

CHAPTER FIVE

Sex and Imago Relationship Therapy

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Imago Relationship Therapy

“We are sexual beings, and our sexuality is part of the pulsating energy of life which we express through mind, body, and psyche.” Harville Hendrix

Imago Relationship Therapy was created by Harville Hendrix and Helen Hunt who wrote the book, *Getting the Love You Want*. This is the thirty-year anniversary release of the book this year.

Imago means “picture” or “the mature stage of a butterfly.” The theoretical model of Imago therapy includes descriptive techniques of working with couples and the polarized concepts of each partner being either a maximizer or a minimizer, and the idea that we marry someone we are fundamentally seemingly incompatible with. This incompatibility reflects a longing to integrate a lost part of the self, a wounded part from childhood that can be healed by loving a partner who reflects the parts of our personality which we have denied in our own psyche in order to survive our childhoods.

Imago relationship therapy includes dialogue techniques or active listening, mirroring, empathy and validation, and behavior/change requests. Therapists help clients work in dyads in couple’s therapy where, with their partner, they will create the healthy relationships they desire, and which can then heal them from their childhood wounds.

Imago uses neuroscience research, and some attachment theory, as well as object relations theory. The basic tenets of Imago Relationship Therapy are based on the idea that there is no coincidence that we choose the mates we do, based on their similarities and differences from our own childhood experiences.

Orli Warhman, an Israeli Certified Imago Relationship Therapist says, “The Imago process theory heals clients from wounds in the four basic stages of development from the early childhood years. The couple learns how to be both connected and differentiated. From one

session to the next, the brain creates a new positive imprint, on the top of the negative experience, and gradually a couple can move from a power struggle to a joined journey of understanding and connection.” (Wahrman)

The Imago Dialogue Process

The dialogue is a structured technique that therapists can use to help couples to communicate when they are frustrated or just want to feel more intimate around sexual frustration and difficulties. This dialogue process simply means that one person will talk (the sender) and the other person will listen (the Receiver). And then the couple will switch. This structured active listening process is a way to deal with conflict in a relationship that lets each partner feel heard. The dialogue process includes mirroring, validating and empathizing.

To practice the technique, a therapist can have each partner share their thoughts and feelings on a topic, one that each agree to talk about in a given session. The process is a structured dialogue led by the therapist, but one where the couple participates fully.

The couple chooses who will be the sender and who will be the receiver first. The sender begins by saying one thing they feel about the topic, and then the receiver mirrors back what they hear. The sender begins and the receiver mirrors what their partner says. The therapist leads the couple through the process, keeping the container of the dialogue safe, allowing the couple enough structure so that they can relax into the back and forth conversation, but encouraging them to go deeper into their feelings if needed.

It is best to start with something easy and not too triggering. When the sender shares their feelings, the therapist encourages the receiver to ask, “Is there more?” This is a way to let the sender know that whatever they say is welcome and gives the receiver a chance to listen while mirroring back, as close to exactly as possible. The receiver continues to mirror and ask, “Is there more?” until the sender says, “That’s enough for now.”

The receiver is then encouraged to validate and empathize. Validation sounds like, “It makes sense, knowing you the way I know you, that you might feel this way.” The listener or receiver tries to express their understanding of what their partner might be going through, even if they don’t agree with it, or aren’t having the same experience.

The next stage is empathy. The empathy would sound like “And I imagine you feel...” and the listener would try to share some feeling words with the sender, to see if they understand what the sender is feeling emotionally about what they are expressing.

This process allows each partner to share their experiences while being heard and understood. The goal is not to agree, but simply to be heard and to feel their partner has empathy for their experience and is not focused purely on their own pain.

Next, the partners switch and the receiver sends over their thoughts about the topic.

This Imago Dialogue a good format to practice as the couple continues to move into more difficult conversations and deeper conversations. It is a good container for conversations about sex and intimacy, that for many couples have been traditionally more triggering or emotionally loaded

The Imago dialogue can make a partner feel seen and heard and gives a space to the conversation so that the therapist does not have to be in control of the conversation but turns the dialogue over to the couple. It also allows time for the couple and the therapist to listen and hear what is being said without having to reply or jump into any action.

The following is a dialogue example to help use in sessions, to follow the process.

The Dialogue Process - Example

Sender: One thing I would like to say about this topic is:

Receiver: (Mirroring) So one thing you would like to say about this topic is: (simply repeat what they say) Then ask: Is there more?

Sender: Yes, I....

Receiver: (Mirror) Then ask: Is there more?

Sender: No, that's good for now.

Receiver: (Validate) Knowing you the way I know you it makes sense you would think that/feel that because:

OR (if it does not make sense) Tell me more about that:

Did I get that?

Sender: Yes, you got it.

Receiver: (Empathy) I imagine you must feel: And: Are there other things you feel?

Sender: You got it.

Receiver: Thank you for sharing this with me

Imago and The Therapist

The therapist's role in the Imago dialogue process is to facilitate the mirroring, keep the sender and receiver in the process, and help them contain anything that triggers so much emotion that it may prevent them from staying in the process.

The goal is not to become so rigid that fluid conversation is banned from the treatment room. Mirroring should not need to be so perfect that the couple feels shamed or embarrassed when they don't get it right. But there should be enough structure to allow for a relaxed and trusting reliance on the therapist so the couple can take a break from their regular routine and decrease the power struggle that may follow them into the treatment from their normal lives. Once the dialogue process feels comfortable, the therapist can guide the couple into more intensive sex and couple's therapy conversations. The dialogue is a safe place for interventions around affairs, desire issues and sexual dysfunctions. (Nelson 2012)

Sex and Couples' therapy

Sex therapy can create or restore long-term passion and facilitate erotic recovery with couples. This begins with teaching good communication skills in couples therapy, and can be reinforced through the mirroring, empathy and validation techniques of Imago Communication skills that are unique to the processes in Imago Relationship Therapy and can be introduced in the initial phases of sex and couples therapy treatment as well. These skills may continue into the secondary stages of therapy and most certainly into the final stages of treatment where the vision of the couples' relationship can be established. (Hendrix, 1998; Nelson, 2008)

Couples have a greater likelihood of staying together, and for longer periods of time, when they improve their communication skills around sexuality. (Nelson, 2008)

Couples can be taught to explore their sexual needs together in the couples' therapy and the type of skills taught in Imago Relationship Therapy can provide a unique structure in which to explore fantasies and desires. This can give the partners the experience of being seen and

heard. (Nelson, 2008, Masters, Johnson, Kolodny, 1982) Paradoxically, experiencing the safety to talk to each other in the couples' therapy session begins to loosen the tension that has been held with the secrets that many times come with sexual dysfunctions and problems in sexual relationships. Although sometimes the secrets in and of themselves are what has kept the erotic energy in the relationship. This must be explored. (Bader, 2002)

Using the Imago dialogue couples can practice being totally present for the other, creating a safe place and allowing their thoughts and feelings to be truly heard and valued in the session. They can also take the skills of the Imago dialogue home with them to practice after the session.

Childhood

Even in the best of childhoods, we sometimes don't get our most basic needs met. Many times we choose a partner that fills the needs from childhood that were left out of our parenting. Mom doesn't always hear us when we cry; dad doesn't always come running when we are hungry. It is okay to be a "good enough" parent. Being a good enough parent enables children to grow up and take care of ourselves as independent, functioning adults. But we also grow up seeking and craving another person who will fill all of our unmet needs from childhood.

This explains part of why we are attracted to the people we fall in love with. We feel they fulfill us in ways we cannot be whole when and if we are alone. We love who we are when we are with them. We feel safe, and connected, and relaxed.

At some point, though, when that romantic phase ends, we might find that our partner doesn't seem as perfect and sexy as they did when we met them. They are no longer filling all of our needs, emotionally or sexually, and they might even be critical or shaming. They can withdraw from us or attack us. And now we are not quite sure how to get our needs met.

We then enter into a power struggle phase or conflict stage of marriage and then we settle in. We can split off our sexual needs, and compartmentalize them, hoping that at some point later on we can take them out and get our needs met.

George and Helen came into my office to talk about their issues around sexuality. For many years they had been in a sexless marriage. They both had experienced difficult childhoods,

and were ashamed of their fantasies. They wanted to learn find a place of trust for sharing their erotic needs. they were coming to therapy to create safety and trust, to learn a way to have a conversation about sex.

George and Helen came to my office and Helen said, “Sometimes I have a fantasy that if I trade in my partners for someone new, we might be happier. And when I imagine being with someone else, for a while that feels better, because I fantasize about a new husband. I get to experience the romantic phase in my mind, and all is well for a while. However, slowly we slide back into conflict and outcome the sweatpants, and we find ourselves back in that power struggle place where our sex becomes maintenance sex.”

George said, “I guess I use I use sex as score keeping. If I am mad at Helen, how can I have sex with her? If she’s not doing what I want, I still want to be with her, but I can’t.”

I tell George and Helen, “We partner with the people that have the positive and negative traits of our parents, partners who have the capacity to meet our needs emotionally, but also have the capacity to rewound us in the same places that our caretakers did. No one can wound us like our partners it seems.

The good news is that no one can heal us like our partners either. Since we have chosen our Imago, or the “Image” of the person we need to heal us, we can increase our awareness of each other and learn how to restore our own sense of being alive and whole.”

Most of the time when we are having a “conversation” with our partners, especially if it about something conflicted, we have a tendency to prepare our “rebuttal” before they even finish their sentence. We respond and cut them off before they finish their thought. They are not heard, and not seen for who they are or what they are trying to say. We make assumptions about what they are thinking and go ahead with our thoughts without giving them space to allow a dialogue.”

Helen said, “This makes it very difficult to have a conversation about sex. Sex is a difficult conversation us. It brings up emotional conflict and pain and we avoid it as a result. We have trouble listening to each other normally, a conversation about our sex life is very threatening, at least to George.”

“I want to talk to Helen and I want to have sex,” George said, “I don’t know what to do.”

Appreciation Dialogue

Using these skills of mirroring, validating, and empathizing, couples learn how to have difficult conversations without focusing on how they want to respond, but instead learn to listen closely and focus on what their partner is saying, and then replying with the active listening.

Couples are much more open to hearing what their partner says when the conversation in a session begins with an “appreciation.” An appreciation can be a compliment or something one partner notices in a positive way about their partner, but may fail to mention normally. Many times in the later stages of a relationship (after the first three months) partners fail to mention the positives and start focusing instead on what makes them unhappy. They begin to criticize and are open about what makes them unhappy in the relationship, or they are vocal about how they are not getting what we want.

Behaviorists tell us that in order to extinguish a negative behavior we should ignore it, not exert pressure on someone to change it. To get more of a positive behavior we should appreciate it. Remind a partner what you appreciate about them and you will get more of that behavior. This works particularly well talking to a partner about their sex life.

To have a conversation about erotic needs, it is important not to mention the things that don't seem to be working. A spouse can wound or shame a partner in ways that are hurtful and embarrassing.

The way to avoid this is by starting off a conversation with an appreciation dialogue.

I tell George and Helen that The Imago dialogue is a simple way to hold the space in order to talk about sex. I explain in simple terms that the Imago Dialogue has three parts; *mirroring, validating and empathizing.*

I let them know that *mirroring* is simply listening, but in an active way, without inserting your opinion. It means responding by only repeating what you have heard and “sending” the information back.

“Let's use this exercise to practice appreciation. Talk about something you appreciate, be specific, about something you appreciate about sex with your partner. I'd like you each to think about what you appreciate, and say something to your partner in the following way, ‘One thing I appreciate about you is...’”

George said, “I really appreciate you taking the time to massage my back this morning when we were lying in bed together.”

I guided Helen to respond, “So, Helen, can you please mirror back what George said to you?”

Helen said, “So what I hear you saying, George, is you really appreciate me taking the time to massage your back this morning when we made love.”

I explained, “In order to let George know that you understand his point of view, can you validate his experience? You don’t necessarily have to agree. It might sound like, ‘George, this makes sense to me; I know you really love it when I massage you.’”

George said, “Yes, and it really helped me to relax and want to have sex today.”

She validated him, “It makes sense George that you like it when I massage you because it relaxes you.”

I encourage them both and explain that the third part of the Imago dialogue is *Empathy*. “The receiver imagines what the sender might be feeling, and tries to step into their shoes, checking out if they have an idea what the sender is experiencing. It might sound like, ‘So I imagine you feel happy and turned on when I massage you.’”

Helen said, “So George you really appreciate it when I massage you and I am so happy that you are turned on.”

George said, “Yes, I really like it and it makes me excited to make love to you.”

I said, “To take this to the next level, you can use this dialogue process to talk about your sexual desires or even fantasies. There is nothing you or your partner needs to do except listen, and just mirror. The only response needed is empathy and validation. You don’t need to react to hearing your partner’s desires or fantasies by promising to take them into action, nor do you need to refuse to act them out. All you need to do for each other is hold the space by having the dialogue.”

I remind both of them, “Important things to remember about the dialogue are to first, remember to always ask your partner if now is a good time to talk. Sometimes we set ourselves up for disappointment if our timing is off. And two, when you talk about sex, always ask if now is a good time. Sometimes an appointment to talk about sex is a great idea, since a longer lead

time leads to a great erotic charge. Also, your partner might need a safer time or space to talk about erotic needs. Make sure your partner can commit to a later date or time. And finally, always start your dialogue with an appreciation.”

Sexual Fantasy Dialogue

Helen and George had gotten to the point in therapy where Helen was open and willing to hear George’s fantasies. She had not felt ready to talk about his needs up until now, she had anger and resentment toward him based on things that had happened in their past. He had been using pornography and she was upset that he had been hiding it from her. As a result of using the Imago dialogue process, she now felt comfortable enough to have these difficult conversations about the pornography and now she could talk about what she wanted in her sex life going forward.

George had never shared his fantasies with her before, and she was somewhat anxious but also excited to hear what he had to say.

George’s fears about telling Helen his true fantasies were deeply rooted in his past. He had some homo-erotic fantasies and feelings that had been part of his erotic template for many years. He had been afraid to talk about his fantasies of sex with men because of his childhood. When he was growing up his church members, and his family had been very clear with him that being gay was a sin.

In the session, I told both George and Helen that talking about sex didn’t mean agreeing to act out fantasies, but simply it meant they were appreciating one another. That talking and empathizing with one another about their desires showed real respect and caring for each other. Appreciation was a sign of integrity in a relationship. I reminded them that all they needed to do was to listen, empathize and validate.

Helen had spent her childhood being ‘kind.’ Her mother had taught her that ‘good girls’ did what they were told, especially when men asked her to do something, she was to listen and never argue. So she was, rightly, nervous about George asking her to do something that she did not want to consent to. I assured her that listening did not mean ‘yes.’ It simply meant that she could empathize with his experience.; that empathy did not mean acquiescence.

After several sessions of using the appreciation dialogue and practicing empathy and validation, they were both more confident and ready to share their true desires with one another. “I feel more confident and trusting,” George said.

I asked George, “Can you tell Helen your thoughts? Do you feel like you can share with her, without worrying that she will judge you?”

“Yes, I can use the Imago dialogue,” George said.

“Can you ask Helen if she is ready to hear your fantasies?”

“Is now a good time to tell you about one of my fantasies?” George said.

Helen said, “Yes now is fine.”

George said, “I am nervous, but I want to share this fantasy with you.”

Helen mirrored him, “So you are nervous, but you want to share this fantasy with me. Is that right?”

“Yes. Please don’t judge me, but....”

Helen said, “Oh, so you are asking if I would please not judge you.”

George said, “Yes. One of my secret erotic fantasies is to be with a man.”

Helen did not respond. “Can you just mirror him?” I asked Helen. Instead of reacting in any way, can you just hold the space for now and mirror?”

Helen said, “So one of your secret fantasies is to be with a man. Did I get that?”

“Yes,” George said. “I guess I have wanted that for a long time.”

Helen blanched, but instead of shaming George, she just mirrored his words. “So what I hear you saying is that you have wanted this for a long time. Is there more?”

George went on to describe a little bit more of his thoughts about being with a man. Helen was able to hear what he described, and more about why he felt the way he did, and I encouraged her to stop him when she felt like she had enough. He talked more, instead, about his fears.

“I don’t think I’m gay, I am just curious.”

She mirrored that, “So you don’t think you’re gay, just curious.”

George talked about his pornography use, and how he used the porn to explore some of his sexual fantasies.

I asked Helen if she could empathize and validate. “I know you have a lot of interest in sex. I get that you have fantasies about...things.”

“Well,” I said, “You are two different people. Does it make sense that for George, he has different thoughts, just like you have different appetites for different foods. And you might sometimes different sexual fantasies.”

“I do feel like I can tell you anything,” George said. Helen then began to cry in the session.

I said, “I can imagine that telling this fantasy was hard for you, but I imagine that it also made you feel relieved.”

“Can you share an appreciation for each other for this dialogue?” I asked both of them. It is important in Imago and Sex therapy to close the session with appreciations, to leave the couple with a positive sense of what was experienced in the session and act as a review of the progress made.

“Helen, I appreciate that you listened to me without judging me.”

“George I appreciate and love that you were so honest with me. Thank you.”

Finding the Sex that has been Lost

Imago Relationship Therapy is a proven psychotherapy technique. Couples and individuals hoping to recover and improve their relationships can focus on the dialogue and interventions.

Sylvia Rosenfeld, LCSW, and Sophie Slade, PhD, both Certified Imago Relationship Therapists, created a clinical training for therapists based on Imago theory and applied to sexuality issues called “*Finding the Sex You Lost*.” Rosenfeld says, “We are born whole and with our full aliveness. According to Imago theory there are two relational journeys that we go through as we grow into adulthood. The “psychological journey” and the “journey of socialization.”

Though both of these journeys influence our sexual being, the social journey is how our parents, our culture and our religion shape us to be acceptable in a societal context. This is done through what is spoken and unspoken, what is praised and criticized, and the skills we learn and those that are mirrored in a relationship.

Rosenfeld and Sophie Slade, both Certified Imago Therapists¹ and co-presenters in the workshop, say, “In order to please our caretakers and our community we attempt to find a balance between keeping our essence and being able to fit into our culture or society. As a result, aspects of our sexual self will be either over developed or under developed. This impacts our partner choice, and how we relate emotionally, and sexually. In adulthood we tend to choose a partner similar to our early caretakers, as well as one who has those parts of our sexual self that we have not [yet fully] developed.”

Sexual Incompatibility

Though this is not evident when we first meet our partners, when the Infatuation/Romantic stage is over, how our difference manifest become quite clear. Couples come to therapy saying they are incompatible sexually either because they have different sexual templates, are interested in different sexual behaviors or ways of being sexual, or have discrepant desire levels.

Rosenfeld says, “As an Imago therapist, I view this as an opportunity, not only to explore the messages given to them around sexuality, but also as an opportunity for growth and healing.” One way that Rosenfeld uses Imago therapy techniques and sex therapy to help couples “form a secure functioning relationship, helping them to understand each other sexually, and helping them to collaborate in order to have a more positive sexual relationship,” is to “...assist each partner in exploring the messages they received growing up around sexuality.”

The following dialogue is structured to create conversations between couples to explore how these messages affect the current sexual partnership and move the couple into a healthier, more rewarding relationship.

The Lost Sexual Self Dialogue (adapted from the Lost Self Dialogue (Rosenfeld, Slade, 2019)²

One tool for couples with sexual issues in sessions developed by Rosenfeld and Slade is is The Lost Sexual Self dialogue, adapted from The Imago Lost Self dialogue. (Rosenfeld, Slade, 2019)

Using the sentence stems below, both individuals and couples can use the dialogue to talk about how their childhood influences led to their current relationship decisions.

This dialogue can be used in a session or at home. Each partner can complete the sentence stem, sharing with their partner, privately or with a therapist in the session. The partner can mirror back each statement, reflecting, validating and empathizing what they hear. These sentence stems can be the beginning of a longer conversation or a deeper session.

A positive message I received in childhood about sex was...

A negative message I received about sex in childhood was...

A decision I made as a result of these messages was...

The way that this impacted my past sexual experiences was...

The way that this impacts my current sexual experience (with you) is...

A new message I can give myself is...

An action I can practice to reflect that new message is...

As I complete this process what I experience is...

People who grow up with messages around sexuality may be given repressive or negative messages around sex that can influence their present relationships. It may influence how they give and receive sexual pleasure.

Messages that include appropriate sexual messages include:

- It's ok to think about sex and to fantasize
- It's ok to be you sexually
- It's ok to experience all your body senses including sexual ones
- It's ok to move your body
- It's ok to talk about sex and your sexual problems
- It's ok to be sexually alive
- It's OK to feel and express your sexual feelings
- It's ok to initiate sexual contact.

Negative repressive messages include:

- Don't be sexual
- Don't be fully alive in your body
- Don't express your sexuality
- Don't be yourself sexually

Other messages impact that impact sexuality in the domains of Thinking, Sensing, Feeling, and Acting are as follows:

Thinking-

- Don't think about sex
- Don't think certain sexual thoughts
- Don't talk about sex
- Don't express certain thoughts
- Don't be curious or know about sex

An example would be a person with a restricted or absent fantasy life. Someone who does not know what they like sexually, or can't tell their partner what they like. A person who might be obsessive, anxious, and in their head during a sexual experience.

Sensing-

- Don't experience your body.
- Don't touch yourself
- Don't smell bad
- Don't experience all your senses

These messages may result in a person who rushes through a sexual experience, is goal and performance oriented, and probably more genitally focused.

Feeling-

- Don't feel aroused or excited
- Don't enjoy your sexual feelings
- Don't show your sexual feelings, or sexual pleasure
- You should feel ashamed of yourself

These messages may result in a pleasure inhibition, or a person who might find it easier to be sexual when not intimate.

Acting-

- Don't move your body
- Don't move your hips thighs or pelvis
- Don't initiate physical or sexual contact
- Don't be spontaneous

This person may have difficulty initiating a sexual experience. They may restrict themselves with regard to positions. They may move just little, and can be rigid rather than loose and relaxed. (Rosenfeld, 2019)

Sex Therapy and Imago Therapy in an Israeli Clinic

Orli Wahrman is a sex therapist in Israel, where she sees couples in her clinic using Imago therapy. Eliezer and Shoshana, both in their twenties, were referred for treatment for Vaginismus and pain upon penetration. Vaginismus is currently defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) as a Genito-Pelvic Pain/Penetration Disorder. Vaginismus is the inability to achieve vaginal penetration despite a desire to do so. This results in sexual and non-sexual (gynecological examination, tampon, dilators) aversion to vaginal penetration owing to actual and/or anticipated pain. This was effecting their relationship in negative ways and they needed a therapist to help with communication as well as to heal the sexual dysfunction.

Shoshana and Eliezer were both from closed, conservative and families where girls marry early, and where there's pressure to have children and maintain a large family. Shoshana and

Eliezer decided to get help after a year of marriage and daily attempts to have sex. They were starting to feel the pressure in their marriage and from Shoshana's mother.

The couple seemed relatively modern; Shoshana didn't cover her hair as most married traditional or religious women do. They were well educated, and had a very loving relationship.

Apart from the sexual penetration problems, they said that they had become extremely worried about being able to "succeed," and that even the hugging and kissing wasn't "as sweet" as it had been in the beginning of their relationship.

They were referred for Physiotherapy, or Pelvic Floor Therapy, far enough away from their home village to help them feel they could keep their privacy. The work with the Physiotherapist continued for eight months, and the couple came to therapy once a week. At times, Eliezer came alone, to help him understand the problem, learn to be empathic, and to help him manage his overwhelming feelings.

The first task with Shoshana was to help her trust the physiotherapist, and the therapist, and to help her to ease her anxiety. She felt inadequate, full of shame and guilt. What developed was a parallel process; the safer she felt with both therapists, the more her body relaxed, and, as a result she felt more confident and satisfied with herself and the therapy.

Eliezer worked on his feelings of being inadequate as a man, not desired by his wife and blaming her; "If she only wanted me enough, there wouldn't be any problem." Or, "If I'd be more of a man, she would..."

In the office they sat in separate chairs, facing each other, looking into each other's eyes, talking in turns, one at a time. This structured framework invites a way of being present, enabling each partner to understand, validate and empathize with the other, without the need to agree.

In the hour and a half session, the time is divided between a report on their sex life, learning how to enjoy their sexuality and bodies without penetration, and the second half of the session to the Imago dialogue.

Shoshana is the highly competitive partner in the couple. As a little girl, she grew up in a family that didn't allow for any mistakes. She's also a very independent adult in a society led by men, making her own decisions, including what to study and where, choosing to live in a dorm during college, and moving away from home. She's close to her mother, but guards her

boundaries and her independence. She's scared to death of telling her mother about her "failure," her Vaginismus 'problem.'

Eliezer comes from a family of girls, and his older sister has always been like a mother to him. He wants to be a man in his house, but presents as quite diffuse in what he's asking for, and has a hard time with Shoshana's strong will.

Other times he can be manipulative to get the things he wishes for, instead of being honest and direct. When Shoshana discovers this scheme, she can become quite upset and angry, which results in Eliezer pulling away, and the couple might not talk or connect for days.

In the session, they talk about an incident where this long-lived dynamic between them is discussed. They process their family histories, their childhood wounds, their defenses and how these things influence the relationship and their sex life.

Shoshana talks about how difficult it is to enjoy their love making, she keeps thinking about the Vaginismus problem, and her problems with penetration. Eliezer mirrors, validates and emphasizes. In his turn he complains about her not appreciating his efforts to be patient and empathic, and about her not making the efforts to find out what gives him pleasure.

At the end of the session, they work on each needing to be appreciated by the other; that even though the "situation" isn't perfect, they can enjoy each other, and be emotionally and sexually satisfied. Eliezer sees that Shoshana can be more attentive to him, and less preoccupied with the Vaginismus if he expresses his wishes and desires in a specific way, so that she can experience success when attending to him.

Competitive Shoshana is supported to not work so hard, and to appreciate Eliezer's efforts, and Eliezer is encouraged to say more, initiating more, and ask for what he likes, both in life and in sex, teaching him to focus on his own pleasure.

The therapy is a parallel process to what Shoshana goes through with her Physiotherapist, where she learns to loosen up, and open her body first, then her vagina. She works on the issues of control and achievement, and with Eliezer she focuses on their sex life with Sensate Focus techniques.

In the Sensate Focus exercises, the couple learns how to give and receive pleasure as they move gradually from learning to touch, explore and enjoy their different body parts, to the sexual organs, and at the same time, overcoming their anxiety and fears.

After five months, the couple both report they have a more satisfying sex life without penetration. They both reach an orgasm, and enjoy touching and exploring each other's bodies. After 8 months, there is a positive response to the Vaginismus treatment, which can be hard to treat and persistent. Shoshana has learned to use the Vaginal Extender to widen her vagina, and to allow her fingers and tampons to penetrate. She feels she has the knowledge and ability to loosen up, and open herself, and sees the problem as solved.

Around this time in the treatment, Eliezer starts having an Erectile problem. He's stressed, loses confidence in himself, and becomes fearful to get into "it" again. He wonders if he will "find the door closed." He feels he "isn't a man, he isn't worth anything," and he's afraid his wife will eventually exploit this situation, and he won't be able to fulfill his role in the family.

Shoshana grows gradually angrier in the dialogues. She complains he's not trying enough, and doesn't want to work on what becomes "his" problem now. She says to Eliezer that she has fulfilled her part of the deal, which was almost unbearable for her, and now it's his turn. She's also willing to be present, if he wishes her to.

At the same time, she expresses sadness and regret, that they're not like all "normal couples." She talks about seeing all her friends having children, and her feelings of yearning and loneliness. With encouragement, and Eliezer's permission, she shares their difficulties with two friends, and to her surprise finds that they are also dealing with their own problems. Having friends to talk to she feels relieved of some of the pressure she felt from keeping the secrets of her relationship issues in the past.

Eliezer comes in for weekly sessions individually to work on his erectile dysfunction. Eliezer seems locked in his feelings of inadequacy and shame, and is not very eager to work on his anxiety. He reads books and articles about Vaginismus and Erectile Dysfunctions but realizes this process is going to take a long time.

It is suggested that Shoshana see a Gynecologist to discuss their fertility issues. At first they're reluctant, then willing to try. The process of becoming pregnant decreases the outside pressure and they are more willing to look at their patterns, and make an effort to overcome them.

Shoshana is able to get pregnant and they continue to come to therapy before the new baby boy is born. Together they work on their issues of performance anxiety both in life, and in

their sex life. Eliezer and Shoshana stopped therapy when the baby was born. (Wahrman, Orli, 2019)

Enhancing Sexual Satisfaction Through Couples Therapy

Desire starts in the mind. This means that couples must get in the mood for sex by creating the atmosphere for erotic connection and by expressing affection. They can create emotional and sexual satisfaction. Doing dialogues about how sexual issues have affected their adult selves, exploring sex and its physical effects on their erotic lives, and talking about how the messages about sex have been brought into their relationships are all a part of therapy with couples.

Using Imago therapy and the techniques in *Getting the Sex You Want*, (Nelson, 2012)³ therapists can enhance communication techniques. Encouraging communication about sexual fantasy can lead to a new erotic connection and erotic recovery. Sex is more than just mechanicals and physical directions. Talking about sexuality can help couples create more passion aliveness in their relationship.

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