervous and excited. I want to get to the end of the corridor, but I also want to linger and enjoy the physical contact with men.

Interpretation:

As in the previous dream (which I had the same night) I am drawn to situations where I can experience many men sexually in an impersonal way, since I find this very exciting. However, I am clearly passing through on my way to something else that will be more satisfying. I do not belong in this corridor for long.

Dreams 1, 2 and 3 were all dreamt the same night within a day after one of our sessions. I felt more hopeful about change and the future but very much trapped in an immediate sense by the frustrating realities of my life--job, psychiatrist, memory of Tim.

From these accounts one can see how important the dreams were for Roy and for the counseling process, since they told him much about what he wanted and where he was in getting there. Other therapists, such as Kaplan (1974), have achieved useful results by discussion of dreams and fantasies and their relationship with personal history.

With this background, it seemed appropriate to see how Roy could experience greater relaxation and general pleasure after two weeks of abstinence from sexual activity. The objective of sexuality therapy is generally considered not to be specific performance goals, but rather to take one step at a time in removing fears and barriers against experiencing general pleasure. In this sense, liberation from goals is a process that is an end in itself, since it allows one to enjoy more fully whatever the present sensate pleasures may be without inhibitions of future-oriented performance goals. Thus, one's sexual energy is freer to potentiate enjoyment of a variety of sexual pleasures--release, "letting go", and integration of the self with the outer world in terms of love objects or the natural universe.

Thus, exercises and experiences were discussed that would allow Roy to open up and reach out; these ranged from

quiet breathing exercises alone, to biking and hiking. At the same time it was suggested that, if he felt the need to go to a bar to meet people, he begin the evening with relaxation breathing, a warm bath, and a pleasant meal with wine. The objective of these suggestions was to emphasize "letting go" and "living for the moment". Suggestions were given in a slow and detailed fashion, asking Roy to repeat them back exactly. Another suggestion made was that if he were to meet someone with whom he wanted to have sexual contact, he should under no circumstances aim at orgasm, and he should refrain from masturbation with the person. More precisely, the suggestion was to concentrate on pleasure rather than genital activity, using the relaxed moment--if it came--to explore each other's body, giving general pleasuring through stroking, hugging or merely lying close to one another.

Subsequently, Roy met Fred (pseudonym) who he felt was a very likable and warm person. He and Roy had several dates before Roy felt like having bodily or sexual contact. When this happened, both Roy and Fred were relaxed. Roy described Fred as being gentle, caressing Roy, who, while relaxed, allowed himself to enjoy those moments without being performance-oriented. Fred's mode of sexual enjoyment was, happily, one that was easy for Roy to enjoy, namely Fred rubbing his penis against Roy's body, demanding nothing by way of performance from Roy, and not being outwardly concerned about Roy's not reaching orgasm.

The sexual aspect of this relationship continued in this mode for several weeks. This development afforded Roy the opportunity to realize that perhaps the relationship could provide the same safe setting for further progress that a committed relationship affords Masters and Johnson in their work. What seemed important to this writer in the approach of Masters and Johnson was not the marriage or the commitment, but the safeness and closeness of a partner, willing to be open and vulnerable, asking for and getting support from the other person. There also seemed an opportunity for clear, open communications, also emphasized by Masters and Johnson. Consequently, several alternatives were discussed with Roy, but he himself came up with his own approach, deciding on the next date to say to Fred: "I am sure you have noticed that I have not had an orgasm when we've had sex. It is because I am experimenting with my sexuality and trying new things. Would you help me?"

Fortunately, Fred's response was more than sympathetic. He was supportive and spontaneous, and, as a result, masturbated Roy to orgasm. In subsequent weeks, their love-making shifted to oral genital stimulation, at which time Roy experienced what he described as the most intense orgasm he had ever had when being fellated by Fred. In his words, it was like having "three orgasms at once". This writer did not conceal his elation, and gave substantial support to Roy in his progress.

The relationship with Fred terminated suddenly when Fred became involved with someone else with whom he eventually fell in love. Actually, this turn of events opened up new opportunities for Roy. Although counseling sessions had to be devoted somewhat to providing support for Roy in his sadness over the loss of Fred, their content also permitted a systematic charting of Roy's past relationships. Roy realized that the facts were not in keeping with his notion that Fred was only the last of a long string of people who had rejected him. Roy had done his own rejecting too, he realized. Having reached the point of not blaming himself for Fred's departure, and realizing that he was not that attached to Fred in the first place, Roy was ready for new directions in the counseling process.

Roy was apprehensive about returning to abstinence from masturbation since he did not feel he could easily do it without a lot of anxiety, frustration and sexual tension. A middle course was suggested between abstinence and the masturbatory pattern of his past, namely for Roy to give himself full permission to masturbate, and, when doing so, to enjoy it to the fullest, but without masturbating as often as he had in the past. While masturbating, Roy was encouraged to explore his body and to find new pleasure points and styles. Again, the emphasis was on general pleasure through "letting go".

In discussing this new program, an educational approach was used. As Masters and Johnson's experience frequently shows,

Roy was totally ignorant of the refractory period and the need for the body to find its own unique ebb and flow of sexuality. As he described it, this new understanding of basic physiology, particularly his own body rhythms, was like "opening up a new door".

In succeeding sessions pleasure-producing experiences were discussed. This writer talked about what Ms. de Moya terms an individual's "option quotient" (Note 3). This is defined as the range of different experiences which lead to various kinds of pleasure. The range might include simple touching, hugging and feeling the breeze on one's body; in other words, not exclusively genital or other sexual activity.

As a result of this discussion, Roy's masturbation experiences changed quite dramatically. He discovered that using a lubricant while touching his body and stroking his penis was highly enjoyable. For the first time he experienced a pleasant sensation in his penis. Instead of the past pattern of quick, hard, pounding hand stimulation, he began to utilize his knowledge of the male sexual response (shown to him from the 1966 Masters and Johnson text) to allow himself to reach excitement gradually, stretch out the plateau period, stop, become excited again, experience plateau in ever heightening sensual intensity, and, finally, greater release in orgasm than experienced heretofore. The pain and tension associated with masturbation was replaced by pleasure.

In the middle of the third month of counseling, Roy combined the above-described exercises with other relaxation modes: baths, sunbathing, tennis. Fascinated by references to Lowen's work, he borrowed this writer's copy of Bioenergetics (1975), and was particularly struck by the passages on the usefulness of "reaching out". The book was meaningful to Roy because, as he put it, he felt as if it were written for and about him.

Gradually, even Roy's attitude about his primary fantasy changed. When he decided to go back to his personal history and recall an even more detailed picture of the fantasy, he realized that his focus was always on the male; this insight liberated him from the fear that it was a heterosexual fantasy.

In masturbation, he began to become aware of new sensations in his body. He described how he felt pleasurable sensations move from the groin area to his legs. Eventually, the sensations spread throughout his body; he also began to experience these sensations on the side of his penis, midway up the shaft, which had never happened before. In one session, he described a masturbation experience in which he fantasized having sex with the man in the couple fantasy, and his ejaculate was thicker and creamier, and the pleasure more intense than it had ever been.

In addition to encouraging Roy's sense of progress, this writer also tried to integrate this progress with other aspects of Roy's psycho-social dynamics. Sessions were devoted to discussions about sharing and giving as these modes of

relatedness contrasted with the narrower perspective of merely going to bars to pick up the "right" man. At this point, Roy began to meet quite a few new people and to enjoy them as friends, without feeling the pressure to have sex with them or to wonder whether it would result in an ongoing relationship. As it happened, he met someone to whom he was attracted, and, probably because it was a situation without pressure or goals, he succeeded for the first time in achieving orgasm through anal intercourse in which he was the penetrating partner. Equally significant, Roy was able to acknowledge that his not wanting to pursue contact with this person was based on his own feeling of a "lack of the right chemistry", and not rejection by the other. He began to understand that previous relationships, which he had assumed to have ended because of rejection by the other, could also be understood more simply as "lack of the right chemistry". Thus, his victim self-image began to be reversed.

In the fourth month of counseling, it seemed appropriate to reassure Roy that he should not expect always to have sexual success, and not to regard sex as a mechanical "push the button" activity. The key to experiencing failures was the same as for successes: relax and allow every moment to be whatever it is without fear or expectation of the future.

The best summary of this case comes from Roy's own words about the counseling experience:

What have I gotten out of the counseling sessions so far? These are ideas in the form of gradually crystallizing ones, roughly in the order that I focused on them. Some are still not strongly held beliefs or ideas which I can easily put into practice.

1. I learned that what I believe to be problems (e.g., masturbation, male-female fantasies, prolonged sadness over rejection), may not be problems in themselves but my thinking of them as problems creates real ones (e.g., inhibitions, fear of relationships, depression). I began to feel this way after the first two or three sessions.

2. I learned that I could masturbate less often and experience stronger feelings of sexual need and desire. I felt this way after the first few sessions, also at the time I was beginning to see Fred.

3. I learned that I am on a continuing journey and not trapped in a hopeless, static situation; this realization came with the decreasing masturbation, the ability to be masturbated by Fred and the dream interpretation work we did during early to mid-June.

4. I learned that sexual pleasure involves the entire body and need not involve orgasm. This came from being with Fred and having various parts of my body stimulated and finding this enjoyable but not having an orgasm until the third time we slept together.

5. I learned to relax with a sexual partner and not to feel that I must do certain things or that I must have an orgasm, experiencing several new types of pleasurable sensations.

6. I learned that people who reject me are not necessarily dissatisfied with me sexually or in any other respect.

7. I learned that it is best to be honest with people at all levels and stages of a relationship, thereby avoiding situations in which I am uncomfortable, and therefore inhibited, uptight, afraid, annoyed, etc.

8. I learned that it is important to be more giving toward others (less concerned with my own needs) and to channel my energies into activities which are not goal-oriented but which can be enjoyed in themselves.

Concluding Observations

At least in the case of Roy, it would appear that most of the new helping approaches used in treating problems of heterosexual couples are directly transferable to individual male-oriented men. They can be summarized as referring to the following concepts elaborated earlier in the Masters and Johnson model:

- . helping the client remove his self-imposed pressures for specific goal-directed performance
- . assisting in removing the fear of inadequacy
- . offering alternatives to the client of initial abstinence from orgasmic and other specific sexual behavior in favor of experimenting with general sensate pleasure and relaxation
- . replacing myths and misconceptions about sexual and bodily functioning with basic physiological information
- . suggesting specific exercises and actions
- . taking personal history throughout the counseling
- . demonstrating the usefulness of open, frank communication between partners, allowing oneself to be vulnerable and to ask for help
- . giving strong encouragement and praise for progress
- . helping integrate sexual progress with the entire psycho-social personality dynamics

The differences that existed in the case study were not handicaps: 1) Roy was not referred by his analyst; 2) he was not in a continuing relationship; and 3) Roy was seen in weekly sessions rather than in an isolated setting for an intensive two-week period devoted solely to exchanging pleasure in a

relationship. It should be noted in this regard that others have reported success in treating sexual problems through brief weekly meetings (Meyer, 1975).

The case also illustrates the usefulness of other new helping approaches discussed earlier:

- . Faraday's self-interpretation methods of dream analysis both for exploration of unconscious and "inner" wants, and for history-taking
- . Rogerian reflective listening
- . feedback on belief systems, and contrasting them with reality in much the way Ellis, Glasser and Arica do
- . relaxation and other Arica techniques for heightened bodily and spiritual awareness and growth

Some questions remain:

Is it important that the counselor of a male-oriented man also have that same orientation?

Can such counseling be successful when there is not even a short term relationship or occasional partner, such as a sex surrogate?

What differences do age and race of the client make?

This writer can only speculate on the answers to these questions pending further research. Experience with clients older than Roy have begun to answer the question as to age, showing that it may not be crucial. The comfort expressed by gay clients to a gay counselor indicate that, at this stage of this modality, same-sex orientation is important in establishing trust. In time, a more accepting society and a more

widespread treatment modality may make this orientation unnecessary.

The author feels strongly that trust and willingness to be vulnerable are important factors in success with treatment. The connection between sex and emotional attachment or love seem too strong to risk experimentation with surrogates unless that trust and vulnerability can be established somehow. Finally, one essential point emerges: people want to relate freely and closely with others, thus releasing not only their own needs to be themselves but also their instincts for loving, caring and giving. In this respect, sexual behavior among people is only one way of relating and achieving pleasure and fulfillment.

REFERENCES

- Bach, G.R., & Deutsch, R.M. Pairing. New York: Avon, 1970.
- Berne, A. Games people play. New York: Grove Press, 1964.
- Ellis, A. Humanistic psychotherapy, the rational-emotive approach. New York: The Julian Press, 1973.
- Faraday, A. The dream game. New York: Harper & Row, 1974.
- Freud, S. [Civilized sexual morality and modern nervousness] (Collected papers, E. Jones Ed. Vol. 2) New York: 1959 (originally published 1908).
- Freud, S., & Breuer, J. Studien uber hysteric. Leipzig: Deuticke, 1895.
- Glasser, W. The responsible world of reality therapy. Los Angeles: Ziff-Davis, 1974. (Cassette tape)
- Glick, B.S. Desensitization therapy in impotence and frigidity: review of the literature and a report of a case. American Journal of Psychiatry, 1975, 132 (2), 169-171.
- Haslam, M.T. Psycho-sexual disorders and their treatment, Current Medical Research Opinion, 1975, 3, 51.
- Kaplan, H.S. The new sex therapy. New York: Quadrangle, 1974.
- Kinsey, A.C., Pomeroy, W.B., & Martin, G.E. Sexual behavior in the human male. Philadelphia: W.B. Saunders, 1948.
- Krafft-Ebbing, R. von. Psychopathia sexualis. Translated from the seventh enlarged and revised German edition by G. Chaddock. Philadelphia: F.A. Davis, 1894.
- Lilly, J. The center of the cyclone. New York: The Julian Press, 1972.
- Lo Piccolo, G.L., & Lobwitz, F.S. New methods in behavioral therapy and experimental psychiatry, 1972, 3 (8), 265-271.
- Lowen, A. Bioenergetics. New York: Coward, McCann & Geoghegan, 1975.
- Maddison, J. Sex hormone replacement. British Journal of Sexual Medicine, 1973, 1, 2.

- Masters, W.H. & Johnson, V.E. Human sexual response: Boston: Little Brown, 1966.
- Masters, W.H. & Johnson, V.E. Human sexual inadequacy. Boston: Little Brown, 1970.
- Meyer, J.R. Short term treatment of sexual problems: interim report. British Journal of Psychiatry, 1975, 183 (4), 55-563.
- Money, J., & Ehrhardt, A. Fetal hormones and the brain: effect on sexual dimorphism of behavior--a review. Archives of Sexual Behavior, 1971, 3, 241-262.
- Olds, J., & Milner, P. Positive reinforcement produced by electrical stimulation of the septal area and other regions of the rat brain. Journal of Comparative Physiological Psychology, 1954, 47, 419-427.
- Ornstein, R. The psychology of consciousness. San Francisco: W.H. Freeman, 1972.
- Perls, F. Gestalt therapy verbatim. Menlo Park: Real People Press, 1964.
- Rogers, C. Client-centered therapy. Boston: Houghton Mifflin, 1951.
- Van de Velde, T.H. Ideal marriage. New York: Random House, 1926.
- Wolfenden, J. Report of the committee on homosexual offenses and prostitution. London: HMSO, 1957.

Reference Notes

1. De Moya, D., R.N. Personal Communication, July 8, 1976.
2. De Moya, D., R.N. Personal Communication, June 3, 1976.
3. De Moya, D., R.N. Personal Communication, August 3, 1976.