Three in a Bed

Conversations with a sex therapist

Joanna Benfield

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A frank insight into the lives of those who come into sex therapy and how it changes their world.Following the stories of the clients who come into Joanna's consulting room, Three in a Bed allows the reader to become a fly on the wall in her day-to-day work. We meet Ben, whose use of prostitutes destroyed his marriage, and Samuel, whose worries about his sexual performance led him to become impotent. We are also introduced to couples such as Jia and Hugo, who love each other dearly but don't seem to be able to fulfil each other sexually any longer. Revealing what happens when the client is on the couch, Joanna lets us into her therapy room to hear the deepest sexual fears, secrets and fantasies.

Содержание

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Conversations with a sex therapist
Joanna Benfield

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Sex therapists are bound by client confidentiality; for this reason, while the individual clients presented in this book are fictional, the issues they present with are based on my experiences with real clients throughout my time in practice. Names and other identifying details have been changed to protect this confidentiality.

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Prologue

When it comes to intriguing career choices, sex therapist has to be somewhere near the top of the list, slightly below pole dancer, lion tamer and arctic explorer. It tends to elicit a response of surprise, bemusement and curiosity from all who enquire into my profession, accompanied by a fair degree of discomfort and embarrassment. Sex is still a relatively taboo topic in our society, and the idea that someone should choose to spend their days openly talking about it in minute detail is anathema to many people.

Not least of all to my mother. I shall never forget the look on her face when I told her I was giving up a perfectly good career in international politics to train as a sex therapist. An expression of amusement at what she thought was a joke quickly transformed into one of abject horror when she realised that I was serious – swiftly followed by the exclamation, 'You *dirty* girl!'

Rather perplexed by the vehemence of her response, I asked her what she thought a sex therapist did. Perhaps shaped by too many evenings spent in front of episodes of the TV series *Masters of Sex*, which charted the work of the pioneers of sex therapy in the 1960s, my mother, it seemed, imagined that I would be sitting at the end of my clients' beds with a clipboard, timing orgasms and closely watching their every sexual move. I could understood her concern. Patiently I explained that sex therapy in the 21st century simply involves talking with clients to help them discover and address the psychological causes of their sexual problems. There is no nudity, no touching and certainly no sex. While metaphorically it may seem as if we are climbing into bed with the clients, physically we stay firmly in our consulting rooms, fully clothed. Nevertheless, flustered by thoughts of what her friends and acquaintances might think, my mother decided that she would tell them I was still working in 'international relations' or 'foreign affairs'. These clever euphemisms straddled both my old and new career choices, yet spared my mother the indignity of actually referring to sex.

'After all, darling,' she justified herself, 'you're bound to see a lot of foreigners in your job. The British would never go to see someone to talk about their sex lives!'

This approach clearly worked well for her for a while, until one Saturday I called her to announce proudly that I was to be interviewed on a well-known national radio programme. I would be talking about why men pay for sex. Clearly flustered by this, she told me in a panic, 'But you can't, darling! All my friends will hear – how mortifying!' It seems that, in middle-class suburbia, having a daughter who is a sex therapist is akin to one's offspring choosing a life of crime or running away to join the circus.

Despite my mother's embarrassment at my profession, there are times when her curiosity gets the better of her – usually once her inhibitions have been significantly reduced by the consumption of a glass or two of wine. Our monthly lunches in a French restaurant in London soon became the regular backdrop for mother-and-daughter conversations about sex.

Soon after I had changed careers, we were sitting at our regular table, sharing a mousse au chocolat and finishing up a rather fine bottle of Bordeaux. Having exhausted the usual topics of conversation, such as who was likely to win the 'Best Garden' prize in this year's village competition, my mother leaned across the table and whispered, 'So, I know it's highly confidential, but what *do* your clients talk to you about?'

Somewhat surprised by this sudden turn in the conversation, I was pleased that my mother was finally showing an interest in what I did. Enthusiastically I started to catalogue the common sexual dysfunctions afflicting my clients: erectile dysfunction, premature ejaculation, inability to ejaculate, inability to orgasm, painful sex, loss of desire and sex addiction.

Rather overwhelmed by this, my mother asked me, 'Well, what do you do when a man comes to see you with …' and wiggled her little finger at me.

Feigning ignorance, I raised my eyebrows at her questioningly.

'You know what I mean, darling … when he's *impotent*!'

The combination of embarrassment and half a bottle of wine resulted in the final word being uttered rather more loudly than intended. An elderly couple, who had been enjoying a leisurely lunch at the next table, turned their heads sharply and stared at us in horror. Ironically, it seemed that it was my turn to be embarrassed.

'Well,' I said, lowering my voice to a whisper, so as not to shock the neighbours, 'I begin by trying to find out if the problem is physical or psychological. I ask him whether he can get an erection when he masturbates, whether he wakes up with an erection, how strong his erection is …'

Looking at me in horror, my mother exclaimed loudly, '*Please* will you stop saying "erection"!'

The elderly couple at the next table hurriedly scraped back their chairs, and the husband made furious hand signals to the waiter, indicating that he should bring the bill as quickly as possible. His wife looked at my mother in shock, clearly failing to comprehend how a fellow septuagenarian could allow such profane language to roll off her tongue.

Oblivious to the consternation that our conversation was causing at the next table, my mother allowed curiosity to trump embarrassment and continued to press me for the cure for erectile dysfunction. She was perplexed, she told me, as to how I could even begin to understand the problem, let alone help the poor man to find a solution, without examining his penis.

Wondering whether my mother was still sceptical about the true nature of my work, I began to explain that the problem was generally not in the penis, but rather in the mind. I reeled off a whole host of reasons why a man might have problems sustaining an erection: stress at work, relationship difficulties, lack of sexual confidence or feeling intimidated by women. Once the cause of the difficulty has been identified, I explained, we begin to look for the roots of it, which are quite often to be found in the person's childhood.

'Well, that's just silly, darling; little children don't know anything about sex!'

'It's not about sex,' I explained patiently. 'It's about what our relationships with our parents teach us about ourselves, other people and the world around us. It's through these early family relationships that we begin to form our impressions about whether it's safe to trust other people, whether those close to us can help us to feel secure and whether we feel that we are truly worthy of love.'

Frowning slightly as she tried to get her wine-blurred mind around this, my mother slowly verbalised the ideas that were formulating in her head. 'So, are you saying that if a child's parents don't love him enough or they neglect him, he might have problems with sex as an adult?'

Pleased that she seemed to have grasped the concept, I pressed on. 'For example, if a little boy has a mother who is very strong-minded and intimidates him, or humiliates him in front of others, he might find himself quite scared of women when he grows up. This might lead him to have difficulties getting an erection when he has sex.'

Clearly now sufficiently engrossed in the subject to forget her embarrassment, my mother asked how I would work with a client like that.

'I try to help him understand that, as an adult, he is unconsciously reacting to the women in his life in the way he reacted to his mother as a little boy. Then I help him to learn new ways of relating to women that are more helpful for him as an adult.'

'And just by doing that, he can have sex without any, you know, *problems*?' she asked incredulously, wiggling her little finger at me again.

I explained that I also set homework exercises to help the client gain confidence in his erections. This elicited a puzzled frown from my mother, so I helpfully elaborated by explaining that they were masturbation exercises.

Evidently unaware of the waiter hovering behind her, waiting to clear our table, my mother exclaimed, 'Masturbation exercises! Whatever next?'

Suppressing a smile, the waiter collected our empty dishes, while my mother tried to hide her embarrassment by fumbling for something in her handbag. Asking for the bill, I gave the waiter an

apologetic shrug and indicated the empty wine bottle, deflecting blame for my mother's outbursts onto the alcohol.

'Well, I think I've heard quite enough about that,' she said primly, marching off to the lavatories. Clearly this mother-and-daughter conversation about sex was well and truly over.

My mother's attitude to my work did not really come as a surprise to me. Like many of her generation, she had grown up believing that sex outside marriage was wrong. Sex was seen as a taboo subject, not even to be discussed with one's partner, let alone anyone else. These attitudes, in turn, had very much shaped the way in which I was brought up to view sex. It was certainly never talked about at home, and as soon as so much as a passionate kiss was shown on the television, the channel was hurriedly changed.

As a teenager, I naturally began to form my own opinions about sex and, like many of my generation, soon developed a much more liberal approach to it than my parents. Over the next twenty years, I had good sex, disappointing sex, embarrassing sex, exciting sex and sometimes downright dirty sex. I had loving sex in long-term relationships and the odd passionate one-night stand when I was single. There were times when I would lose interest in sex for months on end, and others when it seemed to be the first thing on my mind when I woke up in the morning.

Perhaps because of my openness about my own sex life, my friends always seemed to be very comfortable talking to me about theirs. One winter's evening, over a bottle of wine in my flat, my friend Emilia and I were discussing the problems that she was facing with her new partner, whom she had just discovered was frighteningly well endowed. The mere thought of sex with him was leaving her feeling rather intimidated. Once I had succeeded in calming her down, the conversation turned to my future career options. Having worked in international politics for thirteen years, I was beginning to get itchy feet. Listening to my disenchantment with my work, Emilia suggested jokingly, 'You could always chuck it all in and become a sex therapist instead!' We laughed and moved on quickly, but the seed of an idea had been planted.

Three years later, having taken an evening course in counselling, I decided to take Emilia's advice and specialise in sex therapy. Little did I realise that my training would mainly consist of having a long, hard look at my own attitudes to sex. I found that, in order to be a good sex therapist, I had to first address my own foibles, taboos and prejudices – a journey that proved rewarding, yet challenging. I had to look back at what I had learnt about sex from my upbringing and how these lessons still influenced me as an adult. Spending two years talking about the most intimate details of one's sex life with fellow classmates was at times intimidating, humiliating and downright embarrassing. As I lay on the floor of the training room doing a guided visualisation of my vagina with a classmate, I began to wonder whether I had made a wise career choice. In class, we would share our darkest fantasies that had never before been uttered to a soul, we would talk about the sexual difficulties we faced with our partners and we became aware of the sexual topics that made each of us squirm. However uncomfortable this was at times, I soon realised that it was far better to address these issues with fellow students than to find them creeping up on me unexpectedly when I was with my clients. Just as importantly, it gave me a valuable insight into how my clients might feel when they were sitting across from me in my consulting room.

Samuel

The windows of my consulting room look out over a quiet street and a row of 18th-century alms houses in a leafy southwest London suburb. The photo of a monastery on one of the cream walls, while perhaps rather incongruous in the office of a sex therapist, elicits a sense of tranquillity; a bookcase filled with therapy books on the opposite wall provides a wealth of resources, and exudes, I hope, a quiet sense of professionalism. Two comfortable brown leather armchairs sit side by side, separated from my own chair by a low coffee table. The overall feeling is one of comfortable familiarity, inviting clients to put down the mask worn in everyday life and truly be themselves.

One wintry Friday morning, I opened my consulting room door to find a nervous young man looking up at me. Short, rather rotund, with thick glasses, Samuel nervously held out a clammy hand for me to shake. He was wearing a duffle coat and scarf, and reminded me of a lost and forlorn-looking Paddington Bear. Perhaps in his late twenties or early thirties, he looked anxious and upset, as though he would rather be anywhere else than here.

Without removing his coat or scarf, Samuel perched nervously on the edge of his seat and looked to me for guidance as to what to do next. I invited him to begin by telling me a little bit about himself. I learnt that Samuel worked in IT, and that he still lived at home with his parents. He had an older sister who was married and lived on the other side of the country. I asked Samuel what had brought him to therapy. He looked away and nervously pushed his glasses further up his nose – a gesture that I noticed he made every time he felt uncomfortable. Blushing deeply and stammering, Samuel told me that he seemed to have trouble with women; he said that he was very shy and never seemed to know what to say to them. Asking him about his previous relationships, I learnt that Samuel had never had a girlfriend, and was still a virgin. He had found himself in bed with a woman a couple of times, but on both occasions, he said, he had not been able to get an erection. As he told me this, he looked down at his feet in shame, twisting his watch nervously on his wrist.

I told Samuel how brave I thought he was, coming to seek help for this. I said that I imagined it must have taken a great deal of courage to talk to a complete stranger in this way, particularly one who happened to be a woman. I reflected that, perhaps, as we worked together, he might find that he learnt how to form a relationship – albeit a platonic one – with a woman, a template he could then use outside of the therapy room. A look of abject terror flitted across Samuel's face. I reassured him that he had already taken the hardest step by talking to me openly and honestly about the difficulties he was facing.

Samuel and I began our work together by looking at his family history. His parents were from a working-class background, and had worked hard to give their children a comfortable upbringing. Samuel said that he had happy memories of his childhood, although he was always a very shy child. His sister was ten years older than him, and the two of them were not close. His parents had tried for years to have a second child, and so when Samuel finally came along he was seen as a little miracle. However, he was born with a heart defect, which meant that for the first few years of his life, he was in and out of hospital on a regular basis. His mother wrapped him in cotton wool, rarely letting him out of her sight to play with other children, and warning him away from any activity that she saw as risky, such as climbing trees or getting into play fights. When I asked Samuel about his father, I got the impression of quite a weak man, who in many ways was subservient to his wife. She seemed to be the one who was in charge in the relationship.

As a boy, Samuel was quite small for his age. He described himself as an unattractive teenager, with acne and thick glasses, which often led to him being teased and bullied by boys and girls alike. Feeling ashamed that he was unable to stand up for himself, he did not tell his parents about these experiences and instead buried himself in homework and computer games after school. When the time came for him to go to university, it seemed a natural choice for him to study Information

Technology. He considered the idea of applying to universities in the north of the country, but his mother told him he would never be able to look after himself, and he was soon persuaded to study in London and live at home.

Mixing mainly with the boys on his course, he found the girls at university intimidating and unpredictable. Sometimes he would go to parties where drunk girls would flirt with him. He did not know how to deal with this and would get into a highly anxious state. On one occasion, a girl had taken the initiative, grabbed his hand and led him into the bedroom. As she kissed him and undid his trousers, he felt his panic and anxiety rise. His penis, however, did not. He described how she had fumbled with it and coaxed it, but to no avail; it remained flaccid and unresponsive. The girl laughed at him, shrugged, said she guessed he'd had too much to drink and wandered off – no doubt, he said, to find someone else who was more of a man than he.

Samuel was mortified and ashamed about this experience. It remained with him the next time he found himself interested in a girl. Betsy was on his course, and asked him for help with her work. Flattered that someone seemed to value him, Samuel struck up an awkward friendship with her. One day, towards the end of term, when they were working together on some coursework in his room, Betsy led him to the bed and began to kiss him. Samuel felt the familiar sense of panic. He immediately thought back to the incident at the party, and was sure the same thing was going to happen again. Sure enough, as Betsy began to touch his penis, he was aware that it was not responding as it should. He willed himself to get an erection, but the more he focused on his penis, the more it seemed to shrink. When Betsy took him in her mouth in an attempt to encourage him, he pulled away sharply, embarrassed and ashamed. Betsy looked mortified, and hurriedly stood up and gathered her things together. She stammered, 'I – I'm really sorry, I thought you liked me, but obviously I got it completely wrong!' Unable to speak through sheer embarrassment, Samuel watched helplessly as Betsy left the room. With both of them unsure how to put things right, their friendship swiftly disintegrated. Samuel was devastated and blamed his penis for once again screwing up his life.

After university, Samuel found a job in IT in the area of London where he lived, so he saw no particular reason to move away from his parents' house. He studiously avoided situations where he might have to socialise with women, and continued his teenage habit of coming home from work and playing computer games. His mother continued to cook his dinner, and wash and iron his clothes, and to all intents and purposes, he continued to live his teenage life.

It seemed to me that this was a relatively comfortable existence for Samuel. In many ways, he didn't have to grow up and face the responsibilities of adulthood. I was curious, therefore, about what it was that had brought him to therapy at this point in time. He said that he had begun to realise that at some point he would like a family of his own, and that if he were to do this, he would need to overcome his fear of women and address his sexual problems.

It was clear to me that the root of Samuel's problems lay in his relationship with his mother, and to some extent the blueprint for manhood that he had from his father. Samuel's mother seemed to want to keep him as her little baby, even though he was 29 years old. She had waited a long time to have him, she'd had to protect him as a small, sickly child, and she had gone on protecting and mollycoddling him right up to the present day. When Samuel had attempted to fly the nest by applying to universities in a different part of the country, she had quickly ensured that he stayed at home by making him believe that he would be unable to survive without her. Samuel had never seen his father stand up to his mother about anything, and therefore had no model for developing and defending his own point of view. Like his father, he quietly acquiesced and followed his mother's wishes.

Much of the work that I undertook with Samuel over the next year revolved around building his confidence as a man. It was important that he and I built up an equal relationship, and not one in which I told Samuel what to do, the way that his mother always had. I had to rein in my naturally bossy tendencies so that Samuel could learn to think for himself.

Together, Samuel and I began to devise a series of experiments that would help him to increase his confidence around women. We brainstormed about all the different situations in which he had the potential to speak to women on a daily basis. These ranged from paying for his lunch in the office canteen to talking to some of the female colleagues in his team at work. I asked Samuel to rate each situation by the degree of anxiety he thought it would provoke in him. Beginning with the scenarios that Samuel saw as having the least potential to make him anxious, he took at least one opportunity each week to challenge his belief that he could not talk to women. At first, this proved difficult for him. He would come into the session the following week and describe how he had been tongue-tied, had blushed a deep shade of red and had stammered as he tried to speak. In order to help him overcome this, we started to role-play the situations in our sessions, which gave him a greater sense of confidence before he went out to try them in real life. I would be the girl in the library one week, and the waitress in the coffee shop the next. We began to have fun together and to laugh at our terrible acting skills and my rather poor attempts at putting on a range of different accents for my various parts.

Slowly, over the next couple of months, I noticed that Samuel came into our sessions in a different state of mind. He seemed happy to be there and he would begin talking immediately, without any coaxing from me. He would tell me excitedly about his latest experiment, how he had chatted to a female colleague about her weekend or had handed back a greetings card that he noticed a girl drop on the London Underground, looking her in the eye and smiling as he did it. Each of these acts, however small, was a minor triumph, both for Samuel and for me. Each experiment took him a step closer to feeling confident with women and being ready one day to begin a relationship.

We started to look at the things Samuel could do to develop a greater sense of his masculinity. His upbringing had, in many ways, emasculated him and left him unsure what it meant to be a strong, confident, assertive man. We talked about the things Samuel had done in the past that had helped him feel particularly masculine. He recalled how, as a boy, he had wanted to learn a martial art, but his mother had always told him that it was too dangerous for him. As an adult he no longer had heart problems, and when we talked about the possibility of him taking up a martial art now, his face lit up. When he came into the therapy room the following week, his eyes were bright with excitement. He said he had found a local tae kwon do group and had gone to a session the previous evening. Although he had struggled to pick up the basics, he had found himself buzzing with excitement at the end of the session, and was determined to keep going back until he had mastered it.

In helping Samuel prepare for a future relationship, it was important to give him a way of feeling more confident about sex. I didn't broach this topic directly until about three months into our work together. It felt to me that Samuel needed to have developed some sense of confidence in himself as a man first, as well as a level of trust in me, as a woman, talking to him so directly about sex. When I felt the time was right, I asked Samuel if he would be happy for us to start talking more bluntly about sex.

He squirmed in his chair, nervously pushed his glasses up his nose and, avoiding eye contact, he stammered, 'W-well, I suppose it was the reason I came to see you, so at some point we're going to have to address it!'

When you have spent more than twenty years keeping your deepest worries about sex a secret, it takes a great deal of bravery to walk into a therapist's office and open up. Just finding the vocabulary to describe your deepest fears and worries about sex can be challenging enough. How do you talk about your penis or a woman's vagina? What language do you use to describe an orgasm or masturbation or oral sex? Will the therapist be offended if you use slang or swear words? Will you go too far if you start describing sexual acts in great detail? With all of these worries racing through a client's mind, it is no mean feat to get through a session. My main task in these moments is to put my client at ease, to be gentle with his shame and not to pass judgement on his foibles or his awkwardness.

Конец ознакомительного фрагмента.