Case Presentation

Sarah is an experienced developmental model therapist and also has trained extensively with Martha in working with sex issues.

This heterosexual couple started therapy 2 months ago. The initial contact was made by the Wife (W), who specifically asked if I worked with issues regarding sexual desire. I have met with the couple for two sessions and the W in an individual session once.

W's present concerns:

- Different sexual desires/drives and needs between her and her partner.
- Not having the ability or willingness to meet his sexual needs and wishes.
- He expects that she goes to bed with him every night, and when she doesn't, she feels blamed and punished. He is a morning person, and she is a night person.
- They have different priorities.
- He wants her to "fulfill 100% of his needs/wants/desires."

W's goals are to be able to:

- Come to a middle ground on issues and to feel a reduction in pressure to meet his exact needs, wants, and expectations.
- Not feel his requests as ultimatums
- Explore ways to work out their differences and still have their needs met
- Explore part of her that's is shutting down

Husband's (H) present concerns:

- Disagreements on their schedules
- Time for intimacy
- Time for common chores
- Time for sleep
- Not feeling appreciated

H's goals for therapy:

- Setting aside time for intimacy and everyday chores
- Feeling appreciated
- Long term commitment

Therapist's observations and perceptions:

- Developmental stage Beginning differentiation
- W avoidant attachment with some disorganization (father alcoholic "quiet type" and mother borderline characteristics)
- H anxious attachment (father currently close relationship with his father but his dad was overbearing when he was a child; mother shut down)
- W first sexual experience was "forced." She stayed in this relationship for 1 ½ year. (She is doing EMDR with an individual therapist to desensitize this target and others regarding her mother.) Her second sexual relationship was with a partner who "worked with her and was very patient." She was curious and wondered what sex was all about but

did not grow to like it. She is not on any medications and has consulted with her MD, who reported she does not have any physical limitations.

This couple has been together for four years and living together for four months. They have not had PIV (penis in vagina) sex for two months, but she has embraced him while he masturbates. Until COVID, H traveled extensively for work. Now they both work full time out of the house. This much time together has magnified their issues. They have no children.

In our first session, I asked the Pete Pearson question I now ask every couple. "Take a moment and think about the three things you do that your partner will say is annoying." W had a list of 5 things, and H drew a blank.

Then I asked, "take a moment and think about the three things you do that your partner will say shows you love, care, and respect the relationship." W said she stocks up on chocolate, food, and snacks. H said he changes the tires and fixes things around the house.

His primary love language is physical touch, followed by appreciation. Hers is quality time.

In the second session, we looked at and processed what they circled on the Ineffective Behaviors Partners Use to Cope (Couples Institute handout). W pointed out he missed circling dominate. He said he doesn't consider himself as dominating. We did a good job talking about how she feels when he gets angry when she doesn't go to bed with him. "I feel pressure, pressure, pressure." He agreed he is very frustrated but doesn't see it as dominating. It was hard for him to hear her frame it that way.

During this session, I introduced the Initiator/Inquirer (Couples Institute intervention and handouts), asking them to talk about their favorite morning beverage. It was encouraging for me to see them engage. They had good eye contact, natural smiles and seemed genuinely interested even though the topic was superficial. They asked good open-ended questions and used provided Questions to Ask During a Difficult Conversation when they got stuck (Couples Institute handout).

Next, we segued into an I/I with W initiating the topic of a time when she felt intimidated by him. She was able to stay calm, reflective, and articulate. With coaching from me, H did a pretty good job managing his emotions but admitted afterward how difficult it was for him to listen to what she was saying while feeling so defensive. I introduced some self-soothing deep breathing and asked them to join me to help settle him down.

We finished the session w H initiating about how it was for him not to have sex for the last two months. W was able to ask a few questions before admitting she found it was tough to stay in the present moment and asked to take a break. I did a grounding exercise with her and noted probable dissociation.

My questions for Martha:

- She asked about Tantric sex. I know very little about it and wonder what your thoughts are about it. Do you have any favorite resources for her to read?
- I support her work in EMDR therapy to clear any sexual trauma that she has identified. I wonder if her overbearing mother may be more of the issue. I plan on doing a 2-chair parent interview with H in session to see what we might uncover. Thoughts?
- With her curiosity about sex, it is hard for me to say she is asexual. How do you define asexuality?
- I plan to see him in an individual session after our next couple's session. I want to help him explore the impact his insistence on having sex is having on her and the aversion that is happening. I also understand his frustration. Treatment is going to take time for her to become the sexual partner he wants. What suggestions do you have for him to try while he is waiting?