Contents

Notes on the Editor vii
Notes on the Contributors viii
Acknowledgements xvii

1 Introduction 1
  Zoë D. Peterson

Section I  Treating Specific Sexual Problems 9

2 Treating Women’s Sexual Desire and Arousal Problems 11
   Stephanie Both, Willibrord Weijmar Schultz and Ellen Laan

3 Treating Low Sexual Desire in Men 32
   Stanley E. Althof and Rachel B. Needle

4 Treating Men’s Erectile Problems 40
   Pedro J. Nobre

5 Treating Women’s Orgasmic Difficulties 57
   Kristen M. Carpenter, Kristen Williams and Brett Worly

6 Treating Men’s Orgasmic Difficulties 72
   David L. Rowland and Stewart E. Cooper

7 Treating Genital Pain Associated with Sexual Intercourse 98
   Marta Meana, Evan Fertel and Caroline Maykut

8 Treating Hypersexuality 115
   Joshua B. Grubbs, Jan Paul Hook, Brandon J. Griffin, M. Scott Cushman,
   Joshua N. Hook and J. Kim Penberthy

9 Treating Sexual Offending 129
   Dianne Berg, Rosemary Munns and Michael H. Miner

10 Treating Lack of Sexual Passion in Relationships 143
    Laurie B. Mintz, Jackeline Sanchez and Rachel P. Heatherly

Section II  Theoretical Approaches to Sex Therapy 163

11 A Traditional Masters and Johnson Behavioral Approach to Sex Therapy 165
   Constance Avery-Clark and Linda Weiner

12 A Psychobiosocial Approach to Sex Therapy 190
   Barry McCarthy and Lana M. Wald
Contents

13 A Systemic Approach to Sex Therapy
Katherine M. Hertlein and Matthew Nelson 202

14 An Existential-Experiential Approach to Sex Therapy
Peggy J. Kleinplatz 218

15 A Narrative Therapy Approach to Sex Therapy
Ron Findlay 231

16 An Emotionally Focused Approach to Sex Therapy
Sue Johnson 250

Section III Sex Therapy with Specific Populations 267

17 Treating Sexual Problems in Lesbian, Gay, and Bisexual Clients
Kenneth M. Cohen and Ritch C. Savin-Williams 269

18 Treating Sexual Problems in Transgender Clients
Katherine G. Spencer, Alex Iantaffi and Walter Bockting 291

19 Treating Sexual Problems in Children and Adolescents
Sharon Lamb and Aleksandra Plocha 306

20 Treating Sexual Problems in Aging Adults
Jennifer Hillman 323

21 Treating Sexual Problems in Clients with Cognitive and Intellectual Disabilities
Sigmund Hough, John W. DenBoer, Eileen T. Crehan, Melissa T. Stone and Trisha Hicks 345

22 Treating Sexual Problems in Clients with Mental Illness
Stephanie Buebler 359

23 Treating Sexual Problems in Cancer Patients and Survivors
Eric S. Zhou and Sharon L. Bober 369

24 Treating Sexual Problems in Survivors of Sexual Trauma
Kathryn S. K. Hall 389

25 Treating Sexual Problems in Clients from Conservative Protestant and Catholic Backgrounds
Tommy E. Turner 407

26 Treating Sexual Problems in Clients who Practice “Kink”
Margaret Nichols and James P. Fedor 420

Section IV Future Directions in Sex Therapy 435

27 Mindfulness in Sex Therapy
Meg-John Barker 437

28 Integrating Sexual Partners into Pharmacological Sex Therapy
Helen M. Conaglen and John V. Conaglen 453

29 Self-Help and Biblio-Sex Therapy
Jacques J. D. M. van Lankveld 468

30 Internet-Based Sex Therapy
Catherine Connaughton and Marita McCabe 483

Index 503
Zoë D. Peterson, PhD, is an Associate Professor in the Clinical Psychology Program and Director of the Sexual Assault Research and Education Program at the University of Missouri-St. Louis. She is a Research Fellow of the Kinsey Institute for Research in Sex, Gender, and Reproduction at Indiana University. She also is a Licensed Clinical Psychologist in the state of Missouri. She has served as an Associate Editor of the Journal of Sex Research and as a Consulting Editor for Archives of Sexual Behavior. Dr Peterson researches a variety of issues related to sexuality with a particular focus on understanding unwanted and nonconsensual sexual experiences. She also provides clinical supervision to doctoral students, with an emphasis on the treatment of sexual and gender identity concerns. She teaches gender and sexuality courses at the graduate and undergraduate levels.
Notes on the Contributors

Stanley E. Althof, PhD, is the Executive Director of the Center for Marital and Sexual Health of South Florida, and Professor Emeritus at Case Western Reserve University School of Medicine. Dr Althof is past-President of the International Society for the Study of Women’s Sexual Health (ISSWSH), the Society for Sex Therapy and Research (SSTAR), and the Tri-State Group Psychotherapy Society. He serves on the editorial boards of the Journal of Sex and Marital Therapy, Menopause, and the International Journal of Impotence Research. He is the Associate Editor of two books – Handbook of Clinical Sexuality for Mental Health Professionals, and Male and Female Sexual Dysfunction.

Constance Avery-Clark, PhD, has one doctorate in Clinical Psychology from the University of Southern California and a second in Psychology–Jungian Studies from Saybrook University. She is a Licensed Psychologist in Florida and a Certified Diplomate of Sex Therapy through the American Association of Sexuality Educators, Counselors, and Therapist (AASECT). She was Clinical and Research Associate at Masters & Johnson Institute for five years. Dr. Avery-Clark is Co-Director of the Institute for Sexual & Relationship Therapy & Training with her co-author, Linda Weiner, LCSW. She has been in private practice for 27 years specializing in sexual, relationship, and self-identity issues. She is Vice-President and Program Chair for the Center for Jungian Studies of South Florida.

Meg-John Barker, PhD, is a senior lecturer in psychology at the Open University in the UK as well as a writer, therapist, and activist-academic specializing in sex, gender, and relationships. Dr. Barker is author of the popular relationship book Rewriting the Rules. Dr Barker also has published co-edited collections on non-monogamies and sadomasochism with Darren Langdridge, and they co-edit the journal Psychology and Sexuality. Dr. Barker was the lead author of The Bisexuality Report, which has informed UK policy and practice around bisexuality and is currently co-editing a book on non-binary gender.

Dianne Berg, PhD, is an Assistant Professor and Licensed Psychologist at the Program in Human Sexuality at the University of Minnesota. She is the coordinator of the Child and Adolescent Services Program and a former coordinator of the Sex Offender Program. Dr. Berg completed her doctorate at the University of Illinois in Champaign-Urbana in 1999. In addition to publishing in Sexual Abuse: A Journal of Research and Treatment, Dr. Berg has presented several times at both the regional and national conferences for the Association for the Treatment of Abusers (ATSA).

Sharon L. Bober, PhD, is the Founder and Director of the Sexual Health Program at the Dana-Farber Cancer Institute, which is the only multidisciplinary sexual health program for cancer patients and survivors in New England. The program serves as a robust platform for research and education related to sexual functioning in the cancer population. Dr Bober is appointed as an Assistant Professor at Harvard Medical School and is a well-respected leader in the field of sexual function following cancer.
Walter Bockting, PhD, is a clinical psychologist and an internationally-known sexuality researcher. He is Co-director of the new Initiative for LGBT Health in the Division of Gender, Sexuality, and Health, and a Professor of Medical Psychology (in Psychiatry and Nursing) at Columbia University. In the Columbia University School of Nursing, he is Co-Director of the Center for Evidence-based Practice in the Underserved.

Stephanie Both, PhD, is a Clinical Psychologist, and works as an Assistant Professor and Senior Therapist in the Department of Psychosomatic Gynaecology and Sexology at the Leiden University Medical Center in the Netherlands. She treats patients with sexual problems and somatically unexplained gynaecological problems from a cognitive-behavioural perspective. Her primarily experimental psychophysiological research is directed at the underlying mechanisms of sexual motivation and arousal disorders. She has written several peer-reviewed papers and book chapters and has received research grants from the European Society of Sexual Medicine (ESSM) and The Netherlands Organization for Scientific Research (NWO). She serves on the editorial board of Archives of Sexual Behavior, and as a consulting editor for Journal of Sexual Medicine, and the Journal of Sex Research.

Stephanie Buehler, PsyD, is a Licensed Psychologist and is certified as a sex therapist by the American Association of Sexuality Educators, Counselors, and Therapists (AASECT). She is the Founder of the Buehler Institute for sex and relationship therapy and the author of the books What Every Mental Health Professional Needs to Know about Sex, and Sex, Love, and Mental Illness: A Couple’s Guide to Staying Connected.

Kristen M. Carpenter, PhD, is Director of Women’s Behavioral Health and an Assistant Professor of Psychiatry & Behavioral Health, Psychology, and Obstetrics & Genecology at The Ohio State University. Dr. Carpenter’s research focuses on identification and treatment of sexual and psychological maladjustment in gynecologic and breast cancer patients during various stages of diagnosis, treatment, and survivorship.

Kenneth M. Cohen, PhD, is a licensed clinical psychologist at Cornell University’s Counseling and Psychological Services specializing in bereavement and gay, lesbian, and bisexual issues. In addition to individual and group psychotherapy, he supervises staff, graduate students, and post-doctoral fellows. He also maintains a private clinical practice in Ithaca, New York, and for many years taught the course “Gender and Sexual Minorities” in Cornell’s Department of Human Development. Dr Cohen presents workshops for mental health and social service providers nationally and writes about LGB development and mental health concerns. He co-edited the book The Lives of Lesbians, Gays, and Bisexuals: Children to Adults (Harcourt Brace) and is currently writing a book about social anxiety.

Helen M. Conaglen, PhD, is a clinical psychologist who works in private clinical practice in Hamilton, New Zealand, specializing in sexual dysfunction. She is also involved in research at the Waikato Clinical School, University of Auckland, New Zealand. Her research focuses on the impact of various medical conditions and therapies on sexual function in couples. Key publications include the Partners Preference Study (Conaglen & Conaglen, 2008, Journal of Sexual Medicine), Effects of Treating Hypogonadism on Couples’ Sexual Desire (Conaglen & Conaglen, 2009, Journal of Sexual Medicine), and Medication Induced Sexual Dysfunction (Conaglen & Conaglen, 2013, Australian Prescriber).

John V. Conaglen, MD, is an Associate Professor and endocrinologist. He works in private and hospital practice in Hamilton, New Zealand, and is involved in research and teaching at the Waikato Clinical School, University of Auckland, New Zealand. His research interests include the impact on sexuality of various endocrine disorders, differences in thyroid disease across populations, and the influence of hormones on muscle development.
Catherine Connaughton, DPsych (Health), is a Research Fellow in the Institute for Health & Ageing at the Australian Catholic University in Melbourne, Australia. She has published multiple peer-reviewed articles on sexual dysfunction in men and women.

Stewart E. Cooper, PhD, is Director of Counseling Services and a Professor of Psychology at Valparaiso University. He has written/edited four books on college mental health, including one on psychotropics; four journal special issues on consultation, including one on multiculturalism and another on international consultation; and numerous article publications on all of these topics in refereed journals. The psycho-affective aspect of sexual dysfunctions, as well as treatment of sexual dysfunctions, have also been areas of professional interest. He has presented extensively at national and international psychology conferences.

Eileen T. Crehan is a graduate student in the Clinical Psychology Doctoral Program at the University of Vermont. A graduate of Wellesley College, she is a Clinical Research Assistant in the Department of Child Psychiatry at the Vermont Center for Children, Youth, and Families. Her research interests include measuring social perception using psychophysiological monitoring tools and evidence-based interventions within family and community systems. Future clinical research will focus on the development of social perceptual abilities across different types of psychopathology.

M. Scott Cushman, BA, is a recent graduate of the University of North Texas, where he majored in psychology. He is interested in researching resilience, conformity, and addictive behaviors as he pursues his graduate studies in clinical mental health counseling, with an emphasis on animal-assisted therapy.

John W. DenBoer, PhD, USPTA, PTR, is a clinical neuropsychologist/sports psychologist specializing in sports-related concussion. He received his internship training at VA Boston Healthcare System (Boston University School of Medicine/Harvard University) and received his postdoctoral training at Barrow Neurological Institute. Dr DenBoer has published extensively in the area of clinical neuropsychology and has been an expert speaker at many local, national, and international conferences. He currently serves as a Neuropsychology Consultant at Banner Concussion Center, Phoenix, Arizona.

James P. Fedor, MSW, is a therapist in New Jersey specializing in the treatment of anxiety, depression, grief, life transitions, and relationship issues. He also works with clients seeking sex therapy, including addressing LGBTQ concerns, transgender transitioning, sexual dysfunction, sex and porn addiction, partner sexual incompatibility, performance anxiety, and kink/fetish lifestyle.

Evan Fertel, MA, is a doctoral candidate in the Clinical Psychology program at the University of Nevada, Las Vegas.

Ron Findlay, MBBS, is a medical practitioner and family therapist who does counseling and psychotherapy with individuals, couples, and families using primarily a narrative therapy approach. He works and teaches in the private and public sector. He was the Lecturer and Coordinator of the Post Graduate Certificate in Narrative Therapy at LaTrobe University in Melbourne, Australia, from 2007 to 2104. He has a 25-year history of interest in sex therapy.

Brandon J. Griffin, MS, is a doctoral candidate in the APA-accredited Counseling Psychology Program at Virginia Commonwealth University in Richmond, Virginia. He specializes in developing psychological interventions designed to alleviate self-condemning emotions that people feel in response to seeing or doing things that violate their personal beliefs and values. For individuals who perceive conflict between their sexual values and behaviors, Brandon’s research explores how forgiving oneself is associated with better health, a stronger sense of meaning in life, and increased trust and intimacy in one’s relationships. Brandon practices clinically in the Veterans Health Administration, where he focuses on treatment of stress-related disorders, men’s issues, and moral injury.
Joshua B. Grubbs, MA, is a Doctoral Candidate in Clinical Psychology at Case Western Reserve University in Cleveland, Ohio, and a Pre-doctoral Intern in Professional Psychology at the Louis Stokes Cleveland Department of Veteran Affairs Medical Center, where he works with process addictions of various kinds in the Gambling Treatment Program. His research interests include hypersexual behavior, problem and pathological gambling, and the psychology of religion and spirituality. As of August 2016, he will be transitioning to the role of Assistant Professor in the Clinical Psychology Doctoral Program at Bowling Green State University in Bowling Green, Ohio.

Kathryn S. K. Hall, PhD, received her doctorate from McGill University in Montreal, Canada. She has a private sex therapy practice in Princeton, New Jersey. Dr Hall is the co-editor of two sex therapy texts: Principles and Practice of Sex Therapy, (5th ed.), and The Cultural Context of Sexual Pleasure and Problems. Dr. Hall is the Book Review Editor for the Journal of Sex and Marital Therapy. She sits on the Special Classification Review Board, which oversees the treatment of convicted sex offenders in the state of New Jersey. Dr Hall is the President-Elect of the Society for Sex Therapy and Research.

Rachel P. Heatherly, MS, received her BS degree from Lander University in 2012. She received her MS in Counseling Psychology from the University of Florida. She is currently a doctoral candidate at the University of Florida in the APA-accredited Counseling Psychology Program. Her research centers on enhancing women’s sexual functioning and wellbeing. She is particularly interested in exploring the potentially beneficial uses of sexually explicit media for enhancing women’s sexual functioning.

Katherine M. Hertlein, PhD, is a Professor and Program Director of the Marriage and Family Therapy Program at the University of Nevada, Las Vegas. She received her Master’s in Marriage and Family Therapy from Purdue University Calumet, and her doctorate in Human Development with a specialization in Marriage and Family Therapy from Virginia Tech. She has published over 100 articles and book chapters, and eight books. Dr Hertlein has also produced the first theoretical model detailing the role of technology in couples and families. She has been a keynote speaker for several state conferences on technology and relationships and is the recipient of numerous awards.

Trisha Hicks, MSW, MEd, earned her BA from the University of Pittsburgh and her MSW and MEd in Human Sexuality Education from Widener University. She is a case manager and a sexuality educator/therapist at Magee Rehabilitation Hospital. Her current role at Magee Rehabilitation Hospital includes the provision of comprehensive sexuality education, sexuality counseling, and sex therapy to individuals and couples with disabilities and chronic illnesses. She has experience working with individuals with spinal cord injuries, traumatic brain injuries, multiple sclerosis, cerebral palsy, and orthopedic injuries.

Jennifer Hillman, PhD, ABPP, serves as Professor of Psychology in the Applied Psychology Program at The Pennsylvania University, Berks College. She also is a Licensed Psychologist, who is board certified in Geropsychology and maintains a private practice in long-term care. Her research interests in sexuality and aging include HIV/AIDS, women’s issues, erectile dysfunction, and sexuality in institutional settings. She has published numerous articles on sexuality and aging, as well as her most recent text, Sexuality and Aging: Clinical Perspectives.

Jan Paul Hook, EdD, earned his doctorate in Counselor Education from Northern Illinois University. He is a Licensed Clinical Professional Counselor for the state of Illinois and an approved supervisor for the American Association for Marriage and Family Therapy (AAMFT). He is in private practice at the Arlington Center in Arlington Heights, IL. Dr Hook also is an adjunct faculty member at Trinity International University, where he teaches Human Sexuality and Career Counseling. His interests include sexual addiction, group therapy, couples therapy, and men’s issues.
Joshua N. Hook, PhD, is Assistant Professor of Counseling Psychology at the University of North Texas and is a Licensed Clinical Psychologist in the state of Texas. His research interests include humility, religion/spirituality, and multicultural counseling. He also blogs regularly at www.JoshuaNHook.com.

Sigmund Hough, PhD, ABPP, earned his AB from Columbia College, Columbia University, his MA in Developmental Psychology from Columbia University, and his PhD in Clinical Psychology from Boston University. He has ABPP board specialization in Rehabilitation Psychology and is a Fellow of the National Academy of Neuropsychology. He is a Clinical Rehabilitation Neuropsychologist; an Assistant Professor in the Department of Psychiatry, Harvard Medical School; an Adjunct Assistant Professor of Psychiatry at Boston University School of Medicine; an American Association of Sexuality Educators, Counselors, and Therapists (AASECT)-Certified Sex Therapist; a Commission on Accreditation of Rehabilitative Facilities (CARF) Surveyor; Editor-in-Chief of Sexuality and Disability; and Vice President of the Academy of Spinal Cord Injury Professionals.

Alex Iantaffi, PhD, is an Assistant Professor in the Program in Human Sexuality, Department of Family Medicine and Community Health at the University of Minnesota. He is also a Licensed Marriage and Family Therapist and Editor-in-Chief for the International Journal of Sexual and Relationship Therapy. His therapeutic work is currently focused on transgender and gender nonconforming people across the lifespan and their families. Dr Iantaffi also has experience working as a sex therapist and with a broad range of clients and families in diverse relationships and family systems. He has conducted research and published extensively on gender, disability, sexuality, bisexuality, polyamorous parenting, BDSM, deafness, education, sexual health, HIV prevention, and transgender issues. His scholarly work has been increasingly focused on issues of intersectionality and sexual health disparities.

Sue Johnson, EdD, is the leading developer of Emotionally Focused Therapy (EFT). She is Professor Emeritus of Clinical Psychology at the University of Ottawa, Distinguished Research Professor in the Marital & Family Therapy Program at Alliant University in San Diego, and Director of the International Centre for Excellence in EFT and of the Ottawa Couple and Family Institute. She is a Registered Psychologist in the province of Ontario, Canada, and a member of the editorial boards of the Journal of Marital and Family Therapy, the Journal of Couple and Relationship Therapy, and The Journal of Family Psychology. Dr Johnson has received a variety of awards, including the Outstanding Contribution to the Field of Couple and Family Therapy Award from the American Association for Marriage and Family Therapy. She is a Fellow of the American Psychological Association.

Peggy J. Kleinplatz, PhD, is Professor of Medicine, Clinical Professor of Psychology, and Director of Sex and Couples Therapy Training at the University of Ottawa. She is certified in Sex Education and as a Diplomate and Supervisor of Sex Therapy. Dr Kleinplatz has edited four books, notably New Directions in Sex Therapy: Innovations and Alternatives (Routledge), winner of the American Association of Sexuality Educators, Counselors, and Therapist (AASECT) 2013 Book Award, and Sexuality and Ageing (Routledge) with Dr Walter Bouman. Dr Kleinplatz received the Professional Standard of Excellence Award from AASECT in 2015. Her clinical work focuses on optimal erotic intimacy and transformation.

Ellen Laan, PhD, is a Professor in the Department of Sexology and Psychosomatic Gynaecology at the Academic Medical Center, University of Amsterdam, the Netherlands and a licensed health psychologist and sexologist. She treats patients with sexual problems and somatically unexplained gynaecological problems associated with pelvic floor overactivity and (complex) sexual traumas and/or attachment problems. She was an Advisor to the DSM-5 Sexual Dysfunctions Workgroup. She studies biopsychosocial determinants of sexual health, with a specific focus on women’s
sexual problems and pleasure. She has written over 150 peer reviewed papers and book chapters; served as president of the International Academy of Sex Research; and was the recipient of an honorary doctorate from the University of Leuven, Belgium, in 2012.

**Sharon Lamb, EdD, PhD,** is a Professor in the Counseling and School Psychology Department at University of Massachusetts, Boston. A former President of the Association for Moral Education, she is the author/editor of ten books on a variety of topics such as blame and responsibility, sexual ethics, and girls’ development, including *Sex, Therapy, and Kids*. She is currently working on a study of undergraduates’ moral reasoning when they find themselves bystanders in “sketchy” sexual situations. Her book, *Girls of Color: Sex, Sexuality, and Sex Education*, co-authored with Tangela Roberts and Aleksandra Plocha, will be published by Palgrave/MacMillan in 2016.

**Caroline Maykut, MA,** is a doctoral candidate in the Clinical Psychology Program at the University of Nevada, Las Vegas.

**Marita McCabe, PhD,** is Director of the Institute for Health & Ageing at the Australian Catholic University in Melbourne, Australia. She is the Associate Editor of *Body Image* and *Journal of Sexual Medicine* and is on the editorial boards of three other journals. Dr McCabe is regularly invited to give keynote addresses at international conferences in her areas of research: human sexuality, body image, and mental health among older people.

**Barry McCarthy, PhD,** is a Professor of Psychology at American University and a certified sex and marital therapist. He has practiced psychotherapy and sex therapy for 42 years. He is author of more than 100 professional papers, 25 book chapters, and 14 books. His books include *Sex Made Simple; Rekindling Desire* (2nd ed.); *Sexual Awareness* (5th ed.); *Therapy with Men After Sixty, Developing Your Couple Sexual Style; Men’s Sexual Health; Enduring Desire; Coping with Erectile Dysfunction; Getting It Right the First Time;* and *Coping with Premature Ejaculation*. In addition, he has presented more than 350 professional workshops both nationally and internationally.

**Marta Meana, PhD,** is Dean of the Honors College and Professor of Psychology at the University of Nevada, Las Vegas, as well as Past President of the Society for Sex Therapy and Research. The author of numerous publications and conference presentations on women’s sexuality, her research was instrumental in the reconceptualization of dyspareunia as a pain disorder. Dr Meana’s work has been featured widely in national and international media, and she has served on the editorial boards of the *Archives of Sexual Behavior* and the *Journal of Sex Research*. She was also an Advisor to the DSM-5 Sexual Dysfunctions Workgroup and is a Licensed Clinical Psychologist in the state of Nevada.

**Michael H. Miner, PhD,** is Professor of Family Medicine and Community Health and Research Director for the Program in Human Sexuality at the University of Minnesota. His research focuses on the causes and correlates of sexual abuse perpetration in adolescent males, assessment of treatment progress and dynamic risk factors, and treatment outcome. He has been an active therapist and evaluator within the Center for Sexual Health’s Sex Offender Treatment Program, and coordinated that program for ten years.

**Laurie B. Mintz, PhD,** is a Professor of Counseling Psychology at the University of Florida. She has published approximately 50 articles in professional journals and 7 book chapters. She is the author of an empirically-supported self-help book for women with low desire, *A Tired Woman’s Guide to Passionate Sex*. She is also the author of *Cliteracy* (to be be published by HarperOne in 2017) which combines sharp cultural analysis and prescriptive self-help to enhance women’s sexual pleasure and close the gendered orgasm gap. She has a *Psychology Today* blog, entitled “Stress and Sex,” aimed at providing scientifically-accurate and sex-positive information to enhance sexual pleasure.
Rosemary Munns, PsyD, is an Assistant Professor, Licensed Psychologist, and coordinator of the Sexual Offender Treatment Program at the Program in Human Sexuality at the University of Minnesota. She completed her doctorate in clinical psychology at the Minnesota School of Professional Psychology in 1998. She has clinical experience in assessment and treatment of substance abuse, and working in correctional settings with juveniles and adults. Her areas of interest are sexual dysfunctions, relationship and sex therapy, transgender health, assessment and treatment of sex offenders, and compulsive sexual behavior.

Rachel B. Needle, PsyD, is a staff psychologist at the Center for Marital and Sexual Health of South Florida and Executive Director of the Whole Health Psychological Center. Dr Needle is an Adjunct Professor of Psychology in the Department of Behavioral Sciences at Lynn University in Boca Raton, FL, and at Nova Southeastern University in Fort Lauderdale, FL. Dr Needle’s clinical and research interests include sexual function and dysfunction, relationship concerns, sexual compulsivity, battered women, and trauma. She has a particular interest in working with individuals both during and following cancer treatment.

Matthew Nelson, MS, has a Master’s degree in Marriage and Family Therapy and is working in private practice.

Margaret Nichols, PhD, is the founder of the Institute for Personal Growth in New Jersey. She is an internationally published author and speaker in the area of sexual minorities. Among her work are chapters in the groundbreaking book Lesbian Psychologies, and a chapter on sexual minorities in the leading textbook in the sex therapy field, Principles and Practices of Sex Therapy, edited by Sandra Leiblum. She is a member of the American Psychological Association, the American Association of Sex Educators, Counselors, and Therapists, the Society for the Scientific Study of Sexuality, the Society for Sex Therapy and Research, the World Professional Association of Transgender Health, and local chapters of several professional groups. She received her PhD from Columbia University and completed her postdoctoral sex therapy certification at Robert Wood Johnson Medical School.

Pedro J. Nobre, PhD, is Professor of Psychology and Director of the Laboratory for Research in Human Sexuality at Porto University (Portugal) and Research Fellow at the Kinsey Institute (USA). He has published extensively on topics related to sexual dysfunction, cognitive-behavioral therapies, and sexual health. He has also served on the editorial boards of major sex research journals (Journal of Sexual Medicine, Archives of Sexual Behavior, Journal of Sex Research) and has received several international awards. He is past-President of the Portuguese Society of Sexology and is currently Chair of the Scientific Committee of the World Association for Sexual Health.

J. Kim Penberthy, PhD, ABPP, is a Professor in the Department of Psychiatry & Neurobehavioral Sciences at the University of Virginia School of Medicine. She conducts research, teaches, and provides clinical care in the School of Medicine and at the UVA Cancer Center. Her research areas include identifying and treating addictions and co-occurring disorders. She evaluates psychotherapy treatments, including behavioral and contemplative interventions. She is the Research Director of the university-wide Contemplative Sciences Center and Co-Director of the Effective Coping and Communications Skills for Physicians Program. She has published extensively and lectures internationally on therapeutic interventions and outcomes.

Aleksandra Plocha, MS, is a doctoral candidate in the Counseling and School Psychology Program at the University of Massachusetts, Boston. Aleksandra has her BA in Psychology from Boston College and her MS in Mental Health Counseling from the University of Massachusetts, Boston. Aleksandra’s current research focuses on the topics of resilience,
emerging adulthood, and bereavement. Her other areas of research include child and adolescent sexuality, sexual ethics, and familial patterns associated with a child’s diagnosis of celiac disease. Aleksandra has experience working with college students, children, adolescents, adults, and families presenting with a variety of concerns, including stress and adjustment difficulties, mood disorders, psychosis, schizophrenia, substance abuse, and complex trauma.

**David L. Rowland, PhD,** is a Professor of Psychology at Valparaiso University. He received a PhD from the University of Chicago in Psychology in 1977 and held fellowships at SUNY-Stony Brook, Stanford University, Erasmus Medical Center (the Netherlands), and the Johns Hopkins School of Public Health. His research focuses on psychophysiological relationships in sexuality and functioning, particularly insofar as they apply to sexual response and dysfunction in men and women. Dr Rowland has published over 160 research articles and book chapters. He has served as Editor of the *Annual Review of Sex Research* (2005–2009), and he has authored *The Handbook of Sexual and Gender Identity Disorders* (January 2008) and, more recently, *Sexual Dysfunction in Men* (May 2012). He serves on the editorial boards of four major journals and is Co-founder and Co-editor-in-chief of the *Journal of Mind and Medical Science*.

**Jackeline Sanchez, MS,** received her BS degree in Psychology from Santa Clara University. She received her MS degree in Mental Health Counseling from the University of Miami. She is currently a graduate student at the University of Florida in the APA-accredited Counseling Psychology Program. Her research interests center on women’s mental health in general, and body image and sexually related concerns specifically.

**Ritch C. Savin-Williams, PhD,** is Professor of Developmental Psychology at Cornell University and has written eight books on adolescent development. The latest, *Becoming Who I Am: Young Men on Being Gay* (Harvard University Press, 2016) follows *The New Gay Teenager* and “Mom, Dad, I’m Gay”: *How Families Negotiate Coming Out*. Dr Savin-Williams currently writes about the experiences of growing up mostly straight and bisexual, the sexual/romantic continuum, and the resiliency of sexual-minority youth. He is a practicing Clinical Psychologist and has consulted for media outlets such as MTV, *20/20*, *Oprah Winfrey Show*, National Public Radio, *Rolling Stone*, *New York Times*, *Washington Post*, and *USA Today*. Dr Savin-Williams gave the APA Science Directorate’s Master Lecture in developmental psychology.

**Katherine G. Spencer, PhD,** is an Assistant Professor and Coordinator of Transgender Health Services at the Program in Human Sexuality at the University of Minnesota. Her primary clinical practice is working with transgender and gender nonconforming adolescents and adults, women’s sexual health, and LGBT individual and couples sex therapy. Her research interests focus on transgender health and wellbeing, sex therapy with transgender and LGB populations, and somatic approaches to sexual health.

**Melissa T. Stone, PsyD,** is a Research Postdoctoral Fellow at Massachusetts General Hospital and a Clinical Postdoctoral Fellow at Boston Pain Care Center. She has a clinical and research concentration in cognitive and behavioral treatments of chronic pain.

**Tommy E. Turner, PhD,** is Professor of Counselor Education, Dean of the School of Education, and Interim Department Head of the Department of Educational Resources at Jacksonville State University, Jacksonville, Alabama. Dr Turner has written previously in the area of uniting spirituality and sexual counseling, from Eastern (Taoist, Buddhist, etc.), Semitic (Islamic, Jewish), and Christian perspectives. He has also co-authored a book including reflections on the merger of spirituality and counseling.
Jacques J. D. M. van Lankveld, PhD, is Professor of Clinical Psychology at the Open University, the Netherlands. He has published widely on male and female sexual dysfunction, experimental research findings related to sexual arousal, and treatment outcomes. He is Past-President of the International Academy of Sex Research and served as Editor of the Annual Review of Sex Research.

Lana M. Wald, MA, is a doctoral candidate in Clinical Psychology at American University in Washington, DC.

Linda Weiner, MSW, LCSW, is a Certified Diplomate in Sex Therapy as well as a Sex Therapy Supervisor and Continuing Education Provider. Besides her clinical practice, she serves as an Adjunct Professor at Brown School, Washington University, St. Louis. Specializing in couples sex and relationship therapy, she provides both traditional and Intensive couples formats. Recently she has been speaking and publishing on the specific techniques of Sensate Focus with her colleague, Dr. Constance Avery-Clark.

Kristen Williams, MA, completed her graduate study of clinical psychology at the Ohio State University and is currently practicing in Michigan.

Willibrord Weijmar Schultz, MD, is Professor Emeritus of Psychosomatic Obstetrics and Gynecology at the Groningen University Medical Center, the Netherlands. He worked for more than 30 years as a general gynecologist and was head of the Sexology Clinic. He published more than 120 international papers and book chapters, and was Editor-in-Chief of the Journal of Psychosomatic Obstetrics & Gynecology. In the course of his career, he held various leadership positions in professional associations – for example, in the Dutch Association for Sexology (NVVS) – and received several awards, including the Professor Brummelkamp Prize, the Betty Bos Olijf Prize, and the Hector Treub Foundation Fund Prize.

Brett Worly, MD, is an Assistant Professor in the Department of Obstetrics and Gynecology at the Ohio State University. Dr. Worly completed his BA degree at Columbia University in New York City, an MD degree at Michigan State University College of Human Medicine, and OB/GYN residency at the Hospital of the University of Pennsylvania in Philadelphia. Dr. Worly’s interests include patient safety, chronic pelvic pain, female sexual dysfunction, and postpartum depression.

Eric S. Zhou, PhD, is a staff psychologist at the Dana-Farber Cancer Institute, where he regularly meets with patients in the Sexual Health Program to address sexual dysfunction that arises during and following cancer treatment. In addition, he is an Instructor at Harvard Medical School and has research interests in several long-term survivorship issues, including sexual health and sleep disorders.

Editor’s Note: All authors were asked to report any financial conflicts of interest associated with the information provided in their chapters. No author reported conflicts of interest beyond the very small financial sums associated with royalties from books that are cited in their chapters. The editor also has no financial conflicts of interest related to any content in this volume.
I am deeply indebted to all of the authors who contributed to this volume. In comparison to most of the chapter contributors, I am a novice sex therapist; thus, the biggest benefit to me in editing this book has been the opportunity to learn from the expertise of the chapter authors. I also am thankful to Courtney Jones for her help in indexing this volume and to the following individuals who helped to review and edit drafts of chapters for this handbook: Tiffany Artime, Sarah Buday, Marilyn Cashon, Philip Eiseman, Sara Gonzalez-Rivas, and Allison Kirschbaum. I am immensely grateful to Marilyn Cashon and Rex Peterson for their boundless support and countless hours of childcare. Finally, I offer my everlasting thanks to Brian Woodman and Kiran Peterson Woodman for their extraordinary patience and invaluable encouragement during this project.
1

Introduction
Zoë D. Peterson

What is Sex Therapy?

Sex therapists will tell you that one of the fundamental uncertainties that often drives clients into sex therapy is the worry: “Am I normal sexually?” I, in turn, often wonder: “Am I a normal sex therapist?” In my own work as a therapist treating sexual concerns, I sometimes use traditional sex therapy techniques such as sensate focus, but I also rely heavily on my broader training as a clinical psychologist and on my overarching feminist and constructivist psychotherapeutic theoretical orientation. Am I still doing sex therapy if I am not explicitly discussing the sexual response cycle, assigning sex-related behavioral homework, or helping my clients to discuss pharmaceutical treatment options with their doctors?

Thus, one of the most challenging aspects of editing this volume was determining what counts as sex therapy. As I set out to choose chapter authors and select the topics that would be addressed, I was forced to consider my own insufficiently-articulated viewpoints regarding questions such as, “Where does sex therapy stop and general psychotherapy begin?” and “What are the qualifications for a ‘sex therapist’?”

I am certainly not the first to raise these questions about the definition of sex therapy. Tiefer (2012) pointed out that—broadly speaking—across time, sex therapies have included ancient love potions, bloodletting, Masters and Johnson behavioral techniques, Viagra, and YouTube kissing advice videos, among others (p. 312). Yet, she acknowledged that, in contrast to this broad expanse of sex therapies, the term “sex therapy” has become nearly synonymous with a dysfunction-focused behavioral or pharmaceutical treatment approach.

Similarly, Levine (2009) reported that he now rejects his former identity as a “sex therapist” because, to him, sex therapy is too narrow and simplistic. He argued that sex therapy has become tantamount to treating DSM-defined sexual dysfunctions with an overly simplistic, behavioral-technique-focused approach. He contended that sexual problems are far too broad and complicated to be explained and treated using a single theory or treatment approach.

Binik and Meana (2009) agreed that the term sex therapy originally referred to the techniques championed by Masters and Johnson (1970)—psychoeducation about sexual functioning, behavioral homework, and so on—but they maintained that, over time, sex therapists began to use the same techniques and theoretical orientations that were used to treat other psychological problems. The authors argued that “sex therapy” is just therapy. Given (1) the lack of clear distinction between sex therapy, as it is typically practiced, and general psychotherapy; (2) the lack of a unifying theory of sex therapy; and (3) the lack of regulation regarding who may call themselves a “sex therapist,” Binik and Meana (2009) proposed that the treatment of sexual problems should be integrated into general psychotherapy practice rather than being treated as a separate subspecialty.
What Problems do Sex Therapists Treat?

Indeed, there is perhaps an even more basic question that must be answered before we can define sex therapy, and that is, “What is a sexual problem?” The Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5; American Psychiatric Association, 2013) codifies the sexual difficulties that are officially acknowledged by the field of psychiatry. The DSM sexual dysfunction diagnoses are exclusively focused on sexual performance: desire, arousal, orgasm, and pain-free intercourse. This focus on genital performance in the DSM-5 and in earlier versions of the manual has been heavily critiqued for being heterosexist and phallocentric; for promoting an anxiety-provoking, performance-oriented approach to sex; for ignoring cultural differences and gender-based power differences; and for sidelining essential facets of sexuality such as relationships, emotions, and pleasure (e.g., Apfelbaum, 2012; Kleinplatz, 2012; Tiefer, 2001).

Despite these cogent critiques, there is no denying that, for clients, it is often the symptoms of DSM sexual dysfunctions (e.g., lower levels of desire than they wish, erectile difficulties, orgasmic difficulties) that drive them into sex therapy. Of course, this raises a chicken-and-egg conundrum: Did these issues become the focus of the DSM diagnoses because they were the most troubling sexual issues for clients, or are clients most troubled by these sets of symptoms because they have been conceptualized and labeled as dysfunctional by the medical establishment and, in turn, by popular culture? In either case, clients do present with these difficulties, and as sex therapists, we frequently must address them in some manner. Depending on the sex therapist’s viewpoint, this might involve suggesting medications or behavioral exercises with the goal of relieving symptoms; it might involve helping the client to re-think the assumption that firm erections and timely orgasms are the only path to sexual pleasure and connection; it might involve addressing the underlying psychological and relational distress that is seen as leading to the sexual symptoms; or it might involve some combination of all three of these. Thus, although some sex therapists reject the performance-oriented, genital-focused nature of the DSM sexual dysfunction diagnoses, all sex therapists will be forced to confront these in the therapy office.

There is no question, however, that the DSM sexual dysfunctions do not capture the full range or complexity of the sexual concerns that propel our clients to seek therapy. Levine (2010) categorized sexual difficulties as disorders (those identified by the DSM), problems (frequent sources of suffering that are not captured by the DSM disorders), and worries (concerns about sexual issues that detract from sexual pleasure). In many cases, problems (e.g., anger and resentment about a partner’s infidelity, discomfort with or shame about sexual attractions) and worries (e.g., concerns about body image, fears that one is not sexually pleasing a partner) may actually be more distressing and have a more pervasive negative impact on sexual pleasure and enjoyment than relatively more straightforward disorders of physiological function. It is very often these problems and worries—rather than diagnosable disorders—that motivate clients to come to see a sex therapist.

What Techniques do Sex Therapists Use?

As noted by Kleinplatz (1996), Masters and Johnson’s behavioral techniques have become synonymous with sex therapy; as she put it, these techniques are “the Kleenex” of sex therapy (p. 190). This tendency to equate sex therapy with symptom-focused behavioral interventions—such as sensate focus and the squeeze technique—obscribes the fact that there are actually many different brands of sex therapy. In reality, sex therapists, like all psychotherapists, employ a variety of therapeutic techniques and are guided by a variety of theoretical orientations when they work with clients to address sexual problems. Despite this fact, with a very few
notable exceptions (e.g., Hall, 2012; Hertlein, Weeks, & Gambescia, 2009), little is written about theoretical approaches to sex therapy. Many sex therapists advocate for a biopsychosocial approach to sex therapy. This approach recognizes the importance of integrating medical, psychological, and relational components of treatment. Despite the importance of an integrated approach to treatment, however, the label “biopsychosocial” is uninformative in revealing the theoretical assumptions that guide the psychological and relational work that occurs in psychotherapy. Thus, a therapist working from a “biopsychosocial approach” might treat the psychosocial aspects of the problems using behavioral, cognitive, systemic, narrative, or emotion-focused interventions.

What Should Sex Therapy Be?

I agree with Tiefer (2012) that “sex therapy is politics” (p. 31). For that matter, all therapy is politics, but this is especially apparent in the case of sex therapy because issues of sexuality and sexual behavior are so highly politically contested. Thus, how “expert” professionals define “a sexual problem” and “sex therapy” speaks to their values—and helps to shape the values of the broader culture—around what is and is not sexually “healthy” or “normal” and which treatments are legitimate for addressing sexual concerns. Given that, in this volume, I wanted to represent a diversity of individual values and politics related to what counts as “a sexual problem” and as “sex therapy”.

However, to acknowledge my own values and politics, I also wanted to adopt an expansive definition of sex therapy as any therapy that values and promotes enjoyable sexuality as an integral part of overall physical and mental health. Levine (2009), in describing his rejection of the “sex therapist” label, said:

> Sex therapy has no relevance to the management of gender identity disorders, sex perpetrators, paraphilics, the sexually compulsive, sexual victims, sexual risk taking, nonsexual relationship conflict, the anxieties of sexual beginners, and so on, unless, of course, by sex therapy we mean all things involving any aspect of sexuality brought to our clinical attention. (p. 1033)

I hope that the version of sex therapy advocated in this volume does, in fact, have relevance to all of those important sexual issues noted by Levine. Of course, given the breadth of my aspirational definition, no single volume could fully discuss all types of sexual problems, sex therapy clients, or sex therapy techniques; thus, I think of this volume as a mere sampling.

Section I: Treating Specific Sexual Problems

As noted, sex therapists will inevitably treat sexual problems that correspond to the DSM-5 sexual dysfunctions. Not surprisingly, for many individuals, sexual desire (Althof & Needle, Chapter 3; Both, Weijmar Schultz, & Laan, Chapter 2), erections (Nobre, Chapter 4), orgasms (Carpenter, Williams, & Worly, Chapter 5; Rowland & Cooper, Chapter 6), and pain-free intercourse (Meana, Fertel, & Maykut, Chapter 7) contribute to pleasure, enjoyment, and satisfaction, and in turn, difficulty with these aspects of functioning detracts from sexual enjoyment. Thus, treatment of these diagnoses is addressed in Section 1 of this handbook. However, sex therapists also treat other issues that interfere with sexual pleasure, enjoyment, and satisfaction, such as difficulties in controlling unwanted (Grubbs et al., Chapter 8) or illegal sexual behaviors (Berg, Munns, & Miner, Chapter 9), and lack of sexual passion (Mintz, Sanchez, & Heatherly, Chapter 10). Thus, these non-diagnostic problems are also addressed
in Section 1 of this volume. Further, throughout all sections of this volume, the rich case material unmistakably illustrates that the entirety of clients’ sexual problems and concerns are not cleanly captured by the dysfunctions listed in the DSM-5.

Section II: Theoretical Approaches to Sex Therapy

Despite my contention that sex therapy is not synonymous with Masters and Johnson behavioral techniques, many (maybe most) sex therapists use at least some of the classic sex therapy techniques, and these are described by Avery-Clark and Weiner in Chapter 11; however, the authors also note that traditional sex therapy techniques, such as sensate focus exercises, have often been misrepresented and oversimplified. Their chapter reveals that even “simple” behavioral exercises involve thoughtful attention to complex psychological and relational factors.

Additionally, as noted above, sex therapists increasingly describe their approach as “biopsychosocial” to acknowledge the importance of biological, psychological, and relational contributions to sexual problems. However, in Chapter 12, McCarthy and Wald describe why they have abandoned the biopsychosocial approach in favor of a psychobiosocial approach—foregrounding the psychosocial and backgrounding the biological.

There is no doubt that cognitive and behavioral techniques are extremely popular approaches to treating sexual concerns, and this is evident throughout all the chapters in this volume. This is unsurprising, as cognitive-behavioral therapies currently represent the most popular psychotherapeutic treatment approaches for most mental health problems (Gaudiano, 2008). However, the remaining chapters in Section 2 describe how some sex therapists’ theoretical approaches to sex therapy extend well beyond cognitive-behavioral therapy to integrate techniques from systemic (Hertlein & Nelson, Chapter 13), existential-experiential (Kleinplatz, Chapter 14), narrative (Findlay, Chapter 15), and emotionally-focused (Johnson, Chapter 16) therapeutic traditions.

Bancroft (2009) identified theoretical diversity as one of the strengths of sex therapy, and I agree. Mood disorders have been shown to be effectively treated using a variety of different theoretical approaches, including cognitive-behavioral therapy, mindfulness-based cognitive therapy, brief dynamic therapy, and emotion-focused therapy (Hollon & Ponniah, 2010). Why shouldn’t we similarly expect that sexual problems would likely be responsive to a variety of different treatment approaches?

Section III: Sex Therapy with Specific Populations

Over time, sex therapy has been criticized for being limited in terms of its target population—typically young, able-bodied, white, middle-class heterosexuals (e.g., McCormick, 1994). Recent publications (e.g., Hall & Graham, 2013), though, have attempted to expand culturally-competent sex therapy practice, and as demonstrated in Section 3 of this volume, sex therapists are providing sensitive and affirmative therapy for extraordinarily diverse client populations.

In this section, the chapter authors highlight considerations in treating sexual problems in sexual (Cohen & Savin-Williams, Chapter 17) and gender (Spencer, Iantaffi, & Bockting, Chapter 18) minorities; clients ranging in age from children (Lamb & Plocha, Chapter 19) to aging adults (Hillman, Chapter 20); clients who face barriers to sexual wellness in the form of intellectual (Hough et al., Chapter 21), psychological (Buehler, Chapter 22), physical health (Zhou & Bober, Chapter 23), and trauma-related (Hall, Chapter 24) challenges; and clients
with diverse sexual ethics, including those with conservative religious values (Turner, Chapter 25) and those who embrace creative and kinky sex (Nichols & Fedor, Chapter 26).

**Section IV: Future Directions in Sex Therapy**

Although some argue that sex therapy has remained stuck in the 1960s and 1970s with Masters and Johnson, in reality the psychotherapeutic treatment of sexual problems has moved forward in all kinds of ways. In some cases, this forward movement is guided by creative clinical experimentation, but in many cases, it is advanced by outstanding basic and clinical research findings. The final section of this book, Section 4, summarizes the empirical literature on four topics that represent highly promising future directions in the field of sex therapy.

In Chapter 27, Barker provides an overview of the theory and research on mindfulness interventions for sexual problems. Mindfulness is arguably not at all new to sex therapy. Indeed, as described by Avery-Clark and Weiner (Chapter 11), it is the cornerstone of sensate focus, one of the most traditional and widely-used sex therapy techniques. However, mindfulness as an explicitly articulated approach to treating a wide variety of sexual problems (not to mention other mental health problems, e.g., Baer, 2003) has recently received very encouraging empirical support, and thus the entire field of sex therapy is taking notice. Indeed, many authors throughout this volume mention mindfulness as a promising adjunct to other sex therapy interventions. In light of the strong empirical support for mindfulness interventions, these types of interventions seem likely to become an essential component of sex therapy going forward.

Given the controversial but undeniable movement toward a medicalized approach to conceptualizing and addressing sexual concerns (which is discussed—and sometimes bemoaned—throughout the chapters in this volume), sex therapists, regardless of their personal views on the issue of pharmacological treatments for sexual problems, will inevitably work with patients who are also using medication to treat their symptoms. Thus, Conaglen and Conaglen (Chapter 28) offer a framework for effectively incorporating partners into individualized medical treatments for sexual dysfunction. Their chapter provides guidance on how sex therapists might continue to incorporate the psychosocial aspects of sex therapy even in the face of an increasingly biomedical orientation towards the treatment of sexual concerns.

Finally, because traditional, face-to-face psychotherapy is expensive, time-consuming, and sometimes hard to access for individuals outside of urban areas, there is increased interest in the broader field of psychotherapy in promoting minimal contact therapies, such as technology-assisted and bibliotherapy interventions (e.g., Newman, Szkodny, Llera, & Przeworski, 2011). Because sex therapy is often focused on single, circumscribed sexual difficulties and because some individuals are very uncomfortable discussing sexual issues in a face-to-face context, some sex therapy clients may be particularly good candidates for these minimal-contact therapeutic interventions. The final chapters in this section describe the promising empirical research findings on biblio-sex therapy (van Lankveld, Chapter 29) and internet-based sex therapy (Connaughton & McCabe, Chapter 30) as treatments for a variety of different sexual concerns. Selective use of these types of minimal contact interventions may allow the field of sex therapy to expand by ensuring that sex therapy remains accessible and affordable to a wide range of client populations.

**What are the Values of Sex Therapy?**

Certainly the chapters in this volume illustrate the very real conflicts and divides within the field of sex therapy. For example, some authors celebrate new biomedical advances in the treatment of sexual problems (e.g., Conaglen & Conaglen). Other authors lament the
medicalization of sexual problems (e.g., Kleinplatz; McCarthy & Wald)—that is, the framing of complex sociocultural, psychological, and relational problems as simple medical conditions that can be treated with a pill. Some authors praise the continued influence and effectiveness of Masters and Johnson’s traditional behavioral sex therapy techniques, including sensate focus and squeeze techniques (e.g., Avery-Clark & Weiner; Rowland & Cooper), while others argue that such approaches are too mechanistic, reductionist, and heavily focused on symptoms rather than promoting optimally enjoyable and pleasurable sex (e.g., Barker; Kleinplatz; Turner). Some authors argue that close, long-term, committed intimate relationships provide the context for the most passionate sex (e.g., Johnson); other authors problematize this position, suggesting that the security and closeness provided by long-term relationships can often result in an overfamiliarity that can contribute to loss of sexual passion (e.g., Mintz et al.).

These disagreements among authors about the nature of and solution to sexual problems are unsurprising, especially given the diversity in region, culture, and profession among the authors in this volume, and those in the field of sex therapy more broadly. Indeed, the authors in this volume represent seven different countries and include psychologists, social workers, endocrinologists, and gynecologists. Some authors are primarily researchers, and others are primarily clinicians. Given the extraordinary diversity of the authors, differing perspectives seem inevitable. Indeed, these conflicts within the field are not new, and some authors have suggested that the intensity of these differences of opinion has led to a damaging splintering of the field of sex therapy (e.g., Kleinplatz, 2012).

However, it is important to note that the disagreements reflected in this volume are generally a matter of degree rather than kind. For example, although some authors are clearly more open than others to integrating biomedical treatments into their sex therapy practice, no author in this volume advocates pharmaceutical interventions implemented in isolation from psychosocial assessment and intervention.

Further, by focusing on disagreements within the relatively small field of sex therapy, it is easy to overlook the many shared values espoused, to at least some degree, by every author in this volume. These values include the essential role of sex and sexuality in overall psychological health; the importance of providing clients with thorough and accurate information about sexuality and sexual functioning; the potentially damaging effects of repressive and shaming messages about sex from families, religion, and the broader culture; the multifaceted nature of sexual problems and sexual pleasure; and the relevance of sexual pleasure and enjoyment as a psychotherapeutic goal. In a cultural context in which middle-school teachers can be fired for saying the word “vagina” (Bethencourt, 2016) and state Houses of Representatives are attempting to pass measures to allow for legal discrimination on the basis of sexual orientation (Suntrup, 2016), these are clearly values with which not every therapist, doctor, or member of the general public would agree, so the fact that these values are consistently endorsed across every chapter of this volume is truly meaningful. To me, these values are the foundational components of sex therapy, and they are what unite our field even in the face of substantial disagreements about more specific conceptual and clinical questions. Thus, I ultimately agree with Pukall’s (2009) simple conclusion that “what … makes ‘sex therapy’ special is that it deals with sex” (p. 1039).

**Conclusions**

Just as I don’t believe that there is one narrow version of “normal” sexuality, I hope that this volume illustrates that there is no one way to be a “normal” sex therapist. There are multiple ways to be an effective sex therapist. This is important, in part, because the numbers of sex therapists are rapidly dwindling (Bancroft, 2009; Kleinplatz, 2012). The field of sex therapy
Introduction

badly needs to attract clinical, counseling, and social work graduate students who are in the process of choosing their career path, as well as established mental health professionals who are looking to expand their practice in new directions. If these students and mental health professionals believe that sex therapy involves merely referring men with erectile dysfunction for Viagra prescriptions, telling women with vaginal dryness where to purchase lubricants, or training men with premature ejaculation in the squeeze technique, then sex therapy may only attract a small group of individuals who enjoy short-term, structured, and highly focused treatment approaches. These types of interventions may be an important part of sex therapy for some clinicians, but they do not reflect the range of challenging and multifaceted sexual problems that are encountered or the diverse and complicated interventions that are employed in sex therapy. Indeed, reducing sex therapy to exclusively behavioral or pharmaceutical interventions would be equivalent to reducing treatments for depression to mere behavioral activation; behavioral activation is important and often useful, but most therapists treating depression do far more than assigning behavioral homework, and some therapists may never assign behavioral homework as a treatment for depression.

When mental health professionals select to specialize in sex therapy, they need not and should not set aside their broader theoretical understanding of psychological problems, their advanced training in psychotherapy techniques, or their carefully honed therapeutic communications skills (e.g., empathy, authenticity). Those conceptualizations and skills—when combined with a genuine valuing of healthy sexuality as part of overall wellness—are essential for good sex therapy.

Therefore, I hope that this volume will provide some interesting new ideas and techniques for those who already identify professionally as sex therapists. I also hope that it will function as a starting place for students and psychotherapists who do not—or do not yet—identify as sex therapists, but who value sexual health and wellness as an essential part of general mental health and wellness and who thus hope to work better with sexual concerns as part of their general psychotherapy practice.

References


Section I
Treating Specific Sexual Problems