What myths have you heard about sex?

Let’s break down some myths or stereotypes about sex.

SEX

vs.

Intimacy

Orgasm

vs.

Experience

MALE (dominance)

vs.

Female (submission)

vanilla

vs.

KINKY
Clinical Sexology
Presented to the North Metro Chapter of GAMFT (3 CEU’s)
February 21, 2017

Christopher K. Belous, PhD LMFT
belous_ck@mercer.edu

What is your definition of S-E-X?

Now... try and define an orgasm.

What makes a good Clinical Sexologist?
The four E's are a good place to start
Education
Expulsion
Exposure
Experience

“My other therapist never asked about sex.”

• Lack of comfort discussing sexuality is a huge problem
• Sex is taboo in our culture
  • Why?
• We absolutely need to talk about it in therapy!
  • Relationship Satisfaction
  • Personal Mental Health (Dep/Anx, etc)
  • Self-Esteem / Worth
  • Stress and Coping Skills
  • ... all linked and correlated with positive sexual satisfaction!
  (Not even mentioning the health concerns)

EXPLORER
and be able to discuss your own sexuality!
Becoming Comfortable

NEVER ASSUME, ALWAYS ASSUME

Becoming Comfortable

Avoid Shame and Challenge Stereotypes, Myths, and Misinformation

Sexual Health

- Currently, our society and the field of sexology is in a renaissance
  - History of sexology:
    - psychoeducation → behavioral → cognitive/psych → medical model → integrative (today)
- Very personal process
  - How can one person say what is good for another?
  - What is the internal definition? Vs. External definition?
  - Influence of society/culture?
- Definitional vs. Medically-based vs. Behaviorally-based – what does it all mean? What can it mean for clients?

EX. P. LI. SS. IT.
(You’ve heard of this, right? Anon, 1976; Davis & Taylor, 2006)

EX Extended Permission
P Permission
LI Limited Information
SS Specific Suggestions
IT Intensive Therapy
Sexual Response Cycles and “New” Info

Masters, W. H., & Johnson, V. E. – Update by Kaplan in 1979

1966

Circular Model of Female Sexual Response
Whipple, B., & Brash-McGreer, K.

1997

Non-Linear Model of Female Sexual Response
Basson, R.

2001

Sexual & Gender Identity is Flourishing – and it’s definitely not binary!

Sexual Expression
- Lesbian
- Gay
- Bisexual
- Pansexual
- Demisexual
- Omnisexual
- Queer
- Questioning
- Asexual/Aromantic
- Coming Out/Closeted

Gender Identity
- Trans*
- Non-Binary
- BiGender
- Cisgender
- Gender Non Conforming
- Queer
- Agender
- Genderqueer
- Intersex
- Androgynous

Do you precum?

Permission (for)
Realistic
Expectations
(and the)
Continued
Understanding (of)
Myself
Good Enough Sex Model

- “New” mantra about perception of sex
  - DESIRE
  - PLEASURE
  - EROTICISM
  - SATISFACTION
- Focus away from orgasm and behavior as primary sign of “successful” sexual activity

Dimensions of the “Good-Enough Sex” Model (2010 Revisions)

1. Sex is a good element in life, an invaluable part of your individual and couple long-term comfort, intimacy, pleasure, and confidence.
2. Relationship and sexual satisfaction are the ultimate focus and are essentially intertwined. You are an “intimate team.”
3. Realistic psychological, biological, and relational expectations are essential for sexual satisfaction.
4. Good physical health and healthy behavioral habits are vital for sexual health. You value your sexual body and your partner’s sexual body.
5. Relaxation is the foundation for pleasure and function.
6. Pleasure is as important as function.

Desire

- 20% of committed couples have a “non-sexual” relationship (being sexual less than 10 times per year)
- Results in the most common presenting problem for sex therapy: “we don’t have enough sex!” (one in three)
- This can lead to lack of intimacy and positive emotions related to relationship and partner/self

“The key to sexual desire is positive anticipation and feeling you deserve sexual pleasure in your intimate relationship.”

Treating Desire Discrepancies with GES

- The best ‘antidote’ for desire is: affection.
  - Sensual activities
  - TOUCH... TOUCH... TOUCH...
  - Play!
  - Discover “bridges” to sexual desire – both partners: thinking, feeling, talking, anticipation
  - Non-demand pleasuring
Treating Desire Discrepancies with GES

- Understand and Challenge Sexual Myths
  - Frequency for average person/couple
    - 20's: 2-3 x/week → 50's: 1-2 x/week
  - All genders value sensuality, play, and erotic experiences – emotion is a part of sexuality for all
  - External turn-ons do not indicate a lack of desire for partner(s)
  - Realistic Expectations
    - "Horniness" is not a function of lack of sex, instead it is a learned routine outcome
  - There is no "right" or "wrong" sexual desire or idea
  - SEX IS FUNNY

Exercise: Preferred Sexual Scenario

- Couple or client develops a plan and story around their ideal sexual encounter – can be fantasy, can be things they do/have done or new experiences.
- Some prompts:
  - What do you value most in a sexual experience?
  - What would that sexual experience look like?
- Can you tell me that story?

Good idea to state this to your client:
"Be yourself; develop an initiation, script, and afterplay scenario that is intimate, erotic, special, and satisfying for you."

Further Suggested Readings

SEX THERAPY

SEXOLOGY

Thank you for inviting me!

Let's Connect!
belous_ck@mercer.edu
realdrb
chrisbelous.com
@chrisbelous
@chrisbelous
/chrisbelous

BLANCHE DEVEREAUX
SEX POSITIVE WAY BEFORE IT WAS A THING