

# How Humanistic and Existential Approaches Can Improve Our Treatment of Male Sexuality and Men Who Abuse

Daniel N. Watter, Ph.D.

November 10, 2022

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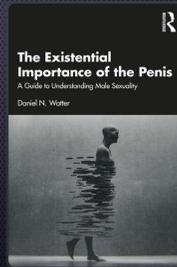
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## Acknowledgement

- I am deeply indebted to Irvin Yalom, M.D. for his work regarding Existential Psychotherapy.

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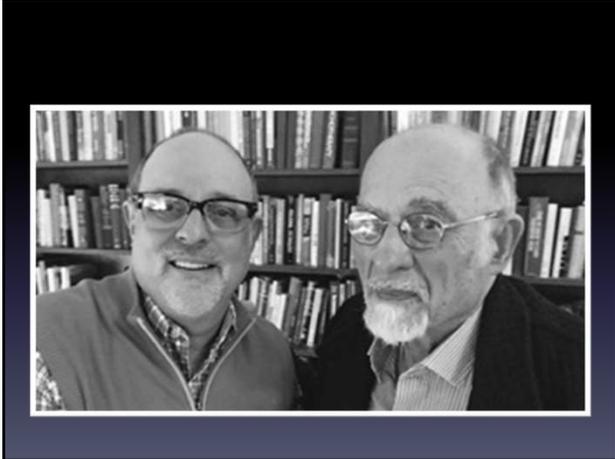
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## Agenda

11:00 a.m. – 12:30 p.m.

- Introduction: Analyzing Male Sexual Functioning as a Means of Optimizing Treatment
  - Existential psychotherapy
  - Assumptions about sex

12:30 p.m. – 12:45 p.m.

- Break

12:45 a.m. – 2:00 p.m.

- Sexual Dysfunction as Trauma
  - An existential perspective
  - Changing the conversation

2:00 p.m. – 2:35 p.m.

- Break

2:35 p.m. – 3:30 p.m.

- Hypersexuality, Sex Offenses, and Professional Sexual Misconduct: An Existential Perspective
  - Case studies
  - Discussion

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## ➤ Existential Psychology

- Every person is centered in self and lives life through the meaning he or she places on that center.
- Every person is responsible for mobilizing the courage to protect the self, to affirm it, and to enhance its continued existence.
- People need other people with whom they can empathize and from whom they can learn.

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## Existential Psychotherapy: A Relational Construct

- Individuality as secondary to relationships.
- Relationships are elemental and inevitable, as we can never be fully separate from others.
- Relationships and the way we live them are defining of who we are and what we become.
- The theme of responsibility and reflection on our personal way of relating to others becomes a fundamental aspect of existential relationship work.

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## Existential Couples Therapy

- "The best thing we can do for our relationships with others...is to render our relationship to ourselves more conscious. This is not a narcissistic activity. In fact, it will prove to be the most loving thing we can do for the Other. The greatest gift to others is our own best selves. Thus, paradoxically, if we are to serve relationship we, we are obliged to affirm our individual journey." *James Hollis, The Eden Project*

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## Meg-John Barker

- "...existential psychotherapy follows the anti-psychiatry approach of Laing and Szasz in suggesting that diagnosis and treatment on the basis of symptoms misses the meaning of these symptoms and behaviours and thus dehumanize the individual. Spinelli argues that symptoms are expressions of attempts to defend against existential anxieties, so medical interventions and behavioural treatments can only offer a temporary amelioration."

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## The Changing Face of Sex Therapy

- Masters and Johnson's work.
- Protocols for symptom-specific relief.

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## ➤ Psychiatry Rehumanized

- "For too long a time—for half a century, in fact—psychiatry tried to interpret the human mind merely as a mechanism, and consequently the therapy of mental disease merely in terms of a technique. I believe this dream has been dreamt out. What now begins to loom on the horizon are not the sketches of a psychologized medicine, but rather those of a humanized psychiatry.

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### ➤ Psychiatry Rehumanized (cont.)

- A doctor, however, who would still interpret his own role mainly as that of a technician would confess that he sees in his patient nothing more than a machine, instead of seeing the human being behind the disease!
- V. Frankl, 1946

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The more a man tries to demonstrate his sexual potency, or a woman her ability to experience orgasm, the less they are able to succeed. Pleasure is, and must remain, a side-effect, or by-product, and is destroyed and spoiled to the degree to which it is made a goal in itself.

V. Frankl, 1946

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### Yalom's Existential Dilemmas

- Freedom (Rollo May adds responsibility)
- Meaning
- Isolation
- Death (mortality)

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## Existential Sex Therapy

- *Through thinking of sexuality in such a way that sex is maintained but sexuality broadened beyond sex alone we can see the potential in counseling and psychotherapy for sexuality to alert us to important aspects of our lives and the meaning they have for us. For example, we may find in sex therapy that sexual difficulties related to much broader aspects of a person's life. For example, someone who has trouble reaching orgasm may struggle to let go and be vulnerable in relationships more generally. (Barker & Langdrige)*

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## Existential Sex Therapy (2)

*One key way in which existential sex therapy would differ from more mainstream approaches would be in its openness to a multiplicity of possible meaning of sexual experiences and practices. Conventional approaches tend to assume universal causes for sexual problems, and focus on addressing these causes. For example, it is commonly assumed that erectile dysfunction results from the possessor of the penis failing to "perform" on one occasion and then becoming anxious in subsequent sexual encounters (Barker & Langdrige)*

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## Existential Sex Therapy (3)

- It is important to explore the meanings of erectile loss, penetration/engulfment for patients with vaginismus (Kleinplatz), or of orgasm, and its lack, for those who struggle to achieve orgasm (Barker).

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## Performance anxiety?

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## Sexual Dysfunction as Trauma

- *Without realizing that the past is constantly determining their present actions, they avoid learning anything about their history. They continue to live in their repressed childhood situation, ignoring the fact that it no longer exists. They are continuing to fear and avoid dangers that, although once real, have not been real for a long time. They are driven by unconscious memories and by repressed feelings and needs that determine nearly everything they do or fail to do. (Alice Miller)*

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## Staring at the Sun

- The pain is there; when you close one door on it, it knocks to come in somewhere else. *Irvin Yalom*

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## Assessment is All About the Story and The Meaning Within the Narrative

- Tests, questionnaires, inventories are of little value. The importance and usefulness of the clinical narrative cannot be underestimated.
- Understanding the dynamics of family of origin is often essential in humanistic-existential sex therapy.

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## An Alternative Paradigm

- This case describes a paradigm for understanding male orgasmic disorder, (and other sexual dysfunctions, as well), that focuses less on the presenting symptom and more on the particular *meaning* the symptom has in the life of the patient.

A paradigm that suggests that many sexual dysfunctions are the result of an underlying "intimacy disorder" that is based on an existential anxiety stemming from two distinct, yet interrelated concerns.

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## An Alternative Paradigm (cont.)

- It is hypothesized in the case of Steve O., the patient's anxiety is not so much "performance-oriented," as it is about being "controlled/overwhelmed" by "overbearing" women.

Treatment is directed less on performance goals, and more on assisting patients with their own *individuation* process.

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## Characteristics of Intimacy Disorders

- Intimacy problems are about fears—fears of being vulnerable to someone else.
- Existential anxiety.  
Most manifestations of intimacy problems are really distancing (self-protective) maneuvers.
- As people with intimacy problems get close to others, their fears (anxieties) are triggered.

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## Characteristics of Intimacy Disorders (cont.)

- Patients with intimacy disorders are much more focused on their perceptions of what others want. They do not focus, or perhaps are not even aware of what they want.
- Treatment is directed at helping them focus on their wants and their own individuation process.

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## Two Types of Intimacy Disorders

- Fear (anxiety) of abandonment/ rejection/loss
- Fear (anxiety) of being controlled/losing autonomy

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## Reason for Referral

- Consulted with two urologists.
- Primary complaint is an inability to ejaculate during sexual intercourse.  
Long-standing problem of 8 years duration.  
Patient can ejaculate without difficulty during solo masturbation.
- Occasional recent erectile difficulties.

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## General Information

- 41 year old male.
- Married 8 months to second wife.  
Prior marriage was 14 years earlier that ended in divorce after 18 months.  
No children.
- Good health/no medications.
- No history of substance abuse/non-smoker.

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## General Information (cont.)

- Works in computer field and reports a great deal of job satisfaction.  
No previous mental health consultation/treatment.

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## History of Complaint

- Ejaculatory difficulties for approximately 8 years.
- Problems began toward the end of first marriage.  
Met first wife in 1986, became engaged after 7 months of dating, and married 7 months after engagement.
- After a few months of marriage, Steve's wife is offered a job out of state.

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## ➤ History of Complaint (2)

- They agree to compromise.
- Steve's wife leaves without notice.
- She empties bank accounts.  
Steve says, *"I will never let myself get hurt like that again."*  
He further states, *"I now approach relationships with one foot in and one foot out."*

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## ➤ History of Complaint (3)

- Steve's ejaculatory condition worsened until unable to ejaculate at all in the presence of a partner.
- 1998, Steve meets woman who would become his second, and current, wife.  
He describes her as, *"warm, caring, and beautiful."*
- At time of intake, both report a good, satisfying marriage.

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### ➤ History of Complaint (4)

- Current wife is supportive and puts little pressure on him.
- Nevertheless, Steve has never been able to ejaculate in her presence.
- They seek out treatment because of desire to begin a family.

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### ➤ Relevant Family Background

- Steve was the fourth of 5 children born to parents of a still intact marriage.
- Describes childhood as essentially happy, and had many friends.
- Good academic history.
- Describes home life as *chaotic*.

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### ➤ Relevant Family Background (2)

- Parents fought and argued frequently.
- Describes mother as "abrasive and nasty."
- Describes her as particularly cruel to father and an older brother.  
She would frequently fight with neighbors and insist on moving every few years.
- He describes a great deal of resentment toward her.

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### ➤ Relevant Family Background (3)

- Father is described as “quiet and loving.”
- Seen as a man who avoids conflict.
- Steve says his father spent his married life catering to his wife’s idiosyncrasies.
- He sees his father as never being able to enjoy his life.

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### ➤ Relevant Family Background (4)

- Steve reports reasonably good relationships with siblings.
- marvels at how they “complicate their lives.”
- Siblings all have difficult and “unusual” marriages.
- They have all had frequent school/occupational problems.

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### ➤ Treatment

- Steve was seen for 20 psychotherapy visits over an 11-month period.
- Early sessions focused on history-taking and assessment.
- Sessions scheduled at an interval that was comfortable for the patient, not necessarily the therapist.

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### ➤ Treatment (2)

- Steve seemed to experience great relief after lengthy discussion of the “self-protective” function (meaning) of his symptoms.  
During session #4, discussed male Kegel exercises to involve Steve more actively in treatment process, and giving him the sense of having more “control” over his body.

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### Treatment (3)

- At session #5, Steve reported feeling much closer to ejaculation during intercourse, and was able to have his wife masturbate him to ejaculation for the first time.  
The next two sessions focused on the self-protective nature of his symptoms, as well as the strategies he learned to deal with women through his experiences with his mother and first wife.

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### ➤ Treatment (4)

- By session #8, Steve was reporting that ejaculation through partner masturbation was becoming easier.
- By session #11, Steve felt more “emotionally ready” to ejaculate during intercourse and we discussed the strategy of rapid insertion of his penis into wife’s vagina as she manually brought him to the point of ejaculatory inevitability.

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### ➤ Treatment (5)

- At session #14, Steve reported being able to ejaculate intravaginally on two occasions.
- Sessions #15 and 16 reported more of the same, and Steve was feeling ready to terminate treatment.  
I was reluctant, but didn't want Steve to feel controlled by treatment.
- Agreement to maintain telephone contact for the next couple of months.

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### ➤ Treatment (6)

- Four months later, Steve calls to come in for session.
- Ejaculatory difficulty was returning, as well as occasional erectile difficulties.  
Steve's wife was having difficulty conceiving.
- Steve was becoming increasingly concerned about her "erratic behavior."

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### ➤ Treatment (7)

- Steve came to understand the "meaning" he placed on his wife's behavior, and how this is different from his mother and first wife.
- Two additional sessions followed with a focus on relapse-prevention.
- Agreed to maintain telephone "check-ups."
- At last contact, (approx. 6 mos. later), Steve had maintained his gains, and his wife was pregnant.

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## Men Behaving Badly

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## Let's Have a Discussion!

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## Contact Information

- Daniel N. Watter, Ph.D.
- 50 Cherry Hill Road, Ste. 305
- Parsippany, New Jersey 07054
- 973-257-9000 x202
- [drwatter@morrispsych.com](mailto:drwatter@morrispsych.com)
- [www.morrispsych.com](http://www.morrispsych.com)

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