

Traditional Learnings about Marriage Therapy and Couple Sexuality

1. Sexual dysfunction is caused by individual or relational problems. When therapy resolves these underlying issues, sex will spontaneously improve.
2. The more love, communication, and intimacy, the better the sex.
3. Deal with core mental health problems first—anxiety or depression, bi-polar disorder, alcoholism, trauma, family of origin issues. Then address relational issues caused by the mental health problem. It is usually unnecessary to directly address sexual problems.
4. The therapeutic strategy is to deal with sex indirectly.
5. With advances in the bio-medical field, a stand-alone medical intervention will resolve the great majority of sexual problems.
6. Once the couple has created a healthy sexual relationship, they can proceed on their own. Except in rare cases, they do not need further help.

Core Concepts

1. Healthy couple sexuality involves desire/pleasure/eroticism/satisfaction.
2. The challenge is to integrate intimacy, non-demand pleasuring, and erotic scenarios and techniques.
3. Personal responsibility/intimate sexual team model of change.
4. Positive functions of couple sexuality—shared pleasure, reinforce and deepen intimacy, and sex as a tension reducer.
5. Sexuality adds 15-20% to marital vitality and satisfaction. Paradoxically, a non-sexual relationship is a powerful drain, playing a 50-75% role.
6. Goal of a satisfying, secure, and sexual relationship.

OVERVIEW OF INTEGRATIVE COGNITIVE-BEHAVIORAL COUPLE SEX THERAPY

I. Guidelines for couple sex therapy

- A. One-two combination of personal responsibility and being an intimate sexual team.
- B. Focus on psychosexual skill exercises, attitude change, cognitive restructuring, utilization of bibliotherapy, and therapist verbal modeling. Adopt a healthy, integrated attitude toward sexuality.
- C. Reduce performance anxiety and distraction. Increase comfort, pleasure, and eroticism. Choose a couple sexual style which reinforces sexual desire and be aware of potential “traps.”
- D. Non-demand pleasuring, desire exercises, arousal/eroticism exercises, and specific function/dysfunction psychosexual skill exercises.
- E. Structure of sexual dates; ping-pong pattern of initiation; use of sexual veto; integrate intimacy and eroticism; and set positive, realistic sexual expectations.

II. Structure of couple sex therapy

- A. Initial session as couple—Assess past and present therapy, medical and medication factors, motivation, couple dynamics, and assign psycho-education reading to reduce stigma.
- B. Conduct individual psychological/relational/sexual histories.
- C. Couple feedback session—Establish understanding of problem and genuine individual narrative, enhance motivation to address problem as an intimate sexual team and therapeutic goals; and assign first series of psychosexual skill exercises (desire or non-demand pleasuring).
- D. Weekly couple sessions—1) Process sexual exercises (Ideally couple do 2-3 per week); 2) Assess positive learnings, then sexual anxieties and inhibitions; 3) Discuss relational style and couple sexual style; 4) Assign or design exercises for next week. After 4-6 weeks, switch to bi-weekly sessions.
- E. Typical course of sex therapy is 10-25 sessions, 3 months to 1 year.
- F. Crucial to develop an individualized relapse prevention program, including booster session and 6-month check-in sessions for 2 years.

III. Most frequent sexual dysfunctions

Male Dysfunction	Female Dysfunction
1. Premature Ejaculation (Primary)	1. Secondary Low Sexual Desire
2. Secondary Erectile Dysfunction	2. Secondary Non-Orgasmic Response During Partner Sex
3. Secondary Low Sexual Desire	

4. Ejaculatory Inhibition (primary for young males, secondary for men after 50)	3. Primary Inhibited Sexual Pain
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Individual Psychological/Relational/Sexual History

1. Done individually, not together.
2. Start by saying, “I want to understand your psychological, relational, and sexual history both before and during this relationship. I want to hear all your strengths as well as vulnerabilities. I appreciate your being as forthcoming and blunt as possible. At the end, I’ll ask if there is anything sensitive or secret that you do not want shared with your partner. I will not share it without your permission. However, I want to understand you and your experiences as much as possible so I can be the most help in resolving these problems.”
3. Guidelines: Structure chronologically, move from less anxious to more anxiety-provoking questions, be non-judgmental about atypical behavior, ask open-ended questions, probe for dysfunctional attitudes, behaviors and emotions.
4. Initial open-ended questions—
 - a. Formal education, including sex education
 - b. Religious background, including religious sex education
 - c. Parents as marital and sexual model, including attitudes toward touching and privacy
5. Social and sexual experiences as a child
 - a. Experiences with others (siblings or peers). How have your siblings done sexually as adults?
 - b. Comfort with body and gender
 - c. Did you have a happy or troubled childhood?
6. Puberty and Adolescence
 - a. Don’t ask “yes-no” questions. Ask open-ended questions with expectations of yes. For example, “How and when did you begin self-exploration and masturbation?”
 - b. Masturbation—how learned, technique used, first orgasmic experience, use of fantasies, written or online material (has that changed or stayed the same?)
 - i. Don’t ask “yes-no” questions. Ask open-ended questions with expectation of yes. “How and when did you begin self-exploration and masturbation?”
 - c. For females—menstruation: age at onset, preparation for, cognitive and emotional response of self and others.
 - d. Socially and sexually, what was high school like? How did you feel about your body “image? Was dating a positive experience or a source of anxiety or guilt?
 - e. How old were you at first orgasm with a partner? How old were you at first intercourse? Was this a positive or negative experience? How long did the relationship last and how did it end?
 - f. Same sex question—Many men (women) have sexual thoughts, feelings, fantasies, and experiences with men (women). What were your experiences and feelings about being sexual with other men (women)?
 - g. Many people experience unwanted pregnancies or sexually transmitted infections—What were your experiences? How did you handle the problem? How did you feel about at the time? In retrospect?
 - h. As you review your childhood/adolescence, what were your most important positive psychological, relational, and sexual learnings and experiences?
 - i. As you review your childhood/adolescence, what was the most negative, confusing, guilt-inducing, or traumatic psychological, relational, and sexual experience?
7. Adult sexuality

- a. (If attended college) What was college like socially and sexually? (If work or service) What were your young adult relationship and sexual experiences?
 - b. (After determining when the couple met) As you review your dating and sexual history, what were your most positive and negative learnings? What was happening in your life 6 months before meeting your spouse (partner)?
8. Present relationship
- a. How did you meet? What was the initial attraction? What were your initial sexual experiences like?
 - b. When was sex best in this relationship? What made it good for you? How do you communicate sexually (verbally and non-verbally)? When was desire/pleasure/eroticism/satisfaction best?
 - c. Are you attracted to your partner? Do you have loving feelings? When did sexual problems begin? What caused this and how has it played out? Do you view the sexual dysfunction as an individual or couple problem? How much anger, guilt, resentment, blaming is involved?
 - d. What are your strengths and vulnerabilities as a couple? What three changes would you request of your partner?
 - e. How is your general health and are there medical problems? What medications do you take and what are the sexual side effects? Have you talked to your internist or specialist about sexual concerns?
 - f. Are financial issues a relational strength or vulnerability? What doesn't your partner understand about how you deal with work and financial issues?
 - g. (If parents) What are your strengths and vulnerabilities as a parent? Do you enjoy parenting?
 - h. Many people have thoughts, feelings, fantasies, and experiences regarding sex with others. What have your experiences been? What did you feel during the extra-marital involvement and how did it end? Is it secret? What's your guess about your partner's extra-marital experiences?
 - i. What is the role of alcohol or drugs in your life and relationship?
9. Wrap-up questions
- a. What else should I know about you psychologically, relationally, or sexually which would help in treatment planning?
 - b. What was the most negative, confusing, guilt-inducing, or traumatic sexual experience in your life?
 - c. Is there anything you do not want shared with your partner? What is the positive reason for keeping this secret?
 - d. Is there anything you want to check out or ask me?

Guidelines for Revitalizing and Maintaining Sexual Desire - 2019

1. The keys to sexual desire are positive anticipation and feeling you deserve pleasure in your intimate relationship.
2. Each person is responsible for his/her desire with the couple functioning as an intimate sexual team to nurture and enhance desire. Revitalizing sexual desire is a couple challenge. Guilt, blame, and pressure subvert the change process.
3. Low sexual desire and conflicts over desire discrepancies are the most common sexual problem-affecting almost half of couples. Desire problems drain intimacy and good feelings from your relationship.
4. One in five married couples have a non-sexual marriage (being sexual less than ten times a year). One in three partnered couples who have been together two years or longer have a non-sexual relationship.
5. The initial romantic love/passionate sex/idealized relationship phase (limerance) lasts less than two years and often only six months. Desire in an ongoing relationship is maintained by developing a comfortable, functional couple sexual style.
6. The essence of sexuality is giving and receiving pleasure-oriented touching. The prescription to revitalize and maintain sexual desire is intimacy, pleasuring, and eroticism.
7. Touching occurs both inside and outside the bedroom. Touching is valued for itself and does not always lead to intercourse.
8. Couples who maintain a vital sexual relationship can use the metaphor of touching consisting of “five gears” (dimensions). First gear is clothes on, affectionate touch, including hugging, kissing, holding hands. Second gear is sensual touch, which can be clothed, semi-clothed, or nude (non-genital body massage, cuddling on the couch, holding and caressing, touching going to sleep or on awakening). Third gear is playful touch which intermixes genital and non-genital touch, clothed or unclothed, romantic or erotic dancing, touching in the bath or shower, on the couch or in bed, whole body massage, playing strip poker or Twister. Fourth gear is erotic touch (manual, oral, rubbing, or vibrator stimulation) to high arousal and orgasm for one or both partners. Fifth gear integrates pleasurable and erotic touch that flows to intercourse. Intercourse is a natural continuation of the pleasuring/eroticism process; not a pass-fail sex test.
9. Both the man and woman learn to value affectionate, sensual, playful, erotic, and intercourse experiences.
10. Both the woman and man are comfortable initiating touching and intercourse. Both are free to say “no” and suggest an alternative way to connect and share pleasure.
11. A key strategy is to develop “her,” “his,” and “our” bridges to sexual desire. This involves ways of thinking, talking, anticipating, and feeling that invite being sexual.
12. Sexuality has a number of positive functions for your relationship—a shared pleasure, a means to reinforce and deepen intimacy, and a tension reducer to deal with the vicissitudes of life and a shared relationship.
13. The average frequency of sexual intercourse is from four times a week to once every other week. For couples in their fifties once-twice times a week, and for couples in their fifties is once-twice a week.
14. Personal turn-ons (special celebrations or memories, feeling caring and close, erotic fantasies, anniversaries or birthdays, sex with the goal of pregnancy, initiating a favorite erotic scenario, being playful or spontaneous, sexuality to celebrate a career success or sooth a personal disappointment) facilitate sexual anticipation and desire.
15. External turn-ons (R or X-rated videos, music, candles, sex toys, visual feedback from mirrors, being sexual outside the bedroom, a weekend away without the kids) facilitate anticipation and desire.

16. Non-demand pleasuring is a way to reinforce attachment, a means to share pleasure, and a bridge to sexual desire.
17. Intimate coercion or pressure is not acceptable. Sexuality is neither a reward nor a punishment. Sexuality is voluntary, mutual, and pleasure-oriented.
18. Realistic expectations are crucial for maintaining a satisfying sexual relationship. It is self-defeating to demand equal desire, arousal, orgasm, and satisfaction each time. Realistically, thirty-five to forty-five percent of experiences are very good (mutual and synchronous) for both partners. The best sex is mutual and synchronous. However, the majority of sexual experiences are positive, but asynchronous (better for one partner than the other). Twenty percent are very good for one (usually the man for couples under 40) and fine for the other. Fifteen to twenty percent are okay for one and the other finds it acceptable. Be aware that five to fifteen percent of sexual experiences are dissatisfying or dysfunctional. Couples who accept occasional mediocre or dysfunctional experiences without guilt or blaming and try again when they are open and responsive have a vital, resilient sexual relationship. Satisfied couples use the guideline of Good Enough Sex (GES) to promote positive, realistic sexual expectations.
19. Contrary to the myth that “horniness” occurs after not being sexual for weeks, desire is facilitated by a regular rhythm of pleasure-oriented sexual experiences. When sex is less than twice a month, you become self-conscious and are in danger of falling into a cycle of anticipatory anxiety, tense and performance-oriented intercourse, and avoidance.
20. Healthy sexuality plays a positive, integral 15-20% role in your relationship with the main function to energize your bond and reinforce feelings of desire and desirability. Paradoxically, conflictual, dysfunctional, or non-existent sex plays a more powerful negative role than the positive role of good sex.

Resources: McCarthy, B. & McCarthy, E. (2014) Rekindling Desire (2nd edition)

The crucial couple sexual dialogue: Five dimensions of touch- 2019

The core psychosexual skill exercise is to increase awareness of each partner's preferences for gears (dimensions) of touch. The majority of couples only use two gears- affection or intercourse. They fall into the trap of believing that sex=intercourse. This results in lower levels of both touch and intercourse.

In contrast, this psychosexual skill exercise focuses on five gears of touch (based on a ten-point scale of pleasure/arousal). Subjective arousal (feeling receptive and responsive) is more important than objective arousal (lubrication, erection, orgasm).

First gear: Affectionate touch—this usually involves clothes-on touching, such as holding hands, hugging, or kissing. Affectionate touch is not sexual, but it provides the foundation for intimate attachment. Subjective arousal is anchored at 1.

Second gear: Sensual touch—this involves non-genital pleasuring which can be clothed, semi-clothed, or nude. Sensual touch includes a head, back, or foot rub; cuddling on the couch while watching a DVD, a trust position where you feel safe and connected, cradling each other as you go to sleep or wake in the morning. Sensual touch is an integral part of couple sexuality. It has value in itself as well as a bridge to sexual desire at that time or later. Subjective arousal 1-3.

Third gear: Playful touch—this intermixes genital pleasuring with non-genital touch (usually semi-clothed or nude). Playful touch can include touching in the shower or bath, full body massage, seductive or erotic dancing, games such as strip poker or Twister. What makes playful touch inviting is the enhanced sense of pleasure and playful unpredictability. Playful touch is valuable in itself and/or can serve as a bridge to sexual desire. Playful touch is part of non-demand pleasuring. Subjective arousal 4-5.

Fourth gear: Erotic touch—this is the most challenging gear. Erotic, non-intercourse touch can include manual, oral, rubbing, or vibrator stimulation. Erotic scenarios and techniques are an integral part of couple sexuality providing a sense of vitality, creativity, and unpredictability. Erotic touch can be mutual or one-way. It can proceed to orgasm or transition to intercourse. Subjective arousal 6-10.

Fifth gear: Intercourse—there are two crucial concepts in integrating intercourse into the approach of gears of connection. First, intercourse is a natural continuation of the pleasuring/eroticism process, not a pass-fail sex performance test. Second, transition to intercourse at high levels of erotic flow (7 or 8) and continue multiple stimulation during intercourse. Subjective arousal 7-10.

We suggest each partner fill out this chart separately. Then discuss feelings and preferences.

Touch Type	Current percentage of all touch	Percentage of touch desired
Affectionate touch		
Sensual touch		
Playful touch		
Erotic touch		
Intercourse touch		

The purpose of this exercise is to facilitate sexual dialogue with a focus on enhancing sexual desire and pleasure. Sexuality is more than intercourse. The essence of couple sexuality is sharing pleasure—oriented touch. You develop a common language to facilitate communication and embrace a variable, flexible approach to intimacy, touching, sexuality, and intercourse.

Resources: McCarthy, B. & McCarthy, E. (2012). Sexual Awareness (5th edition)

Desire Psychosexual Skill Exercises

First exercise: Comfort

A first step in healthy couple sexuality is developing a comfortable, non-demand approach to touch and sensuality. How can you enhance sexual comfort? Begin by setting aside at least two occasions for this exercise, one in your bedroom and a second time in the family or living room. Although most of the psychosexual skill exercises involve nudity, this exercise begins with clothes on.

Sensuality involves being receptive to and enjoying non-demand, non-genital touching. Sensuality means touching for its own sake, not as a goal toward arousal, intercourse, or orgasm. Being open to the joys of slow, tender, caring, rhythmic touch is the basis of sexual response and is essential for maintaining desire.

This exercise begins in your bedroom and focuses on nonverbal communication, with the woman as initiator. Traditionally, women have not had permission to initiate sensual or sexual activities. You can initiate in the morning, in the afternoon on a rainy weekend, or early in the evening. We suggest not doing it right before bed when you are tired and do not have the energy or focus to engage in sensual exploration. Begin by taking a bath or shower and playfully washing each other. Towel dry your partner in a slow, caring fashion, and proceed to the bedroom. Put on clothing you feel comfortable with; it could be pajamas or an informal outfit.

How personalized is your bedroom? Does it have valued mementos? Is it decorated the way you like? Is there sufficient light? Is it a comfortable room to be in? Orchestrate the milieu to increase sensuality. You could burn a fragrant candle or put on music to romanticize the atmosphere. Be sure you are not too warm or cold.

Touch for yourself; do not try to second-guess your partner. Give yourself permission to experiment with a variety of ways to touch, hold, and caress. Use your fingertips, palms, both hands, or only one. Do not limit yourself. Use your legs; rub your body against his; let your lips or tongue explore his body. He takes off as much or as little clothing as you prefer. Some women find they are more comfortable if initially he keeps his eyes closed; others enjoy eye contact throughout. Try it both ways. Which do you find more sensual? Explore and enjoy his body from the hairs on his head to the soles of his feet. Be aware of at least two areas you especially enjoy touching. Do not be surprised if there are body parts you do not like; this is not an actor made up to look perfect on a movie screen, but your live partner with a scar on his kneecap, a roll of flab on his midriff, more hair than you like on his back. Switch roles and let him explore your body to redevelop sensuality and comfort.

The bedroom is one thing; being comfortable in the living room or family room can be quite another. Do the second part of the exercise in the next day or two. Since this exercise is done in the nude, ensure that you will have privacy and will not be interrupted by neighbors or children. An intimate relationship erodes because of lack of quality couple time. Couples discuss and problem-solve about practical, external problems but take little time for sexual feelings and communication.

Make this your special time. Would you rather talk in the kitchen, living room, or family room? Would you like a cup of tea or glass of wine? Would music in the background enhance or distract from communication? Sit comfortably, facing each other. Nonverbal components of communication—especially eye contact, body posture, facial response, and touch—carry a message as important as words. Is talking enhanced by holding hands, having your arm around your partner's shoulder, playfully touching your partner's hands, or caressing your partner's face and neck?

How do you talk as a sexual couple? Is it comfortable to use proper words or to employ slang? Do you have a private sexual language? Can you share emotional feelings and intimacy as easily as you make sexual requests? Discuss what pleasuring techniques increase sexual responsivity? To be an intimate couple, you need to be able to discuss both emotional and sexual feelings and preferences.

Share your fondest sexual memory. Take the risk of being vulnerable and discuss how you felt during and after that experience. The only time most couples are nude in the bedroom is while having

sex. Being nude, touching, and talking comfortably in the living room, den, or kitchen can be a liberating experience. Enjoy the freedom and openness of non-demand pleasuring and talking while nude outside your bedroom.

Is it helpful to touch while clothed in the bedroom? How do you feel about touch while nude in the living room? Touching both inside and outside the bedroom is an excellent way to nurture sexual desire. Conclude this exercise by making requests and suggestions to make your sexual relationship, especially initiating sexual encounters, comfortable and inviting.

Second Exercise: Couple Sexual Attraction

Sexual attraction is not static. It is not a “magic” quality that you either have or you don’t. Sexual attraction is a dynamic process between two people that waxes and wanes. Attraction is affected by myriad factors. Physical attractiveness is but one factor; it is certainly not the only one or even the most important one. Turn-ons vary for each couple, contrary to the media myth that there is a perfect, youthful body type that turns everyone on or a sexual technique that works for everyone. You can increase sexual attraction to each other and for each other.

Start this exercise clothed in a comfortable, private setting conducive to communication. Set aside at least 45 minutes that could extend 2 hours if you wish. Present yourself in a manner that you feel is attractive; choose an outfit you particularly like, shave, fix your hair, brush your teeth, dab on your favorite perfume or after-shave. Do the kinds of things people do to get ready for a date- but don’t do in a relationship they unfortunately have taken for granted.

Discussing attraction can be awkward so we suggest a semi-structured communication exercise. Let the woman begin. Tell your partner at least five (and up to 15) things you find attractive about him, being as clear and specific as possible. You might find his slightly balding head attractive or like his new glasses, the way he jogs, his arms and hands, how he looks in a suit and tie, his laugh, the tenderness he displays when putting the children to bed, how he handles a household emergency, the look in his eyes before initiating sex, how responsible he is about paying bills, the sounds he makes when he has an orgasm, his newfound skill at cooking, the muscles of his legs, how caring he was when his aunt died, how enraptured he is with classical music yet can still enjoy country, the way he orally stimulates you, how generous he can be with his time when someone needs help, his penis when he is aroused, how he puts up a tent when you go camping. Be honest in disclosing what you find attractive—physically, sexually, and psychologically. He listens and acknowledges his positive qualities; he does not shrug off or minimize them.

Now pick one, two, or at the most three things you want him to change that would increase his attractiveness for you. Do not just state the problem. Make a specific request for change. Say, “I’d like you to cut your hair one-and-a-half inches shorter and comb it at night,” rather than, “I don’t like your hair; do something about it.” Say, “When you initiate, kiss me and stroke my arms before you touch my breasts,” not, “you come on too strong.” Say, “Talk and play with each child individually,” rather than, “I get angry because you never pay attention to the kids.”

Let us suggest two guidelines about requests. First, request things your partner can actually change. For example, if he is 6 feet tall, you can’t say you are attracted to men over 6 feet 5 inches. You can suggest that he carry himself more positively by walking tall and forcefully. Second, frame this as a “request” not a “demand.” Your partner can agree, modify, or say no, and there will be no punishment or negative consequences. A healthy relationship is based on acceptance and a positive-influence process, not demands, ultimatums, or threats.

Switch roles and have the man share what he finds attractive about her. You may like the way she wakes you up with a kiss, that people view her as super-organized, how she purrs when her back is scratched, that she can fix broken items, the shape of her breasts, what a good athlete she is, how wet she becomes when she is aroused, how she sings to the children before bedtime, how seductive she looks in a see-through nightgown, how she cheers you up after a bad day, how her nipple gets erect after you lick

it, the way she pads around the house in bare feet, how attractive she looks when dressed for a night out, the care she takes planning family picnics, the effort she makes in picking clothes for the children, how she moves when she is sexually turned on, how assertive she is with neighbors. What is special about your partner that you value and find attractive?

In addressing the one to three requests for change, feel free to make them either sexual or nonsexual. What will increase your partner's attractiveness for you? Remember, it is a request, not a demand. Say, "I want you to sit with me once a month and plan big purchases," not, "You don't care anything about money except spending it." Say, "I want you to try orally stimulating me when I'm standing," not, "Stop being so hung up about oral sex." Say, "I wish you would initiate by stroking my chest when you wake up on a weekend morning," rather than, "You never initiate." Remember, these are requests for things your partner can change, not things your partner can't change. In terms of response to requests, she can accept, modify, or say no. A request connotes acceptance without a threat of negative consequences, while a demand says I don't accept you and if you don't agree to these changes there will be negative consequences. This is especially important in terms of sexual scenarios and techniques. There is no place for "intimate coercion" in couple sexuality.

After discussing the process of maintaining and enhancing attraction you can end the exercise or engage in touching, which could lead to intercourse.

Third Exercise: Trust and Intimacy

A major value of your intimate relationship is trusting that your partner is on your side, has your best interest in mind, and would not do anything intentionally to hurt you. Trust is a central ingredient in your intimate relationship. Communicate how you feel about the level of trust in your relationship, both in the past and at present. If it is not as high as you want, what can you do to increase trust? What are your "trust vulnerabilities" that your partner needs to be aware of? What can each of you do to increase trust? Trust is not something that occurs automatically; it takes time to allow feelings of trust to develop and be expressed both verbally and physically.

You can establish a "trust" or "safe" sexual position where you feel cared about and secure. This involves being nude in the privacy of your bedroom. Personalize your bedroom. Have a special light that gives a warm glow, a favorite erotic book or love poem by the bed-stand, thick curtains so there is privacy, a full-length mirror to increase visual stimuli. Do you enjoy hanging out and talking in your bedroom? Caress your partner's face and recall a time when you felt vulnerable and your partner was there for you.

You have experimented with non-demand positions to increase receptivity, sensuality, and responsiveness. Develop a safe or trust position that facilitates feelings of intimacy and attachment. You might lie side by side holding each other, your bodies touching from the tips of your toes to your forehead. Try a position where he is sitting up with his back supported and you are lying with your head on his lap while he strokes your hair. Another trust position is lying next to each other, holding hands and being silent. Some couples use a "spoon" position where you lie with your chest against his back, put your arms around him, and breathe in unison with his rhythm. In another position, he lies on his back and you nestle your head against his shoulder, your faces close so that you maintain eye contact. A trust position some couples value is sitting facing each other, keeping eye contact, putting one hand on your partner's heart. What adds to your sense of trust? Body contact, eye contact, being comfortable, feeling secure, being enveloped, talking, silence? Find at least one position where you feel intimate and trusting. Develop your unique trust position that establishes a solid base of physical security and attachment.

In subsequent sexual experiences, when you become anxious, depressed, frustrated, or angry, utilize this trust position as a "port in the storm." Rather than ending a sexual experience on an anxious or frustrated note, switch to your trust position as a way of anchoring yourself. You can choose whether to continue the exercise or end the experience from your trust position. This helps you remain connected

and realize you can depend on each other. You trust you are an intimate sexual team and your partner “has your back.”

Fourth Exercise: Create Your Sexual Scenario

When a relationship is new, there is strong anticipation of being sexual even if the quality of sex is not particularly good. Sex serves as an affirmation of your desirability and desire to be a couple. Romantic love and passionate sex energize a new relationship and make it “magical”. It is the thrill of sexual exploration as well as energy that goes into making your relationship exciting and erotic.

After the initial romantic love and passionate sex (limerence) phase has dissipated, it takes most couples 6 months to develop a couple sexual style that is intimate, functional, and satisfying. Part of the process is crafting couple sexual scenarios, the focus of this exercise. As a reminder, you are not a machine, so it is normal in the best of couples to occasionally have mediocre or negative sexual experiences. A sign of a healthy couple is your ability to accept and not overreact to negative experiences.

What do you value most in a sexual experience? Each individual develops their sexual scenario. Let the man introduce his scenario first. At another time the woman can develop hers.

When is your best time to be sexual? When waking up? After the morning news? At noon? Before or after a nap? Before dinner (sex as an appetizer) or after dinner (sex as dessert)? In the evening? Most couples have sex late at night; but few people say this is their favorite time.

How do you set your preferred sensual and sexual mood? Do you listen to music, go for a walk, talk, light candles, drink wine, take a bath, have 15 minutes of time alone and then come together, meet your partner at the door and lure her into the bedroom? As a prelude to being sexual some couples enjoy doing together things like shopping, working in the garden, going for a run, or sharing feelings. Many couples start touching and playing in the living room or den and do not move to the bedroom until both are turned on. Others prefer to start in the privacy of their bedroom. What is your favorite way to begin a sexual scenario? Remember, there is no right or wrong; it is your preference.

Once the scenario is under way, what is your favorite script? Do you like to take turns, or do you prefer mutual stimulation? Do you verbally express sexual feelings, or would you rather let your fingers do the talking? Do you prefer a slow build-up or do you begin intercourse as soon as you are aroused? Do you like multiple stimulation or one erotic focus at a time? Do you make use of all your senses—touch, taste, smell, hearing, sight—or does one element (observing your partner’s arousal, hearing soft moans, smelling perfume, feeling sexual movement) turn you on? Develop the sexual scenario the way you want. Your partner is open to your guidance.

How do you transition from pleasure and eroticism to intercourse? Some people prefer to begin intercourse at moderate levels of arousal, but many prefer not transitioning to intercourse until they are highly aroused. Do you want to initiate the transition, or do you want your partner to? Who guides intromission? Do you prefer multiple stimulation during intercourse rather than a sole focus on thrusting? What is your preferred intercourse rhythm and type of thrusting (short, rapid thrusting; slow up-and-down thrusting; circular thrusting; changing intercourse positions)? Do you prefer being orgasmic during intercourse, or do you feel greater pleasure in being orgasmic during erotic sex?

How would you like to end the scenario? Afterplay is the most neglected element of the sexual experience. Your needs and desires are important here, too. Do you like to lie and hold, sleep in your partner’s arms, engage in playful tickling, have a warm kiss, take a walk, read poetry, nap and start again, talk and come down together?

When it is her turn to create sexual scenarios. She is free to design her own, which could be similar to or totally different from his. Many people fall into the trap of trying to outdo their partner. Sex is neither a competition nor a performance. You are not clones of each other. Be your authentic sexual self—develop an initiation, script, and afterplay scenario that is erotic, special, and satisfying for you.

Resource: McCarthy, B. & McCarthy, E. (2012). Sexual Awareness (5th edition).

Exercises That Act As Bridges to Desire

First Exercise: Sexual Dates

You set dates to go to a movie, play bridge, or dinner. What about sexual dates? Setting times for a sexual date need not be formal or awkward. It can be romantic and fun. A sexual date allows you to anticipate being sexual as you would anticipate a sporting event or a play.

As with other exercises, we suggest taking turns. Divide the week into two parts – for example, Saturday at 5 p.m. until Wednesday at 9 a.m. for the woman to initiate and Wednesday at 10 a.m. until Saturday at 4 p.m. for the man. This is the “ping-pong” system of initiation. After your partner initiates, it is your turn. If your partner did not initiate during this time, it becomes your prerogative to do so. The commitment is for each person to make at least one initiation per week.

When it is your “ping,” set the time, place, and sexual scenario. Do it your way. Do not try to second-guess your partner or compare your way with theirs. Make your initiation as inviting as possible. Be creative in your invitations. Examples include cooking a special dinner with sex as dessert, cuddling for half an hour in front of the fireplace before starting genital stimulation, calling before you leave work to suggest a sexual encounter, surprising your spouse by joining him in the shower, putting on your favorite music, bringing lotion to bed and spending 15 minutes giving your partner a sexual massage. Men can and do initiate creative sexual dates, contrary to the myth that romantic, seductive initiation is the woman’s domain.

The woman becomes comfortable with her ability to initiate. If sexuality is to remain a vital part of your relationship, be open to creating and crossing bridges to sexual desire. Initiations could include waking your partner in the morning (or from a nap or in the middle of the night) by sucking on his penis and putting him inside you. Share old pictures or letters to set the mood, rent your favorite R- and X-rated movie and fast-forward to the sexiest parts, ask your partner to put the children to bed and meet him in the bedroom where a scented candle is burning with you wearing his favorite corduroy shirt, get a babysitter and plan a hotel weekend in the city to roam through art museums, eat Italian food, and have sex without worrying about interruptions.

We cannot stress enough that sex does not just spontaneously happen. It requires thought, planning, and setting aside couple time. Approximately 80% of sexual encounters are planned or semi-planned. Enjoy spontaneous sexual experiences when they occur, but don’t fall into the trap of believing that somehow spontaneous sex is more genuine than intentional sex. Sexual dates are important bridges to desire.

Second Exercise: Overcoming Discrepancies in Sexual Desire

If couples had to wait until both partners were equally desirous, frequency of sex would decrease by at least half. It is the norm, not the exception, for one partner to desire and initiate sex more than the other. What poisons sexual desire is anger about nonsexual issues (which need to be dealt with outside the bedroom) and resentment over feeling

sexually pressured. Under no circumstances is it acceptable to physically force or verbally coerce your partner to engage in sex. “Intimate coercion” has no place in your relationship. Sex is best when it is voluntary and pleasure oriented. Pressure and coercion lead to alienation and anger, and the ensuing resentment poisons sexual desire.

What can you do when one partner wants to have intercourse and the other does not? This exercise uses the “yes/no” technique to deal with desire discrepancy. Our culture socializes men to always say yes to sex, so the woman is stuck in the role of sexual gatekeeper. In fact, it is perfectly natural, normal, and healthy for men to say no to sex, and on occasion more than 80% have.

In this exercise, each partner has to say at least one “no.” The focus is on expanding your repertoire of what is acceptable when there is a desire discrepancy. The quality of the intimate experience is more important than frequency of intercourse. Sexual intimacy is reinforced by caring about each other’s feelings and sharing pleasure rather than sex as a goal-oriented power play.

This exercise requires a number of cycles rather than one structured experience. Each partner has several initiations. The initiator speaks from an awareness of what she wants – to feel desirable, attractive, and valued; unpredictability and playfulness; orgasm; time to be alone before erotic contact; multiple stimulation during intercourse; affectionate touch. Ask for and initiate activities you enjoy. The woman is aware that her partner will say no at least once and preferably more than once. This allows you to practice negotiating sensual and sexual alternatives. He will not just say no but will offer an alternative that both suits his fancy and addresses her needs. For example, if she wants a whole-body message as a way of meeting her needs for sensuous time before erotic contact and he is lukewarm toward the idea of a body message, he offers to draw a bubble bath or suggest building a fire and talking and touching in front of the fireplace. If her initiations have been co-opted because he is action oriented, she can offer a number of feeling-oriented, non-intercourse ways to intimately connect.

This is the major struggle in desire discrepancy. The woman had a right to request a range of sensual and erotic experiences without her partner contending that only intercourse is real sex. She can suggest manually pleasuring him to orgasm, that they engage in non-genital pleasuring, that he pleasure her and she’ll decide if she wants a mutual sexual experience, that they take turns giving oral sex, that they share an activity (going for a walk, playing golf, going shopping) before being sexual, that he stimulate himself while she holds him. He can say no to suggestions he is not comfortable with, but he needs to say yes to at least one of her alternatives. There are many emotional, sensual, playful, and erotic ways to connect that may or may not evolve into intercourse.

A common male trap is using sex to meet nonsexual needs. In extreme cases, men use sex like alcoholics use alcohol – to deal with emotions from anger to boredom, from excitement to emptiness, from celebration to depression. You can learn emotional coping strategies to deal with nonsexual problems. Sharing feelings is a better way to deal with sadness than having intercourse. Celebrating a merit bonus with couple friends can make more sense than using sex as a reward when the partner is not feeling sexual.

The most common issue is low sexual desire. At the other extreme, some men use sex compulsively to avoid dealing with issues and emotions. Hyperactive sexual desire results in an alienated relationship. Sexual bridges are meant to encourage pleasure and intimacy. Couple sexuality is subverted when sexual initiations carry negative emotions and compulsive sex demands.

The man is urged to personalize his sexual invitations. He is less likely to be distracted by nonsexual factors such as fatigue, hunger, anger, alienation, and anxiety about children. This can be a sexual strength, but it can also be a source of misunderstanding and strife. She complains he wants sex, not her. Making your sexual invitations and requests personal and caring will avert this problem. The best sex is mutual and synchronous-both partners experience desire/pleasure/eroticism/satisfaction. Yet, most sexual experience are positive, but asynchronous. This means it is better for one partner than the other. Asynchronous sex is normal and good as long as it's not at the expense of the partner or relationship.

Will the experience of saying no to intercourse and yes to sensual and erotic alternatives resolve all desire discrepancies? Of course not, but it will allow you to stay intimate friends and provide greater flexibility and degrees of freedom in expressing your needs for intimacy and sexuality.

What is the Right Couple Sexual Style for You? - 2018

Most people begin as a romantic love/passionate sex/idealized couple. This very special phase (limerance) lasts between 6 months and if you're lucky 2 years. The challenge is to create a couple sexual style which will enhance desire/pleasure/eroticism/satisfaction. The challenge for couples, married or cohabitating, straight or gay, is how to integrate intimacy and eroticism into your relationship, and how to balance your "sexual voice" with being an "intimate sexual team". You develop a mutually comfortable level of intimacy, share non-demand pleasuring, value erotic scenarios and techniques, and maintain positive, realistic sexual expectations.

The four most common couple sexual styles (by order of frequency) are:

- Complementary—mine and ours
- Traditional—conflict-minimizing
- Best Friend—soul-mate
- Emotionally Expressive—fun and erotic

Contrary to "pop psych" there is not a "right" style which is best for all couples. Be aware that usually your couple sexual style is different than your relational style. Each partner needs to be aware of her/his preferences, feelings, and values and choose the balance of intimacy/eroticism and autonomy/coupleness which enhance sexual desire and satisfaction. Be aware of strengths and vulnerabilities of each couple sexual style so you choose which is right for you.

Complementary Couple Sexual Style

Complementary is the most common couple style because it balances each person's sexual voice with being a securely bonded intimate sexual team. Each partner has the freedom to initiate a sexual encounter, say no or offer an alternative way to connect, value both intimacy and eroticism, and play out your preferred erotic and intercourse scenarios. What are the vulnerabilities (traps) for this sexual style? The two major traps are treating sex with "benign neglect"—sex falls into a routine but not energizing, pattern. The second trap is that when life changes, for example, having a baby, rather than valuing couple time, you fall into traditional parenting roles and lose erotic playfulness.

Traditional Couple Sexual Style

These couples follow traditional gender roles where sexual initiation and intercourse is the man's domain while intimacy and affection is the woman's domain. This is the most stable couple style, high on clarity and security, and low on drama and the need to negotiate sexual issues. The vulnerabilities are role rigidity and with aging the man finds it difficult to function sexually without her stimulation. Other traps are not dealing with sexual problems until they are chronic and the woman feeling her need for intimate connection and validation are ignored.

Best Friend Couple Sexual Style

Best Friend is the cultural ideal—the most intimate relationship. Sharing intimacy and eroticism with the same person, feeling accepted and loved for who you really are (warts and all), maintaining a secure bond, are powerfully validating emotionally and sexually. However, this is a very risky sexual choice. You feel so close that you de-eroticize your partner. The woman feels disappointed in the man and relationship because he fails to meet unrealistically high expectations. There is so much emphasis on mutuality that you don't take sexual risks and thus have low sexual frequency. The Best Friend sexual style is unable to be resilient when dealing with hard issues, such as an EMA.

Emotionally Expressive Couple Sexual Style

Emotionally Expressive is the stuff of movies and love songs—vibrant, playful, erotic, high-energy sex. These couples use sex to heal emotional conflicts, take sexual risks, are experimental, and enjoy sexual fun and intensity. The traps are too much emotional and sexual drama drain your bond and threaten relationship stability, overemphasize sexual experimentation and eroticism at the expense of intimacy and security, use sex to avoid dealing with problems, and this level of intensity wears the partners out.

Choosing the Right Style for You

A “wise” choice of a couple sexual style challenges you to weigh both emotional and practical factors, choosing not just for the short term but what brings sexual satisfaction over the long term. Choose a mutually acceptable sexual style which facilitates sexual desire/pleasure/eroticism/satisfaction. You want sexuality to play a 15-20% role in enhancing relationship vitality and satisfaction. Emphasize the strengths of your chosen couple sexual style and be mindful of traps/vulnerabilities so these don’t subvert sexuality. You want to celebrate yourself as a sexual person and experience bonding as a sexual couple. Usually the relational and sexual styles are different. For most couples, the Best Friend relational style and the Complementary sexual style is the best decision.

Resource: McCarthy, B. & McCarthy, E. (2009). Developing Your Couple Sexual Style.

Sexual Trauma: Levels of Victimization

1. Sexual abuse incidents
2. Dealt with at time or kept secret
3. Proud Survivor vs. shameful, anxious, or angry victim

Resource: Maltz, W. (2012). The Sexual Healing Journey (3rd edition).

Fatally Flawed Marriages

1. Hidden Agenda

2. Negative Reasons to Marry

3. Core Incompatibility

Guidelines for Sex After 60 - 2019

1. You are a sexual person throughout your life, no matter what your age. Age does not cause sexuality to end.
2. Key to maintaining vital sexuality is to integrate intimacy, non-demand pleasuring, and erotic scenarios and techniques.
3. Contrary to popular mythology, when couples stop being sexual it is the man's decision in over 90% of cases because he has lost confidence with erection, intercourse, and orgasm. Sex is frustrating and embarrassing. He makes the decision unilaterally and conveys it non-verbally.
4. Sexuality remains satisfying when both the man and woman value a variable, flexible, pleasure-oriented couple sexual style rather than sex as an individual performance, a pass-fail intercourse test.
5. With aging your hormonal, vascular, and neurological systems function less efficiently, so psychological, relational, and psychosexual skill factors become more important in maintaining healthy, resilient sexuality.
6. The best aphrodisiac is an involved, aroused partner—you turn toward each other as intimate and erotic allies.
7. The “give to get” pleasuring guideline has particular value for the aging couple. This promotes mutual stimulation, multiple stimulation, and accepting asynchronous sexual experiences.
8. The major physiological changes in male sexual response are that it takes more time and direct penile stimulation to obtain an erection, your erection is not as firm and more likely to wane, and there is a lessened need to ejaculate at each sexual opportunity.
9. The major physiological changes in female sexual response are diminished vaginal lubrication that necessitates using a vaginal lubricant, thinner vaginal walls, increased time and stimulation required for arousal and orgasm, and less intense orgasmic response.
10. Estrogen replacement for women, use of pro-erection medications for men, and testosterone for both men and women are not “magic cures.” They can be positive resources for sexual function when integrated into your couple intimacy, pleasuring, and eroticism style. These need to be prescribed and monitored by a physician, not purchased from an Internet site or over the counter.
11. Positive, realistic expectations are crucial in maintaining a healthy sexual relationship. Do not compare sexuality in your 60's to the sexuality you experienced when you were 20. Focus on quality and pleasure, not quantity and performance. The good news is you can be sexual in your 60's, 70's, and 80's.
12. Sexuality is more than genitals, intercourse, and orgasm. Sexuality also involves sensual, playful, and erotic touch. Not all touch can or should result in intercourse. Couples who accept the Good Enough Sex (GES) approach report high levels of desire and satisfaction.

13. A crucial factor, especially for women, is accepting your body image. Traditionally, female sexual desire and sense of attractiveness was contingent on everything being perfect. Self-acceptance, especially for older people, promotes partner acceptance and vital, resilient sexuality.
14. Maintaining a regular rhythm of sexual contact is crucial. The average frequency of sexual activity after 60 is once a week. When couples are sexual less than every 2 weeks, self-consciousness and anxiety replace comfort and positive anticipation. A key to satisfying sexuality is to maintain a pleasure-oriented connection, which includes intercourse and orgasm, but emphasizes a broader, more flexible approach to pleasure, eroticism, and satisfaction.
15. Satisfying sexuality requires partners to maintain a pleasure-oriented focus. The variable, flexible couple sexual style advocated by the GES approach includes valuing sensual, playful, erotic, as well as intercourse touch.
16. Couples who cling to the traditional male-female double standard are vulnerable to unsatisfying and dysfunctional sex. Emphasize female-male equity and being an intimate sexual team.
17. You can appreciate and enjoy the role reversal where female sexual response becomes easier than male response. He learns to “piggy-back” his arousal on hers, a crucial psychosexual skill. Remember, sex is about sharing pleasure. not a competition or performance.
18. Most women use a lubricant to facilitate intercourse and reduce the likelihood of dyspeurnia (painful intercourse). Additionally, she can guide intromission, which makes sense since you are the expert on your vagina. This also reduces male performance anxiety.
19. The man needs to accept his mature penis and its response rather than compare it to the easy, predictable, autonomous erections of his twenties. Enjoy your body, your partner’s body, and the sexual experience rather than maintain a rigid focus on erection and intercourse as a test of manhood.
20. Replace the concept of perfect intercourse performance with the GES model. Eighty-five percent of encounters will flow to intercourse. Both partners can be comfortable with at least one and ideally both alternative scenarios:
 - A. Erotic, non-intercourse scenario to high arousal and orgasm for one or both partners
 - B. A warm, sensual, cuddly scenario
21. Sex after 60 is more intimate, genuine and human than sex in your 20’s. Enjoy these new feelings and experiences and focus on being intimate and erotic friends.

Resource: McCarthy & McCarthy (2012). Sexual Awareness.

Relapse Prevention Strategies and Guidelines - 2019

1. Set aside quality couple time and discuss what you need to do individually and as a couple to maintain a satisfying and secure sexual relationship.
2. Every 6 months have a formal follow-up meeting either by yourselves or with a therapist to ensure you remain aware and do not slip back into unhealthy sexual attitudes, behaviors, or feelings. Set a new couple sexual goal for the next 6 months.
3. Every 4-8 weeks plan a nondemand pleasuring, playful, or erotic date where there is a prohibition on intercourse. This allows you to experiment with sensual stimuli (alternative pleasuring position, body lotion, or new setting), a playful scenario (sex play in the shower), or an erotic scenario (a different oral sex position or engaging in an asynchronous scenario rather than mutual sex). This reminds you of the value of sharing pleasure and developing a broad-based, flexible sexual relationship rather than focusing on intercourse as an individual pass-fail performance test.
4. Five to fifteen percent of sexual experiences are mediocre, dissatisfying or dysfunctional. That is normal, not a reason to panic or feel like a failure. Maintaining positive, realistic expectations about couple sexuality is a major relapse prevention resource.
5. Accept occasional lapses, but do not allow a lapse to become a relapse. Treat a dysfunctional sexual experience as a normal variation which can provide an important learning. Remember, you are a sexual couple, not a perfectly functioning sex machine. Whether once every 10 times, once a month, or once a year, you will have a lapse and will be dysfunctional or dissatisfying. Laugh or shrug off the experience and make a date in the next 1-3 days when you have the time and energy for an intimate, pleasurable, erotic experience. A relapse means giving up and reverting to the cycle of anticipatory anxiety, pass-fail intercourse performance, and frustration, embarrassment, and avoidance.
6. The importance of setting aside quality couple time—especially intimacy dates and a weekend away without children—cannot be over emphasized. Couples report better sex on vacation, validating the importance of getting away, even if only for an afternoon.
7. There is not “one right way” to be sexual. Each couple develops a unique style of initiation, pleasuring, eroticism, intercourse, and afterplay. Do not treat your couple sexual style with benign neglect, be open to modifying or adding something new or special each year.
8. Good Enough Sex (GES) has a range from great to disappointing. The single most important technique in relapse prevention is to accept and not overreact to experiences that are mediocre, dissatisfying, or dysfunctional. Take pride in being sexually accepting and having a resilient couple sexual style.
9. Develop a range of intimate, pleasurable, and erotic ways to connect, reconnect, and maintain connection. These include five gears (dimensions) of touch.
 1. Affectionate touch (clothes on)—kissing, hand-holding, hugging.
 2. Non-genital sensual touch (clothed, semi-clothed, or nude)—massage, cuddling on the couch, touching before going to sleep or on awakening.

3. Playful touch (semi-clothed or nude)—mixing non-genital and genital touch—romantic or erotic dancing, touching while showering or bathing, “making out” on the couch, whole body massage.
 4. Erotic, non-intercourse touch—using manual, oral, rubbing, or vibrator stimulation for high arousal and/or orgasm for one or both partners.
 5. Intercourse—View intercourse as a natural continuation of the pleasuring/eroticism process, not a pass-fail individual performance test. Transition to intercourse at high levels of erotic flow and utilize multiple stimulation during intercourse.
10. Keep your sexual relationship vital. Continue to make sexual requests and be open to exploring erotic scenarios. Maintain a flexible sexual relationship that energizes your bond and facilitates desire and desirability. Couples who share intimacy, non-demand pleasuring, erotic scenarios, and planned as well as spontaneous sexual encounters, have a vital sexual relationship. The more ways in which you maintain an intimate sexual connection, the easier it is to avoid relapse.

Resource: McCarthy, B. (2015). Sex Made Simple.

Resources

I. Professional Books:

1. Binik, Irv & Hall, Kathryn (2014). Principles and Practice of Sex Therapy. (5th edition). Guilford.
2. Metz, Michael, Epstein, Norm, & McCarthy, Barry (2017). Cognitive Behavioral Therapy for Sexual Dysfunction. Guilford.
3. McCarthy, Barry (2015). Sex Made Simple. PESI publications.

II. Journals:

1. Journal of Sex and Marital Therapy
2. Sexual and Relationship Therapy

III. Professional Organizations and Referrals to Sex Therapists:

1. American Association of Sex Educators, Counselors, and Therapists
1441 I Street, NW. Suite 700 Washington, D.C. 20005.
<http://www.aasect.org>
2. Society for Sex Therapy and Research
8120 Lehigh Avenue Suite 100 Morton Grove, IL. 60053
<http://www.starnet.org>

IV. Lay Public Books:

1. Brotto, Lori. (2018). *Better Sex Through Mindfulness*. Greystone.
2. Foley, Sallie, Kope, Sally, & Sugrue, Dennis (2012). *Sex Matters for Women*. (2nd ed.). Guilford.
3. Glass, Shirley (2003). *Not Just Friends*. Free Press.
4. Heiman, Julia & LoPiccolo, Joe (1988). *Becoming Orgasmic*. Prentice-Hall.
5. Maltz, Wendy (2012). *The Sexual Healing Journey*. (3rd ed.). William Morrow.
6. McCarthy, Barry & McCarthy, Emily (2009). *Discovering Your Couple Sexual Style*. Routledge.
7. McCarthy, Barry & McCarthy, Emily (2012). *Sexual Awareness*. (5th edition). Routledge.
8. McCarthy, Barry & McCarthy, Emily (2014). *Rekindling Desire*. (2nd edition). Routledge.
9. McCarthy, Barry & McCarthy, Emily (2019). *Finding Your Sexual Voice: Celebrating Female Sexuality* Routledge.
10. McCarthy, Barry & Metz, Michael (2008). *Men's Sexual Health*. Routledge.
11. Metz, Michael & McCarthy, Barry (2003). *Coping with Premature Ejaculation*. New Harbinger.
12. Metz, Michael & McCarthy, Barry (2004). *Coping with Erectile Dysfunction*. New Harbinger.
13. Metz, Michael & McCarthy, Barry (2010). *Enduring Desire*. Routledge.
14. Nagoski, Emily (2015). *Come as You Are*. Simon and Schuster.
15. Perel, Esther (2006). *Mating in Captivity*. Harper-Collins.
16. Synder, Doug, Baucom, Don, & Gordon, Kristi (2007). *Getting Past the Affair*. Guilford.
17. Weiner, Linda & Avery-Clark, Constance (2017). *Sensate Focus in Sex Therapy*. Routledge.