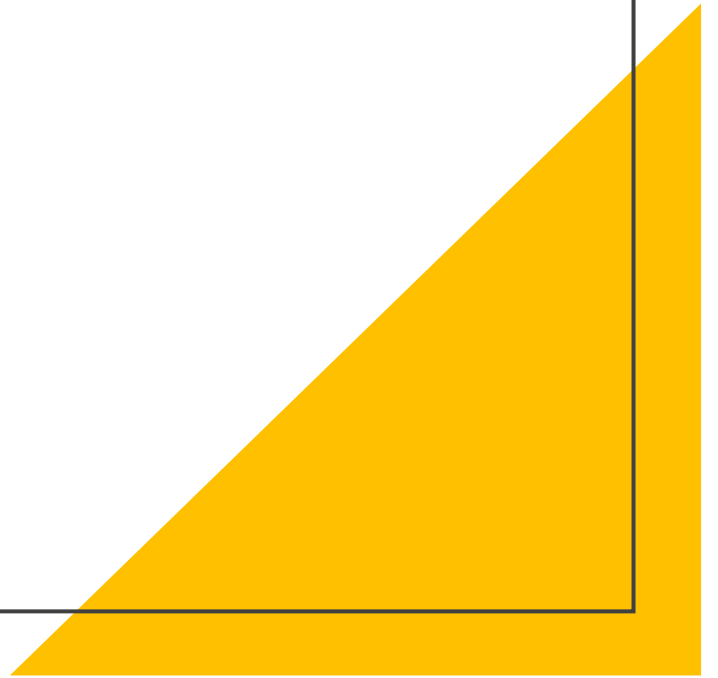


# Contemporary Male Sexuality: A New Model

Barry McCarthy, PhD



## Traditional Views of Male Sexuality

Handouts -page 2, 3,4,5,6

Confront traditional myths about  
male sexuality.

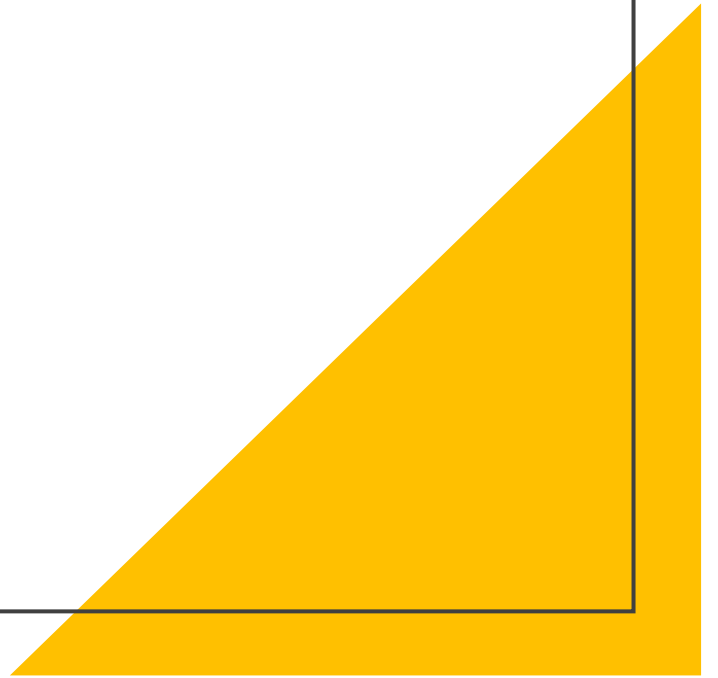
Confront simplistic approach-male  
as sexually superior on one extreme  
or demonized on other extreme.

- Focus on
  - pleasure, acceptance
  - sexual equity
  - Good Enough Sex (GES)
  - acceptance of strengths and vulnerabilities

New  
Focus

- Confront Shameful Secrets

# Secrets



# Core Sex Therapy Concepts

One size does not  
fit all.

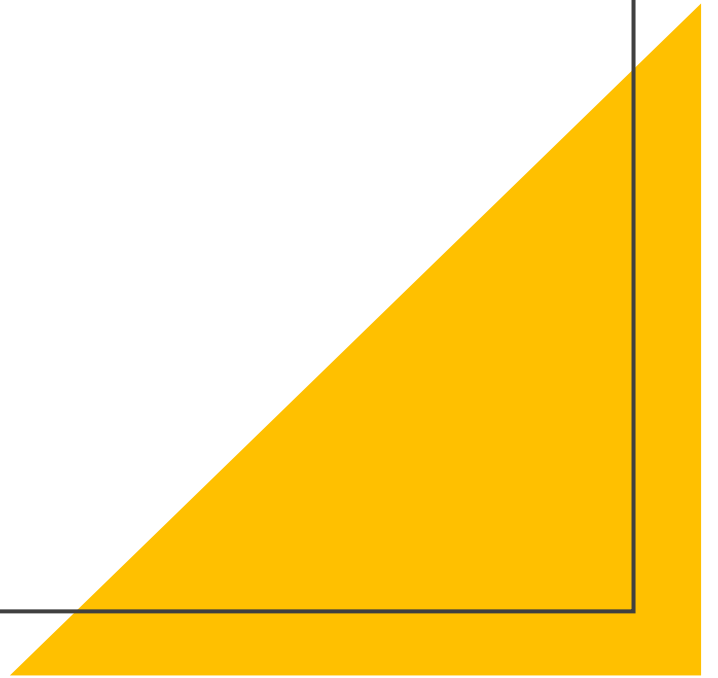




Why Men Stop Couple Sex.

# 4-Session-Assessmen-Model

Case study example



# More on Secrets

- Ethical issues in sharing sensitive/secret material from individual psychological, relational, and sexual history.



# 90-minute Couple Feedback Session

- Core Role
- Therapeutic Goals

# Couple vs. Individual Therapy

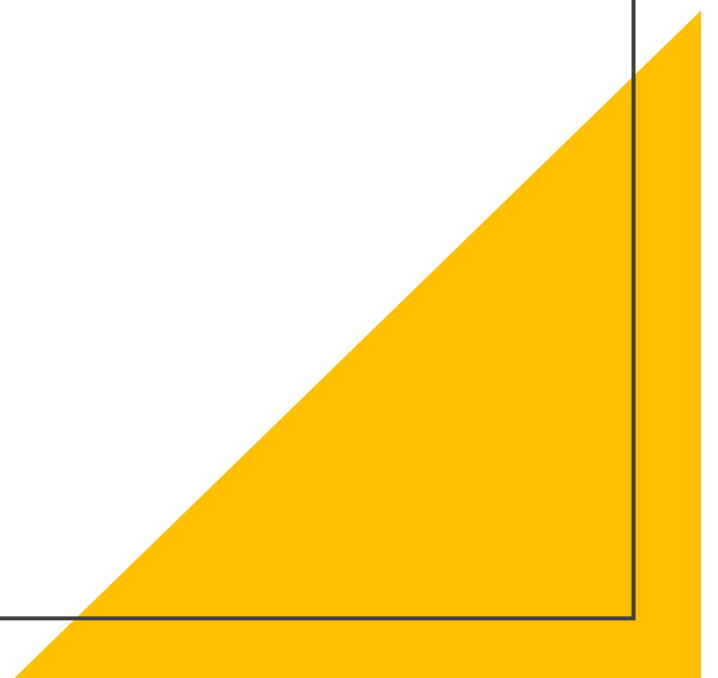
Core Concepts

Ethical Considerations

Therapeutic Techniques

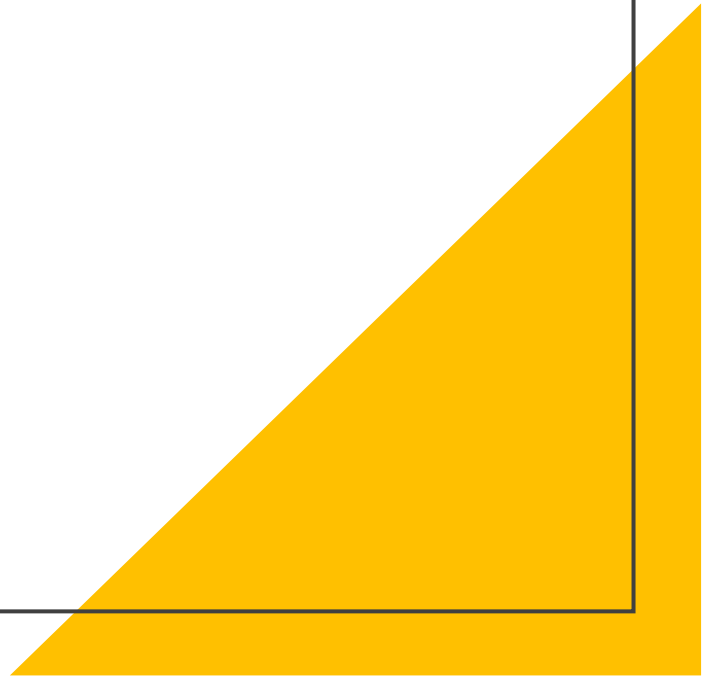
# Psychosexual Skill Exercises

Implemented at Home.



# Relapse Prevention Plan

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Handouts 7-8,9-10,11-  
15,16-18,19-20,21-  
22,23,28-29

---

Male  
Sexual  
Dysfunction

Biopsychosocial model for  
assessment and treatment



# Treating Erectile Dysfunction- Good Enough Sex (GES)

- Wax and wane erection exercise, building erectile self-efficacy, Viagra vs. Cialis, vs. penile injections.

---

# Male Low Sexual Desire

Dialogue about redefining sex to include sensual, playful, and erotic scenarios in addition to intercourse

Subjective arousal is more important than objective arousal

Confront intercourse or nothing mindset

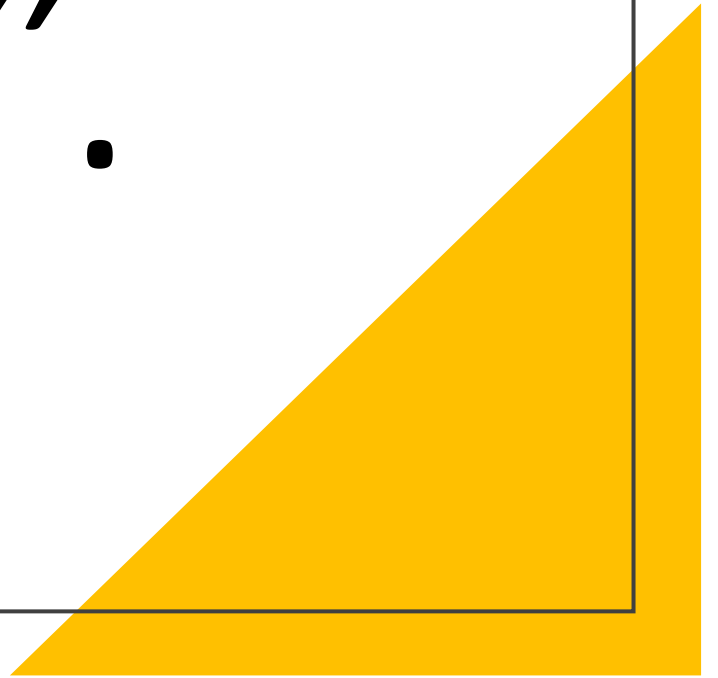


# Male Desire

Desire as

- Anticipation
- Deserving
- Freedom
- Choice
- Range of Scenarios and Techniques

“Responsive  
Male Desire”.



# Biomedical Interventions

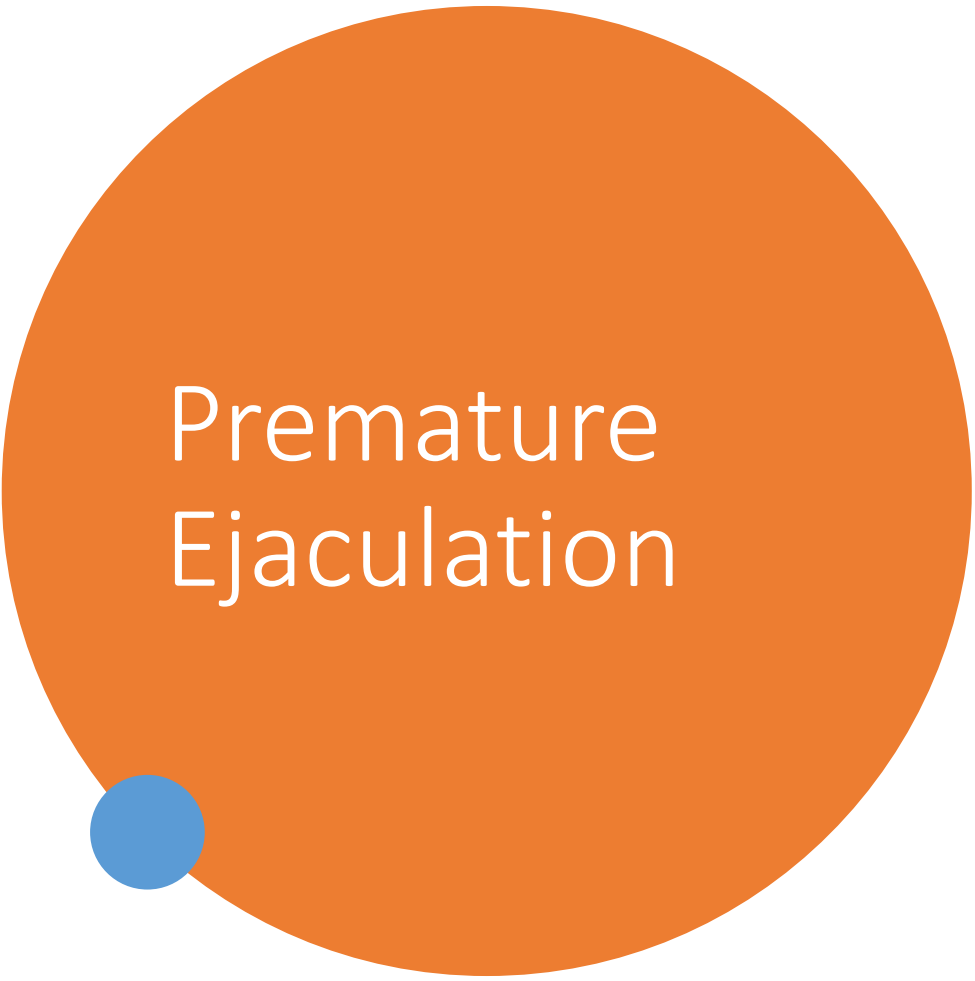
Bio-medical interventions  
incorporated into couple  
sexual style, not stand-  
alone intervention.

Primary and  
Secondary  
Ejaculatory Inhibition.

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# Enhancing Subjective Arousal

- Treatment strategies to enhance subjective arousal before transitioning to intercourse
- Multiple stimulation before and during intercourse, and “orgasm triggers.”



# Premature Ejaculation



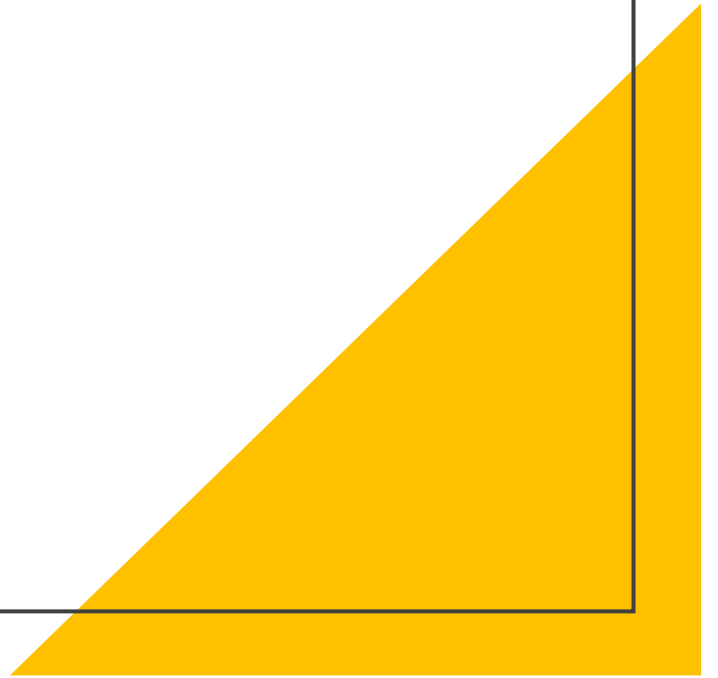
Treatment strategies and techniques  
for PE to develop ejaculatory control

Do not reduce arousal-identify point  
of ejaculatory inevitability and  
practice arousal in 6-8 range.



Stop-start technique and Realistic Goals.

Handouts Pages 32,33,  
38-39, 40, 41-42, 50





# Authentic Sexual Self

Identify  
and  
reinforce

Identify and reinforce the man's "authentic sexual self" and integrate into couple sexuality

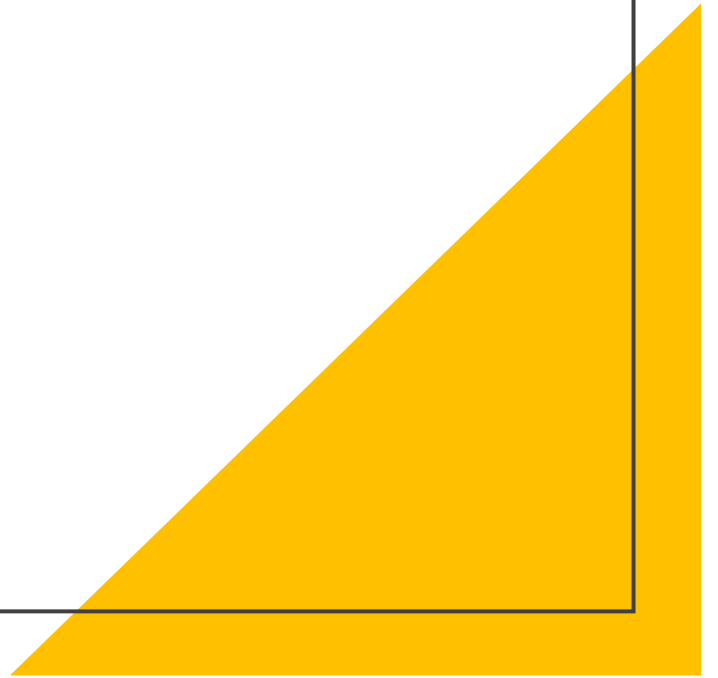
Confront

Confront contingent sexual self-esteem and contingent relationship.

Replace

Replace shame with self-acceptance.

# Extra-Marital Affairs (EMA)



Assess, do  
not assume  
about  
affairs.

Male high opportunity/low  
involvement most common.

70% of marriages survive EMA-  
especially male EMA.

Males more likely to marry EMA  
partner-high risk for second  
divorce

# Treatment of Affairs

- Therapeutic strategies include
  - genuine processing of affair themes,
  - creating a therapeutic letter,
  - not shaming the spouse.
- When man is the injured partner: ensure that he does not take the “hyper male response” and accepts he can’t have a “do over”.
- If stay together create a new couple sexual style and new trust bond.

# Relapse Prevention

Develop a relapse prevention  
plan-power of change is in the  
present.

5-8% of couples develop a consensual non-monogamy agreement.

# Consensual Non- Monogamy

# Sexual Orientation and Male Sexuality

Sexual orientation- genuine emotional attachment and erotic charge

Use and misuse of heteronormative, 3.5% gay, 1.5% bisexual+, .5% asexual.

Goal of being a first-class gay man in a first-class relationship.

# Trauma

---

Confront male shameful  
secret and contingent  
sexual self-esteem.

---

Proud survivor vs.  
shameful victim-living  
well is the best revenge.



# Couple Sexuality and Past Trauma

---

Couple sex therapy with power to veto

---

Themes, not details

---

Do not inadvertently reinforce PTSD.

---

Variant arousal-strategies of  
acceptance, compartmentalization, or  
necessary loss

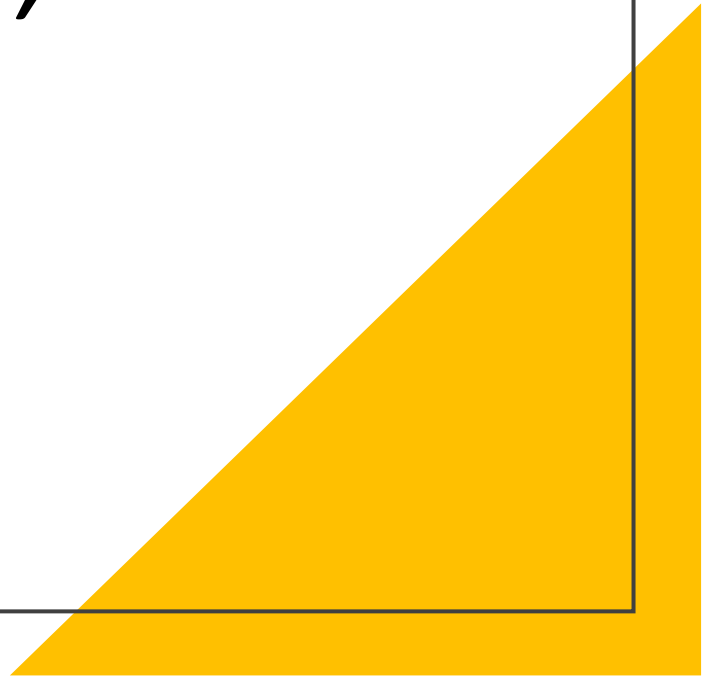
# Partner Role

Partner role and  
asynchronous couple sexuality

Variant vs. deviant arousal

- force,
- children,
- public sex,
- manipulation

Handouts- Pages 43-  
44,51, 52-53, 54-55, 58

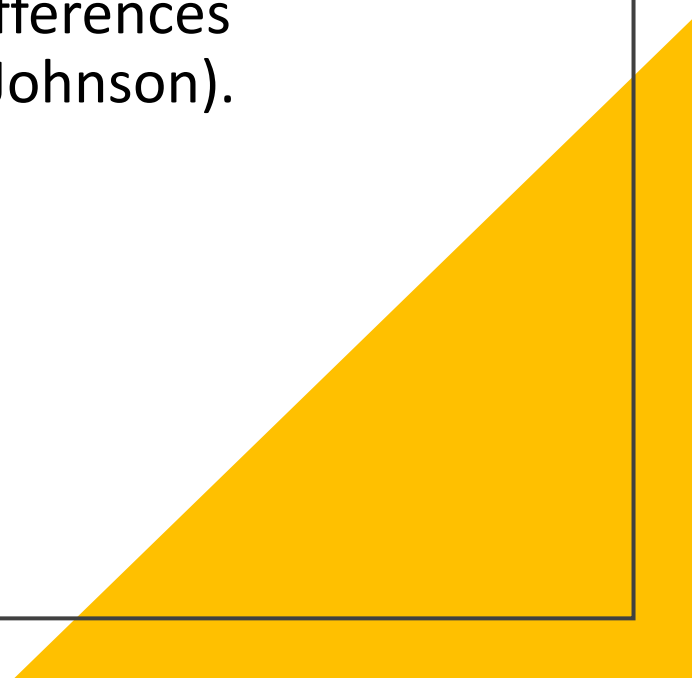


# Relational Style vs. Sexual style



# Marriage Therapy vs. Sex Therapy

Marriage clinicians emphasize  
secure relationship and  
dealing with differences  
(Gottman and Johnson).

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# Marriage Therapy vs. Sex Therapy

Sex clinicians emphasize sexual autonomy (sexual voice) and balancing intimacy and eroticism-Perel and Nelson.

Pluses and  
vulnerabilities  
of each sexual  
style

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Complementary

---

Traditional

---

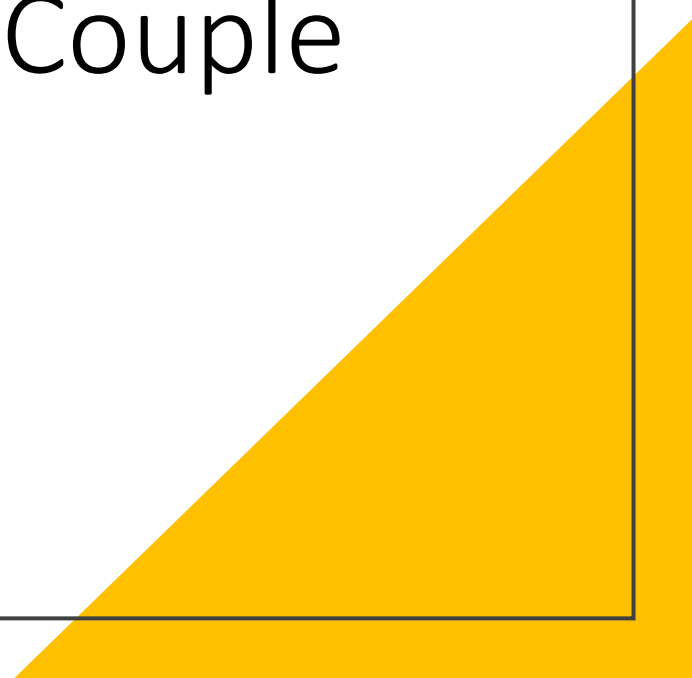
Best Friend

---

Emotionally Expressive



Most common choice-Best  
Friend Relational Style and  
Complementary Couple  
Sexual Style





# Fatally Flawed Marriages

Sexual Orientation

Negative Reasons to  
Marry

Core Incompatibility

# Treating Single Men

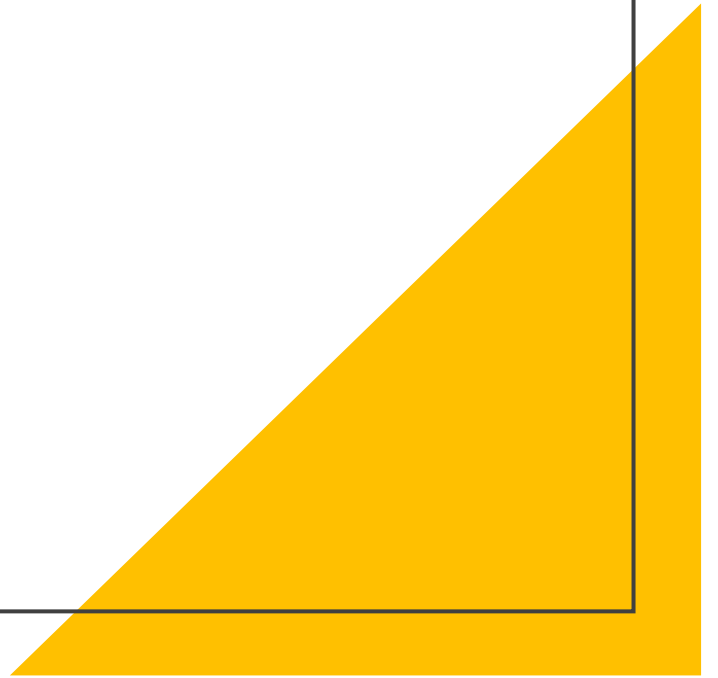
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Choose based on  
comfort, trust, and  
attraction.

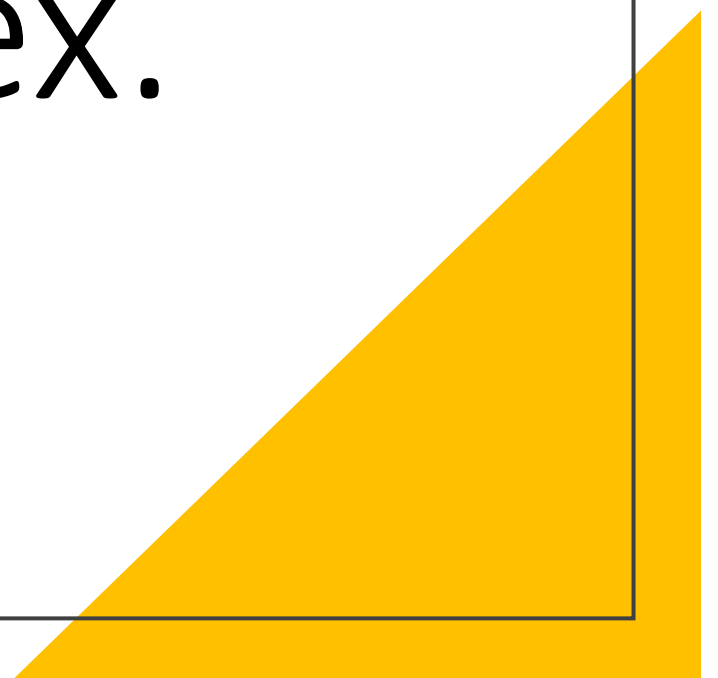
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Need to be sexual  
friends-not marry for  
anti-erotic reasons.

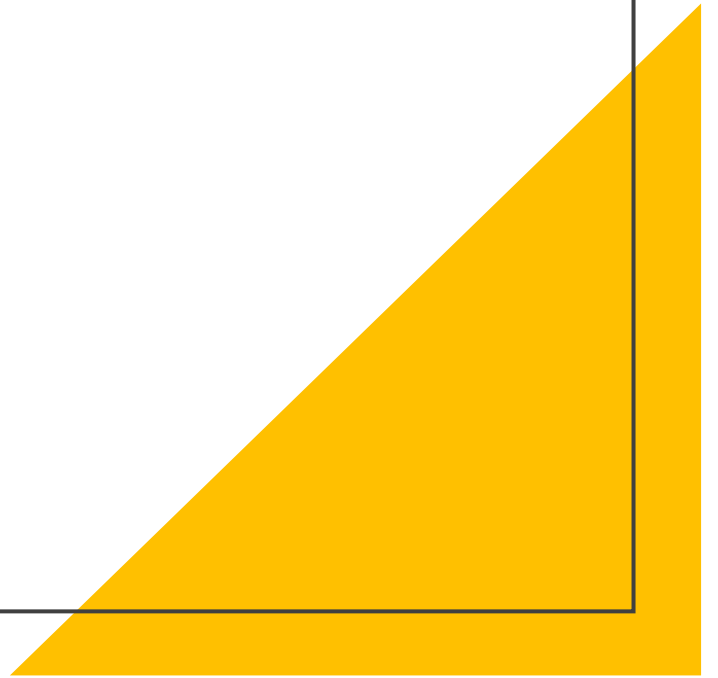
# Sex and Aging: Theme of Satisfaction and GES



# Why Men Stop Having Sex.



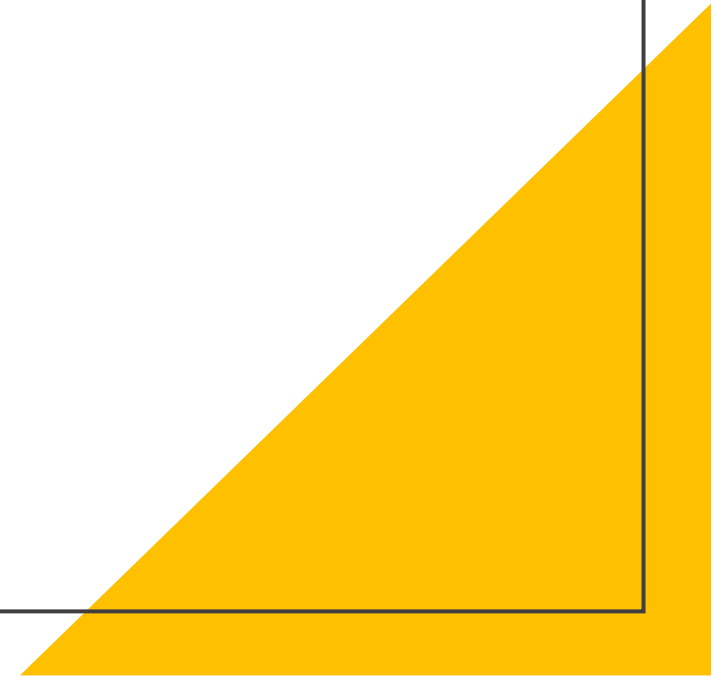
Show-up vs.  
Grown-up  
erections.



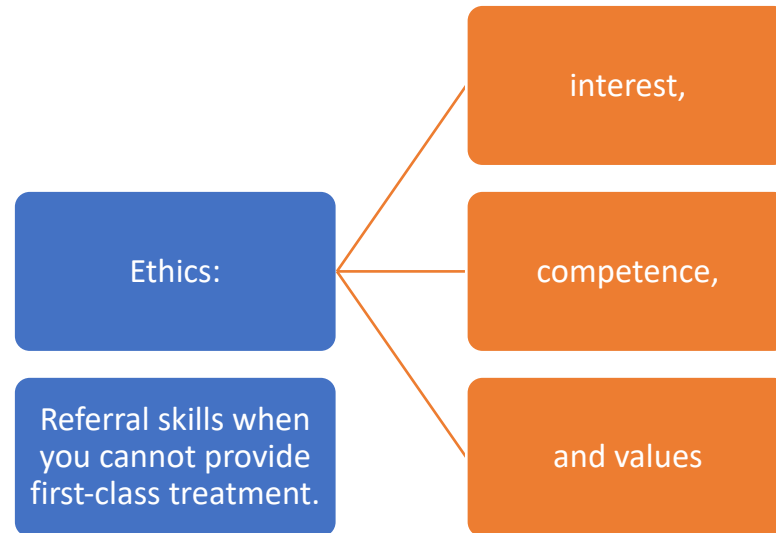
# Acceptance of Non-Intercourse Sexuality



# Professional and Personal values



# Ethics





# Prevention Plan

Creating an individualized relapse prevention plan

Ideally 6-month check-in for 2 years-at least one follow-up session

A specific anti-avoidance plan

Set new goals so you don't treat  
sexuality with benign neglect.



# A New Model of Male Sexuality

Pleasure-orientation, not performance

GES expectations not perfect individual performance

Female-male sexual equity, not double standard

Couple approach rather than individual therapy-woman as intimate and erotic ally

Acceptance with vulnerabilities, not strong man always in control