

# Five "Sexy Words"\*

Gary Sanders B.Sc., M.D., F.R.C.P.(C)  
Family Therapy Program  
The University of Calgary

“Just a young couple”, I thought of the Darrins. They seemed so young to have such wisdom - the wisdom that comes from a lifetime of struggles and joys, not from two years of marriage for two 23 year old people, both of whom had been virgins when married.

“What wisdom?” you ask. The conversation went something like this:

G.S.: “You say that you haven't been able to have sexual intercourse at all during your marriage and that both of you were virgins upon marrying?”

Dalia: “Yes, I have a spasm of the muscles around my vaginal opening which makes intercourse impossible. My doctor told me it's called vaginismus.”

Ruben: “We have tried, though - don't forget that. In fact on our honeymoon we tried on a number of occasions but Dalia always found it too painful and I found it too worrisome to try harder. Since then, we try a couple of times every month in hopes of succeeding so at least we can have a baby.”

G.S.: “Would you say that you have a mutually pleasurable sexual life together despite not being able to have vaginal penetration, or do you find your sexuality to be lacking in some way?”

Dalia: “Well, when we are concentrating - you know, trying to have intercourse - the pleasure isn't there very much. However, we both seem to enjoy our sex life very much when we actually make love. We both want to, we take our time, we can both be orgasmic if we want and afterwards we are both satisfied. I know, since Ruben and I have talked about it. In fact, sometimes I can't imagine anything more pleasurable than when we make love!”

What an unusual view of sex! This couple seemed to have an experiential understanding of the difference between intercourse and sexuality. It was couples such as these young people who began to orient me to understanding sexuality from what I have come to call The Five Words of Sex: *Volition, Mutuality, Arousal, Vulnerability, and Trust*.

For generations, perhaps eons, in our culture we have defined sex from a hierarchical perspective - a patriarchal one where the sexual interests and experiences of men have been privileged compared to those of women. In doing so, the “IT” of sex is sexual intercourse (just ask any 13 year old!). But intercourse doesn't

necessarily mean sex. It could be violence, as in assault mediated genitally. It could be business, as between a prostitute and her or his client. It could be duty, even loving duty, between a man and his woman friend. Any “sexual” behaviour could be seen at times to be something other than sexual if one uses what the Darrins had stumbled upon by being “disabled” from falling into the same centuries old definitional pitfall - an experiential definition of sexuality.

Such an understanding is deceptively simple, yet clinically and, yes, even personally liberating. Here, look for yourself: Close your eyes after reading this paragraph. Bring to mind (silently and without action, please!) one of the best sexual experiences you have known. Think not of just what actions you

arousal that neither you nor your partner need worry about the other's - each seemed fully experiencing their own arousal. In fact, your partner's arousal probably fed yours and vice versa.

Fourth, these experiences and actions were occurring in a context of mutual personal vulnerability. Each could be as open with her or his physical and emotional experience as was valued.

Finally, the vulnerability occurred within knowing trust; trust that one's partner would not take advantage of, make fun of, abandon, or be abusive of one's own openness.

How well did I guess? Most people find that these five words do describe their best and their hoped for sexual experiences.

These five words together make the personal experiences sexual or “sexy”; but if you and your partner do not experience all of them together, the sexiness is missed and the genital event becomes less than best or less than hoped for.

The words can be grouped (see figure 1) into *loving responsibility* - ensuring mutual free choice and that the activity, along with its intended experience, is mutual; *selflessness* i.e., that one takes personal responsibility for one's own arousal.

I have come to call this personal responsibility and personal immersion into one's own experience while freely sharing with one's partner *selflessness* in order to distinguish it from *selfishness*; and finally *loving intimacy* - the emotional experience of mutual vulnerability coupled with valid trust.

By thinking of people's intended sexuality from such an experiential frame, therapists can invite the clients into better being able to realize their intended lovemaking. If, on the other hand we simply continue using the age-old, worn-out, and most importantly, non-mutual *behavioural* definition of sexuality, we risk inviting clients into simply trying yet again to perfect what thousands of generations of humans haven't managed - mutual sexuality based on an inherently non-mutual opportunity!

It is with this in mind that I explore the restraints against the mutual existence of these five words. Restraints can include myths such as those outlined by Bernie

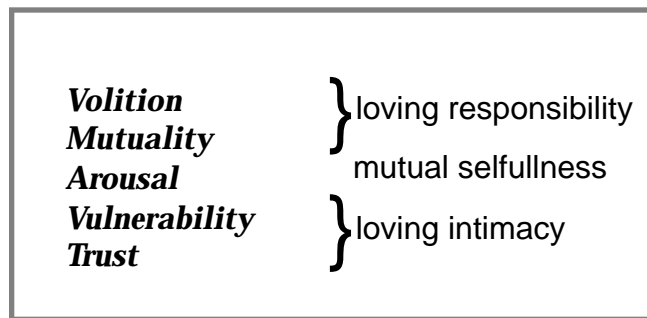


Figure 1. Sex as Experience

engaged in, or who you may have been with, but rather of the feelings, thoughts, enjoyments you knew. Once you have it in mind, open your eyes and continue reading.

Your best sex (even if anonymous, or for only one occasion) probably included the five words.

First, you and your partner recognized self and other as being involved together out of free choice. This freedom of choice was perceived by one for the other as well as for self. Indeed, the fact of each choosing freely helped invite a sense of special choice.

Second, you both were involved mutually in sex - i.e., you were both on the “same side of the fence at the same time”. Again, knowing of both being on the same side of the fence “fed” rather than “starved” your desire to be with each other.

Third, both partners' experience was in the domain of arousal - the type of

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Zilbergeld in his book *Male Sexuality*.

They include:

- certain feelings should only be felt or at least expressed by one gender.
- in sex, it is performance that counts
- all physical contact must lead to sex
- sex equals intercourse
- sex requires an erection
- for women, sex only requires submission
- good sex is a linear progression for increasing excitement terminating in an orgasm
- sex should be natural and spontaneous
- in good sex, one should be responsible for one's partner's sexual pleasure.

However, the most common myth that inadvertently restrains mutual sexual involvement and experience is the belief that heterosexual intercourse is, in fact, the ideal of sexually equitable opportunities. For instance, the knowledge that sexual intercourse is not an equal sexual opportunity for each of the genders appears little known, and as a result, I find that people often have trouble understanding this concept. Granted, if both men and women are socialized to believe that intercourse is the best or most erotic sexual activity, both could have an equal opportunity for intrapsychic arousal. However, intercourse is not of equal potential anatomically. A series of questions can help bring forth this distinction more clearly:

*Therapist (to the woman):* "What part of a man's body do you think is usually felt as most sexual when touched?"

*Woman:* "The penis."

*Therapist (to the man):* "How well did she guess?"

*Man:* "Correctly."

*Therapist (to the man):* "What part of a woman's body do you think is usually felt as most sexual when touched properly?"

*Man:* "The vagina."

*Therapist (to the woman):* "How well did he guess?"

*Woman:* "Not very well, its actually around the clitoral area and my breasts."

*Therapist (to both):* "What part of the body does a man use for sexual intercourse?"

*Both:* "The penis, of course?"

*Therapist (to both):* "What part of the body does a woman use for sexual intercourse?"

*Both:* "The vagina, of course?"

*Therapist (to both):* "What happens to the clitoris during intercourse?"

*Both: (A blank look)* "Nothing!" she usually replies.

The therapist can go on to point out that whatever clitoral or para-clitoral stimulation does occur through intercourse puts the woman at a physical sexual disadvantage compared to the man. However, it is important to note that

women often speak of the intimacy they experience through intercourse as being wanted and wonderful. It is the inequitable physical stimulation that sets up the problems. In fact, intercourse works so effectively, both erotically and physiologically, in releasing a man's sexual and reproductive reflexes that most men need to actively learn to delay their orgasms during intercourse. Most women, on the other hand, are unable to regularly be orgasmic during intercourse even with

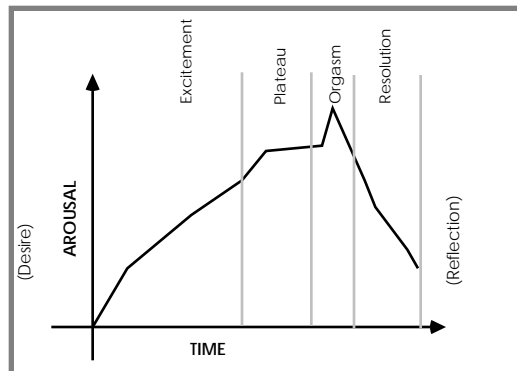


Figure 2 - The Sexual Response Cycle

stimulation in addition to coitus. If some other part of the male's body were the primary sexual organ leaving the penis solely for reproductive needs, or if the vagina had actually been the female sexual organ (as patriarchal assumptions lead us to believe) instead of, or in addition to being the reproductive organ the possibility of a more equal sexual opportunity from intercourse would have existed.

However, the limits of our sensual and sexual experiences are determined by our anatomy and its evolution. Therefore, clinicians have a duty to rule-out or rule-in organic problems that could restrain mutual sexual experience. A simple series of questions can do this quickly and efficiently:

"Are there ever occasions when you feel sexually desirous, whether or not you act on them?" (*desire phase - necessary for mutual sexual activity to occur*)

"On an occasion when you do feel sexually desirous and you choose to act sexually, whether with self or another, are you able to increase your arousal through the sexual actions you engage in?" "Do you have physical changes such as erection etc. (for males) or vaginal wetness etc. (for females) that accompany arousal?" "Are you able to maintain your arousal for what sexual purposes you want?" (*excitement/arousal phase*)

"Do you get to a point where you feel the urge to release your arousal through a rapid rhythmic release usually called orgasm?" For females "Are you able to be orgasmic most often when you want to be?" For males "Are you able to influence the timing of your ejaculation?" (*orgasm phase*)

"About how long does it take for your

body to return to normal after you have been sexually active - minutes, hours or days?" (*resolution phase*)

"Do you find sexual activity to be as pleasurable as you would want it to be?" (*pleasure/reflection phase*)

When I see new clients, I view their sex as based more on the experiences of the two involved and not so much simply on the behaviours that they engaged in. As a result, I often talk with clients about these five "sexy" words, helping them see how these words are descriptive of their hoped for experiences. I even suggest that they cut out the five words, put them on the refrigerator and reflect on them every time they open the door. Imagine if they actually ensured that all were present for both every time they went to be sexual!

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