An Adlerian Approach to Sexual Dysfunction and Therapy

Roger D. Colonna

Most practitioners are undoubtedly aware of the proliferation of research and interest in human sexuality and its offspring sex therapy. Consideration of this subject from an Adlerian perspective has been vague and conspicuously inadequate especially in light of how Adlerian thinking articulates with contemporary sex therapy techniques. It is the purpose of this paper to help fill the aforementioned void from an Adlerian perspective and by so doing help to integrate Adler's thinking within the matrix of newer approaches to sexual dysfunction and therapy. Due to space limitations, only one common dysfunction will serve to illustrate Adler's approach and this will be female orgasmic dysfunction. This dysfunction alone subsumes numerous clinical variations, a few of which will be dealt with here. Adler, in so many ways being a forerunner of more recently evolving contemporary constructs, was limited in some ways by the cultural-historical era in which he existed. For example, he believed masturbation as well as homosexuality, sadism, masochism, and fetishism were perversions. We know that masturbation, for example, is currently understood as being a most important developmental experience facilitation in a satisfactory sexual and emotional adjustment (Marcus & Francis, 1975). (This does not deny the possibility of masturbation being used in a psychopathological way.) It is thus within this framework that his concepts will be expanded.

Adler's conceptualizations of sexual dysfunctions are rather scant and those that he does discuss are directly related to his broader theorizing of social interest, lifestyle, and selective bias apperception. The three dysfunctions which he chose to elaborate on are impotence, ejaculatio praecox, and frigidity. Adler approached all three of these disorders as having similar characteristics, that is, a feeling of uncertainty. It appears to Adler that "sexual illness arises only when one person uses another for his own profit. There is no sexual illness where two people take full responsibility for one another" (LaPorte, 1970, p. 46). Adler's emphasis on social interest and equality or its lack as the etiology of sexual dysfunction is clear here.

Roger D. Colonna, Ph.D. is an adjunct faculty member of the Seton Hall University and Administrator-staff member of Psychological Associates, South Orange, N.J.

In his other writings Adler went on to speak of vaginismus and frigidity, the former being an active form of sexual avoidance. For Adler, frigidity was a more passive form of rejection with this lack of function representing a desire not to be "there" during intercourse as though the event were only the man's affair. Alder seems to describe the psychodynamics of frigidity as the woman's attempt to exquisitely confront the man with his own impotence as a sexual partner. This desire to reject the man seems to arise from the inequality and subsequent humiliation of the female as she interacts with the dominant male. "In all cases of frigidity, I have found that the woman felt the female role as one of humiliation and curtailment" (Ansbacher & Ansbacher, 1967, p. 312).

Female Orgasmic Dysfunction

One of the more logical places to illustrate an Adlerian approach to sexual dysfunction is with the syndrome described in its most general sense as female orgasmic dysfunction. This syndrome for illustrative purposes will include the totally unresponsive woman and the various responsiveness gradients ascending the scale to moderate responsiveness. Adler, as he holistically included his thoughts of sexual dysfunction within the fabric of his entire theory of personality, would also holistically view this symptom as being part and parcel of this woman's orientation to life. To address this symptom without considering its place within the intrapsychicand interpersonal reality of this woman is tantamount to committing the same error of the proverbial three blind men trying to describe an elephant. This is not in any way dismissing the importance of the symptom in offering a valuable direction in better understanding an individual. In fact, the symptom often reflects the person's coping stategies or movement in life. We know that the ability to orgasm given a physically healthy woman presupposes two basic psychological prerequisites. First, the woman must be able to experience and maintain the feeling of sexual arousal without having to deny or distort them due to childhood pathological family interactions. Obviously, this assumes a transcendence of inhibiting factors in one's background. I have personally seen variations of this theme whereby arousal existed originally, but, after an involvement with a selfish lover or spouse, the sexual drive is subverted or avoided at great lengths in order to insure a minimal recreation of the pain, degradation, and displeasure associated with sexual interaction. Thus, the sexual desire which appeared originally intact underwent a contaminating experience making these injured, vulnerable individuals hyposexual and therefore more rigidly defensive. Kaplan (1977) also views patients who suffer from inhibition of sexual desire as having anxiety, success phobias, and pleasure inhibitions in other areas of life as well. Kaplan's interpretation is rather Adlerian in that the particular sexual dysfunction is related in a holistic fashion to the major life movement of the person.

The second prerequisite of having an orgasm proceeds the ability to experience and maintain arousal without having to deny or distort such. This is the orgasmic phase itself. Self-control must be abandoned and subordinated in the service of the overwhelming physical sensations of the moment. Fear of

doing so originates frequently in the belief that loss of control or an alteration of conscious vigilance may generate a vulnerability to either the other sharing the sexual experience or to a vulnerability to premature release of many pent-up emotions which, up to that point, remained compulsively repressed. One of the key words here is compulsive, for as rigidity exists in the sexual phase, so will hypervigilence exist within the lifestyle itself.

One of the most interesting variations within the sexual dysfunctions or, particularly, the pleasure dysfunctions is, illustrated by the case of Barbara W.

Barbara W. is a beautiful, exotic looking 34-year-old single woman currently working in a technical career field. She is the only child of a deceased mother and remarried gambling, longshoreman father. The parental relationship was fraught with fighting and paternal absenteeism. After singularly attending to her mother during and prior to the mother's death, Barbara nomadically moved from relative to relative, each terminating her stay due to some vague disagreements. She claims to have loved her mother very deeply and yet hated her equally as deeply if and when her mother had sex with her father. "She was mine. I didn't want him to touch her." Thereafter, her life became emeshed in prostitution, lesbianism, drug abuse, etc. Her history is so detailed and varied it precludes further elaboration except to say that Barbara has been unable to experience orgasm with any person despite the sexual technique used except if she manually masturbates. She has been reluctant to masturbate with a bedmate until very recently. The interesting fact about Barbara's stated sexual responsiveness is that she only recently has been able to associate to what "horniness" means to her. She now recognizes a focal arousal experience whereby a subjective feeling of genital throbbing occurs. At these times she does not masturbate nor does she desire such. Those times when she does masturbate she is unaware of any precursor of arousal. It is almost as if masturbation is pursued not as a result of arousal but as a means to generate emotional-physical arousal. It is as if the masturbation for Barbara precedes the arousal or desire to "feel" instead of resulting from an arousal.

This case reveals one of the varients of the "pleasure dysfunction syndrome" under the rubric of orgasmic dysfunction. The case is the reversal of what is usually expected in the arousal → masturbatory connection and it has an interesting and similar parallel in the drug abuse paradigm as theorized by E. Preble and J. Casey (1969). These authors saw heroin as a quest for a meaningful life, not an escape from life. To them the meaning of heroin does not lie in the effects of the drugs on the minds and bodies of the addicts. It lies instead in the gratification they derived in accomplishing a series of challenging, exciting tasks every day of the week in pursuit of the drugs. Thus, Preble and Casey view drug addiction as a necessary vehicle to the pursuit of a meaningful, exciting life. It is almost as if the drug experience offers an antidote to the experience of nothingness or emotional emptiness. So to with Barbara W.'s masturbating. It appears not to be the result of arousal but the means of creating arousal thereby temporarily neutralizing alienation and aloneness.

Thus, the Adlerian, using all of his diagnostic and treatment acumen, must determine the entire lifestyle of the person and how they handled arousal; what they did when aroused; what they feared in gratifying themselves; and how their arousal operates, that is, is it a result of erotic stimuli or a means to dispel anxiety or eliminate feelings of loneliness. The other crucial consideration must focus on determining how their sexual responsiveness recapitulates the coping strategies in other major tasks of life.

The newer sexual-behavioral techniques, though efficacious at times, are palliative, at best. Their focus is almost totally symptomatic and not consonant with holistic considerations. In essence, any sexual dysfunction for an Adlerian is a microcosm of the coping strategy within the lifestyle itself. However, Clifford Sager (1976), in his editorial commenting on sex as a reflection of the total relationship, believes that for many committed couples sex does not reflect a one-to-one similarity to their total relationship. Sex for these couples appears to be a special parameter of their interaction in which either or both may act differently than is customary. "Sometimes their sexual activity appears to be dissociated from their other joint activities. There are couples who fight, disagree on most values, have constant power struggles but who do continue to have an intense sexual attraction for each other and who are able to enjoy and to fulfill each other sexually as they are unable to do in other areas" (p.4). As an Adlerian I disagree with this thinking philosophically and clinically. The sexual relationship, which is typically known as another form of intimate interpersonal relating, always reflects the emotional pulse beat of a relationship. If disputing couples have excellent sex, this reveals more a marital lifestyle, at least, of power plays as a necessary prelude to arousal and sexual encounters.

Conclusion

Lifestyle analysis must precede and supercede sex therapy techniques. Why one woman can have a satisfying sexual (orgasmic) experience including masturbation from adolescence onward while another never even closely broaches this experience can only be understood via analysis of this person's existence. The healthy woman's response may have evolved out of accidental digital manipulation of the genitals as a child and, due to its pleasureableness, was reproduced at various times. She must have felt free enough to explore her body—to be at one with the moment to moment experience of her body. It is doubtful that she had instruction in sensate focus or other current sex therapy techniques as a teaching tool in ultimately being orgasmic. Trial and error and informal or formal sex education are just a few ways in which one comes to enjoy ones body. However, they must have the courage to explore themselves without undue guilt or fear. If they are overly controlling, guilt ridden, or anxious, it will be undoubtedly reflected not only in their sex lives but more importantly in their overall interaction in the world.

Adler saw most sexual dysfunctions as existing within a conjugal bed or a facsimile. He never elaborated on the plight of the single woman, for example,

who has not had any real continuity of sexual experience whereby her orgasmic ability results from finely honing her sexual needs and urges with another through practice, honesty, and sharing. Many contemporary single women are experiencing short-term sexual relationships or an absence of interpersonal sexual relationships due to psycho-social reasons such as being tired of the superficial encounters at singles clubs or discouragement of having men ask for phone numbers but never calling. Masturbation becomes not only a logical sexual release but also a means to further interpret their bodies and its physical responsiveness at these times.

Putting a hand, mouth, or whatever to one's genitals is a fairly simplistic technique. The fears, hostilities, inhibitions, and hesitations often arising from such are results of the intrapsychic and interpersonal. The emphasis on the technique belies the fundamental Adlerian truth that sexual style is but a branch from the tree of lifestyle.

References

Ansbacher, H., & Ansbacher, R. *The individual psychology of Alfred Adler.* New York: Harper & Row, 1967.

Kaplan, H. S. Hypoactive sexual desire. *Journal of Sex and Marital Therapy,* 1977, 3 (1), 3-10.

LaPorte, G. H. *Sex, personality and the establishment—guidelines for social re-education* by Alfred Adler. (Limited Edition). New York: The Alfred Adler Institute, 1970.

Marcus, I.,& Francis, J. Masturbation: A developmental view. In I. Marcus & J. Francis (Eds.), *Masturbation from infancy to senescence.* New York: International University Press, 1975.

Preble, E., & Casey, J. Taking care of business—the heroin user's life on the street. *The International Journal of the Addictions,* 1969, 4(1), 1-25.

Sager, C. L. Sex as a reflection of the total relationship. *Journal of Sex and Marital Therapy,* 1976, 2 (1), 3-6.