

Suburban Life

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Putting people together

Image consultant considered one of the best in field

MAY ARVO, who describes her career as "putting people together," has been busy the past few months taking kudos from colleagues in the field.

Arvo took the award for "Outstanding Instructor of the Year" from John Casablanca Career and Modeling Center in Plymouth. Then she was advanced to head instructor of the agency, which is a subsidiary of Elite Modeling, an international firm.

And most recently she has been recommended as one of the top 200 image consultants in the country out of the 22,000 persons employed in putting people together with the right clothes, accessories, color, make-up and hair styles.

Arvo is a professional singer, actress and nurse. She is a director for Beauty for All Seasons. She has worked as a wardrobe planner and consultant for Hudson's Ten Year Image and for The Dress Barn. And she is president of her own company, Your Total Image.

All of that background comes into play in the main thrust of her teaching "Creating a Total New You" on Orchard Ridge Campus, Oakland Community College, a class on boosting self-esteem as well as self development.

"You learn how to improve, update and upgrade your appearance for a winning image," Arvo said, which carries over to a multitude of other seminars, workshops and short classes she gives on fashion, make-up, and the importance of one's appearance in Farmington, Farmington Hills and several surrounding communities.

ARVO IS HER own best advertisement. In 1980 she was selected Mrs. Michigan, then Mrs. America. At the time she was the oldest woman to win the title both on a state and national level.

She is mother of nine and grandmother of 11 and avid about participating in monthly review meetings to reinforce and establish her experience and training.

"I do this because it helps

motivate students and clients. I do this to generate enthusiasm," she said.

Her own enthusiasm spills over into volunteer work in the community. She works steadily behind the scenes in makeup and wardrobe committees for Farmington Players, though she has also been on stage. She has just wound up her job as chairman for the very successful "Falling Leaves" fund-raiser in October for Farmington Musicals. In a very short while she will be working toward the musicals "Evening Elegance" scheduled to take place next spring. She is very active with The Friends of the Cantata Academy, an association she limited and organized.

"The Friends has been a tremendous help to the chorale," she said of the group of paid professional singers. "It allows the singers to concentrate on singing."

Her own career as a singer began at the age of 5, which simultaneously sparked her interest in the fields of makeup and fashion. She has sung

with the Cantata Academy, the Detroit Symphony Orchestra, the Jewele Choral and has had guest appearances as a soloist in theaters throughout the United States and Canada.

ARVO THINKS of her work as a certified color consultant as the added final dimension. "Everyone is interested in looking and feeling their best. My services give the added edge," she said. "I teach how to use color and create a positive illusion to enhance your natural look."

Arvo says she is much too busy now to continue her TV show "Today's Women," but all of the concepts of that show are now being taught at Casablancas, and she does make occasional guest appearances on television and radio.

As for her success as an image consultant, Arvo says, "Life is turning adversity into opportunity, counting your blessings and living by the Golden Rule. Success is all this — plus living in America."



May Arvo, the oldest woman to ever win the titles of Mrs. Michigan and Mrs. America, is now recommended as one of the top 200 image consultants in the country.

Behind closed doors

Clinic resolves sexual problems with individual treatment

'We try to de-emphasize the individual and see it as a problem the couple has rather than stigmatizing one spouse. It's true that when there is sexual dysfunction both suffer the results.'

— Dennis Sugrue



By Carolyn DeMarco
staff writer

The low-keyed sign on the door of suite 115, 31500 Northwestern Highway, gives no clue to the type of medicine practiced inside. It reads simply "Henry Ford Hospital Specialty Clinic."

Frankly speaking, the specialization is sex. Patients of the specialty clinic, more accurately called the Center for Human Sexuality, are people from their 20s to 80s with problems — psychological or physical — that prevent them from having a fully enjoyable sex life.

THE SEXUALITY clinic, for 3½ years headquartered in Henry Ford Hospital in Detroit, moved to its expanded quarters in the quiet, tastefully decorated Brookfield Building in February. It is headed by Dennis Sugrue, who holds a doctorate in psychology.

"We believe the most effective approach is through multi-disciplines

— physical and psychological, rather than referring the patient from specialist to specialist," Sugrue said.

At the clinic the patient is evaluated and treated by a team consisting of a psychiatrist, psychologist and urologist or gynecologist. Henry Ford Hospital physicians from other specialties are consulted as needed.

THE CLINIC may be unique in that on-staff, team approach, Sugrue said. Patients are often referred by other physicians, evaluated and sent back to their personal physician for follow-up.

Initially, each referral is sent a screening packet and questionnaire, which they complete and return before ever seeing the health team. In it are questions regarding health history and sexual functioning.

On the chance that the problem is physical, an appointment with the appropriate physician is arranged.

"WE MAKE use of the Henry Ford

Hospital network," Sugrue said. Patients are sent, when indicated, to other Henry Ford Hospital units for diagnostic studies — blood work, sleep study or vascular examination, for instance.

Severe diabetes, vascular disease, certain medications, smoking or alcohol abuse can have reduced sexual ability.

Once the evaluation is done, the team comes up with a treatment plan. If the evaluation uncovers a medical cause, treatment options may include changes in prescribed medicine, vascular surgery to correct impediments in blood flow, implantation of a penile prosthesis, hormonal therapy or corrective surgery for anatomical irregularities.

IF THE sexual problem is caused by a mental block, loss of confidence, stress or marital problems, psychological counseling is indicated. Counseling is offered at the Northwestern Highway offices.

"The real emphasis today is on brief (psychological) treatment, six months as compared to the old, six-year, Woody Allen-type therapy."

Patients are treated as a unit with their spouses or mates. "We try to de-emphasize the individual, and see it as a problem the couple has rather than stigmatizing one spouse. It's true that when there is sexual dysfunction both suffer the results."

TYPICAL CASES, Sugrue said, include a couple in their 20s unable to consummate a marriage, a middle-aged couple unprepared for the natural changes of their bodies and senior citizens who may be physically unable to have an active sex life but not mentally resigned to it.

Sugrue cited the case of a young couple, married 3½ years, unable to have intercourse because of the involuntary contraction of the wife's vaginal muscles. The contractions had no physical cause, so the team prescribed — in addition to counseling — progressively larger manual dilators combined with relaxation techniques for 10-12 sessions. "After 10 weeks they consummated the marriage."

THE CLINIC sees a large number of men in their forties and fifties who "notice normal, natural changes but are not prepared. They may not achieve erection as easily or become as rigid."

"They're fearful. They think, 'I'm losing it. I'm impotent.' They focus on sexual performance and psych themselves out."

"They begin to pull back physically and emotionally."

The wife may begin to suspect he must be having an affair, he no longer finds her attractive or he's getting

ready to bail out of the marriage, Sugrue said.

"SOME WOMEN become angry. Or they start reading books or buy a negligee. That becomes hard on the guy. She's suddenly the one initiating sex. A lot could have been avoided if they understand the normal sexual changes."

Why are they unaware of the inevitable, we asked.

"Who tells you? Physicians don't tell you. That's not the news you get from movies and books."

"You're not going to hear it in the locker room. All that is coupled with the male mystique that he's always ready for sex and can become erect on demand."

THERAPY in this case calls for reintroducing physical intimacy in a non-threatening way and learning that intercourse and love-making are not synonymous, he said.

Fifty percent of the clinic's patients are over 50 and most of that group male. With each decade that passes, the percentage of erection problems grows, Sugrue said.

The biggest problem for older spouses is combating the myth that sex is for the young, he said.

"If the patient has the courage to bring it up to his physician, it's not unheard of for the physician to say, 'Why are you worried? You've had your kids or you've had your fun.'"

"IF THEY do get to the point of referral here, the first step here is permission-giving, telling them that whether they're 25 or 75, physical intimacy is important to them and their partner."

"There's no rule that sex is exclusive to youngsters. The frequency may lessen. There may be a decline in interest, but if the interest disappears, it's not natural."

With older men, it often is an erectile problem, often physical, sometimes major and sometimes irreversible.

For some the answer is implant surgery, chemical injections or other intervention. Others may be comfortable with love-making short of erections, he said.

A MASTERS and Johnson report estimates 50 percent of all married couples have sexual problems, but only a small portion seek help. Embarrassment is the biggest problem. Fear of the vague term "sexual therapy" could be another.

"Once they get in the door, we dispel the fantasies. This is not group therapy, the California school where you take off all your clothes and emote."

"People come from a wide variety of religious backgrounds. We work within that context."

Yuppies lose loving feeling

By Carolyn DeMarco
staff writer

EVEN YUPPIES — or maybe especially Yuppies because of their stressful, goal-oriented lives — can experience a lack of sexual desire, said psychologist Katherine Mill.

Mill is the newest member of the Center for Human Sexuality, specializing in women's sexual dysfunction, including victims of sexual trauma — rape and incest. With center di-

rector Dennis Sugrue, she talked about lack of sexual desire in general.

There are three categories of diminished sexual desire, Miller and Sugrue explained. The first, lifelong inhibited sexual desire or hypoactive sexual disorder is an individual problem.

In the second category, the couple may experience strong desire during courtship, become engaged or married and suddenly for one of the parties, the desire is gone, again an individual problem.

In the third instance, a normal relationship suddenly changes, and one or both parties is no longer interested.

Inhibited sexual desire may often be a spin-off of other problems in the relationship that dampen sexual interest, or may be the cause of other problems, Sugrue said.

"Which comes first, the chicken or the egg?" he said.

For yuppies, Mill said, the problem may be career-related.

"They are not finding time for each other," he said. "They don't make sex a priority. It's low priority and low sexual desire for both. It's secondary to their lifestyle."

DISCREPANCIES in desire of the two lovers in a relationship can cause problems.

"You cannot identify one as abnormal," Sugrue said. "Both have normal sexual desire, but he wants sex four times a week and she's happy with once or twice."

"We try to let them find if their needs can be met with long intimate walks, sharing other activities, so that they can come to a middle ground," Mill said. "They can learn how to say (or hear) 'no' without it being a total rejection of the person."

Sugrue said better understanding of the differences in physiology of men and women is a key.

"A man is more visually oriented," he said. "If he sees his wife undress, it arouses sexual desire. He

can't stand the thought that that it isn't the same for her."

The birth of the first child may change the dynamics, Mill said.

"The pressures of adapting and dealing with the new roles create mixed messages about how sexuality and parenthood fit together," she said. "They're thinking, if they are not ready for another child is this OK to enjoy sex. It creates strains and pressures."

"IT'S NOT uncommon," Sugrue said, "for a couple to get married, and have a satisfying sexual life. The baby comes and they're thrilled, but suddenly the husband's nose is out of joint. He's not getting the mothering. Or he goes to bed and feels amorous and he's told, 'go to sleep.'"

Especially in dual career families, she's too tired, Sugrue said, and that creates resentment.

"It's really a tri-career family," he said.

The wife still takes the majority of responsibility in the home and child-raising roles, he said.

"The '80s man is liberated, open-minded, but the '80s-type guy becomes an '80s-type guy when it comes to sex."

He expects she's always ready to put a negligee on. "By the time they get to us, it's evolved to the point of conflict in general," Mill said. "Most couples have very little insight into their own problems. They do not have a good sense of unraveling what was happening and the sequence of events."

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