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“Don’t Look Now”: The Role of Self-Focus in Sexual Dysfunction

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Couples and family counselors are in a position to aid in the remedy of sexual dysfunction when it has a cognitive or psychological basis. One important source of sexual dysfunction is cognitive distraction that results from certain forms of self-focus during sexual activity with a partner, a phenomenon sex therapists have labeled spectating. I briefly describe the various ways such self-consciousness is associated with sexual dysfunction and the vicious cycle that often results. I also introduce sensate focus, the primary therapeutic intervention that has been promoted for spectating. Although often overlooked, spectating and sensate focus may not be equivalent for men and women. Accordingly, shortcomings in applying the standard techniques to all cases are highlighted, and alternative interventions are described.

What makes for great sex? The question is intriguing, and proposed answers sell magazines. However, the actual answer probably varies widely across individuals (Morin, 1995). From the therapist’s perspective, the question much more likely to be posed by clients is, Why is my sex life so bad? Perhaps for this reason, despite what popular magazines might imply, there has been much more empirical research on this issue than what constitutes great sex.

How relevant to therapists are the factors that contribute to sexual dysfunction? A nationally representative sample of Americans revealed that more than 25% of women and 10% of men reported problems with a lack of interest in sex, inability to achieve orgasm, or finding sex not pleasurable sometime during the previous year (Laumann, Paik, & Rosen, 1999). The rates of such problems are likely to be even higher among those who seek couples counseling or family therapy. However, what can a counselor or therapist do?

Over the past several years, there has been a clear shift toward the medicalization of sexual dysfunction (Leiblum & Rosen, 2000; Schover & Leiblum, 1994; Tiefer, 1994). The preponderance of contemporary innovation in theory and treatment of sexual problems has revolved around the medical and biological. Still, psychological issues often play an important role in cases of sexual dysfunction, and it is in such

cases that couples therapists have an opportunity to effect profound change (Southern, 1999).

Psychological factors in sexual dysfunction include relationship conflicts (McCabe & Cobain, 1998), a history of sexually traumatic experiences (Becker, 1989; Petrak, 1996), sexual misinformation (Masters & Johnson, 1970), and faulty sexual beliefs (Baker & DeSilva, 1988; Gagnon, Rosen, & Leiblum, 1982). The specific factor considered in this article, however, has to do with interfering cognitions and self-focus or feelings of self-consciousness during sexual activity with a partner. Sex therapists refer to this phenomenon of self-focused attention as *spectating* (Masters & Johnson, 1970).

PARTICIPANTS ONLY (NO SPECTATORS)

The idea is that good sex is a participant activity. Being a spectator of someone else’s sexual activity can be arousing, hence the market for sexually explicit media. Being a spectator of one’s own sexual activity, however, can spell trouble. The issue first became apparent in certain cases of erectile dysfunction. In these cases, regardless of the initial cause of a man’s inability to obtain or maintain an erection, subsequent attempts were hampered by the man’s continued observation (spectating) of his erectile performance (Masters & Johnson, 1970). Monitoring the strength of his erections took his focus off of erotic stimuli, such as his own pleasurable sensations or his partner’s body or sexual response.

With spectating, the idea is that the individual’s body is present during the sexual activity yet his or her mental focus is elsewhere. A graphic illustration of the phenomenon is provided in the 1970s Woody Allen film *Annie Hall*. In one scene, the principal male and female characters are lying in bed, and the male, apparently aroused, is kissing the female’s body vigorously. The viewer of the film then sees a ghost image of the female rise out of her body and have a seat at a table next to the bed. The “ghost” lights a cigarette and disinterestedly watches the couple. Momentarily, the male stops his kissing and asks if the female is alright. He notes that it is as though she is not there.

Although this scene provides a vivid illustration of how one's body might be present for sexual activity while one's mental focus is not, it is not a perfectly accurate representation of spectating. The female in the scene shifted her cognitive focus away from the sexual activity out of apparent boredom or lack of interest. However, the concept of spectating involves the notion that one's cognitive focus is on one's own sexual performance or response. Also, an important distinction must be made. Earlier, I noted that one form of erotic stimuli to which an individual might attend is his or her sexually pleasurable sensations. Attending to these stimuli involves self-focus, yet it is not spectating. What is the difference?

An important ingredient in spectating is the cognitive expectations the individual holds regarding his or her sexual performance or response. Researchers typically have attempted to create spectating in the laboratory by threatening participants with some adverse consequence, such as electric shock, if the individual's erectile performance does not meet a certain standard (e.g., Beck, Barlow, Sakheim, & Abrahamson, 1987). The assumption is that such a performance demand will cause the individual to focus on his erectile achievement rather than on erotic stimuli. It is interesting that this procedure results in improved erectile performance for men who did not have erectile difficulties yet results in decreased performance for men with erectile difficulties (Barlow, 1986; Barlow, Sakheim, & Beck, 1983; Cranston-Cuevas & Barlow, 1990). The explanation is that the two groups of men differ with regard to their expectancies for erectile success or failure so that the threat of performance demand impairs functioning only among those individuals who expect to fail. In these men, the added threat further separates their mental focus from that which would be erotically stimulating. Similar phenomena have been demonstrated in the laboratory with women (Palace & Gorzalka, 1990, 1992).

What causes spectating? What are the consequences? Typically, the chain of events is set in motion with some perceived inability to function sexually to the individual's satisfaction. Once there is such a perception, there is now something to worry about. The next time the individual finds himself or herself in a sexual interaction with a partner, a mental bell goes off: Will I function this time? Will things fall apart? The only way to attempt to answer these questions at the time is to mentally monitor how one's body is functioning thus far. The problem is that doing so now shifts the individual's cognitive focus from erotic stimuli to estimations regarding penile rigidity or vaginal lubrication. Assessing one's own physiological arousal tends not to be sexy if one's performance is found to be lacking or if one starts with worry or the assumption that there will be a problem.

To the extent that mental self-focus and cognitive distraction interfere with sexual functioning and pleasure, a vicious cycle is set in motion. Sexual activity with a partner becomes aversive because of the anxiety, frustration, and embarrass-

ment that now have become part of the process. The individual is liable to avoid sexual activity with a partner, which often leads to relationship conflicts and an eventual attempt at sexual activity at some point in the future. Now, the pressure is really on. After all, it has been weeks since the last attempt. Have things improved? The partner has expressed concern or dissatisfaction, so the troubled individual is aware that the partner also will be "monitoring" how well things are going in the sexual episode. The spotlight is now brighter and more intense than before.

If the couple is fortunate, they will seek guidance. This may come in the form of a self-help book, a call-in radio or television program, or a professional counselor. What is a therapist to do? The answer has to do with the most classic and widely used intervention in sex therapy.

ALL HAIL SENSATE FOCUS

Masters and Johnson (1970) advocated a homework assignment designed to shift the client's mental focus from their physical performance back to the pleasurable sensations experienced during physical intimacy with a partner. As Masters and Johnson's model involved working with the couple, it was the couple who was charged with setting aside time to engage in nude, full-body massage, each partner taking turns pleasuring the other. An important stipulation was that these were not to be sexual episodes, nor were they to lead to sexual activity.

The explicit rationale for these "sensate focus" sessions was to gain a sense of awareness of what feels good about being touched and nurtured. The underlying therapeutic assumption was that these sessions would result in a reversal of the vicious cycle inherent in spectating. As the individual focused on receiving physical pleasure, in the absence of expectations of sexual performance, the individual would return to experiencing sexual arousal and interest as a natural result. However, if this assumption is shared with clients, the therapist runs the risk of the identified client spectating as to his or her performance during sensate focus. Instead of focusing on and enjoying the physical sensations of massage, the client might think, "This is not a sexual situation, so I should be relaxed enough to become sexually aroused. Am I? Why not?" In other words, the client may engage in spectating about his or her performance during sensate focus.

There are several possible outcomes to sensate focus homework assignments. A nearly ideal outcome might involve the couple returning to the therapist only to confess that despite the therapist's insistence that sexual activity was not to occur, the couple got carried away by their arousal and engaged in sexual activity as a result of the sensate focus. If this or a similar scenario occurred, the goal would be to foster confidence in the newfound sexual functioning and to foster positive expectancies regarding future performance. If the couple failed to perform the assignment, the therapist would

then focus on exploration of the resistance and repeat attempts to perform the assignment as described. If the couple performed the exercises yet there was no miraculous recovery of sexual interest and performance, then the focus becomes how it is possible to give and receive physical intimacy outside of an explicitly sexual context (thereby expanding the couple's definition of physical/sexual intimacy and further removing performance demands).

MEN, WOMEN, AND ALTERNATIVES

It is worth noting that the original concept of spectating and the technique of sensate focus were based on erectile difficulties and notions of performance demand. However, the basic fact that men have penises and women have vaginas calls to our attention that perhaps there are male-female differences in the phenomenon and the appropriate intervention. Western notions of heterosexual sex revolve around the penis moving in and out of a vagina. To accomplish this, central activity requires an erect penis and a receptive vagina. However, it is possible to use external lubricants to supplement problems with vaginal lubrication, but there is not much a male can do to compensate for less than a fully erect penis (again, based on the common assumption that real sex involves a penis moving in and out of a vagina). So, men are liable to be more vulnerable to performance demands. To the extent that the ability to achieve an erection is more central to notions of masculinity than the ability to achieve vaginal lubrication is central to our concept of femininity, men may be more prone than women to decreased self-esteem and self-efficacy when sexual dysfunction occurs (Shires & Miller, 1998).

These male-female differences in anatomy and sex roles may lead to different consequences of spectating. I noted earlier that decreased interest in sexual activity, and hence avoidance of such activity, is a likely consequence. However, women may choose to go along with sexual activity their male partners initiate and simply pretend to enjoy sex and to experience orgasm (Wiederman, 1997). So, male partners of sexual "spectators" may be less aware of a problem than female partners of men who engage in spectating.

There also may be male-female differences in the causes of spectating. Given that men and women in our culture are frequently seen as responsible for different sexual roles, each may be prone to concerns over inadequacies in their sphere of influence (Rabin, 1998). These concerns become the distracting cognitions that are spectating, yet their source may differ between men and women. I noted how men's primary concern is in obtaining an erect penis for vaginal penetration, after which the concern may be holding off ejaculation for the partner's pleasure. Women, on the other hand, are faced with expectations that they will be desirable erotic stimuli, that they will arouse men's sexual passions by their appearance and/or seductiveness. So, women's experience of spectator-

ing may have more to do with appearance and whether they measure up to perceived expectations as a visual stimulus rather than physical performance per se (Ellison, 2000).

In two separate studies, I investigated the role of women's self-focus over their appearance and attractiveness in sexual experience and functioning (Dove & Wiederman, 2000; Wiederman, 2000). Unfortunately, these studies were based entirely on responses from college students, so the generalizability of the findings is questionable. However, there were some interesting conclusions. Approximately a third of respondents indicated that self-focus during physical intimacy with a male partner was a problem at least some of the time. Those young women who were most prone to such self-focus or self-consciousness had relatively less sexual experience, were less likely to experience orgasm and to enjoy sexual activity with a partner, and were more likely to pretend or fake orgasm during sexual activity with a partner. In one of the studies, an attempt was made to differentiate self-focus over appearance concerns and self-focus over performance concerns (e.g., not doing things correctly during a sexual interaction). It is interesting that the two types of self-focused were so highly related as to be indistinguishable (Dove & Wiederman, 2000). Perhaps for women in our culture, being a good sexual partner and doing the right things sexually are synonymous with being visually appealing.

If women may experience spectating over how they look or the size of their bodies, how might sensate focus fit into the equation? Recall that sensate focus rests on the assumption that receiving massage from a partner will be mentally liberating because the recipient can focus on pleasurable sensations in the absence of mental distraction over performance demands. However, what if the mental distraction is over concerns with appearance or body size? Nude massage might enhance such distraction as the recipient might lie there and think, "Oh my God. He is looking down at body and feeling my fat with his hands. I'm sure he is thinking how disgusting I am."

In these cases, a different approach might be most appropriate. For example, if the concern is over being seen completely nude, systematic desensitization might be called for. Perhaps the client has only been comfortable during sexual activity performed in complete darkness. If so, the client could gradually expose herself to the feared situation (nudity in the presence of light), perhaps by adding one lighted candle at a time. Similarly, if the client is unable to take a bath or shower with a partner because of the discomfort from self-focus or self-consciousness, the couple might start with a bubble bath containing a large amount of suds. Then, over successive baths, the amount of bubble bath is gradually decreased.

The type of spectating based on appearance concerns also involves a good deal of mind reading or assumptions as to the partner's response. The client can be encouraged to check out these perceptions with her partner during conversations in

nonsexual settings. The client can also be encouraged to use the partner's sexual arousal and response as feedback regarding the partner's perceptions of her rather than to assume or to attempt to read the partner's mind. Many times, such clients compare themselves to models and actresses and assume that their partners are holding them up to that same standard. The following anecdote might be helpful for these clients. Unfortunately, I do not recall the source, so I cannot give proper credit.

One day, two elderly women are shopping together in the mall. As they pass by a lingerie shop, the first woman says, "Wait—I just have to go in and pick out something skimpy." The second woman is shocked and waits outside the store, looking at the thin mannequins and posters of young models in the store windows. When the first woman returns with her purchase, the second woman says, "How can you think of wearing skimpy lingerie for your husband? You don't look anything like these models." The first woman replies, "When I'm wearing the lingerie for my husband, I'm the only other person in the room."

CONCLUSION

Sexual dysfunction is unfortunately common among distressed couples, yet the couples or family therapist may not be consulted about such difficulties because of the ever-growing emphasis on biological and medical interventions. Still, much of sexual dysfunction contains a substantial, and sometimes primary, component that is cognitive in nature. Spectatoring has played a prominent role in the understanding of the mental causes of sexual dysfunction, and sensate focus has been a staple of the sex therapist's collection of interventions. However, both spectatoring and sensate focus were developed based on the dynamics of erectile difficulties. Women's experience of spectatoring may involve different issues, such as concern over appearance or body image. In these cases, sensate focus may exacerbate the cognitive distraction.

Facilitating clients' sexual growth can be rewarding. However, sexual dysfunction raises sensitive issues and requires specialized knowledge. Consideration of the cognitive distraction from some forms of self-focus during sexual activity is an important place to start and an area in which couples and family therapists may play a benevolent role.

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