

sexual counseling involves emotional treatment

by lucy bighia

People with sexual problems no longer need to secretly despair of ever being "normal"—sexual counseling has come out of the closet and help is as close as the nearest telephone.

Most sexual problems can be cleared up with counseling or additional information, according to several Lincoln counselors.

Jane Kinsey, a clinical social worker at the Lancaster County Community Mental Health Center, said couples that feel "turned off" toward each other are the most frequent patrons of the center.

"I don't feel like I wanna with my partner," is a common complaint, Kinsey said.

A couple with this problem is usually not getting along in other areas, she said. The man may have stopped loving his wife, or lover, he may be a poor lover, or he may be domineering and authoritarian, she said. Dr. Kinsey said the problem might be a result of a "childhood hand-up."

"My father was this way, and men like that turn me off," is an example, she said.

She said the center treats the emotional aspects of sexual problems.

Kinsey called the center an "emotional treatment agency." Counselors can give technical information, but usually work more along the lines of emotion, she said.

"Basically, sex is 90 percent in the head, it's the thinking part where the problem is," she said.

A counselor-educator at Planned Parenthood, Mary Stilwell, said Planned Parenthood also works primarily with the emotional aspects of sexual problems.

Stilwell agreed with Kinsey that, "Attitudes and values we acquire during childhood affect how we feel about our sexuality as adults."

Stilwell said the length of counseling is determined by both the patient and herself, and ranges from one session to four or five months.

Sometimes all that is needed is accurate information about sexual attitudes and behaviors, she said.

"Explaining behaviors or what certain behaviors mean can make the person more confident."

Most clients come in alone, and it is up to them whether to involve the other person, Stilwell said. She said she generally counsels people in their early to mid-20's.



Photo by Tim Ford

Bill Dick, social worker for Family Services.



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Mary Stilwell, counselor-educator at Planned Parenthood of Lincoln.

Stilwell said she believes the most common concern is "Am I normal—are my feelings normal, are my thoughts normal?"

"In some ways, the culture really sets up pretty high standards for people," she said.

Carol Rogers, who practices sexual dysfunction therapy with her husband Dr. Joseph Rogers, agreed with Stilwell that many people today feel they have high sexual standards to live up to.

"The available reading material, such as periodicals, is doing more to confuse people than to help them, by increasing their sexual expectations," Rogers said. "So consequently, many couples miss the pleasure along the way by striving for something that for many people is quite unattainable."

An example of this would be simultaneous orgasm, she said.

Like Stilwell, Rogers said her field of counseling is strictly sexual.

When she and her husband began counseling they were only seeing couples in their early 20's, Rogers said. But in the past six months older couples, up to 57 years old, have been coming to them.

The most common problems are premature ejaculation, impotence, and non- or "pre-orgasmic" women, she said.

"We've gotten away from Freud's 'frigid' woman: frigid implies that there is no hope," she said. "The term now is 'pre-orgasmic,' which means simply that the woman has not gotten there yet, and leaves all kinds of room for hope and optimism."

Rogers said they have had a 90-95 percent cure rate with patients with this problem.

The patients come for counseling every two weeks, and are given assignments, such as communication exercises, to do between sessions, she said.

Rogers said she and her husband basically follow Masters and Johnsons' treatment, but incorporate other teachings, too.

A typical "homework assignment" for a couple would be "caress exercises"—non-genital first and then genital—with instructions to avoid intercourse, she said.

Rogers said nearly all who seek counseling, especially women, also suffer from low self-esteem.

A married couple frequently encounters sexual problems if the two were living together before the marriage, she added.

"Living together is sexually not a marvelous basis for marriage," Rogers said. "Once the couple gets married, their sex lives start going downhill."

This is usually caused by a reversion to traditional roles, she explained.

"When married, people tend to feel they have each have certain traditional duties," she said, "and this carries over into the bedroom. A woman who was aggressive before the marriage (when living together) will not make the first overtures after the

marriage."

Bill Dick, a social worker for Family Services, said the center also provides sexual counseling, but doesn't offer as much in the way of dysfunction therapy as the Rogers do.

The difference between sexual counseling and dysfunction therapy is a matter of degree, Dick said.

If problems can be solved through the interaction of the people involved, then the problem is still a dysfunction, but not severe enough to require outside help, he said.

Family Services currently deals with sexual issues in a limited way only, Dick said, because of staff and funding shortages.

Most of the people who seek counseling at the center are between the ages of 25 and 40, and usually come as couples.

Dick said some common problems are lack of orgasm, vaginismus—the muscles around the vagina contract so as not to allow intercourse, impotence, and premature ejaculation.

Referral of patients for dysfunction therapy is based on the extremeness of the problem, he said. If information, sharing, or simple exercises can solve the problem, the center will provide the counseling.

"If you can just say to a man, 'Hey, many people have problems with impotence,' it frees people up a whole lot, and they can relax and deal with it," he said. If such things don't work, then the patient would be referred elsewhere, Dick said.

Dr. James Cole, a UNL psychology professor, said the UNL Psychology Consultation Center provides sexual counseling also.

The center is part of a training program for graduate psychology students, Cole said.

Cole agreed with Dick that the most common sexual problems deal with impotence, ejaculatory or orgasmic dysfunction.

Typically, inability to perform sexually are related to some kind of underlying anxiety or guilt, Cole said.

"If you're taught that sex is dirty, then you'll have trouble performing sexually later in life," he said.

Problems with a relationship, such as an insensitive husband who makes sex unpleasant, are another cause for sexual difficulties, Cole said.

Another UNL facility that provides sexual counseling is the Mental Health Department of the UNL Student Health Center.

However, Dr. Carmen Grant, a clinical psychologist for the center, said the center gets few requests specifically for sexual counseling.

"More often, students are coming in working on relationships, and sexual counseling is just a part of that," Grant said.

