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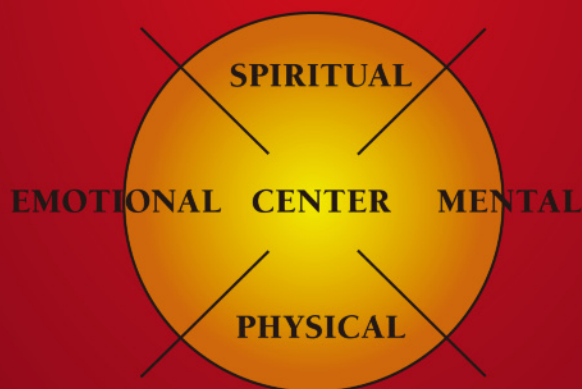
—Dr. Barry McCarthy

Author of *Rekindling Desire*



Gina Ogden

**Expanding
the Practice of
Sex Therapy**



**AN INTEGRATIVE MODEL FOR
EXPLORING DESIRE AND INTIMACY**

EXPANDING THE PRACTICE OF SEX THERAPY

An Integrative Model for Exploring
Desire and Intimacy

Gina Ogden

A portion of the author's proceeds will be donated to organizations promoting women's health.

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THE ISIS WHEEL OF SEXUAL EXPERIENCE

As soon as I began to understand the full scope of sexual experience revealed in the ISIS study, I began to search for a container that could be expansive enough and also non-judgmental enough to hold all of these dimensions: physical, emotional, mental, and spiritual. No such model existed in sexology. The Masters and Johnson sexual response cycle (1966) is based on male ejaculatory response. Helen Singer Kaplan's model of desire and desire disorders (1979) is focused on physiological phenomena. Rosemary Basson's model of female sexual intimacy (2001) ties physical arousal to emotions but bypasses mental and spiritual dimensions. Even more narrowly focused are the pharmaceutical protocols, introduced increasingly since 1998 with the advent of Viagra.

The Medicine Wheel: Template for Awareness and Transformation

In searching for a coherent way to organize and teach the sprawling lessons of the ISIS material, my attention finally moved away from sexological models and focused on a core template of my spiritual practice: the Medicine Wheel. The Medicine Wheel is an ancient template for personal awareness and transformation. It appears in many cultures to represent the unending circle of life, on all levels, from the most ordinary to the most magical: past, present, and future. It brings together spiritual and earthly realms through paths that embody physical, emotional, mental, and spiritual experience—and it brings them together for the purpose of information and healing.

In a bolt of insight, I understood that this was the template comprehensive enough to serve as a frame for the ISIS stories that so overflowed the limits of sexological models. I adapted the basic template of the Medicine Wheel into a model I call the ISIS Wheel of Sexual Experience.

The ISIS Wheel: Key to the Sexual Mysteries

As I began to use this template as a teaching model, I found that the contents of the ISIS Wheel need not be limited to stories from the survey. The ISIS Wheel could include stories from anyone and anywhere. It could include stories from clients and also from ourselves, the therapists and healers. Plus, I discovered that it could serve as a container for all the aspects of our sexual stories. It could hold the performance aspects of sex. It could encompass intangible aspects that promote pleasure and intimacy, desire and function, orgasm and ecstasy. It could also encompass aspects that promote constriction and defensiveness, fear, pain, numbness, violence, abuse, and dysfunction. I realized it might encompass whatever issues clients bring into our offices.

The more I worked with this ISIS Wheel, the more I found it to be expansive, flexible, and relevant. I realized that it could hold the totality of our sexual stories—taking in a wide spectrum of behaviors, partner preferences, gender variance, and cultural messages, along with hot-button issues such as affairs, pornography, compulsivity, drugs, orientation, kink, abuse, and any other concerns clients might present, including the nuances of relationship interactions.

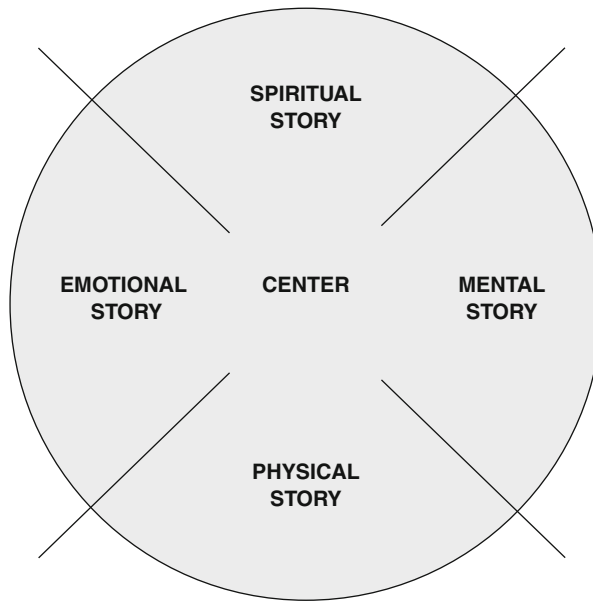
As I worked still further with the Wheel, I found that hidden dynamics of sex and intimacy began to emerge in a clarifying way, as if the Wheel itself held some kind of key to the sexual mysteries. I realized that it could serve as a primary organizing principle for helping us help our clients explore the totality of their sexual stories—past, present, and future.

It is imperative to state at the outset that the ISIS Wheel is not a prescriptive or predictive model such as Masters and Johnson's Cycle of Sexual Response or Basson's model of female sexual interaction. Rather, it is simply, and profoundly, a generic template for sexual awareness. As indicated by the lines leading beyond the perimeter of the Wheel, figure on p. 18, this diagram indicates that sexual experience connects with the rest of life rather than being separated out into its own orbit, as it is in other sexological models. The function of the Wheel is to help us guide our clients in exploring crucial nuances of their sexual stories and how these affect their lives.

Using the ISIS Wheel to Map Sexual Experience—Past, Present, and Future

I developed the ISIS Wheel to illustrate the ways in which sexual experience involves far more than simply the aspects of sex that can be counted and measured. The ISIS Wheel includes mental, physical, emotional, and spiritual aspects that are always present in our sexuality, whether we are aware of them or not, and whether or not we are actively engaging in sexual activity. By

THE ISIS WHEEL OF SEXUAL EXPERIENCE
An Organizing Principle for Exploring Our Sexual Stories—Past, Present, and Future



showing all the aspects at once, the Wheel invites clients and clinicians to consider the whole picture, not only one piece of it. In a therapy setting, that piece is most often defined by pathology, such as the dysfunction, the argumentative relationship, the childhood abuse. Interactions like these tend to become frozen in time. The Wheel can help clients explore those places where their stories are stuck.

As I have worked with the template of the Wheel I have found that using it invites explorations in time, so that seeming divisions between past and present become fluid, with all their implied connections to the future. To help unstick clients, I often place the template of the Wheel on the floor and ask clients to tell their stories from each quadrant. Moving one's story around the Wheel can become an adventure in quantum leaps of time-shifting, so that, for instance, a 32-year-old woman's aversion to sex morphs into her inability to protect her three-year-old self from her older brother's torturous ways:

Standing in the emotional quadrant, I felt time collapse—and could rage with the energy of my three-year-old, then move to the physical and mental quadrants and feel how much power I have now. Actually

standing in the quadrants I could experience these things—much more powerful than sitting in a chair and just talking about them.

In further working with this template, I have found that it also invites movement between the perimeter and the center. At the perimeter of the Wheel, the sexual stories are tentative—a glance, a fleeting question, a peck on the cheek. At the center, where the energies of body, mind, heart, and spirit all meet and merge, something else occurs—a concentration of erotic energy I call the “ISIS connection.” On a good day, the ISIS connection is a transformative experience of ecstasy and mystical revelation. When the story is irreconcilably negative, the ISIS connection is one of hopelessness and despair. Either way, here is where sexual experience enters territory that science has yet to chart fully. Because this connection cannot be counted and measured, it is also beyond the domain of evidence-based therapies.

The ISIS Wheel can be used to map a wide range of sexual responses. Our stories can start anywhere, and it is possible for clients and therapists to see all of the paths and hold them all in awareness even if they are focusing on only one quadrant. Anyone who has worked the Wheel knows that the ISIS paths do not always follow the strict and even boundaries shown in the figure on p. 18. As one client says, “I started out in the physical place looking for what drives my fear of sex, but this place got smaller and smaller until I ended up straddling the spiritual and mental places that encompassed my family background of repression.”

As clients experience their sexual journeys in the contexts of their whole lives, the paths are likely to twist, turn, detour, bump, even come to dead ends. Following these paths of their stories can sometimes feel like slogging through a wilderness, because sexual experience is not always positive, and even positive experiences may restimulate past pain instead of pleasure. The good news is that some of our painful experiences may ultimately lead to positive outcomes. The client above adds this:

Being a recovering Mormon, I dug up plenty of signature moments when I felt the whole weight of the church coming down directly onto my poor little sexual organ. But getting out from under means I have moved through years of shame. I feel really light for the first time ever—light because I don’t have all that pressing on me, and light because I feel bright, illuminated. I think I finally understand the phrase “the joy of sex.”

When other complexities of our sexual relationships are considered, with factors such as age, social class, ethnicity, race, gender, gender identity, and sexual orientation, it becomes apparent that these factors range across all the

quadrants of the Wheel and that they may color our sexual responses in some unpredictable hues. Two of my close colleagues focus on class issues in their therapy and report that their clients have responses much like the “recovering Mormon” above. They point out that it can feel like walking out of the mists and into daylight for clients when they finally understand the social roots of what have been labeled their personal sexual problems and dysfunctions.

The template of the ISIS Wheel looks simple. Yet working with it may be both wide-ranging and deep. I can say this with the conviction of one who has journeyed the Wheel with over a thousand clients and trained dozens of practitioners who have now worked it with countless of their clients. It is exhilarating to see the movement in my trainees and to hear stories of their clients spontaneously moving from negative responses to positive ones.

The ISIS Wheel as an Arena for Change

When I introduce the ISIS Wheel to clients and trainees, I present it as an arena for awareness and change that invites clients to tell their stories from each quadrant, as a kind of multidimensional sex history-taking. In practical terms, I have also found the Wheel to be a vehicle that allows clients to reveal a large amount of complex information in a short time.

There is a deep purpose to all of this. When clients can identify for themselves the locus of their discontents—and also their pleasures—they are in a position of choice to initiate their own new directions rather than depending on a partner or therapist to point the way. Such new directions might involve attitude shifts, such as taking responsibility for their own feelings as distinct from reactive responses like shame, blame, partner-pleasing, and even violence against themselves and others. They might include proactive actions, such as exploring new sensual outlets or finally leaving a relationship that no longer nurtures them.

One woman stands out for me in this regard. Maria is a survivor of ritual abuse. She came to an ISIS weekend in chronic depression and on the edge of suicide. It became immediately apparent as she brought her story to the Wheel that the abuses she had suffered by the age of eight had taken away much more than her sexual innocence. They had co-opted her spirit as well. Maria was nearing 40, and beneath her chronic depression and fear she also confided that she was longing to “take off and fly”—both sexually and spiritually. But she had no clue where, or how, to begin. It was the safety of the ISIS Wheel that finally allowed her to reach into her past and experience how sex and spirit had been disconnected for her.

Maria’s story told of ritual abuse by a father and uncles who were pillars of the community—therefore there was an extra strong injunction about her ever telling. Maria could retrieve only flashes of cognitive memory: being in a circle of men, being passed from one to the other, candles, fire, touching, terror.

Relating details from each quadrant took enormous courage for her, especially from the quadrants of body and spirit, because joining them came so close to the rituals with which she had been brutalized—and sworn to secrecy.

As Maria explored her story around the Wheel, she said her world expanded almost instantly beyond despair. She still feels cautious about sex with men, and may always do so. But she is no longer a prisoner of fear and depression. She is able to talk about her life—past, present, and future. When we last spoke, she said identifying her story on the Wheel had given her a sense of safety and control and had felt like a “launching pad for hope.”

How ISIS Can Expand Sex Therapy

As illustrated by Maria’s story, introducing clients to the ISIS Wheel has the effect of asking fresh questions. Often these are questions about feelings and meanings—to which there are no right or wrong answers, and certainly no answers that can be proven by evidence-based methods favored by many health professionals. Entering into the Wheel tends to arouse curiosity and engage clients in their own therapy. The process expands sex histories regarding sensations, feelings, meanings, messages, desires, self-esteem, decision-making, relationships, and whatever other issues clients may bring in. Clients seeking to expand (or limit) their sexual identities (e.g., to heterosexual, gay, lesbian, bisexual, or transgender) can explore multiple aspects of gender and orientation along with their motivations to change. Many more possibilities will unfold in the following chapters.

Therapist–Client Collaboration

Central to the ISIS Wheel concept is that clients’ interpretation of events is the most meaningful factor in positive change. The therapist’s role is crucial, of course, but it is not definitive, as it is in therapeutic models based on diagnosis and treatment of pathology. In ISIS work, the therapist’s role becomes that of witness, guide, expander of stories, and sometimes stage director rather than uncontested “expert.” The relationship between therapist and client is necessarily collaborative, which is a strong factor in the healing process, as revealed in recent studies on the placebo effect that challenge the dominator model of doctor–patient relationships.

Exploring Dysfunction

Descriptions of the ISIS Wheel have so far dismissed a focus on pathology. But clients do come into our offices with conditions of pain and performance dysfunctions that distress them and wreak havoc with their relationships. These

must be taken seriously. And it is important for clinicians to understand the difference between pathologizing clients and their complaints and taking clients' complaints seriously. By "pathologizing" I mean, for instance, prejudging clients' levels of desire and satisfaction according to academic standards of normality. By taking clients seriously, I mean listening creatively, without holding them to an impossible standard of performance. I mean helping clients enlarge their perspectives, so that they are in a position of choice, with a sense of power and ability to exercise that choice for themselves.

For clients presenting with DSM-categorizable sexual dysfunctions, using the ISIS Wheel can maximize therapeutic options. As with Maria, the abuse survivor above, the process allows clients to explore for themselves how their symptoms of physical dysfunction may be linked to emotional, mental, or spiritual issues. For instance, exploring each quadrant to investigate issues such as erectile problems, orgasmic blocks, or vaginismus offers both client and clinician a visible way to consider the implications of these dysfunctions beyond medical models that prescribe limited courses of treatment. Exploring multiple dimensions of these issues invites clients to factor in past, present, and future, family history, race, class, economics, cultural narratives, collective memory, and myth, along with physical symptoms and pharmaceutical interventions.

Exploring Desire

For partners with discrepancies of desire, using the Wheel can function as a safe place for each partner to speak—and listen to each other. Telling their stories of desire from each quadrant offers a potentially informing narrative about the past, the present, and possibly even the future. It allows each partner the space to weave both memories and possibilities into their perceptions of the here and now. Couples who wholeheartedly enter the Wheel often emerge with broader ways of understanding their levels of sexual desire.

I am thinking of a lesbian couple who recently presented with desire discrepancies. Raneé had been diagnosed with breast cancer three years earlier. Although her cancer was caught early and treated without surgery, the trauma for the couple was deep and took a toll on their sexual desire. The chronic drop in desire was not from the cancer survivor, who had long been ready to reconnect sexually. It was from her partner, Carole. This couple had not been fully sexual since the cancer diagnosis. Their visit to another sex therapist had been unsuccessful: "We were told to try non-demand touching and a bunch of lubes and vibes, and they didn't work."

The question that brought these women into ISIS therapy was: "What's wrong with us? Are we suffering from Lesbian Bed Death?" This is a slang phrase for a condition where women partners become essentially asexual on a

permanent basis. I pointed out that there were no diagnostic criteria for this term, so we could not call it a bona fide sexual dysfunction. Instead, I suggested that we could seek out answers to their question together, beginning with each speaking about her sexual desire from each quadrant of the ISIS Wheel.

Carole spoke from the physical and emotional quadrants of her terror that she might hurt Raneë, and that Raneë might die and leave her. Raneë spoke from all four quadrants of how much it meant to her to stop being treated like an invalid so that she could renew the life-restoring activities of giving and receiving sexual, sensual pleasure.

Once Carole and Raneë had shared this information in the safety of the Wheel, their story shifted dramatically. Their assessment of Lesbian Bed Death morphed into mutual interest in each of them speaking up about what she wanted and into listening to each other—a focus on life rather than “bed death” or death itself. In the end, this couple discovered they could reinvent their sexual approach to each other and put their “bed-death” diagnosis to rest. Their new path to sexual engagement began with humor and reassurance rather than seduction with a genital focus—as they had been conditioned to imagine that sexual interaction required. What they called their “sex rehab program” started with breathing together instead of the lubrications and vibrators prescribed by their former therapist. With these and other changes, Carole’s fears diffused. Raneë began to initiate, and Carole began to open up and receive. On one level the change was that simple. On other levels, it was life changing.

In the following chapters of this book we will look at many more examples of how exploring the quadrants can open up life-changing choice points for clients to explore on their own.

A Growth Arena for Therapists as Well as Clients

As I use the template of the Wheel in supervising and training therapists, unexpected byproducts of ISIS work keep surfacing. The overwhelming response is that introducing the ISIS template broadens the therapeutic focus beyond specific sexual behaviors (such as intercourse or orgasm or using lubes and vibes) to include a nuanced exploration of the feelings, meanings, and motivations that impact desire and a spectrum of sexual behaviors.

It continually astonishes me that such a simple shift in perspective can wield such a powerful impact. Why should broadening the field make such a difference for therapists? I believe its power lies in the liberation clinicians feel when freed from the constricting nature of the training to which most of us are subject as we prepare for our degrees and licenses to practice. The ISIS Wheel acts as a kind of generator for therapists who are hungry for healing modalities beyond performance-oriented and evidence-based approaches to sexual dysfunction.

A refrain I hear from many is that their training centered on cognitive-behavioral therapy (CBT). This is an approach to clients' issues that focuses on evidence-based practices to treat dysfunctions and that seeks problem-oriented solutions in a goal-directed manner. This approach is effective for many of the sexual problems clients bring in to our offices, and very importantly it meets crucial criteria for insurance panels. But CBT does not allow for exploring a full range of sexual complexity. Nor does it address some of the subtle issues regarding clients' individual and relational concerns. These limitations have left many clients with important needs unaddressed—and have left some of my therapist colleagues feeling frustrated because they are unable to help clients move beyond focus on their symptoms.

Expanding the practice of sex therapy through the ISIS approach is not for the timid, however. Just as exploring the Wheel of feelings and meanings may unearth layers of emotions for the client, it may also bring up unresolved issues for the therapist. Even a most basic exploration of the Wheel can trigger an “Aha!” response that can plunge a therapist into a morass of personal issues that may be unexplored or perhaps intentionally ignored. Responsibility for our own feelings is a theme that permeates the rest of this book; the issue of countertransference and how therapists can explore ISIS for ourselves is specifically addressed in chapter 10.

Concretizing the Boundaries of Therapeutic Interaction

The subject of countertransference brings me to Serena, a conventionally trained marriage and family counselor who coordinates the sexual health department of a residential clinic in the Midwestern US. When she asked me to supervise her work with the ISIS approach she was in her mid-forties, and she had begun actively searching for answers to some of her unresolved life dilemmas as well as seeking to expand her practice of sex therapy. She said she was looking “beyond her comfort level”—exploring her spirituality, revamping her therapeutic belief systems, rediscovering her connections with nature, and reviewing her personal edges in relationships. This was a great deal to tackle all at once, and she found herself both excited and confused. Moreover, Serena felt some of her clients paralleling her own issues: “Put it this way,” she said. “They’re certainly looking for more than the mechanics and performance aspects of sex, and so am I.”

In some cases, Serena’s parallels with her clients went deep. As we helped her guide these clients through the labyrinthine boundary issues raised by their work on the ISIS Wheel, Serena found that she was gaining insights into her own boundary issues, which included sexual violation by almost every male member of her family of origin. Serena has used the Wheel herself to gather

enough courage and insight to delve into the pain of her abusive and conflict-ridden childhood. “I’ve had years of therapy about this,” she points out, “but it always stopped short of the spiritual piece. And it never connected sexuality and spirituality.”

What helped Serena with both her clients’ and her own issues was to make them concrete so that they emerged from the shadows of abstraction and into plain view. I suggested she choose objects to represent both her past pain and the spiritual approach she was seeking. Concretizing in this way made these abstract concepts real, invoked new images, and put her experiences literally into her own hands so that she could move them to different quadrants at will, instead of allowing herself to be swung this way and that.

Concretizing is an ISIS strategy I will discuss at length in chapter 9 and beyond. Suffice it to say here that choosing to work with concrete objects around issues such as boundaries and spirituality helped Serena expand her practice of sex therapy. Exploring all the ways she was able to choose and control the objects with which she worked offered her clues as to how she could begin to exercise choice and control over areas of her life that had been beyond her powers. Through these personal explorations on the Wheel, she developed insights and skills she could pass on to her clients.

Developing the Ability to Bilocate

Jorge, another sex-therapy supervisee, also came to ISIS work as a licensed therapist, specializing in adolescents and adults who presented with substance abuse problems. These problems often involved sexual issues, whether or not these were openly acknowledged. Jorge admitted to me that he possessed a great fear of working with couples in therapy and understood that this was because he had never been able to address fully the traumas of his own childhood. He was self-aware enough to point out that couples with whom he worked became, in his eyes, his own toxic parents. As he witnessed each client couple’s distress in his office he felt as if he were plunged back in time, where he was a skinny eight-year-old trying to mediate his parents’ violent battles. On one occasion he had witnessed his father smash a beer bottle on the kitchen counter and wave the jagged edge at his mother’s throat.

Jorge described how he would feel alternately intimidated and enraged by some of the couples he saw in therapy. To maintain some degree of equilibrium over his roller-coaster emotions he would act ultra-rational, overbearing, and didactic—telling his client couples what to do and in some cases (I feared) where to get off. Jorge recognized that he was doing these couples no good by projecting his old unresolved feelings on them, but he had no idea how to change. By the time he began ISIS training he had stopped working with

couples altogether. This was a protective measure. But he recognized that his refusal to work with couples was limiting his effectiveness as both a general therapist and a potential sex therapist.

Because Jorge's clinical skills were being so influenced by his personal story, our supervision needed to factor in the intersection of professional and personal before it could move forward. I explained to Jorge that he could use himself as his own laboratory to help him understand his own reactions and responses. I further explained that this was not crossing some kind of clinical boundary. Studying one's self is a time-honored approach of scientists in many disciplines.

The ISIS Wheel proved to be an arena where Jorge could explore his dilemmas. Telling his story in all of the quadrants of the Wheel took him beyond a merely intellectual understanding of his issues. Telling his story in the emotional quadrant, for instance, allowed him to connect his past helplessness with his present power—actually to feel both of these energies and to experience the swirling tides and currents as they came together. In the spiritual quadrant, he was able to extract some positive meaning from all the violence he had witnessed as a child—the comfort he received from a beloved aunt. In the mental quadrant, he had an opportunity to verbalize definitively and out loud that he was not to blame for his family's craziness and violence; that he was powerless to “cure” the family situation; and that if any surviving members of his family wanted to change they would have to do it themselves. In short, these explorations and insights allowed Jorge to gain a broader perspective on his early life, so that eventually he was able to view his violent childhood without either terror or judgment.

Most importantly for expanding his own practice of sex therapy, working with the ISIS Wheel enabled Jorge to see his clients as separate from either his family members or himself. As he contemplated his relationships with his clients, he could place himself in each quadrant of the Wheel with great clarity. He saw (and experienced) himself as he was then—as that scared eight-year-old boy. And he saw (and experienced) himself as he is now—as a powerful 50-year-old man with highly developed conflict-resolution skills and a desire to heal. He was able to take himself repeatedly around each quadrant—as a man, as a boy, and as a therapist—speaking from his own body, heart, mind, and spirit. At one point he took the role of both little boy and powerful therapist, seeing his clients' inner children reflected in his own inner child. In this exercise, Jorge was learning the art of bilocation—the ability to step back and forth from one persona to another and to move fluidly among past, present, and future.

The next section will explore the quadrants of the ISIS Wheel.