

## Q&A

# Let's talk about sex — and sex therapy

by Stephanie Riefe

Dr. Sandra R. Scantling is a sex therapist. And what that means may surprise some people. There are many misconceptions about the profession.

"People think they're going to see me and learn some fancy new position or I'm going to give them the name of some hot video. But all we do here is we talk. People have fantasies," she said. "Do you have to take your clothes off? Do you have sex in the office? The answer is no. The answer is we talk in here. But they are expected to go home and to touch and to do things a little differently. You can't learn how to swim if you don't get into the pool. So they are expected to swim, but all at their own comfort level. They start off at the shallow end of the pool."

### How do you define a sexual problem?

Anything that gives someone distress about their own intimacy or sexuality is problematic. It really doesn't matter if it's a problem with desire per se or arousal or response. It's whatever troubles the individual, and usually the couple.

### What is the therapy process like?

When people come to me the first thing I really want to find out is why now. If I say "What's the problem?" "Well we're not having a good sexual relationship." "How long has that been going on?" "Well since the beginning." "Well why are you coming into see me 12 years later?" And they say, "I read in a magazine that I'm supposed to be able to do x or he's supposed to be able to do y." Or "He said if things don't get better we're going to get a divorce," or I'm feeling like I'm missing out on something." What I try to find out initially is what's the motivation. "What are their expectations? What are they prepared to commit to? What's the level of medical complication that could be contributing? Are they on any medications for heart disease, diabetes?" There may be a problem hormonally, with their endocrine system, their vascular system, their neurological system.

### Do you find medical conditions often?

Of course. Think smoking. Smoking constricts vessels, so a large percentage of people who come to me with erectile dysfunction have problems because they're secondary to smoking or alcohol intake. Something as simple as nasal spray that dries up their mucosa could dry up all their vascular mucosa and they wind up with vaginal dryness. As a nurse, psychologist, sex therapist, when they come to see me I do a complete evaluation.

People think of being healthy as a good thing, taking care of themselves. But as a culture it seems we ignore sexual health. (Sex is) an aspect of living and it's much broader than merely the notion of intercourse. It's a quality of life issue. It really is sexual well being. And it's ignored. (People) make these assumptions that when you love each other it's something you don't have to work on. And if you have to work at it something's wrong. Couples will come in and say "Why is it so difficult?" or "Why do we have to work so hard to make it exciting? At the beginning we just enjoyed being together and now it seems as though we're too tired or it's boring," and the underlying complaint, the unspoken complaint, is it shouldn't have to be this way. And I have news for you, it is that way.

### Is that one of the biggest fallacies, you shouldn't have to work at this area of your life?

Huge. It should be natural. And always and forever, without effort. We can put ourselves in a fuzzy bathrobe, the husband can come home, plop himself in front of the television set, and romance is supposed to blossom at 9:30 p.m. Lovemaking is an experience that starts well before that moment in the bedroom. It has to do with saying "Hi" in the morning and giving each other a kiss hello that lasts more than a tenth of a second. What happens is

there's a qualitative shift in their intimacy quotient. There's a difference in the way they look at each other when they actually have that moment to linger and often that's all that's needed to get something jump started again.

Other times it's much more challenging than that. There's a problem with a traumatic history, anxiety, there may be issues of infidelity, non-forgiveness.

### How long do people see you?

Most of my couples come for a relatively short period of time. My patients come to see me generally for some specific issues. Some patients come in once or twice, I correct something very small and they're on their way. Other people will come in for a year or so. And all ages, from couples that are dating or individuals that are dating. Single women, single men that are not dating but would like to and are anxious about what's going to happen when the time for intimacy comes to old marrieds who have been married 50, 60 years.

We live in this strange time where sex is everywhere, but that hasn't made anything better. People can talk about intimate things without being intimate. Do you know what I mean? You have absolutely got it. Here's the way I see it. With the increased exposure in media — more nudity, more topics that are blatantly sexual, since the Viagra age, which is 1998 — we've been able to say erectile dysfunction, we've been able to talk a little more legitimately in quotes about this subject matter and you hear it more often. People are more comfortable hearing the language, more talk about lubricants, more talk about toys, and so forth. But what's really happened is more of a compartmentalization of sex from the broader context of intimacy.

### Do you believe the hype about the difference between men and women ("Men are from Mars, Women are from Venus") and their attitude toward sex?

I don't really buy into the idea that we're so different. There's no question there are differences between men and women. However, I think that we do a disservice to men and women by categorizing each of them as only one or the other. By suggesting that women merely want affection and men merely want physical release, I think we really reduce the variability, the complexity in gender to an incredibly simple minded reductionistic response. And I think there are just as many sensitive men as there are physically passionate women. I think we're more similar in some ways than otherwise. I know that men and women both need to be understood, to be appreciated, to be loved, to be valued, to feel adequate, to feel competent, to be trusted, to feel close. Men and women both need these things. We may express them a bit differently, but I think if we could focus more on our similarities it would be much better than focusing on that we're Martians or Venusians. Having said that, I wish I had come up with that title. What a great title.

### What are some of the biggest sexual myths?

Everybody wants to take me aside and ask "How long should you really last?" and "How many orgasms are really normal?"

### Those must be part of the mythology.

Those for sure, and if you're really turned on to your partner you should have a spontaneous erection and you won't need lubrication. Penis size is a huge myth. Men always think it's not big enough and women always say it's fine. Or breast size. Women think pain is normal. Sex shouldn't hurt. Or all of the ideas of what does it mean to be an adequate woman or an adequate man.



Dr. Sandra R. Scantling, shown with her dog, Beckett, believes that "so-called statistics in women's magazines should be taken with a grain of salt."

### Should we worry about frequency or other statistics that seem to be in every women's and men's magazine these days?

Everyone is so worried about being normal. I really think people should stop worrying about what's average and have a good positive loving experience. They should define lovemaking as much more than what happens between their legs and much more in terms of what happens between themselves as couples. I don't think we should worry so much about frequency. I really think we should throw away all of that. I think all of the statistics you read are skewed. There are people who will fill out sex questionnaires and those that will not. Then there is the phenomenon of over reporting information. Years ago masturbation was under reported, especially in women, now it may be over reported. Women feel compelled to say "Of course I masturbate" whether they do or not. So you've got to take these so-called statistics in women's magazine with a grain of salt. I'm not trying to suggest that there aren't sexual dysfunctions. There are. There are documented sexual complaints that affect millions and millions of people in this country. And there are also a whole other range of sexual concerns, worries, misinformation and issues that have to do with trust, intimacy, loving, knowledge and skill and I address all of that. So you can see what a big area this really is. And I address it across the life span from talking to parents about how to talk about sex with their children to how to deal with teenagers, how to deal with issues of pregnancy, post pregnancy, menopause, old age, illness. All of that is part of what I do.

### What about aging?

People allow themselves to age in other parts of their lives. They don't expect to run a mile as quickly as they did when they were 20 when they're 45, but they expect themselves to not have any modifications in their sexuality. I don't mean better or worse. I just mean modification. It could be improvement actually, because when you age you don't have the pressure of children; you often have more freedom, more privacy; you also have more experience. And hopefully, if you're in a good relationship, you have more trust and you have more of an understanding of what each person feels comfortable with. However, what often goes along with getting older could be chronic illness, more medications, (being) overweight, fatigue, so there are some challenges. What really is consistent with good sex is good health, and actually good sex is healthy. **CTL**

To reach Dr. Scantling or to find out more about the Scantling Institute, call 677-1910 or go to [www.drscandy.com](http://www.drscandy.com).

Dr. Scantling is an assistant clinical professor of psychiatry at the University of Connecticut School of Medicine, a nationally certified sex therapist, a board certified clinical specialist in psychiatric nursing, an advance practice registered nurse and a licensed clinical psychologist. She was director of psychiatric nursing at the University of Connecticut Health Center and Treatment Center until 1987. She is currently the director of the Farmington Psychotherapy Center in Farmington, where she has been in private practice since 1989. She recently opened the Scantling Institute, which offers group educational sessions.

In February she will offer a women's sexual health series and a group for women who are perimenopausal or in menopause. The institute is located in the same complex as her office, at 778 Farmington Avenue in Farmington. Dr. Scantling has been quoted in *Cosmo*, *New Women*, *Glamour* and *Redbook*, and has appeared nationally and internationally as an intimacy and relationship expert on shows including *The Today Show* and *Good Morning America*. She has presented workshops and couples seminars, and has lectured throughout the country on topics sexuality, intimacy and related subjects.