

Sex in America: An Interview with Marty Klein

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In anticipation of Dr. Marty Klein's plenary, "Sexual Intelligence: A New View of Sexual 'Function' and Satisfaction," at the upcoming AAP Institute & Conference in St. Louis, Voices arranged a conversation between Klein and a colleague and a friend, Dr. Ofer Zur. Recently featured in a New York Times article about "renegade therapists," Klein says of Zur, "We've been fans of each others' work for many years. We each appreciate the others' creativity and innovation, desire to move our field forward, to think critically, willingness to say unpopular things, and impatience with professionals who are more concerned with how everyone feels and being politically correct rather than with challenging how people make decisions and help them think critically."

Zur: I know you've done about 35,000 hours of couples counseling and psychotherapy. In addition, you're also a forensic expert, author of many books and articles, medical school instructor, and you've developed many CDs, DVDs, and educational programs. How would you describe the underlying coherence of your professional life?

Klein: I guess it comes from having a coherent vision of how the world is put together, based on my training in sociology, history, and politics, in addition to psychology. I also have a deep desire to change and improve things, especially around personal freedom and healthy relationships. If we look at psychotherapy as a project of healing people, doing that one person or couple or family at a time can only accomplish so much. That's not to criticize anyone who does that full time, but I've always wanted to have a bigger impact. My idea has been to do plenty of therapy but to also broaden that project outward, be that in the courtroom or talking to the *New York Times* or training other therapists.

Z: In a way you are informed by existentialism.

K: We can talk to patients about important things like family of origin or anger management or communication skills, but there is another thing going on at the same time. In every patient's life, the clock is ticking very loudly, and that is the beginning of the existential dilemma which informs our work. The existential approach says there are inescapable challenges that every human being faces. It helps if we're compassionate: to say to patients or couples, look, there are certain truths you have to wrestle with whether you want to or not, whether it's fair or not. For example, sooner or later the people we love are going to suffer no matter what we do. Another example is that as we get older, fewer people will find us sexually attractive.

There are a lot of these rules; I don't make them up, I just remind you of them. They were here before us and will be here after we are gone. We each have to find a way to deal with those universal rules at the very same time that we are living our unique private lives. People deal with these existential dilemmas within their personal idiosyncratic circumstances; if all we do in therapy is deal with their idiosyncratic circumstances we can give people deep experiences of feeling understood, but that simply isn't enough.

Z: What are other examples of these existential rules? How might that come up in therapy?

K: For example, there's a rule in this life that we are all going to die. I'd like to write 500 books in my life, but the laws of time and space and the fact that I'm going to die make it impossible for me to write 500 books. I have to choose which books to write in my limited amount of time on earth. I can complain all I want but the limits are still going to be there. In fact, if I spend too much time complaining or grieving about these limits, I'll be able to write even fewer books. So this existential dilemma isn't just an abstract issue.

Patients rarely come in and say, "the meaning of life is a problem for me," or, "I'm struggling with existential issues." But we should remember that every human being who walks in the door, no matter what their culture, how tall they are, or how much money they have, the background music they hear each day is their life clock ticking.

Z: Let's move along to sexuality. Perhaps you can recap for us why sexuality is important.

K: There's a saying in Italian, which I love (and which sounds better in Italian!): "Bed is the poor man's opera." Sexuality is the ultimate challenge for totalitarian regimes and for religion. Because sexuality is a domain where people have the ultimate opportunity for autonomy, you know, regardless of how rich you are, regardless of if you are good looking, regardless of if you have other problems in your life, you can create sexual experiences to your own liking. It's kind of miraculous.

Z: What do you mean by autonomy? What do freedom and autonomy have to do with sexuality?

K: If I'm a woman and I want to bear children when I'm 70 years old, I can't do that. If I want to swim to Europe, I'm not going to be able to do that. But when it comes to sexuality, if I want to decide that certain activities are pleasurable and that I'm eligible for them, I can do that. If I decide that it's ok that I have oral sex, or it's ok that I wear a dress during sex, or I want to have sex with a man or a woman or both at the same time, I can do whatever I like as long as my partner is willing to cooperate. That kind of autonomy is very unusual in people's lives. It scares a lot of people, it scares organized religion, it scares totalitarian regimes. Ultimately it's why sexuality is a political subject, because it's about personal autonomy. What could be more central to the political project of any society than regulating people's autonomy?

Z: That ties to the theme of your well-known book *America's War on Sex*, yes?

K: In *America's War on Sex* I talk about the organized forces in Western culture that limit people's autonomy around their sexual expression. And that's still a popular method of limiting democracy in the United States. Ofer, you might want to go to a nude beach and I might not want to. In a truly democratic country, you get to go to a nude beach and I get to *not* go to a nude beach, and no one tells either of us what to do and life goes on. But in America, the rules change when the subject is sex. So people actually say, "I don't want to go to a nude beach and I don't want *you* to go to a nude beach either." No one says, "I don't want to go skiing and I don't want *you* to go skiing either." Everyone would see that as a ridiculous intrusion on others'

lives. America's war on sex attempts to limit people's right to express themselves or their sexuality.

Z: Let's move to the issue of sexual intelligence. What is the importance of sex in a relationship?

K: For most people the role of sexuality changes as they go through the life cycle, and I don't know how much our field really grasps that. The role of sexuality in people's lives when they are 20 is generally about exploring the universe, validating their adulthood, and expressing their independence. It's also about responding to their biological imperative. By the time people are 45 or 50, it's different. Our bodies don't drive us that much to have sex, so we can actually think about how we want to use sex, how we want to construct it. Of course, not everyone is emotionally equipped to do that, and I'm afraid our field is limited in how we help people with that project.

Sex is way more important in some relationships than in others. For adults, sex is mostly like oxygen--if you have enough of it, it's not that big a deal. In most grown-up relationships, if the sex is working, it's a relatively small part of the relationship, but if the sex isn't working it can become a very large part of the relationship.

Z: That tells us that sex is very important.

K: Well, I think it tells us that people *make* it important, and we need to help people understand the process by which they do that. Let's take a simple example. You have a couple, they are friendly and get along well. One person wants to have sex once a week, and the other person wants to have sex once a month. That's not unusual in other arenas in couples' lives--I want to go to the movies once a week, my partner wants to go once a month. I want to have Chinese food once a week, my partner wants to have Chinese food once a month. Where the couple gets into trouble is in assigning meaning to that contrast. Let's talk about tennis. Ofer, you and I are a couple. I want to play tennis once a week, you want to play once a month. I periodically say to you, "let's play tennis," and you say either, "yes, let's," or "no, I'm not in the mood." That doesn't have to be a problem unless I say to myself, "The reason Ofer doesn't want to play tennis with me is because he doesn't like the way I play tennis, or he doesn't like the way I look in my tennis clothes, or he feels embarrassed to be seen on the tennis court with me." When I start assigning meaning to the reason you don't want to play tennis with me, tennis becomes increasingly important in our couple and our tennis desire dysfunction becomes increasingly important. It's one thing that I feel disappointed that I don't get to play tennis with you as much as I want to, because I really like to play tennis with you. Healthy adults know how to deal with disappointment. But once I assign meaning to our tennis difficulties then we really have a problem beyond mere disappointment.

Z: OK, I hear that sex does not have an inherent meaning, it's what we assign to it which makes it meaningless or meaningful. But what about this: Last night I wanted to see *American Sniper*, but my wife doesn't like that kind of movie. So I call some friends, and five of us went to see the movie. My wife had the evening to herself, and I got to see the movie. But if I asked my wife, "let's have sex tonight," and she says no thanks, if I call another woman for sex it's not going to work.

K: You are absolutely right, and I certainly don't mean to trivialize this common and very painful problem. It's true that around sexual desire discrepancy the solution is typically not, "no problem, I'll go have sex with someone else"—although that does work with almost every other content area in couples' lives. There's a significant, predictable problem built into long-term

monogamy that psychotherapy has trouble dealing with. Typically the person who wants to have sex less gets to control when the couple has sex, and the person who wants sex more is resentful, and couples have to figure out what to do about that. One thing we can point out to couples is the way this assumes that sex is a binary thing: Yes we are going to do it, or no we are not. It's more helpful to think of it as, "I want to have sex while you wear a blue hat and you don't want to." So I respond, "Well if you don't wear a blue hat, I'm not going to enjoy the sex very much." We get couples who are arguing about I want to have oral sex but you don't; I want to have sex with the lights on and you don't. My question is, are you and your partner capable of creating sex you both enjoy without anyone wearing a blue hat? If you aren't, that's not about sex, it's about other issues. That might be about your unwillingness to deal with your anger, or your difficulty tolerating not getting what you want. A lot of couples don't have sufficient communication skills, or they have rigid ideas about what "real sex" has to include.

Here's another common example that I see in many middle-aged couples. The man starts having trouble ejaculating inside his partner's vagina. He can still ejaculate with her hand or his hand or maybe her mouth, but he can't ejaculate inside her vagina. She assigns meaning to that, saying, "you aren't attracted to me anymore," or "oh, there's something wrong with my vagina." And so she refuses to enjoy sex without him ejaculating inside her vagina. That's not about sex anymore, that's about people refusing to enjoy life just because they lack one particular thing. She's insisting on assigning meaning to something that's not inherent in the thing, and making both of them unhappy. As therapists, we deal with that all the time in every arena of life, but because of the poor training most therapists get around sex, or because of the sexual insanity of American culture, some therapists are not very good at saying, "OK, I understand that you want your partner to ejaculate inside of you, and I understand that you are sad that he doesn't anymore. How can we get the two of you to enjoy sex anyway?" So it's not just a binary thing of, "I want to have sex more than you and I'm not allowed to have sex with other people." Problems around sexuality are frequently about can you enjoy sex when there is laundry to do, can you enjoy sex when you know your kid is in bed with a cold, can you enjoy sex even though three days ago I kept you waiting at the train station for 10 minutes. Those questions should not be dealt with as simply sexual questions.

Z: How do you view the training that most therapists get in sexuality?

K: Too much training is about pathology rather than sexual health or sexual pleasure.

Z: Pathology in what?

K: A lot is focused on diagnosing and treating the sequelae of sexual trauma and "dysfunction," and not enough on what healthy sexuality looks like. Very few therapists get exposed to a systematic investigation of what people do sexually, and of what people like about sex. If you ask your next 10 patients the simple question, "If you like sex, what do you like about it? Or when you used to like sex, what did you used to like about it?" you'll get many different answers. Diversity about sexuality isn't just acknowledging that not everyone is heterosexual; it's about us being comfortable investigating people's unique experience of sexuality. For different people it might be, "What I mostly like about sex is that's the one time I feel like a real woman," or, "It's one of the few times my partner pays attention to me without looking at his iPhone," or, "It's when I feel young and attractive," or "It's when I can do nasty stuff without getting in trouble."

So too much of therapist training about sexuality relies on looking for the shadow of sexual violence or childhood sexual exploitation. Then there's the sexual function thing, concern about restoring function for people who have unreliable erections or who don't have orgasms. I think

the average therapist's approach to people with such difficulties is, "oh my gosh, you don't get erections, what are we going to do to get your erection back?" I don't think that's such a helpful approach. Instead, let's try "OK, I understand you don't get erections when you want them, or you don't climax the way you want, or whatever, what makes that a problem?" When patients tell us why their sexual problem is a problem, we can treat the thing that needs treating, rather than treating their allegedly misbehaving genitalia.

Z: So you aren't wedded to "What is normal?" Can you help us with this idea about normalcy and pleasure and intimacy?

K: Gladly. We know it's trouble whenever anybody says to another person, "I think you're not normal." In arenas other than sex we are continually pointing that out to patients. One person says, "I want to go to the beach," and the other says, "I want to go to the mountains," and the first person says, "You want to go to the mountains for vacation? Everyone knows the beach is better. What's wrong with you?" As therapists we might say, "You know, you may or may not persuade your partner to go to the beach, but pathologizing their preference is not contributing to the health and the fun of the relationship." Unfortunately, if the subject is sex, too many therapists are willing to jump into the question of is such-and-such normal. Is it normal to want to be tied up during sex? Is it normal to want somebody to slap you in the face during sex? Is it normal to want to wake someone up in the middle of the night to have sex? Is it normal to prefer oral sex to intercourse? Is it normal to fantasize about same-gender sex when you are heterosexual? Too many couples argue about the alleged normality, and too many therapists are willing to jump in and take sides. While we're all trained to "normalize" patients, I think reassuring people they they're normal is a mistake because it reinforces the idea that there's such a thing as *abnormal*. And it disempowers them--I shouldn't be the one to decide that you're normal. I don't want your sister or Oprah or your priest to decide what's normal for you, and therefore I shouldn't be deciding either.

Z: Where is the limit? Sex with children? Rape?

K: Great question. To answer it, let's look at something that is not about sex, like driving. I believe that people should have a lot of autonomy in their decisions about driving. I think people should be allowed to buy whatever kind of car they can afford and to drive on street number 1 instead of street number 2 if that's what they want. But of course there are limits. It's not OK to drive when you are drunk, or to steal money to buy your dream car, or to endanger the lives of your passengers, no matter how much you want to. So how do we codify limits on people's autonomy when it's not about sex? In most arenas of human life, limits typically involve responsibility, consent, and honesty. If I say to you, "let's go for a drive," and I'm drunk, and you say, "have you been drinking?" and I say no, I'm not being honest with you, and I'm not giving you the opportunity to consent with full information. It's the same thing with sex. If you say what you really like is to be held down during sex, is it OK for me to hold you down? You clearly enjoy it, your wrist doesn't have a repetitive strain injury, I enjoy it too, so everything's fine. But is it OK for me to hurt you during sex without asking first, just because it feels good to me? No, that's not OK.

Z: Because there's no consent?

K: Exactly. It's the same thing with responsibility. It's not OK to create an unintended pregnancy--it's not being responsible. But people need the emotional skills to be honest with themselves. If I can't be honest with myself about what I want and who I am, it's going to be difficult for me to give you the information you need to make informed choices about what we do together.

Z: And this is why children cannot give consent?

K: Exactly. At least not around sex. We say that five-year-olds are allowed to give consent about what flavor ice cream they want to have, but the consequences of agreeing to have sex with an adult are potentially gigantic and young kids just can't fully understand those possible consequences. When it comes to sex, you aren't in a position to consent when you are unconscious or because of age or developmental disabilities or some other thing.

Z: Back to sexual intelligence. Let's talk about spontaneity.

K: It's interesting. Even though our patients rarely do anything else spontaneously, this is how they expect sex should be: "We're sitting around and we look at each other and we both want to have sex and we actually have the time and privacy and the ability to have sex right now. So we do it, totally spontaneously." Nobody lives that way as an adult—maybe we did when we were 19, but we don't anymore. Therapy doesn't usually identify this expectation, or talk about how damaging it is. So we have to reconceptualize sex not as something that happens but as something that we create. Where the spontaneity can be in sex is if you do a certain amount of planning. We agree to be in the same place at the same time, to be freshly showered or not, depending on what's important to us; we have our birth control handy if we need it, along with our lube and toys. If we want privacy we make sure we can get it. Essentially, let's make sure we have the infrastructure, then we can do whatever we like. We can have oral sex or not, we can have intercourse if we want because we're prepared, I can put my finger in your butt if we like that because we have lube, we can do whatever we like. When people say they want sex to be spontaneous, I say great, create a situation in which you can be spontaneous during sex. When patients believe that the creation of sex has to be spontaneous, that's just a mistake. Many people are not entirely comfortable with their sexual agency. They want to believe that sex happens rather than acknowledging that they make it happen.

Z: Please say more about what people want from sex.

K: If you ask men and women what they want from sex, most don't say orgasm. Most don't say erection or vaginal lubrication. Gay straight, bi, old, young, it doesn't matter. If you ask adults what they want from sex, most say some combination of pleasure and closeness, whatever that means to them. Unfortunately, that's not what most people focus on during sex. Instead, they are focused on how they look or smell, or hoping they don't wet the bed, or wondering if their partner is having a good time, or hoping they keep their erection, or worrying that their vagina is too loose, or thinking about work. So when people come to therapy and are sexually dissatisfied, rather than focusing on helping their body parts do different things, the therapist needs to get way more familiar with the kinds of experiences people want to have during sex and then talk about what's making it difficult to create those experiences, and what could make it easier. So if what you want during sex is to feel close to somebody, focusing on erections is terribly inefficient. What makes you feel close during sex? Well, if I feel desired. OK, what makes you feel desired? When my partner looks at me. Great, now we are really getting somewhere. None of this has anything to do with vaginal lubrication. When people come to therapy, what we want is to find out what kinds of experiences you want to have. Not what positions do you want to use, not what do you want your body to accomplish.

Z: We cannot leave this conversation without talking about two topics: sex addiction and pornography. Let's start with the latter. You talk about parents helping their kids develop porn

literacy. It's a very upsetting idea for many parents. Is porn damaging? Does it lead to a warped view of sexuality and women?

K: Young people today are going to see pornography. They will either search it out or their friends will show it to them. Telling kids, "stay away from porn, it's crap, if I find out you've been watching it I'll kill you," that doesn't enhance the emotional health of kids any more than telling them, "it's dangerous to cross the street, so don't do it 'til you're 25." We need to equip young people to deal with media in general; porn literacy is just part of that bigger media literacy project. We need to say to kids, "I'd rather you not look at that because that's not made for you, it's made for adults. I can even tell you why if you want to hear it."

Z: How would you answer that?

K: I'd say, "It's got stuff that's not meant for you, that you can't developmentally understand in the way that it was intended, so when you watch it you might find yourself troubled and confused. Frankly there's stuff in there that's going to give you ideas which will get in the way of you having a happy life in adulthood. So it's my job as a parent, if you're going to look at that stuff, to help you decode what you're seeing." And the number one thing they have to understand is that pornography is not a documentary, pornography is not, "let's go into the lives of average people and make movies of them having sex." Kids don't know about enough about sex to realize that porn is made up, not real.

Z: How do you think watching porn as young people affects people later on?

K: If you show kids fiction and they think that it's real, whether it's about sex or food or violence, and they continue to think that it's real year after year after year, presumably that's going to shape their ideas. The issue isn't the images so much as whether they think the images reflect reality. And a lot of teens think that porn shows real bodies doing what everybody does. So it's our job to say to kids, "I'd rather you not watch that, but if you're going to, you need to know these are actors and actresses doing this in a studio. There's a script and there's editing, so what you're looking at is like a highlight reel on ESPN. Just like Star Wars is not real. If you mistakenly think this is real, when you eventually have sex with somebody and expect it's going to be just like porn, you are going to be really surprised and confused. Real sex is not like that. And real bodies do not look like that."

Z: Wikipedia lists you as an expert critic of the notion of sex addiction.

K: I don't find "sex addiction" a helpful clinical concept.

Z: Can you tell us why?

K: A lot of people don't like the results of their decision-making about sex. And when people don't like those results, but they keep making those decisions in the same way and getting the same result over and over again, we need to account for that. Psychotherapy as a field has a century of investigation of this question. When you do A, you get result B, and you don't like B, but you keep doing A--what's up with that, dude? That's the essential question in psychotherapy. Psychotherapy has many perfectly good explanations for that phenomenon when the subject is not sex. Some therapists explain it as an attachment problem. Some say that's the definition of neurosis. Some wonder about Asperger's or a learning disability. Some therapists say that somebody is trying to recreate a childhood situation and heal themselves in ways that they couldn't do back then. Therapists may not agree on the explanation for this phenomenon, but everybody agrees that the phenomenon can be addressed using the current

tools of psychotherapy--until behavior A involves sex. Then many therapists think the conventional tools that we use to understand this behavior and heal this patient are suddenly insufficient and we need a whole new methodology. Now the addiction industry is sitting there saying, we have the methodology, it works for everything--alcohol, heroin, gambling, so just use our methodology of understanding this phenomenon. It's just unnecessary. We have all the tools we need to treat repetitive sexual behavior that doesn't fit with people's stated values--it's called therapy. We don't need addiction language or treatment. Maybe what the person has is OCD, maybe the person is bipolar, maybe the person has a character disorder or is neurotic, maybe they're just a selfish bastard. You don't need an addiction model to understand that, you just need to be a therapist who sees sexuality as a part of life, not separate from life.

Z: Marty, you have been very controversial and outspoken about your ideas. What is it like for you to spend decades trying to educate people or clarify such a complex and delicate issue, with its ties to politics, to religion, to society? What is it like to be in this role you have assumed?

K: It's thrilling and it's lonely. It's gratifying and it's extraordinarily frustrating. I write things, they are on the web, and then people respond angrily although it's obvious that they have not read a single word of what I've written. I stand by everything I write, and if somebody wants to say, "Dr. Klein you said X and I think you're wrong or I disagree," I can handle that. It's frustrating when people assume that they know what I think without actually reading what I think. If you can pigeonhole me that easily, if you can predict what I think about a subject because of my opinion on another subject, there's no point in me writing about it.

Z: When people are upset with me, I know I touched them and I feel a sense of efficacy. Is it the same with you?

K: You may know Jack Morin, the therapist who wrote *The Erotic Mind*. Until he died a couple of years ago we were close friends for many years. One day we were having lunch and I was complaining about periodically getting hate mail. Jack said, "I write books, I lecture, I'm on television, I never get hate mail. The fact that you get hate mail means that you are touching people, so congratulations." Objectively speaking I know that some of my views are considered controversial, but I never ask myself, what's the controversial thing to say about a subject?

Z: It's about speaking the truth, what you believe in?

K: Yes. I'll have patients who read my books or watch a video of me, and say, "The voice you have in therapy and the voice when you write or speak are identical." I like when people say that, but to be perfectly honest, I don't know how or why you would do it any different than that. I try to be well-informed, to have a historical perspective, to anticipate the unexpected consequences of what's happening today, and to address important issues. Then I just report my truth in a fairly straightforward way. And sometimes people get upset about that.

Z: You're not shy about telling your truth, knowing it may bring conflict.

K: Exactly, that's how therapists talk about every relationship, and it includes my relationship with the field of psychotherapy and with my colleagues and patients. Let me say one more thing. You ask about what it's like for me to be a controversial figure. Well, it's a great privilege to be taken so seriously that people are actually willing to get upset about what I say. I take that privilege seriously. I generally don't go spraying my opinions around carelessly and thoughtlessly. Some people seem to enjoy being provocative, but I never set out to make anybody angry, or to "be controversial." I've never formed an opinion based on the idea that, wow, this will really get people's attention. And, as a person whose opinions are discussed in

the public square, I feel a lot of responsibility to be thoughtful before I formulate and share an opinion. The couple of times that I was careless in the last 25 years, I regretted it and it was a real learning experience. It's very clear to me that if I'm going to be in the public square, I have a lot of responsibility to get my facts right and to express myself as clearly as possible, not just to go broadcasting my anger or delight carelessly. That's all I want to say about that.