

What is “Great Sex”? Development of a Conceptual Model

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## Abstract

The purpose of this research was to develop a model of optimal sexuality based on a step-by-step conceptualization of the components of optimal sexuality. At present, there is a lack of clinical knowledge, research knowledge and in-depth public discourse concerning the nature of healthy sexuality. To determine the essential features of optimal sexuality, semi-structured interviews were conducted with 20 individuals who claimed to have experienced “great sex”, as well as with 10 sex therapists; subsequently, a content analysis was performed on interview transcripts. Eight major components of great sex were identified based on analysis of the transcripts, including being present, focused and embodied; connection, alignment and being in synch; deep sexual and erotic intimacy; extraordinary communication and heightened empathy; exploration, interpersonal risk-taking and fun; authenticity, being genuine and transparency; vulnerability and surrender; and transcendence, bliss, peace, transformation and healing. Theoretical, research and clinical implications of the components are discussed.

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## What is “Great Sex”? Development of a Conceptual Model

The subject of optimal sexuality occupies a paradoxical position in Western society. At present, there is a lack of clinical knowledge, research knowledge and in-depth public discourse concerning the nature of healthy sexuality. However, judging from the number of self-help books and magazine articles on the subject, the growing number of sex stores, the profusion of pornography available, and the amount of sexual content in television shows, movies, music videos and advertising, there is a quest for great sex within popular culture (Rye & Meaney, 2007). Unfortunately, the vision of optimal sexuality presented in movies, magazines and on television promotes an understanding of sexuality that focuses on sexual performance rather than sexual pleasure. As yet, there have been no empirical studies undertaken for the sole purpose of examining the nature and characteristics of optimal sexuality. There is a distinct need for a model of optimal sexuality relevant for individuals seeking to improve the quality of their sexual interactions, whether as members of the general public or as clients seeking therapy for sexual problems.

### *The Spectrum of Sexual Experience*

#### *Dysfunctional Sexuality*

There is a tendency within existing literature as well as within the Diagnostic and Statistical Manual (DSM) (American Psychological Association [APA], 2000) to equate dysfunctional sexuality with dysfunctional physiological response and the inability to complete the Human Sexual Response Cycle (HSRC) as defined by Masters and Johnson (1966). Operational definitions of sexual dysfunction and sexual normalcy within the academic literature tend to centre on difficulties engaging in intercourse and/or in

experiencing appropriately timed orgasms. Criteria such as pleasure, satisfaction and distress levels are sometimes evaluated by researchers but are not considered the primary indicators of dysfunctional sexuality nor is their improvement the chief measure of treatment success.

This narrow focus on sexual physiology and objective sexual response within the literature is problematic because it allows individuals to be dichotomized into those who have sexual dysfunctions and those without sexual dysfunctions, who are thought to experience “normal” sexuality (e.g., Heiman, Gladue, Roberts & LoPiccolo, 1986; Hoch, Safir, Peres & Shepherd, 1981). Treatment success for sexual dysfunctions is then measured by the degree to which a client is able to return to a hypothetical biological norm (Kleinplatz, 2001; Schnarch, 1991; Tiefer, 1991, 1996). Many couples who have technical proficiency and experience normal physiological functioning are still dissatisfied. This approach to treatment “success” does not inform researchers or sex therapists as to whether the individual in question is happy or satisfied with his/her sexuality or whether he or she wishes that further improvements could be made.

### *Normal Sexuality*

*Functioning.* As with definitions of dysfunctional sexuality, conceptualizations of normal sexuality within the academic literature tend to focus on normal sexual response from a physiological standpoint. These conceptualizations are usually presented in the form of models, the most popular of which is the HSRC model (Masters & Johnson, 1966). The HSRC consists of four stages defined exclusively by physiological criteria (e.g., changes in the genitals, heart rate, blood pressure, vasocongestion, respiration); they are excitement, plateau, orgasm and resolution. The first two stages of the model build

up to the third stage, orgasm and the resolution phase describes the physiological reactions following orgasm. The inevitable conclusion is that the first two phases are important because they lead up to and allow for the occurrence of orgasm. Other models of normal sexual response have been proposed that include subjective features of sexuality such as cognitions or satisfaction (e.g., Kaplan, 1977; Lief, 1977; Walen & Roth, 1987; Zilbergeld & Ellison, 1980) but these models have not attained the popularity of the HSRC.

As suggested earlier, there is a tendency to dichotomize sexual functioning within the academic literature. Normal sexuality is defined as the absence of obvious sexual pathology and is viewed as the default option to which dysfunctional individuals should aspire. The APA perpetuates this dichotomy in the section on sexual dysfunctions within the DSM (2000). A brief description of the HSRC is provided therein, reifying it as the standard for normal sexual response and suggesting that the categories of sexual dysfunctions represent deviations from that normal standard.

*Behaviours.* Sexual scripts represent one of the ways in which “normal” and appropriate sexual behaviours are defined culturally. According to Gagnon and Simon (2005), sexual scripts permit cognitive organization of sexual interactions. These scripts determine whether or not a situation is sexual and who the actors are as well as the appropriate behaviours and sequence of behaviours within a sexual interaction. Gagnon and Simon outline a typical sexual encounter based on Western sexual scripting:

First there is kissing, then tongue kissing, then touching of the breasts through the clothing (perhaps here a break in sequence), touching of the breasts under the clothing or the genitals through the skirt or outside the

underwear, then finally the genital contact with either a branch to mouth-genital contact (in some few circumstances) or coitus. Most frequently culmination is in coitus (p.55).

There is a very strong emphasis on heterosexual intercourse as the only “real” sexual event (i.e., the only sex that “counts”) (Rostosky & Travis, 2000). The focus on heterosexual intercourse within sexual scripts is also reflected in the DSM, where many sexual dysfunctions are defined partially by an inability to participate in intercourse (e.g., erectile dysfunction, vaginismus).

Sexual scripts also dictate which sexual behaviours are considered normal and appropriate for men and women (Gagnon & Simon, 2005). In Western society, men and women learn very different sexual scripts where men are expected to seek out partners, initiate sexual encounters and view sexuality as a source of pleasure (Plante, 2006; Reiss, 1986; Simon, 1996). Women, on the other hand, are expected to be passive and acquiescent and to emphasize the importance of affection or love during sexual encounters rather than pleasure. Culturally, there is a widespread assumption that significant differences exist between men and women, especially with regards to sexuality (e.g., Gray, 1995). Sex therapists have frequently suggested that adherence to conventional sexual scripts represents an obstacle to full sexual flourishing (DeLamater & Hyde, 1998).

### *Good Sex*

Some information is available from the literature on the nature of good, but not great, sex. Existing research has not been in depth and no attempt has been made to formulate a model of good sexual functioning based on the data collected.

In *Good Sex: Real Stories from Real People*, Hutton interviewed 80 individuals who had experienced good sex (1994); the author stated that her questions about the nature of good sex resulted in 80 different definitions of the term, each one reflecting the individuality of each interviewee. Hutton likened the research to Polaroid photographs because no analysis of any kind was conducted on the data, which is presented in the form of first-person narratives. However, she does point out a conclusion common to interviewees: Participants stated that good sex is more a matter of self-knowledge and experience, which is accrued gradually over time, than a matter of “how-to’s.”

Some information about the characteristics of good sex and those who experience it is available from a study conducted by Barbach and Levine (1980), in which the authors interviewed 120 women and asked participants to describe the qualities that made a sexual experience good. The most important factors for the majority of participants were contextual; they were related to the sexual relationship. The women stressed the importance of closeness, caring and affection as well as knowledge of and familiarity with each other’s bodies, the ability to relax together, communication between the partners, sharing of common interests and important feelings and an emotional bond or feeling of connection. Key characteristics of the partners with whom the women experienced good sex included openness and lack of inhibition, gentleness, enthusiasm, knowledge of stimulation techniques (e.g., basic female anatomy) and overall attitude. Initial level of desire and spontaneous physical attraction were also judged important by the women. Another aspect important of good sex was the feeling by the participants that they were desirable and competent women. These feelings affected their initial level of desire for sexual activity and were influenced by hormonal cycle, degree of relaxation

and appreciation of their partners. Participants also suggested a variety of criteria unrelated to themselves or to the relationship that made sex good, including having ample time, variety in lovemaking locales, time of day and positions and playfulness. The participants were also asked to specify elements they manipulated to set the scene for an enjoyable sexual experience. Participants mentioned feeling turned on, cleanliness, use of recreational drugs and the creation of a sensual environment through mirrors, clothing, special lighting and music.

Overall, the literature on good sex is sparse and no attempts have been made to develop conceptual models of either good or optimal sexuality based on the empirical data available.

### *Sexual Satisfaction*

The literature on sexual satisfaction, though far more extensive than the literature on good or optimal sexuality, still suffers from the narrow focus and physiological orientation characteristic of the literature on sexual functioning. One qualitative study ostensibly on the subject of sexual satisfaction actually focused on women's thoughts and feelings regarding the importance of orgasm (Nicolson & Burr, 2003). There have been no studies designed with the exclusive goal of understanding how individuals define the term "sexual satisfaction" and what they mean when they say that they are sexually "satisfied."

Studies on the subject of sexual satisfaction often equate this term with sexual functioning. Sexual satisfaction may be defined superficially, defined from a physiological perspective, or not defined at all. For the most part, sexual satisfaction in research is defined operationally as scores on questionnaires (e.g., *Index of Sexual*

*Satisfaction*; Hudson, Harrison & Crosscup, 1981), which define sexual satisfaction based on factors including frequency and/or duration of sexual contact, ease of arousal and/or orgasm, frequency of satisfactory encounters, perceived partner pleasure, orgasmic pleasure, overall pleasure and absence of anxiety (Arrington, Cofrancesco & Wu, 2004). In basing definitions of sexual satisfaction on sexual functioning or the frequency of specific sexual behaviours, researchers are ignoring the idea that sexual satisfaction can be achieved in the absence of “normal” sexual functioning or adherence to average behavioural frequencies. Also, many individuals who experience normal sexual functioning from a physiological standpoint are not satisfied with the quality of their sexual experiences (Kleinplatz, 1996a). Some sexual satisfaction measures (e.g., *Golombok-Rust Inventory of Sexual Satisfaction*; Rust & Golombok, 1985) define sexual satisfaction, in part, by the absence of sexual dysfunctions and the absence of factors such as non-sensuality, non-communication and infrequency; this further illustrates the tendency to dichotomize sexual functioning into abnormal and normal without regard to a potentially broader spectrum.

However, many studies also assess sexual satisfaction using variations on the question, “What is your overall satisfaction with your sexual relationship?” with Likert-type responses ranging from unsatisfying to satisfying (e.g., Adolfsson, Elofsson, Rossner & Unden, 2004; Ahlborg, Dahlof & Hallberg, 2005; Donatucci, Taylor, Thibonnier, Bangerter, Gittelman & Casey, 2004; Gossmann, Julien, Mathieu & Chartrand, 2003; Guo & Huang, 2005; Koch, Mansfield, Thureau & Carey, 2005; Mykletun, Dahl, O’Leary & Fossa, 2006; Ramezanzadeh, Aghssa, Jafarabadi & Zayeri, 2006; Sprecher, 2002). This form of measurement is lacking in that it fails to ascertain

the participants' definitions of satisfaction or its importance in their lives. Are they satisfied only from a physical, emotional or spiritual perspective or from some combination of the three? It is impossible to know from a Likert-type response to a question about overall sexual satisfaction whether individuals are happy with their sexuality or if they still yearn for more.

### *Marital Satisfaction*

From previous investigations (e.g., Barbach & Levine, 1980; Zilbergeld, 2004), it seems clear that the experience of optimal sexuality usually occurs in the context of a committed partnership. However, the literature investigating the connection between marital or relationship satisfaction and sexuality is sparse. Of the existing literature on the subject, most is concerned with sexuality as defined by primarily physical, sexual satisfaction (e.g., Haavio-Mannila & Kontula, 1997; Hofmeyr & Greeff, 2002; Lam, Donaldson, Brown & Malliaris, 2005; Litzinger & Gordon, 2005), which is often defined problematically (see above).

The existing literature on the subject of marital satisfaction and sexual satisfaction provides evidence for a bi-directional relationship between the two constructs (Byers, Demmons & Lawrance, 1998; Cupach & Comstock, 1990; Young, Denny, Luquis & Young, 1998). Some research has shown that the terms covary but are not causally linked (Byers, 2005), some research has shown that sexual satisfaction affects relationship satisfaction (Morokoff & Gilliland, 1993; Trudel, 2002), some research has shown that relationship satisfaction affects sexual satisfaction (Young et al., 1998) and other research has shown that a third factor, possibly communication, affects both



relationship satisfaction and sexual satisfaction (Byers & Demmons, 1999; Cupach & Comstock, 1990).

### *Optimal Sexuality*

#### *“Great Sex” as Depicted in Popular Culture*

There is a voracious appetite for information about great sex as demonstrated by the preoccupation with the subject in the mass media. Explicit, prescriptive advice on how to achieve great sex is widely available from magazines and books; sex scenes in movies, pornography, television and music videos implicitly define great sex for viewers; advertisements promise consumers great sex with the purchase of their products. A recent search conducted on the Internet using the Google search engine turned up 1,110,000 hits for the search term “great sex.” Despite the plethora of information available on great sex in popular culture, academic literature analyzing how great sex is depicted in the media is practically non-existent. Only a few studies have examined portrayals of great sex within magazines and none have investigated depictions of great sex in self-help books, movies, pornography, television, music videos or advertising. Instead, existing studies on depictions of sexuality in the media have focused primarily on the frequency and type of sexual content presented rather than in-depth analyses of content (e.g., Dempsey & Reichert, 2000; Taylor, 2005). This type of data collection reflects the focus on sexual behaviour and response that is also seen elsewhere in the academic literature on sexuality. However, as Alman (1994, p.8) argues, information from frequency tabulations of specific acts in the media is “not very helpful when what you’re striving for is quality.”

*Lifestyle magazines.* Although lifestyle magazines (such as *Cosmopolitan*, *Redbook* or *Glamour*) represent one of the few sources of explicit, prescriptive information about “great sex” within popular culture, with few exceptions, this information has not been studied empirically.

Duran and Prusank (1997) studied a selection of men’s and women’s magazines and found that “great sex” is portrayed in a contradictory manner. Magazine writers suggested that the experience of “great sex” can only be found within an intimate, caring relationship between two partners connected on all levels (e.g., physically, emotionally, spiritually). However, “great sex” could also be achieved via sexual techniques such as dirty talk, sensual touching, setting the stage, sex games, sex toys, erotica and special positions. Magazine writers also stated that great sex cannot be achieved in the absence of “chemistry” and “magic.” These depictions of “great sex” also reinforced traditional gender and sexual stereotypes. Ménard and Kleinplatz (in press) identified five components of great sex within a selection of men’s and women’s lifestyle magazines, including technical, mechanical and physical factors, variety, relationship factors, psychological factors and pre-sex preparation. Quantitative analyses revealed that the vast majority of sex “tips” within both men’s and women’s magazines concerned specific sex techniques or suggestions for adding novelty to sexual encounters. Similarly to Duran and Prusank (1997), information on how to have great sex was presented in a way that reified common sexual myths and sex stereotypes. Appropriate sexual behaviours to incorporate within the scope of great sex was narrow and did not include any deemed too “kinky” and therefore scary.

Within lifestyle magazines, the predominant message is that great sex is the exclusive province of young, attractive, able-bodied, unmarried, heterosexual individuals (Dempsey & Reichert, 2000). Magazine readers should only experience great sex within the context of a committed, monogamous, long-term, heterosexual relationship (Ménard & Kleinplatz, in press).

The lack of academic study of the portrayal of “great sex” in magazines is lamentable given that depictions of great sex in magazines tend to reinforce sexual myths and may have a profound impact on both adults and adolescents’ sexual beliefs, attitudes and behaviours (Bielay & Herold, 2005; Brown, 2002; Galician, 2004; Kim & Ward, 2004; Sutton, Brown, Wilson & Klein, 2002; Treise & Gotthoffer, 2002). Given the prevalence of information regarding great sex in the media and the potential susceptibility of consumers to this information, an alternative view of great sex which would not rely on sexual stereotypes and reinforce outdated sexual myths would be helpful for many.

*Sexual self-help books.* There are thousands of sexual self-help books available in bookstores and from book-selling websites whose titles guarantee the purchaser “great sex” or “sexual ecstasy”. Unfortunately, there have been no empirical content analyses of the information contained within these books. Anecdotal evidence suggests that for the most part, the emphasis in sex manuals is on sexual functioning and how mastering an assortment of sexual techniques can help the reader experience better sex. There are a few books which act as exceptions to this rule; these authors have instead promoted a focus on pleasure, eroticism and intimacy as the means to experience great sex (e.g., Broder & Goldman, 2004; Castleman, 2004; Klein & Robbins, 1998).

Certain themes emerge consistently from sexuality self-help books. Although these books promote the idea that the reader can experience fabulous, mind-blowing, wonderful sex, many of these books fail to define great sex explicitly. For example, in King and Peterson's *The Good Girls' Guide to Great Sex*, the authors fail to define either "good girls" or "great sex" (1998).

The focus on sexual technique within these books is overwhelming; the inference is that correct sexual technique performed well and with a few small innovations to "spice things up" will ensure the experience of great sex. However in practice, these books suggest a very conventional approach to lovemaking. This is borne out by the sequence of chapters: Setting the scene is followed by kissing, bodily caresses, manual stimulation of genitals, oral stimulation and ultimately intercourse. This sequence parallels the traditional Western sex script articulated by Gagnon and Simon (2005) (see above).

In theorizing why couples do not experience great sex, the most common explanation posited is sexual boredom. Therefore, the suggested remedy in most cases is to introduce novelty by buying some sexy lingerie, going away for the weekend or trying out some "spicy" new sexual techniques (Lluch & Lluch, 2002; Paget, 1999; Schwartz & Lever, 1997; Somers, 2004). Readers are urged to give lubricants or sex toys a try. A few manuals touch on the possibility of such daring ideas as sharing fantasies (Schwartz & Lever, 1997), anal stimulation (Paget, 1999) or "light" bondage and discipline (Schwartz & Lever, 1997).

*Tantric sex.* Tantric sex in popular culture is increasingly depicted as a route to sexual ecstasy: A recent search on the book-buying website Amazon.com revealed no

fewer than 597 books on the subject of Tantric sex, almost all by Western authors. Titles of Tantric sexual self-help books range from *Tantric Sex for Busy People* to *The Complete Idiot's Guide to Tantric Sex*.

Most popular books on the subject of Tantric sex are essentially identical to any other sexual self-help book; they are merely dressed up in different packaging. The layout of chapters is similar to other sexual self-help books (i.e., introduction or “why you need this book”, setting the mood, foreplay techniques, intercourse and position suggestions, sensual massage, common sexual dysfunctions, etc.). Rather than follow the true rituals and philosophies of Tantric yogi disciplines, these volumes suggest using bastardized Tantric sex techniques to build arousal and experience fantastic orgasms while making passing references to the importance of spirituality in sexuality and suggesting the use of kama sutra-style positions for lovemaking (Kleinplatz & Krippner, 2005). Many of these books make incorrect statements about the goals and/or methodologies of true Tantrism. For example, in *The Art of Tantric Sex*, Tantric sex is defined as “meditative, spontaneous, intimate lovemaking” (p. 6); male readers are taught to recognize ejaculatory inevitability and thus prolong lovemaking (Lacroix, 1997). The focus on orgasm is present in several volumes (Lacroix, 1997; Ramsdale & Gentry, 2004; Richardson, 2003; Schulte, 2005) and is in contradistinction to more authentic, Tantric traditions (c.f., Garrison, 1964). Many books seem to insert the word “Tantric” into the titles of otherwise traditional sexual self-help books; thus, chapters about “Tantric kissing”, “Tantric intercourse positions” and even “Tantric S & M” (Ramsdale & Gentry, 2004). At most, these books suggest only minor, Tantra-influenced changes to lovemaking whilst maintaining that sex can be a gateway to spiritual and sexual ecstasy.

The focus of authentic Tantrism is on achieving unity with God through a variety of practices; only adherents of left-hand Tantrism pursue this unity through *maithuna*, ritualistic sexual congress, among other rites (Garrison, 1964). During the ritual, the couple lies down together in a specific position to achieve the correct breath flow; contact is made between their genitals and sustained for 32 minutes in a relaxed and motionless manner. During that time, each should experience *samsara*, a reversal of energy that leads to a rapturous state. If this state is not achieved because ejaculation or orgasm has occurred, the ritual is considered to have failed. According to adherents, this practice is not related to conventional sexual intercourse but is viewed as a path to wisdom and *moksha*, liberation from material bondage. The aim of *maithuna* is to reintegrate opposite polarities within the body of the disciple and thus achieve the creative energy necessary to ascend to spiritual liberation. In fact, some Tantric adherents boast of the ability to enjoy the outcomes of *maithuna* without physical contact.

The popularity of sexual self-help manuals illustrates the hunger for optimal sexuality experienced by the public; their number suggests that none of these books has yet satisfied the yearning for something beyond mechanized sexuality. With few exceptions, these books promote a superficial vision of sexuality at best and at worst, reinforce sexual myths and gender stereotypes. More than anything else, the messages about great sex represented by these sexual self-help books suggest the need for an alternative model of healthy sexuality.

*Pornography.* Very few studies have examined the content of pornographic movies, magazines, books or websites; fewer still have done so within recent years. This omission is unfortunate given that the sex depicted within pornography is presumably

meant to represent great sex (at least for some of the participants). Some empirical data about the content of pornographic movies is available from a study by McKee (2005). Examination of the fifty most popular pornographic videos available in Australia showed that the most widely-represented sex acts by far were penile/vaginal penetration followed by fellatio. In almost 80% of the sex scenes, men had an orgasm while women only experienced orgasm in 15.4% of the scenes. The author concluded that traditional forms of heterosexual sex were privileged in pornographic videos and that there was a lack of full equality in the attention paid to male and female pleasure.

The lack of research concerning the content of pornography is unfortunate given that several recent studies have shown that pornography consumption is significantly correlated with sexual beliefs and behaviours of adolescents (Bonino, Ciairano, Rabaglietti & Catellino, 2006; Haggstrom-Nordin, Hanson & Tyden, 2005; Lo & Wei, 2005; Morrison, Harriman, Morrison, Bearden & Ellis, 2004; Peter & Valkenburg, 2006; Wallmyr & Welin, 2006; Ybarra & Mitchell, 2005). This trend is worrisome given the increasing availability and accessibility of pornography on the Internet. For these adolescents, early exposure to definitions of great sex contained within pornography may promote espousal of the “performance paradigm” approach to sexuality.

#### *Optimal Sexuality in the Academic Literature*

The subject of optimal sexuality has received little attention within the research literature. However, among authors who have addressed the issue, there is some consensus about the nature and characteristics of optimal sexuality. A few models of human sexuality that would include the possibility of optimal sexuality have been proposed.

*Beyond physiology.* Authors on the subject of optimal sexuality believe that physiology alone is insufficient to explain the experience of optimal sexuality. The participants interviewed by Ogden (1994) suggested, “it’s what’s behind the touch that counts” (p. 124). Participants downplayed the importance of orgasm as a measure of sexual satisfaction but stressed the importance of emotional, spiritual and mental dimensions of sexuality. Schnarch states that the human body, “is capable of ecstatic phenomenological experiences beyond orgasm for which there is no known physiological counterpart” (1991, p.55). These authors tend to agree that there has been too great an emphasis on technical proficiency in conventional sex therapy and popular culture (Kleinplatz, 1996b; Schnarch, 1991). Kleinplatz states that reliance on sexual technique alone as a means to fuel desire and arousal reduces the sexual experience to a mechanical exercise (1996b).

*What is optimal sex?* Having rejected an exclusively physiological and technique-based approach to optimal sexuality, authors on the subject believe that subjective elements of sexuality are more important to overall satisfaction (McCarthy, 2003; Ogden, 1994, 2006; Schnarch, 1991) than physiological response alone. The uniqueness of each individual’s sexuality is stressed along with the subject nature of sexual preferences and desires (Broder & Goldman, 2004; Castleman, 2004; Kleinplatz, 1996b; Zilbergeld, 2004). Broder and Goldman (2004) frequently reiterate the importance of attitude for achieving ecstasy and state that the reader’s most important sex organ is his or her brain. The characteristics of optimal sexuality include extensive communication, touching, affection, playfulness, creativity, a non-genital focus, relaxation and a focus on pleasure rather than on performance (Broder & Goldman, 2004;



Castleman, 2004; Schnarch, 1991; Zilbergeld, 2004). Optimal sexuality is not viewed as a spontaneous, natural occurrence but something that must be made a priority, that requires time and effort. Orgasm is not a critical feature of optimal sexuality (Broder & Goldman, 2004; Castleman, 2004; Ogden, 1994, 2006) nor should sex be a “one-way drive downfield to the end zone of intercourse” (Castleman, 2004, p. 203). Many authors see eroticism as a key component of optimal sexuality, although definitions of this term vary (Kleinplatz, 1992, 1996a, 1996b; Livia, 1995; Schnarch, 1991).

All of the information concerning the characteristics and components of optimal sexuality outlined above is based on the authors’ experiences as clinicians. Although this is a valuable source of information concerning the nature of optimal sexuality, empirical investigation of the components of optimal sexuality using non-clinical populations would do much to advance the body of academic knowledge in this area.

*Previous models of optimal sexuality.* A few authors have attempted to produce models of optimal sexuality. Ogden presented a model consisting of three interlocking circles representing orgasm, pleasure and ecstasy (1994). Her model was designed to reflect a continuum of sexual response rather than “sex...as a set of physical responses” (Ogden, 1994, p. 72). Pleasure is defined relative to the situation; potential contributors include touch, lightness, attraction, interest, arousal, having fun and awareness of the body. The importance of orgasm depends on the experience of the other elements in the model. Ecstasy is defined as a sense of belonging and connectedness, a form of transcendence in which there is sexual involvement of the entire person, including the physical, emotional and spiritual aspects. Whipple (1976, in Broder & Goldman, 2004) also proposed a circular model of sexual response, the focus of which is pleasure, not

orgasm. Elements of sexuality presented around a circle include holding, penetration, manual sex, genital touching, touching, intercourse, oral sex, self touching, kissing and several blank spots where an individual could fill in personal preferences. Unfortunately, neither of these models has been based on empirical data and must therefore be considered theoretical.

### *Purpose of this Study*

The preponderance of information about “great sex” available in the mass media (e.g., magazines, self-help books) and the length of most sex therapists’ waiting lists suggests that many individuals wish to experience better sex than they currently do. Unfortunately, the existing model of sexual functioning that dominates conceptualizations of sexuality in both popular culture and the academic literature is inadequate, outdated and sustains sexual myths, belief in which may contribute to the development of sexual dysfunctions (Castleman, 2004; Masters & Johnson, 1970; Zilbergeld, 1999). The existing performance-oriented model of sexuality cannot be used to explain the experience of great sex because physiological functioning alone is insufficient to explain the experience of optimal sexuality (Castleman, 2004; Kleinplatz, 1996a, 1996b, 2001; Schnarch, 1991). There are also many individuals who do not enjoy perfect physiological functioning but who are nevertheless satisfied with the quality of their sexual experiences (Frank, Anderson & Rubinstein, 1979; Kauffman, Silverberg & Odette, 2003). Given that existing models of sexuality are insufficient to explain the experience of optimal sexuality and that many individuals, members of the general public as well as academics in the field, wish for greater understanding of the nature and characteristics of optimal sexuality, it follows, therefore, that there is a need for an

empirically-based, conceptual model of optimal sexuality. Although Ogden (1994) and Whipple (1976 in Broder & Castleman, 2004) both developed models of optimal sexuality, these theories have either not been based on empirically-derived evidence or have not been subjected to rigorous analysis. Several authors have suggested elements of optimal sexuality (e.g., Broder & Goldman, 2004; Kleinplatz, 1996a, 1996b, 2001; Schnarch, 1991) but these have not been verified empirically nor have they been organized into a model. Some empirical information on the nature and components of “good” sex is available but this has not been analyzed empirically nor organized into a structure of “good” sex (e.g., Barbach & Levine, 1980; Hutton, 1994); no research has been done to determine whether there are empirical differences between the experiences of “good” and “great” sex.

A new model of sexual functioning that could explain the experience of optimal sexuality would be useful for many, opening up new vistas for some while demystifying “great sex” for others. Clinicians could use such a model to inform their goals and those of their clients; rather than just restoring physiological functioning, sex therapy could be viewed as a chance to expand the clients’ sexual potential. Such a model could also be helpful for members of the general public.

The purpose of this research is to gain a picture of what optimal sexuality looks like from interviews of key informants. As such, it would be inappropriate to make predictions about the nature of the information received; the chosen research methodology, phenomenology, is not concerned with supporting or refuting hypotheses but with collecting, analyzing and organizing information about a human experience, i.e., discovery-oriented research (Moustakas, 1994; Polkinghorne, 1989).

## Method

The purpose of this phenomenological study is to answer the question, “What are the components of great sex?”. This is not meant to be a causal model; as such, results of this investigation are intended to be descriptive rather than prescriptive. Individuals who have experienced optimal sexuality or who have reflected extensively on the subject were interviewed; this information was then used to build an empirically-based conceptual model of optimal sexuality.

The decision to gather data from interviews rather than from the administration of objective measures was based on the intent to develop a comprehensive model of optimal sexuality. The richness of the phenomena can only be understood in its own context; if the phenomenon were to be circumscribed a priori, the richness of the information would be lost. With this goal in mind, the use of discovery-oriented research methodology seems most suitable.

### *Rationale for Method Choice (i.e., Phenomenology)*

Phenomenological research methods are an ideal choice for this investigation because the goal of phenomenological studies is to describe the nature of a human experience, to determine the essential features of that experience and how they relate to each other and to determine the meaning of that experience for those individuals who have had it (Moustakas, 1994; Polkinghorne, 1989, 1994). From a phenomenological perspective, human experience is considered to be the most fundamental source of knowledge about phenomena, which are considered the “building blocks of human science” (Moustakas, 1994, p.26). The focus of phenomenological investigations is on studying phenomena through their presence in consciousness rather than particular

behaviours or actions because the meaning of a phenomenon to those who experience it is constant despite variations between individuals in their experiences of the phenomenon (Polkinghorne, 1989). Polkinghorne states that there is, “no viewpoint outside of consciousness from which to view things as they exist independently of our experience of them” (1989, p. 45). Phenomenology was chosen as the research methodology for this investigation rather than grounded theory, a commonly practiced qualitative methodology, because of the nature of the research question and the phenomenon under investigation. The goal of this investigation is description rather than explanation (c.f., Glaser & Strauss, 1967). A phenomenological methodology is the ideal choice for an investigation about the meaning of a lived-experience, especially a phenomenon that is not well-described (Polit, Beck & Hungler, 2001), whereas grounded theory is better suited for investigations concerning a change process or transition, whether this is ongoing or expected (Cresswell, 2003).

The principal method of gathering data for phenomenologically-oriented research consists of interviews based on open-ended questions. The goal of a phenomenological interview is to identify and understand the essential constituents of the experience under investigation (Moustakas, 1994; Polkinghorne, 1989, 1994). The perceptions, thoughts and feelings associated with an experience are described completely in order to develop a picture of the conditions preceding and connected to the experience (Moustakas, 1994). For this reason, phenomenological interviews should be guided by the interviewee; the participant may be conceptualized as a storyteller sharing unique experiences (Holstein & Gubrium, 1995; Reinhartz, 1992). The interview questions are guided by the interviewee in order that the research data be in the words of the participants rather than the

researchers' (Reinharz, 1992). The relatively unstructured nature of phenomenological interviews allows researchers to build theory about the phenomenon under investigation (Reinharz, 1992). Phenomenological interviewing is seen as a collaboration between the researcher and the participants to build knowledge about a human experience (Holstein & Gubrium, 1995).

The researcher's preconceived ideas about the phenomenon under investigation are set aside, a process called "bracketing", in order to avoid limiting the field of inquiry during these interviews (Holstein & Gubrium, 1994; Polkinghorne, 1989, 1994).

Researchers conducting phenomenological interviews should limit the extent to which they impose their own preconceived biases, assumptions or theories related to the phenomenon in question and should instead attempt to understand the experience from the perspective of the participants (Polkinghorne, 1989, 1994). The purpose of phenomenological investigation is to gather empirical information about a lived experience while checking previous biases and assumptions about the phenomenon in question. Therefore, this investigation is intended to be truly discovery-oriented with no a priori ideas about the nature of great sex.

### *Research Groups*

The selection of participants for a phenomenologically-oriented investigation is based on the need to access a set of descriptions of a particular phenomenon from "key informants" (Polkinghorne, 1989, 1994). The essential qualifications are that a participant have had the experience under investigation and that he or she be able to describe it fully (Moustakas, 1994; Polkinghorne, 1989). The focus of phenomenological research methods is on the experience being investigated rather than the characteristics of

the individuals who have experienced the phenomenon (Polkinghorne, 1989). Therefore, the goal of this investigation is to define the clusters of components that form great sex and their structure; the personal characteristics and background of the key informants in this study is not critical. (In other words, in a study with these objectives or methodology, there is no interest in obtaining a random sample.)

For this investigation, participants were recruited from a variety of groups so that a divergent enough range of views on the experience of optimal sexuality be represented to “capture” the phenomenon and to develop as comprehensive a model as possible. Rather than choosing participants from the usual pool of research subjects, i.e., college population samples, participants consisted of a) individuals over the age of 60 who have been partnered for 25 years or more, b) self-identified members of sexual minority groups and c) sex therapists. The rationale for seeking out participants from these three groups is as follows.

Traditionally, older individuals have been overlooked as a source of data on optimal sexuality. In fact, the sexuality of older individuals has been pathologized within the research literature and targeted by pharmaceutical companies. Old, married people have have been marginalized as sexual beings but are still considered mainstream from a social perspective. Older individuals who have managed to make a relationship last for 25 years or more may possess valuable knowledge about what makes for lasting and fulfilling sexual relations. In fact, a few authors have suggested that sexual satisfaction improves with the age and length of the relationship (Hutton, 1994; Shaw, 2001; Zilbergeld, 2004).

The choice of age cut-off for participant recruitment was somewhat arbitrary given that many different ages have been suggested as the beginning of “seniorhood” in both society and the academic research literature. Several studies of sexuality in older populations have chosen to investigate individuals over the age of 60 (e.g., Bergstrom-Walan & Nielson, 1990; Martin, 1981; Pfeiffer, 1977; Pfeiffer, Verwoedt & Wng, 1968; Starr & Weiner, 1981; Trudel, 2002; Weizman & Hart, 1987). Trudel, Turgeon and Piché (2000) have suggested that the most pronounced signs of aging begin to manifest themselves at the age of 60; therefore, this was deemed an appropriate age cut-off for this investigation.

In addition, there is always much to be learned about the entire spectrum of sexuality by studying those deemed as other (Kleinplatz, 2006; c.f., Masters & Johnson, 1979). Self-identified SM (i.e., consensual sadomasochism) practitioners represent a marginalized population within society and the sexology literature. Their behaviour has historically been deemed pathological and is still considered so by some psychologists (Klein & Moser, 2006; Kolmes, Stock & Moser, 2006; Wright, 2006); certainly, this is the perspective from which it has been studied within the clinical literature. However, literature produced by SM community members suggests that consensual SM activities may be a route to optimal sex (Brame, 2000; Califia, 1983, 1988, 1993, 1994; Califia & Sweeney, 1996; Jacques, 1993; Miller & Devon, 1995; Samois, 1981; Scholder & Silverberg, 1991; Wiseman, 1996; Wright, 1998). Many authors have suggested that experimentation outside one’s usual sexual boundaries can help develop sexual potential (Kleinplatz, 2006; Kleinplatz & Moser, 2006; Schnarch, 1991; Webster, 1992).



The existing professional literature on optimal sexuality has almost all been produced by clinicians who practice sex therapy (e.g., Broder & Goldman, 1994; Kleinplatz, 1996a, 1996b, 2006; Ogden, 1994, 2006; Schnarch, 1991). Sex therapists have presumably spent considerable time reflecting on the subject of sexuality in order to develop treatment goals in conjunction with their clients. They have also been exposed to a variety of perspectives on the spectrum of sexuality with their clients.

The purpose of this investigation is to identify, define and describe the components of the experience of great sex. As such, differences reported between research groups in their descriptions of great sex will be noted as they appear but will not represent the focus of this study.

### *Procedure*

The proposed method was approved by the Carleton University Ethics Committee for Psychological Research on February 20, 2006 (experiment number 05-150). Data collection took place from February, 2006 to April, 2007. Participants were recruited using the relatively neutral adjective of “great” sex as opposed to a more leading term such as “erotic”, “hot”, “satisfying”, “fulfilling”, “passionate” or “ecstatic”, which might introduce a bias towards a particular kind of “great” sex.

Sex therapists were recruited from a listserv for sex therapists (see Appendix A). Individuals who have experienced optimal sexuality in long-term conventional relationships were recruited from associations, social and community groups for the retired and elderly (see Appendix B). Individuals from marginalized populations were recruited initially from a single post on a listserv of self-identified participants in SM communities (see Appendix C). However, this post initiated a “snowball” and many

more individuals from a variety of sexual minority groups participated, including polyamorous, bisexual, and homosexual individuals. Further participants in each group were recruited using a “snowball” technique until ten key informants had been recruited from each group under investigation.

Participants were mailed or e-mailed an informed consent form (see Appendix D) and asked to return the form once they had checked a box indicating that they wished to participate in the present investigation. Given the sensitive nature of the present investigation, this procedure helped assure participants of the confidentiality and anonymity of the information they provided. Participants were also asked to provide telephone numbers at which they could be contacted by the researchers.

Interviews were conducted over the telephone by the two principal investigators; the presence of two interviewers allowed for more sensitive and responsive questioning as well as a greater potential for bracketing assumptions for a check on possible biases and remaining open-minded (Holstein & Gubrium, 1995). Interview questions were asked following a semi-structured interview format and answers were recorded with the participants’ consent. Informed consent was re-asserted twice orally, once at the outset, prior to commencement of recording and then later at the conclusion of each interview. Participants were informed at the beginning of the interview that they could suggest additional questions or improvements to existing questions; these changes were then incorporated into future interviews. The interview consisted of a series of initial questions, each of which lent itself to potential follow-up questions (see appendix E<sub>1</sub> and appendix E<sub>2</sub>). Questions that would presuppose the inclusion of particular components of optimal sexuality (e.g., “Are you sexually satisfied?” “Are you orgasmic?”) were not

included in the interview scripts in order to bracket assumptions as much as possible (Holstein & Gubrium, 1994; Polkinghorne, 1989, 1994). A debriefing form (see appendix F) was mailed or e-mailed to participants, as preferred. At their request, participants were sent copies of the transcription of their interview, via e-mail or by mail as they preferred and asked to provide feedback, corrections or comments. Any suggestions made by participants was incorporated into the transcript and included in the final analysis (Polkinghorne, 1989). All identifying and demographic information was deleted from the recordings prior to transcribing the interviews.

Interviews were transcribed by members of the research team, which included two clinical psychologists, one medical student, one graduate student in experimental psychology, one advanced Doctoral student in clinical psychology, and two fourth-year undergraduate students in psychology. Each transcript was numbered as was each statement spoken by participants (i.e., the recording units) (Weber, 1985). Four members of the research team independently read the interview transcripts several times in order to identify a preliminary list of themes of the components of great sex. Members of the research team developed a list of the themes defining the experience of great sex for each participant and then attempted to find commonalities between these themes across participants. Several meetings were held to discuss these themes; these meetings were followed by a return to the data by each member of the team. Members of the research team then attempted to cluster together conceptually-related themes to form the components of great sex.

A preliminary list of components was agreed upon by the four members of the research team at which point a fifth member of the team, blind to the process of

component development, read the interview transcripts and independently developed a list of the components of great sex based on the same process followed by the other research team members of reading and re-reading transcripts to determine the essential components of great sex for each participant. The preliminary list of the components of great sex developed by the first four members of the research team was revised based on input from this fifth team member. The revised list of the components of great sex was provided to two additional members of the research team, blind to all previous steps, who were asked to classify participant statements based on the revised list. Further meetings were held with the additional two team members to refine the list of components followed by a return to the data. This iterative process is characteristic of traditional phenomenological investigations, in which researchers go back and forth between their prospective category systems, the data, and one another so as to better incorporate all of their impressions of the themes that emerge from the data and to be as inclusive as possible.

Five members of the research team coded a selection of participant statements using the list of components. Given the large number of coders in this investigation and the difficulties associated with the use of Cohen's kappa (Hakim, 2005), percentage agreement was used to calculate a value for inter-rater reliability. This value was determined by dividing the total number of agreements between raters by the total number of agreements and disagreements (Araujo & Born, 1985). This initial coding yielded a value for percentage agreement of .65. Further meetings were held to refine the components and clarify their definitions. The same five members of the research team coded a second set of participants statements. The second value of percentage agreement

was determined to be .84. Further meetings were held to discuss and refine the components of optimal sexuality, always followed by a return to the data. New data in the form of previously-unseen participant transcripts were incorporated into each step of the theme and component development process.

Once the components of great sex had been identified, the structure of the components of great sex was determined by repeated readings of the interview transcripts by the author. Each time a participant connected two or more ideas that were part of the components of great sex, this was noted schematically. The resulting structure was presented to the rest of the research team for discussion. This was followed by a return to the data and refinement of the previous model.

### *Participants*

A total of 30 participants were interviewed, including 10 older individuals, 10 sex therapists and 10 self-identified members of sexual minority groups. For each group, an equal number of men and women (i.e., five each) were interviewed. One participant who participated on the basis of his experience as a sexual minority was transgendered (female to male) and was counted as a male within that group. Sex therapists were not asked the demographic questions requested from the other two groups of participants. Although they were not selected for interviewing because of their personal experience of optimal sexuality, several volunteered that they had had great sex and those individuals responded to interview questions from both personal and professional perspectives.

Of the ten self-identified members of sexual minority groups, the average age was 41.3 years ( $SD = 10.51$ ) with a range from 25 to 59 years. With regards to sexual orientation, four participants identified as primarily heterosexual, four participants

identified as predominantly bisexual and two identified as predominantly homosexual. The majority ( $n = 7$ ) identified themselves as polyamorous or had more than one non-casual sexual partner. The average length of participants' longest relationship was 7.9 years ( $SD = 3.54$ ). Most has completed a Bachelor's or Master's degree ( $n = 6$ ), a few had completed some college ( $n = 3$ ) and one participant held only a high school diploma. All described themselves as physically able-bodied.

Of the ten individuals recruited on the basis of their age and experience in long-term relationships, the average age was 66.7 years ( $SD = 4.60$ ) with a range from 62 to 78 years. With regards to sexual orientation, eight identified as predominantly heterosexual and two identified as bisexual. Four participants identified as openly non-monogamous or polyamorous. The average length of participants' longest relationship was 35 years ( $SD = 11.50$ ). Most participants had completed a Bachelor's, Master's, Doctoral degree or professional training ( $n = 8$ ); the remaining two participants had completed some college. Most ( $n = 7$ ) older participants described themselves as able-bodied but a few ( $n = 3$ ) were currently experiencing physical disabilities or illness. Several ( $n = 4$ ) also had partners who were disabled or chronically ill or had been widowed after their partner's illnesses.

## Results

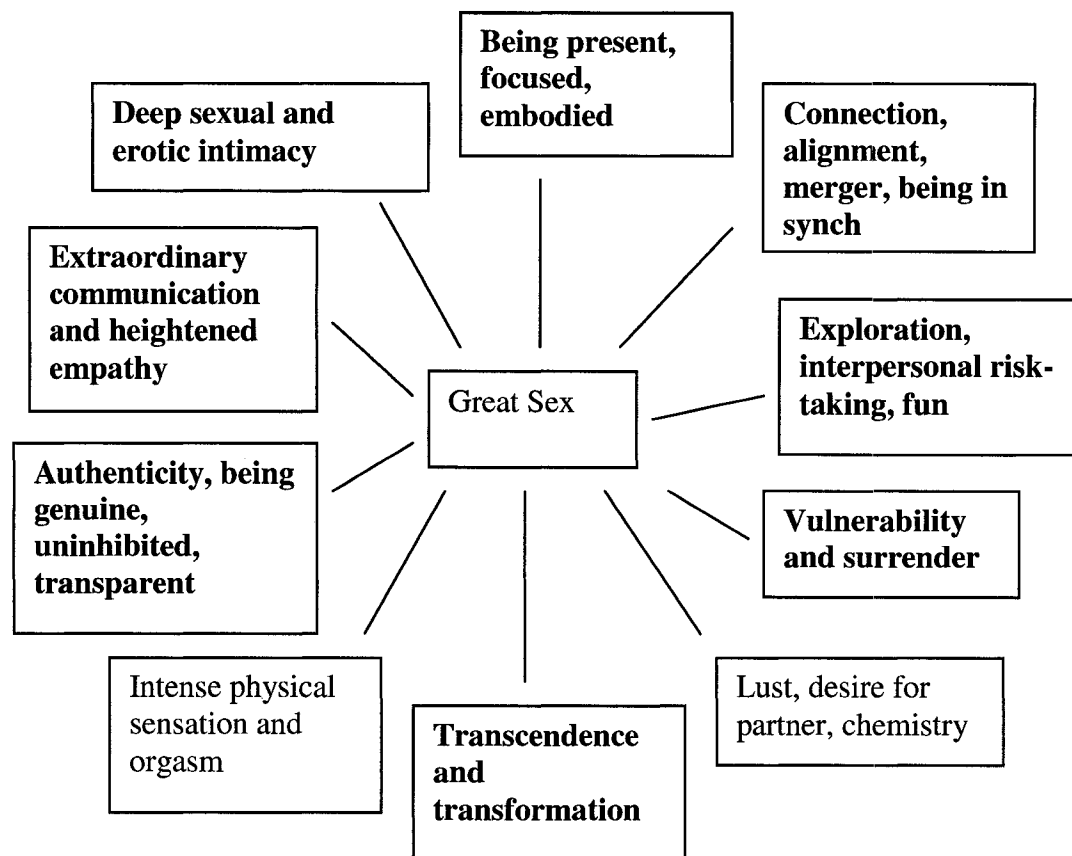
Eight major components, that is components emphasized and highlighted by most participants, were identified from analysis of the semi-structured interviews (see Figure 1). These included being present, focused, embodied; connection, alignment, merger and being in synch; deep sexual and erotic intimacy; extraordinary communication and heightened empathy; interpersonal risk-taking, exploration and fun; authenticity, being

genuine, uninhibited and transparency; vulnerability and surrender; and transcendence, bliss, peace, transformation and healing. In addition, two minor components were also identified, consisting of intense physical sensation and orgasm; and lust, desire for partner and chemistry. These latter two components were considered “minor” because these ideas were touched on by only a minority of participants and were not emphasized to the same degree as the elements within the major components. Although a few participants believed these were necessary aspects of great sex, they were not sufficient in and of themselves. The eight major components and two minor components will be described accompanied by illustrative quotations gleaned from the transcripts of interviews with participants. The structure of great sex that was determined from analysis of participants’ statements will then be considered including the interrelations between the major and minor components.

### *Major Components of Great Sex*

#### *Being Present, Focused and Embodied*

Being fully and completely present during sexual experiences was one of the components of great sex articulated most frequently by participants. This component was often judged the most critical for the experience. The feeling of being completely present and immersed in the experience was often cited as the chief point of distinction between great sex and merely average or even very good sex. One male participant seemed disappointed that great sex could be reduced to such a simple idea: “Now I’m just talking



*Figure 1.* Major (bolded) and minor components of great sex identified from analysis of interviews

about that stupid being present stuff so that's it, unfortunately, that's the truth. It really is about being present."

Participants defined being present as an intense focus, being "totally absorbed in the moment." One participant described the feeling as, "a complete immersion, I think in the present, in the experience at the time." It was necessary for participants to, "really [be] fully conscious" and to slow down in order to experience each moment as fully as



possible. Many participants described the experience of complete immersion as being “inside a moment.” A sex therapist identified this feeling as the chief distinction between the great sex she had when she was younger and the great sex she had currently: “It seemed to be more about I was *having* an experience rather than I was really *in* the experience.” One participant described losing herself completely in the experience: “You’re not a person in a situation. You *are* it. You *are* the situation.”

Being present involved a total immersion in the situation of both the mind and the body. Participants spoke of being completely present in their bodies and completely aware of the sensations being experienced from moment to moment, feeling completely embodied. A male participant described being present as, “feeling my body, being aware that my body was there and liking it.” Many participants believed that an intense focus on bodily sensations helped them to achieve and maintain this intense focus. As one woman explained, “I can really dive into my own body.”

Some participants described a paradoxical connection between being present and great sex. It was impossible to recognize great sex as such while experiencing it because the act of reflection would intrude on the intense focus that was part of the experience. For these participants, it was only possible to recognize and identify a sexual experience as great after the fact. As one participant explained, “When it’s happening, you’re not thinking about anything else except what is happening.”

In order to get to this place of intense focus, participants needed to “let go” and “turn their minds off.” In order to fully let go, participants were required to shut down the “running commentary” in their heads and banish mental distractions. These participants described the need to get out of their own way and, “[take] myself out of

myself.” One woman identified the ability to let go and be present as one of the distinguishing characteristics of her favourite sexual partners: “the ones that are kind of like me in terms of being able to be lost in the moment, to go with the flow, to scream if they’re having sex and, you know, revel in it.”

Participants outlined a cyclical relationship between the ability to let go and the ability to focus and be present. In order to be present and immersed in the moment, participants first needed to let go of distractions and concerns; however, once they go to that place of intense mental focus, the idea of being distracted was practically impossible. As one woman explained, “The room can be on fire and I probably wouldn’t even notice.” An older male participant stated: “There’s an intense focus on what’s happening right here, right now that just excludes everything else.” Another participant described the feeling as, “just being so much in the moment that there is nothing else. There’s not room for anything else.”

#### *Connection, Alignment, Merger, Being in Synch*

A strong connection with one’s sexual partner, whether that relationship lasted a few hours or dozens of years, was a necessary component of great sex. Indeed, many participants believed that the depth of the connection between partners was one of the most critical components of the experience of great sex. One woman defined great sex as involving “at least one moment, the snap of the fingers, the length of a heartbeat, a breath where I can’t tell where I stop and they start.” Both sex therapists and those who had experienced great sex believed that the degree of connection between the partners was the factor that differentiated “great sex” from “hot, passionate sex.” Participants who had had great sex often emphasized that sex could be great with a previously unknown

partner as long as this connection was present. As one participant explained:

You have to be willing to fall in love with that person for the duration of your connection to them, in some form or another....And then you have to be both willing and able - and I think that's where we get stuck in our culture - to gracefully fall out of love when the appropriate timing is complete. That timing could be, you know, 'I'm going to fall in love with you for the next half hour because we're going to sit here and fuck' or, 'I'm going to hook my fortunes up to your wagon-train and see how long it takes us down the road.'

Sex therapists, on the other hand, were more likely to frame this component in terms of an “emotional connection” between partners within a longer-term relationship. Most did not believe that great sex could be experienced by relative strangers. In many cases, sex therapists denied that individuals could experience great sex if it did not occur within the context of a long-term, intimate relationship.

Participants often used language more traditionally associated with the study of physics to describe the nature of the connection between individuals having great sex. Words such as “energy”, “electric” and “conductivity” were frequently chosen to describe the quality of this connection:

It's the energy between people that wraps itself around them like a blanket to the point where you notice the creation of the body between them more than you notice either one of the individuals involved.

One woman stressed the relative importance of the connection over the actual physical sex acts involved: “One can have great sex with, for example, very little penetration or

very little physical contact...with an intense amount of energy.”

Other participants defined the connection as being “in synch” with their partners. The connection during great sex was characterized by one participant by an “enormous level of synchronicity.” A female participant described this feeling as, “two people being in the right headspace at the right time together, being able to share that.”

Participants described the feeling of connection as a merger with another person, where “two become one.” A male participant described the feeling of connection as, “Inside my body I’m the other person’s body and we’re just kind of all one together at that moment.” Another man described the sensation as a, “loss of personal boundaries, distinct loss of...self-awareness in the sense of separateness from the other.” Many participants echoed this sentiment of losing their feelings of self, quite literally, in the depth of connection with their partners. An older man described this feeling as, “a melding, blurring of identity boundaries so that one feels like you were literally feeling with the other and the distinction between what the other person feels and what you feel seem almost irrelevant.” Another elderly participant described the connection he had with his lover as so intense that he literally felt and experienced what she did both in and outside the bedroom.

Participants also emphasized the need to feel connected during great sexual experiences not only with one’s partner but with one’s self as well. A female sex therapist explained, “When you’re having great sex I think you’re very turned on and connected to your partner but you’re also very turned on and connected to yourself.” One man stated that the connection he experiences with himself during great sex allows him to

“deal with some essential truth” about himself. Another participant suggested that the connection in great sex “makes you feel like you belong to you.”

### *Deep Sexual and Erotic Intimacy*

Deep sexual and erotic intimacy was identified by participants as a key component of great sex. For many participants, the experience of great sex was inextricable from the intimacy of the relationship in which it occurred. As one participant explained, “It’s part of the way you act with each other long before you’re actually engaged in any kind of, you know, technical sex.” Intimacy and the trust, caring and respect implied by deep intimacy were also frequently cited as facilitating factors of the experience of great sex and as well as facilitating other components. Participants defined intimacy alternately as the context in which great sex occurs and a component that made sex great depending on the circumstances. Most sex therapists defined this type of intimacy within the context of a long-term relationship; in contrast, individuals who had had great sex suggested that such intimacy was also possible with friends, new partners or play partners.

One of the key characteristics of this type of intimacy was mutual caring. “It takes people who care about each other,” said one man. Another participant believed that her need for caring as a part of great sex had increased during her life: “I don’t know that I’m capable of having great sex anymore without really caring about a partner.” It was also clear, whether this was stated explicitly or implied, that participants valued the partners with whom they had had great sex at very deep and high levels. Many participants spontaneously mentioned liking the people with whom they had had great sex very much; in many cases, even though the relationship was long over, participants

still retained warm feelings for that individual, in some cases, mutually. Most participants spoke of the respect and consideration of the other that were aspects of the caring. “Caring about the other one’s feelings, respecting how the other one feels,” was key.

Interestingly, very few of the participants, whether sex therapists or people who had had great sex, identified love as a characteristic of intimacy, although a small minority did. One woman explained that during great sex, she felt “loved and wanted, accepted and cherished” by her partner. Another male participant had come to believe over time that love was a necessary component of great sex and was a key factor that differentiated between good and great sex. The majority of participants defined virtually every facet of love without using that exact term.

Knowing one’s partner deeply and a desire to continually expand that knowledge of the other was another important aspect of the intimacy that made for great sex. Participants emphasized that knowledge of the partner and the desire to know each other better be mutual. Participants believed that it was easier to have great sex with a familiar and well-known partner because of the trust that had developed, the bond that was present and the experience with each other. “Great sex takes a partner you’ve had sex with lots of times, that you know each other intimately” said one participant. In many cases, getting to know one’s partner more deeply at every level, emotionally, physically and spiritually, was part of what made sex great. For some participants, being best friends was important. Participants spoke of seeing each other for who they really were and having a “real, real genuine acceptance of them.”

Almost every participant identified a deep and penetrating sense of trust as

characteristic of the intimacy that was part of great sex for them. Many participants viewed this trust as a necessary prerequisite for the experience of great sex. “Trust is basic, I mean, there has to be trust in the sexual relationship that this partner, who, whom you trust will take care of you just as you are taking care of him.” Other participants described an abiding sense of security within the relationship, a “safety in the essence.” In a few cases, participants described a feeling of automatic trust with the partner with whom they had had great sex. As one woman put it, “That was my instinct with both of my partners when I first met them, I always tell people it wasn’t love at first sight, it was trust at first sight.”

Paradoxically, many participants spoke of having great sex on one occasion or more with a stranger, experiencing a form of instant intimacy and never seeing that person again. Interestingly, sex therapists often described the occurrence of these experiences in their own lives, as well as hearing about them from clients while being dismissive of such experiences as anomalies. Some participants also described having had great sex without intimacy; however, these same participants believed that great sex was far more likely to occur in a context of intimacy.

#### *Extraordinary Communication, Heightened Empathy*

Participants in this investigation believed that communication was an essential component of great sex as well as a factor that facilitated the experience. However, their definitions of the types of exchanges that constituted communication went far beyond conventional definitions of this term found in the psychological literature. Rather than stressing the importance of using “I” language, paraphrasing their partners’ statements, self-disclosing their own sexual preferences or validating those of their partner,

participants in this investigation emphasized a complete and total sharing of themselves, both verbally and non-verbally, with their partners before, during and after sexual encounters.

For some participants, the mere act of disclosing parts of themselves during sexual encounters was seen as pleasurable, an act described by one participant as “freeing and very liberating.” One participant identified getting, “to reveal parts of yourself in a very different way” as an important component of the great sex he was currently enjoying. One participant singled out the pleasure of communicating after a sexual experience as something that he had discovered with older age and that he believed made sex great. Participants also described the exquisite pleasure of having a partner reveal something intimate about him or herself. One participant described it as follows:

I really like it when I’m having sex with somebody and they reveal what they really like, which is hard for people to do, you know? ...I mean, that’s a rush for somebody to actually reveal that and to have it accepted and then ‘Wow! Let’s play with this.’

When participants spoke of the need for sexual communication between partners in order to experience great sex, they included negotiation, active listening and validating their partner as important aspects of that communication. Participants believed that being, “able to listen, to respond, to organize information, to recognize, what, when, even if you’re not told, that one kind of touch elicits a certain response in your partner and another does not” was crucial in order to experience great sex. Participants emphasized the importance of sensitivity, “real listening” and “paying attention to little things.” Many participants who were members of sexual minority groups believed that the



negotiation skills gleaned from education within the SM community were especially helpful in experiencing great sex.

The ability to communicate non-verbally was seen as critical for the experience of great sex. “Hands on” demonstrations were valued by participants: “It can also be grabbing your partner’s hand and placing your hand over it and helping them figure out what it is that works for you. Not everyone can communicate verbally outside of the bed, or kitchen counter or coffee table.” Participants emphasized the importance of reading their partners’ non-verbal responses. Heightened empathy was believed to be a crucial skill so as to “feel into their space.”

Many participants believed that certain sexual activities represented an important form of communication. A female sex therapist stated, “If one thinks of sexual intercourse as the apex of all intercourse, of social intercourse that sexual relationship becomes the epitome of the best kind of communication we have between partners.” Another participant described kissing as “a very strong place to communicate” because of the physical closeness. Other participants believed that communication itself could be a sexual act: Some defined talking as sex or stated that dirty talk could be a part of great sex.

Paradoxically, many participants, including sex therapists, specifically stated that communication was not required, in some uncommon situations, to have great sex. In some cases, statements of this type were supported by anecdotes of meeting someone and having great sex with that person without communicating extensively. Another participant stated that verbalization skills are important but not necessary, “if it’s a really great match.”

*Exploration, Interpersonal Risk-Taking, Fun*

Both individuals who had had great sex and sex therapists emphasized interpersonal risk-taking and exploration as important components of great sex, which are undertaken in the context of play and fun. As one woman put it, “I definitely like people who can...be silly and can play, you know, like kids...explore it.”

Many participants likened great sex to an ongoing “discovery process”, exploration or journey where it was necessary to continually push and expand one’s personal sexual boundaries. One woman believed that great sex required an “adventuring spirit.” She later explained that she pursued depth in her sexual encounters: “Where can we take each other, where can we go? What private haven of pleasure and connection can we discover for ourselves?” Another participant described the possibility of not only, “discovering stuff about your partner but discovering things about yourself.” Many emphasized the need for this discovery process to continue throughout a person’s life.

A sense of humour and laughter were vital components of great sex for many participants and a necessary context for exploration and interpersonal risk-taking. One woman said, “I can always tell that people are having great sex if they are *laughing*.” A male participant reported that he always laughed at least a little bit during great sex, “either at the beginning, at the end or in the middle.” Many sex therapists believed that a sense of humour was an integral part of great sex and said, “It’s really important being able to laugh in the bedroom.” A female participant explained why she believed a sense of humour was a necessary component of great sex:

When people actually get right down to it, *it looks funny as hell!* We’re making these weird little noises that don’t usually come up in casual

conversation, and we're in these contorted, awkward positions grunting like animals, folding ourselves up into a sexual origami that hardly resembles anything as elegant as a crane [laughing]. And we're rolling around and we're swapping bodily fluids and we're making big messes and sex is *goofy*! It's absolutely one of the most hilarious things that human beings are capable of. You got to have a sense of humour.

Individuals who had had great sex were far more likely than sex therapists to describe great sex as being fun and playful. In fact, the only time sex therapists approached the word "fun" was in the context of the word "dysfunction." The importance of fun as part of the experience of great sex was so basic that on several occasions, participants mentioned this component as an after-thought: "Did I mention that great sex is fun too? [laughs] If you're not having fun, it's not great." Several participants described great sex as "an opportunity for fun" or "an opportunity for creativity." This light-hearted attitude and ability to have fun and to "play like children" was crucial for the experience of great sex. As one participant described it, "We're playing with each other, it's just not a sandbox with Tonka toys anymore."

*Authenticity, Being Genuine, Uninhibited, Transparency*

The act of being completely and genuinely oneself was an important component of great sex for some participants. Participants valued the freedom to be totally transparent with a sexual partner. An older woman defined her experience of great sex as, "Sex where you can say anything and be anything."

Being uninhibited and unself-conscious were integral components of great sex. Participants described feeling completely uninhibited during great sex and giving

themselves permission to experience pleasure and enjoy the experience as completely as possible. One participant defined great sex as, “being able to be selfish, impulsive, free of cares, unguarded, unplanned, in the moment, emotionally available, emotionally uncontrolled.” A male sex therapist advocated, “Not holding back...letting that energy out whether it is moaning, groaning or words or whatever.” For one participant, letting go and being uninhibited made great sex possible for not only herself but for her partners as well:

I think that's one of the beauties of, of having sex with me is because I always let go so much that I think it, it kind of gave permission to, to people to be more uninhibited, to make more noise, you know, cause they've got this girl who's just like 'Woo hoo!!', you know, throwing off the clothes and jumping in and diving right in and I think that's why I've probably had a lot of great sex.

One participant wondered, “If you're not going to give yourself up to it, then what's the point?”

The possibility of sharing private desires or fantasies in a situation of complete trust and acceptance was exquisite for participants. They spoke of the joy and pleasure they experienced merely from revealing themselves on all levels to a sexual partner. One participant described:

...Getting to that point where I am completely stripped bare emotionally, physically, you know, spiritually. If they can reach in, and grab whatever they want, and take it out, look at it, play with it, you know, whatever and I love it.

One woman described the pleasure she experienced during great sex from being able to reveal herself completely to her husband and having him accept her completely: “It was just so shocking to me that I could actually express these things and, he was right there loving it and doing it with me.” Participants revelled in the freedom and liberation to be completely themselves with another person.

Participants also described the pleasure of being on the receiving end of deep, personal revelations. One man explained that although he had no interest in conventionally titillating sexual behaviours, “[A] person telling me something very, very private about themselves – that would turn me on.” Another female participant stated, “I really like it when I’m having sex with somebody and they reveal what they really like.”

There seemed to be a cyclical relationship between the experience of great sex and the ability to be completely authentic and genuine. While the capacity to be deeply open and honest about oneself was in itself an essential component of great sex, the experience of great sex was also an opportunity to pursue and expand that capacity. One woman explained that during great sex, “you’re acting on instinct and that’s when you really know who you are.” Other participants described great sex as an opportunity to connect or deal with “some essential truth about yourself.” Another participant identified specific sexual experiences as great because afterwards, “you found your voice.”

Several participants mentioned spontaneously that in order for them to be able to be authentic and genuine, they first had to acknowledge the inadequacy of existing sexual scripts and rules. Once they had rejected previously constricting beliefs, they felt able to be more true to themselves.

*Vulnerability and Surrender*

For many participants, letting themselves be vulnerable and surrendering themselves completely to their partners and to the experience made sex great. Participants spoke of surrendering themselves to the experience of great sex and being swept away. Whereas being authentic, genuine, and transparent were more intrapsychically focused, vulnerability and surrender involved letting go of themselves to another person and to the situation and were thus more interpersonally oriented.

Participants believed that “giving oneself” and letting oneself be vulnerable with a partner were exquisite parts of great sex. An older male participant believed that this degree of vulnerability helped to distinguish between good and great sex.

In normal good sex or good relationships, I think there’s always some maybe small but detectable barriers, some things held back. In great sex, I think those for me disappear and so that one is quite transparent to the other person and therefore quite vulnerable but it feels, it goes with an intensely erotic and a good feeling rather than a scary feeling.

Several participants independently compared the act of being vulnerable during great sex and surrendering completely to one’s partner with jumping off a cliff:

Sex is a leap of faith...It’s saying I’m going to jump off this cliff where I’m going to, you know, be naked and be vulnerable and give myself to somebody else and take them in and I hope I feel good after I do that.

Many participants spoke of being “swept away” by the experience, of “being completely taken.” As one man explained, “It’s not like you have to do something, it’s like you just have to not do things, let it. If you let it, once you know how, it’s there.

You can't push a river but you can sure let it flow". Another participant believed that it was necessary to lose oneself, "enough to be able to reach that height of excitement." Several participants described being so taken by the moment that they were able to completely surrender control over their own bodies and revel in the sensation and "go with the flow." One woman said, "It's not a matter of should I move my hand here, my hand just goes there because that's where it's supposed to go." A male participant explained, "I'm directing my body and moving [laughs], and then all of a sudden, my body is just moving and I have no clue where that's coming from."

*Transcendence, Bliss, Peace, Transformation, Healing*

For many individuals, the experience of transcendence and personal transformation was often the hallmark of a peak sexual experience. Participants described great sex as blissful, peaceful, soulful and ecstatic. Some participants described moments during great sex when they experienced alternate realities. One man defined great sex as, "An experience of floating in the universe of light and stars and music and sublime peace." Many participants compared the transcendent feelings experienced during great sex with those experienced during deep meditation. Another suggested that great sex involves, "achieving a kind of a high."

Participants often reported a sense of timelessness during great sex or a sense of the infinite. One participant believed that having great sex was like, "being transported somewhere else...time just disappears." Another male participant characterized the experience of having great sex as, "being infinite, peaceful, very safe and very expansive." He described having a, "white lightning experience.... that was probably only a couple of seconds...but it felt eternal."

Many participants used religious language to describe their greatest sexual experiences. One participant stated, “At this moment, we were in the presence of God” and described a feeling of being “enveloped in this beautiful white light.” A male sex therapist described great sex as, “one of these irrational gifts, gifts from God kind of thing that, you know, it’s either there or it’s not.” In many cases, the integration between sexuality and spirituality for participants had enabled them to experience great sex but this understanding had also come much later in their lives.

Many participants emphasized the transformative, growth-enhancing qualities of great sex. “I don’t think those experiences by their very nature can be anything less than transformative” said one participant. One woman believed that great sex, “leaves you feeling bigger than you were before you started.” Another participant suggested that great sex, “can change you, can make you more than you are.” A therapist described a lesbian couple he had been treating who had both previously been married to men. When the two women found each other and discovered, “what sex could be....doors [opened] up to them they never knew existed before.” A male participant described how the transformation in great sex is effected: “The trust, the intimacy, the freedom to be yourself with [your partners] that you have in the bedroom or the dungeon carries into the rest of your life.”

### *Minor Components of Great Sex*

The following components were characterized as “minor” components because they were mentioned by only a minority of participants and were not emphasized to the same degree as the major components.



### *Intense Physical Sensation and Orgasm*

Some participants believed that great sex involved the experience of intense physical sensation. They believed that the, “slow gradual build in intensity” and feelings of intense satisfaction and pleasure were important. One participant likened the difference between good and great sex to the Richter scale, saying “It’s an extreme to which one gets off.”

Many participants described great sex as inherently physiologically satisfying and pleasurable; for most, this seemed like a basic component of great sex that was necessary but not sufficient to experience of great sex. An older man described the, “utter feeling of total satisfaction” that characterized great sex for him.

Participants espoused a wide variety of views on the role of orgasm in great sex. A minority believed that it was a necessary part of the experience and part of what made sex great. A few believed that sex became great for them at the same time as they discovered their ability to reach orgasm. The majority believed that orgasm was neither necessary nor sufficient for great sex. A female sex therapist described great sex as, “a way more fluid and amorphous thing than an orgasm.” Some participants believed that orgasm was neither necessary nor sufficient for great sex but was commonly experienced during great sex. As one woman explained, “It’s not a necessary feature of great sex it’s just so commonly a part of great sex that maybe...I don’t do well to separate them.” Many older participants believed that their definitions of great sex had changed over time: Orgasm at this point in their lives was no longer the defining characteristic of great sex as it had been when they were young. An older male explained, “Yeah, I used to

think it was...things like orgasm...I mean that's important but it's not big...it's not that I don't care but I don't care much."

Those participants who did mention this component specifically stated that great physical sensation on its own was insufficient to experience great sex and was secondary in importance to other components. As one participant explained, "I think that great technique without... an emotional connection might be good but I don't think it's going to be - at least for me - it's not going to be great." Some participants believed that great physical sensation was a more important characteristic of "hot" sex, which they defined as qualitatively different from great sex. A female sex therapist defined hot sex as, "getting very, very aroused and very excited and getting off and things like that" but believed that great sex was, "more long-lasting, more fulfilling, more soulful, closer." The experience of intensely pleasurable physical sensation during great sex was presented as an afterthought by several participants, who had forgotten to mention earlier in the interview that great sex, "feels really, really good."

#### *Lust, Desire, Chemistry, Attraction*

The role of lust, desire, chemistry and attraction in great sex was touched on by a minority of participants but was never emphasized to the same degree as were the major components. As one participant explained, "I believe it's partly just, quote unquote, chemistry or spark, but it's not entirely that."

This component was mentioned frequently when participants were asked questions concerning the three greatest sexual experiences of their lives. Many identified the desire and attraction they felt for their partners and the strong mutual lust or chemistry within the relationship as common elements across their greatest experiences.

A male participant stated that during these encounters, he felt “overcome with desire.” A female participant said, “In each of those encounters [there is] a component of, ‘Oh my God! If I go another minute without my hands on you, I shall simply cease to be.’”

Many participants believed that feelings of attraction, desire and lust needed to be mutual, but others mentioned only the importance of feeling desired themselves. A male sex therapist believed that it was absolutely crucial for women to feel desired but not as important for men. “I think women are much more turned on and satisfied by their partner’s volcano-like desire than the man is. The man is more likely to be turned off by that.” A male participant explained the joy he derived from the desire he felt for his partner:

I think one of my favourite parts of interacting with her is just adoring her body and watching her feel desired and appreciated, and sexualized in ways that she never thought of sexualizing herself before.

Some believed that chemistry and attraction were important but ultimately not crucial for the experience of great sex, stressing the importance of other components such as connection, intimacy or exploration. A female participant emphasized the importance of connection over attraction:

It’s all preference, it’s all a bias. If you put a blindfold on me and hook me up with a [pause] I don’t know, a fat, brown Buddha from Tibet, his energy would be amazing. I wouldn’t ever need to see that he was bald and wearing orange, my least favourite colour, it’s how he would feel.

Similarly, a female sex therapist stated that in order to experience great sex, it was necessary to have, “some sense of respect over and above the chemistry for the person

that you're having sex with and them for you." One male participant believed that being challenged by a partner and taking interpersonal risks together was ultimately more important for the experience of great sex than a sense of attraction between partners:

Sometimes it's folks that I'm not terribly attracted to, and/or that we're not feeling particularly passionate about each other but we have [a] great sex experience in a class together, or as part of group sex or [pause] or in another way. But it's the willingness to be there and to take a risk.

On the other hand, one female sex therapist believed that chemistry was crucial to experience of great sex. She explained:

I think we can help people, teach people, kind of how to create a really sexual positive environment with their partner, be open but it's going to be a different kind of great sex than with someone you have this kind of initial, really intense passion with.

### *Group Differences*

No discernable differences were found on the components reported between older individuals and members of sexual minority groups or between men and women. Some participants reported differences in their conceptualizations of great sex over their lifetimes; these changes were noted above as were the differences that emerged between the descriptions of great sex provided by sex therapists and those provided by individuals who had had great sex.

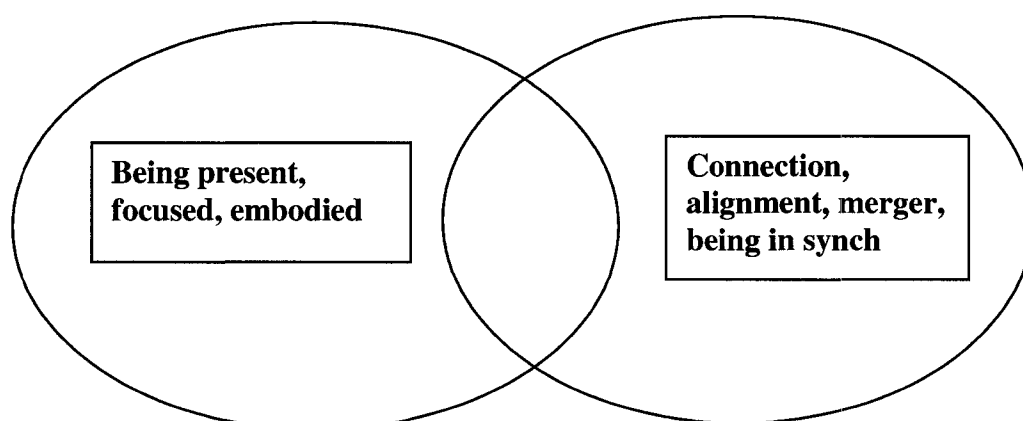
### *The Structure of Great Sex*

During interviews, participants identified eight major components of great sex. Components seemed to be connected in different ways: In some cases, the experience of

one component apparently facilitated the expression of another component (see Figure 2) whereas in other cases, some components almost always were mentioned together (see Figure 3). In some cases, one component seemed to act as a bridge between other components (see Figure 4). The following models are intended to be descriptive and to depict particularly noteworthy co-occurrences of components.

### *Connection and Presence*

For many participants, a sense of connection with their partners and the feeling of being present were inseparable within the context of great sex. Participants described the feeling as, “a connection to the moment” and believed it was necessary to be, “present in the connection.” One woman explained, “You create great sex by being completely



*Figure 2.* Clustering of two major components of great sex

present and by being willing to touch that other life for however long you’re involved with them.”

For many participants, a complete focus on the partner and on the connection between them at that moment enabled them to be present during their great sexual experiences. “At that moment, there was no one else in my world. That person became

the centre of my universe for that exchange. That relationship was all there was in my awareness,” explained one participant. She went on to suggest, “It’s our ability to be present that allows us to connect that way to other people and attain that, that unitive state where we’re all the same and we’re connected to each other.”

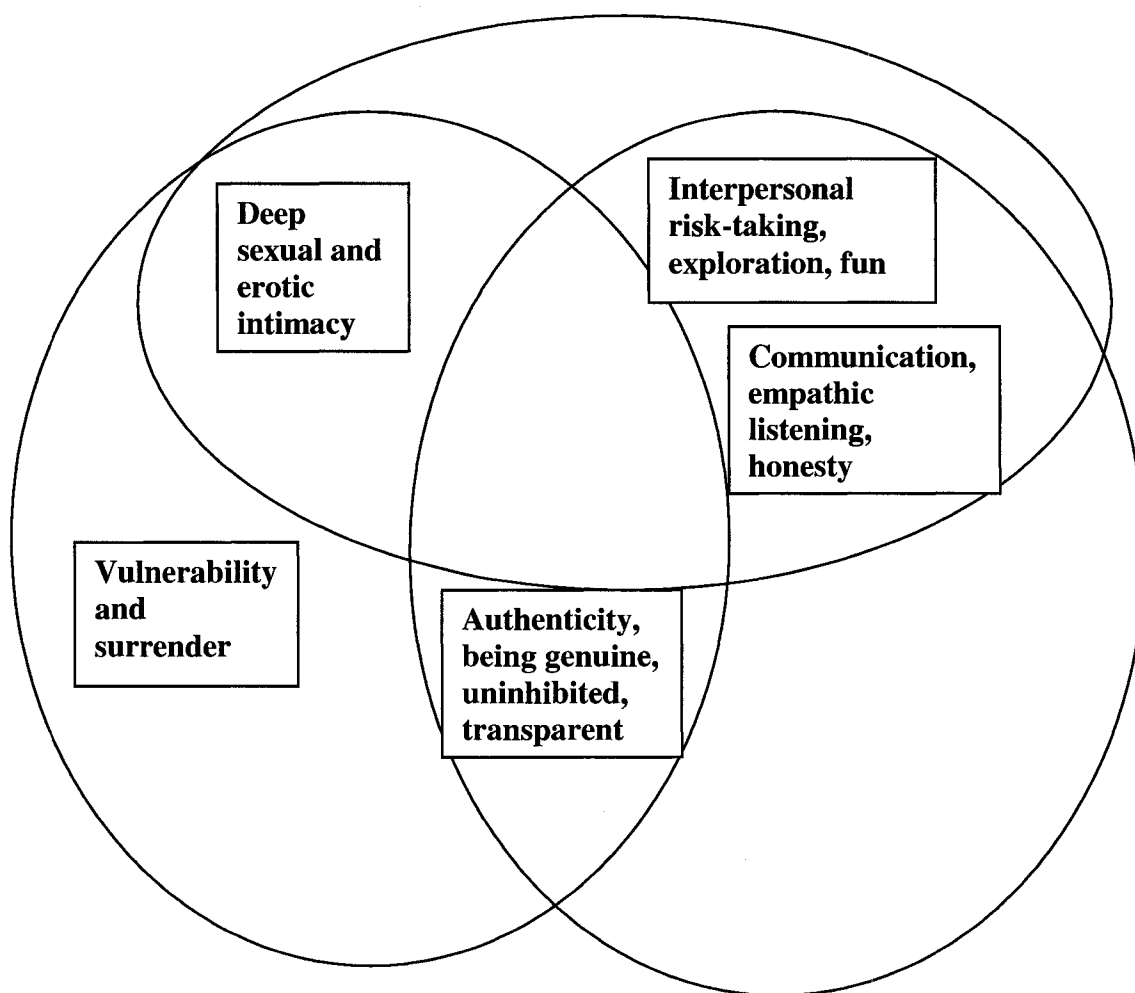
### *Intimacy, Communication and Exploration*

Feelings of intimacy and the accompanying trust, respect and caring made it possible for participants to explore and take interpersonal risks with their partners during great sex. Participants were able to push and expand their personal sexual boundaries by pushing and expanding the limits of communication within a trusting, safe, intimate context. The intimacy of the relationship made the risk-taking possible because there was a feeling of comfort, a non-judgmental atmosphere and a feeling of, “safety in the essence.” As one participant explained, “part of [great sex] is being non-judgmental with each other, feeling comfortable with being, feeling that you’re able to risk together.” A female participant believed that the trust and communication she had with her partner, “created a situation where we can really play, and kind of push limits and try new things.” An older female sex therapist stated that during great sex, “you have to feel safe enough to be wild.” A male participant described how his partners, “felt safe and trusted me enough to be able to go upon that journey themselves.” Several participants emphasized the need to push the depth of communication between oneself and one’s partner. One sex therapist described his approach to sexual communication and risk-taking as follows:

I tell patients, you know they always say, ‘How much should I tell my spouse about this or that?’ and I say, ‘Tell as much as you’re comfortable telling her and

then tell a little bit more, so that you're pushing the intimacy envelope a little bit.'

Participants also stressed that taking risks with their partners and exploring had taken their intimacy to new heights. A male sex therapist stated, "Intimacy is risk. Intimacy is taking risks. If you're not taking risks, then you're not doing the intimacy thing." Another participant defined intimacy skills as, "the ability to push the envelope."



*Figure 3.* Clustering among five major components of great sex

*Intimacy, Vulnerability/Surrender and Authenticity*

Participants believed there was a strong relationship in operation between intimacy, authenticity, and the ability to surrender to a partner and to the situation. As one participant explained, “In great sex...one is quite transparent to the other person and therefore quite vulnerable but it feels, it goes with an intensely erotic and a good feeling rather than a scary feeling.” The idea of being authentic and transparent with a partner was inextricably linked with a sense of vulnerability. A female sex therapist stated:

I’m going to jump off this cliff where I’m going to, you know, be naked and be vulnerable and give myself to somebody else and take them in and yeah I hope I feel good after I do that. I hope, you know, I hope that what comes back at me tells me that I’m okay. And, so, I think great sex tells you, wow, yeah, that is, that is great, that you are great.

The deeply intimate bond experienced between partners was so strong that participants felt completely free to be themselves and to let go of themselves. One woman described the shock she felt during great sex with her husband that she could, “actually express these things and, and he was right there loving it and doing it with me.” Participants stressed that the act of being authentic and vulnerable during great sex was made non-risky by the trust within the relationship. A male participant described the relationship with his 24/7 slave, “He knows I’m going to take him to an edge but I’m not going to push him over it, hurt him, injure him.” Another woman explained that she was able to have great sex with her partner because, “We were both comfortable enough to work out whatever was going on. I think you have to, [sighs] you have to really trust someone before you can open up enough.”



At the same time, the experience of being themselves and being so vulnerable together deepened the intimacy between partners who had great sex together. One man, in describing the greatest sex he had ever experienced, said that the experience:

...revealed to me that I could *absolutely* trust my partner in ways that, you know, the logical thinking part of my brain is afraid of, and coming out of that fantastic, wonderful, really hot, sexy experience, having put that much trust in her to get through it certainly deepened our relationship.

Another participant explained, “Knowing that someone would make themselves that vulnerable to me and would trust me as far as they did and, and all of that was incredibly revealing about that relationship.”

*Authenticity, Interpersonal Risk-Taking and Communication*

For most participants, the ability to be authentic and genuinely themselves was strongly tied to both interpersonal risk-taking and communication. The act of being completely one’s self and communicating that to a partner was necessarily a huge interpersonal risk. An older woman explained how she developed her capacity to experience great sex over her life: “Over time, and in the right context, with the right person, I chose to take more risks, be more vulnerable, reveal more of myself and that made the possibility into reality more often and more intensely.” A male participant explained, “A risk having to do with disclosure...[a] person telling me something very, very private about themselves – that would turn me on.” Similarly, a female participant stated, “I really like it when I’m having sex with somebody and they reveal what they really like, which is hard for people to do.” One participant explained how the communication skills he learned from the SM community helped him to know more

about himself, to be more authentic and genuine and to communicate that to another person:

There's a focus on really clear and open communication, communication without shame, the ability to talk about your desires is so much more mainstream than even expected or required that I had to begin thinking about those things and sort of exploring in my own mind 'Well, what do I actually like and what do I actually want more of and what would I like to try more of and how can I communicate those things.' And, you know, here's someone who's told me very clearly, 'If you don't like what I'm doing, let's think about how it could be better' and being asked those questions that challenged me to think of sex as something that I can talk about and work on and mold and really get my hands dirty and love it as a full experience in the same way that these folks were doing with SM was I think what made the difference for me.

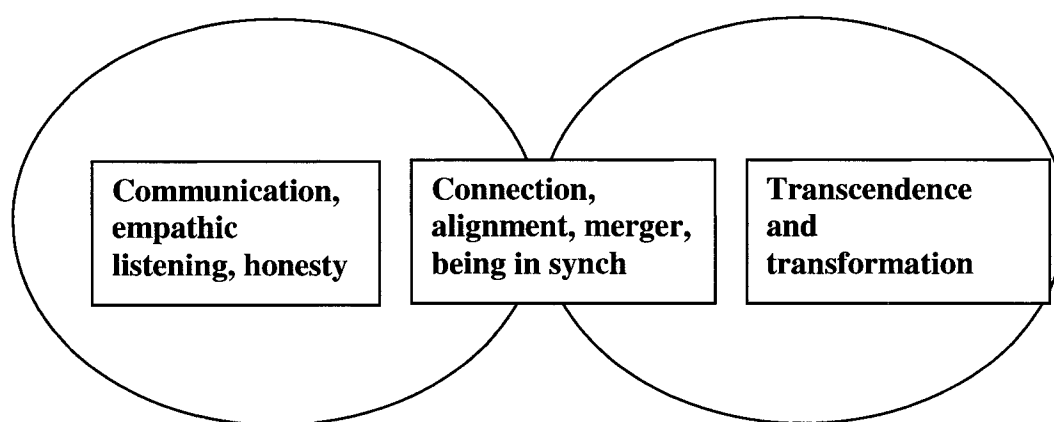
### *Connection and Transcendence*

The connection many participants experienced with their partners and with themselves during great sex made transcendence and transformation possible. One participant explained that really connecting with himself and with his partner made it feel like, "You're more than just yourself." A male sex therapist explained that the, "healthy sense of merger [experienced during great sex] quiets that existential angst," that he believed most individuals struggle with on a daily basis and, "results in a real sense of peacefulness." A female participant explained that the connection itself existed, "on some incredibly deep existential level" and contributed to feelings of ecstasy and rapture.

She explained, “It’s just the kind of union that you can feel with another, another human being that can be quite inspiring and moving.”

### *Communication and Connection*

Several participants believed that the kind of communication that was part of great sex and necessary for the experience could only occur within the context of a strong connection between partners. One participant described these elements as, “coming out and communicating and wanting and being able to express something and having



*Figure 4.* Connections among three major components of great sex

something mutual and having some connection to another.” A sex therapist explained the importance of non-verbal communication and helped couples to, “really get into their partner’s experience so that when they’re touching their partner, they have a sense of how the touch feels, an awareness of how the other person is responding.” She believed that the connection between partners and the feedback flowing between them made for great sex.

### *Discussion*

In this section, major findings of the investigation will be summarized, followed by a discussion of research impressions and comparisons to previous literature. The limitations and strengths of the current investigations will be considered as well as the implications of the findings of this investigation for theory, research, clinical work, theoretical, sex education. Finally, suggestions for future research will be outlined.

### *Summary of Findings*

Eight major components of great sex and two minor components emerged from the analysis of interview transcripts. A model of the structure of optimal sexuality was developed based on the interrelationships between the components reported by participants.

The first major component of optimal sexuality was being present, focused and embodied. Participants described being utterly immersed in the experience and completely free from mental distractions. The second major component of great sex was a sense of connection, alignment and being in synch with one's partner, whether that relationship lasted three hours or thirty years. Participants described the connection as a feeling of total merger with another. The third major component that emerged was deep sexual and erotic intimacy. Participants reported feeling great respect and deep caring for their partners, knowing their partners thoroughly and experiencing complete trust. This component tended to be framed within the context of a longer-term relationship. The fourth major component of great sex was communication, which also appeared to facilitate great sex. Participants stressed the importance of empathy between partners and described the joy of both making and receiving intimate disclosures during sex. The fifth

major component of great sex was interpersonal risk-taking, exploration and fun.

Participants reported that great sex was a journey of discovery and exploration that was undertaken within a light-hearted, open context of laughter and fun. The sixth major component of great sex was authenticity. Great sex was an opportunity for participants to be completely being genuine and transparent with another. Participants emphasized the need to be uninhibited and the ability to share themselves completely and honestly with their partner. The seventh major component of great sex was vulnerability and surrender. Participants spoke of the exquisite joy of letting themselves be completely vulnerable to another and surrendering to the pleasure of the experience. The final major component of great sex was transcendence, bliss, peace, transformation and healing. Participants reported experiences of total ecstasy and timelessness as well as perceived contact with divinity. They believed that the experience of great sex was, by its very nature, nothing less than transformative.

Two minor components were identified based on analysis of interview data. The themes of these components were mentioned by only a minority of participants and not emphasized in comparison to the themes which comprised the major components. The first consisted of intense physical sensations, orgasm and release of tension. The second minor component consisted of “chemistry” with one’s partner and feelings of lust and desire for that individual(s).

The structure of great sex which emerged from analysis of participant transcripts revealed strong connections between several components, whether they frequently appeared together or seemed to facilitate each other. Connection and presence were linked as were intimacy, communication and exploration; intimacy, vulnerability and

authenticity; authenticity, interpersonal risk-taking and communication; connection and transcendence; and communication and connection.

There were no discernable differences in the experience of great sex between men and women or between the two groups of individuals who had reported experiencing great sex (i.e., older individuals and sexual minorities).

Some differences were evident between the descriptions of great sex from sex therapists versus those reported by individuals who had had great sex. Specifically, sex therapists were far more likely to emphasize that great sex occurs within the context of a long-term relationship. They tended to focus on deep sexual and erotic intimacy rather than connection in the moment and on achieving effective rather than expert levels of communication. Sex therapists were also less likely to identify fun or vulnerability/surrender as important components of great sex.

No major differences emerged in the descriptions of great sex related to the sexual orientation or sexual proclivities of the participants. Given the truncated age range of participants in this investigation, it is not possible to determine whether there were differences in conceptualizations of great sex on the basis of age.

### *Research Impressions and Comparison to Literature*

This study has gone above and beyond previous research to investigate previously unexplored territory, the existence of which is barely hinted at in the academic literature. No authors hitherto had explored the possibility of collecting empirical data regarding the nature and components of optimal sexuality. The components of great sex identified within this investigation have not been investigated empirically in connection with sexuality; therefore, it is necessary to compare these components to theoretical

conceptualizations of optimal sexuality and to similar components identified within other areas in psychology.

### *Subjectivity of Great Sex*

Authors in the area of optimal sexuality have emphasized the uniqueness of each individual's sexuality and the subjective nature of sexual preferences and desires (Barbach & Levine, 1980; Broder & Goldman, 2004; Castleman, 2004; Kleinplatz, 1996b; Zilbergeld, 2004). The responses of participants in this investigation supported these authors' beliefs. This was especially evident in participants' answers to the first question of the interview which was, "What is great sex?" They frequently had a difficult time answering the question because they believed the phenomenon to be so subjective. Many felt compelled to add, "but that's just me" to their answers. Great sex was compared to fingerprints and snowflakes as an example of a phenomenon that was completely personal and unique to each individual. This analogy was similarly employed by Broder and Goldman (2004): "No one definition of sexual ecstasy can apply to everyone, since sexual ecstasy is, in reality, as unique as your fingerprint" (p. 9).

Although individual differences were observed between participants in terms of unique sexual preferences and emphasis on different components in different proportions, the high commonality observed among individuals' descriptions of great sex were far more striking than the individual differences. These participants differed enormously from each other in terms of sexual orientation, age, relationship status, level of physical ability and sexual functioning but their conceptualizations of great sex were far more similar than they were different. Some components of great sex (e.g., being present, communication, connection, authenticity) were identified by almost every single

participant. There were no differences in the nature of the components reported, although some were emphasized differently in different contexts. This finding suggests that there may be many routes to experience great sex but the actual experience can be very similar across individuals.

*Being Present, Focused and Embodied*

Being present and absorbed in the moment was identified by most participants as a critical component of the experience of great sex. Often, “being present” was participants’ first response when beginning to describe great sex. A smaller group of participants did not mention being present or embodied explicitly at the outset but would often make some reference to it later in the interview. When asked for clarification, these participants elaborated on the importance of being present but also stated that they believed this component was so obviously fundamental to the experience of great sex that it need not be mentioned. This belief on the part of participants is ironic considering that the literature in the area of sexual functioning does not discuss this idea of being present, absorbed and embodied in any way.

When participants spoke of the experience of being completely present in the moment, absorbed and embodied, the images conjured by their words suggested a hypnotic, entrancing experience. Some participants described in rich detail examples of the greatest sexual experiences of their lives. It was implicitly (and sometimes explicitly) clear that participants had managed to recapture and relive some of the feeling of being present while recounting these memories to the interviewers. Their descriptions were so vivid and powerful that the interviewers felt as though they had been drawn into that person’s phenomenal world.



The emergence of this component as crucial for the experience of optimal sexuality is a cause for optimism because it may be quite possible for members of the general public or clients in sex therapy to develop their capacities to be present during sexual experiences. Many may already be familiar with this feeling of being present and absorbed from their experiences riding a motorcycle or playing a musical instrument. Such individuals may find it easier to transfer this skill to sexual interactions given their relative familiarity with the concept.

Several authors writing on the subject of optimal sexuality have stressed the importance of “[living] in the erotic moment” (Castleman, 2004, p. 24) or “fully experiencing the present moment” (Broder & Goldman, 2004, p. 20). Sommers (2002) emphasizes two important principles for the clients he sees in his sex therapy practice: Being “present centred”, in which an individual is “caught up in the moment” and being “process absorbed” (p.4-5), which he defines as the opposite of being goal directed. However, no authors in the area have stressed the importance of being fully present and immersed to the same extent as did participants in this investigation.

Although the idea of being present and absorbed in the moment has not been studied empirically in connection with sexuality, it has been written about extensively within other areas, including the mindfulness literature (e.g., Csikszentmihalyi, 1990; Pirsig, 1974), sports psychology literature (e.g., Gallwey, 1997, 1998; Jackson & Csikszentmihalyi, 1999; Orlick, 1998) and the peak experiences literature (e.g., Maslow, 1971).

Many of the components identified as critical for the experience of great sex were also cited by participants in Csikszentmihaly’s study of flow (1990), which he defined as,

“the state in which people are so involved in an activity that nothing else seems to matter” (p. 4). This definition bears remarkable similarities to participants’ definitions of “being present”; in fact, some participants were familiar with his work, made reference to it and deliberately used the term “flow”. When an individual is experiencing flow, he or she is able to focus attention freely and completely ignore any and all distractions. Csikszentmihaly briefly addressed the idea of experiencing flow through sex and stated, “Enjoyment does not depend on *what* you do, but rather on *how* you do it” [italics in the original] (p. 99), a sentiment echoed by participants in this investigation and by other authors in the field of optimal sexuality (e.g., Schnarch, 1991). A crucial difference that emerged between the experience of flow as defined by Csikszentmihaly and the experience of being present as defined by our participants was the goal-orientation of the flow experience. Specifically, Csikszentmihaly stated, “by far the overwhelming proportion of optimal experiences are reported to occur within sequences of activities that are goal-directed and bounded by rules – activities that require the investment of psychic energy, and that could not be done without the appropriate skills” (p. 49). Participants in this investigation believed that having rigid goals (e.g., orgasm) could prevent rather than facilitate the experience of great sex.

Being present and completely absorbed in the moment is a concept that has received a great deal of attention within the sports psychology literature, especially since Timothy Gallwey first introduced the idea of focusing on mental state rather than techniques in *The Inner Game of Tennis* (1997). His theory of the “inner game” consists primarily of silencing the running commentary of the mind (Self 1) and focusing instead on achieving a state of relaxed concentration and focus (Self 2) in which a person’s

natural potential and abilities can take over. Jackson and Csikszentmihaly (1999) also addressed the concept of flow in the context of sports. Like our participants, the athletes interviewed by those authors stressed the importance of being present, being completely focused in the moment, embodiment and being connected to the moment. Terry Orlick, the author of numerous books on the subject of achieving excellence in sports, stressed that the importance of absorption for happiness. He believes that a person should be inseparably connected with his or her experiences in every aspect of life, whether while playing sports or at home (Orlick, 1998). The primary distinction between the conceptualization of being present within the sports psychology literature and the results of this investigation is that there is a distinctly performance-oriented “Outer Game” taking place within sports. Participants in this investigation appeared to be playing the inner game of concentration, awareness and un-selfconsciousness without playing the outer, performance-oriented game.

In his study of peak experiences and self-actualized individuals, Maslow (1971) found, “the two easiest ways of getting peak experiences (in terms of simple statistics in empirical reports) are through music and through sex.... there are many paths to heaven, and sex is one of them” (p. 175). Many of the participants in this investigation would certainly agree with this statement. Maslow also believed that an important behaviour leading to self-actualization was experiencing “fully, vividly, selflessly, with full concentration and total absorption” (p.45).

#### *Connection, Alignment, Merger, Being in Synch*

Nearly all participants emphasized the importance of connection to one’s partner for the experience of great sex. They believed this connection occurred on a variety of

levels, including along physical, emotional, psychological and spiritual dimensions. The way participants described the connection they felt with their partners suggested that this component fulfilled a variety of functions; in many ways, this component seemed to be the lynchpin of the experience of great sex. Connection was itself an element of great sex but it also facilitated the experience of being present, absorbed and embodied as well as the possibility of experiencing transcendence. The connection between individuals sharing great sex created a kind of space wherein participants could explore themselves and their partners in a safe, intimate context. Given that the idea of connection is not closely associated with great sex as defined by the prevailing “performance paradigm”, participants were forced to use language and expressions associated with other areas of human experience to describe the feeling.

Participants often described this component in language associated with physics, an unusual finding especially considering that none had an educational or professional background in physics. Participants also used language and expressions more closely associated with art (e.g., song lyrics, poetry, literature) to describe the feeling of connection, of merger and of “two becoming one” (e.g., Mouawad, 2005; Timmins, 1993).

Although the idea of connection, alignment, merger and being in synch has not been explored empirically within sexology, several authors have suggested that it is a key factor of optimal sexuality or sexual ecstasy. Other authors have also suggested that the dissolution of boundaries and the feeling of union, merger and connection with a partner are elements of great sex (Broder & Goldman, 2004; Feuerstein, 1992; Kleinplatz, 2006;

Leonard, 1989; Steinberg, 1992). Feuerstein (1992) has also linked the experience of connection with transcendence:

Indeed, sexual love is the most intense and tangible way in which ordinary men and women strive for a union that transcends the boundaries of their everyday experience. In the sexual act, we seek to forget ourselves, if only for a brief spell. We seek to make a deeper contact with our lover. We want to escape the sense of being imprisoned by skin and separated from the rest of the universe. (p. 28)

### *Deep Sexual and Erotic Intimacy*

When participants spoke of the intimacy and familiarity in their relationships, it was clear that trust, knowledge of their partners and mutual respect enabled them to have great sex, was a part of what made sex great and facilitated other components of great sex (e.g., communication, exploration, authenticity). It was surprising that although participants described every dimension and facet of love (e.g., Lee, 1973, 1988, 1998; Perlman & Fehr, 1987; Sternberg, 1998), few actually used the word “love”. However, the love that participants felt for their partners was implicit in their words; this was especially true when both members of a couple were interviewed separately. For those participants who were no longer with the partners with whom they had experienced great sex, the lingering fondness they felt was evident.

Much of the implicitly defined “great sex” depicted in movies, television and music does not occur between long-term or married couples (Dempsey & Reichert; Greenberg et al., 1993; Sapolsky & Tabarlet, 1991); by contrast, it was striking how participants in this study revelled in the familiarity of their relationships. One woman

who had been married over forty years described feeling young again when her husband touched her skin. Participants in the study by Barbach and Levine (1980) also cited the importance of security, comfort and sharing within a relationship as well as deep knowledge of one's partner for the experience of good sex. Broder and Goldman (2004) have stated that although sex at the beginning of a relationship may be hot, in the long-term, sexual pleasure increases because it is fuelled not only by "natural desires" but also by the deep feelings partners have for one another.

On the other hand, participants in this investigation did not allow familiarity with their partners to prevent them from continually reaching deeper into their partner's psyche, exploring each other and themselves. Although some had been in relationships for dozens of years, their partners did not take them for granted and continued to desire to know them better. Participants seemed to have taken to heart Shaw's suggestion: "*Risk knowing more about yourself and your partner every day*" [italics in the original, 2001] (p. 199).

#### *Extraordinary Communication and Heightened Empathy*

In general, the kind of communication described by participants goes far beyond that advocated by sexual self-help books (e.g., Gray, 1995; Morin, 1995) or operational definitions of the term used within the research literature, which are often restricted to sexual self-disclosure alone (e.g., Byers & Demmons, 1999; Ferroni & Taffe, 1997; Larson, Anderson, Holman & Niemann, 1998; MacNeil & Byers, 1997). Participants did not restrict themselves only to sharing their sexual preferences but instead described sharing themselves completely with another person, practicing a comprehensive and holistic form of communication. The depth and complexity of the communication that

was a part of great sex was paralleled during the interviews. Participants were eloquent to the point of poetry on the subject of great sex. Their descriptions were rife with imagery, analogies and metaphors.

Participants also emphasized the importance of deep sharing and the joys of receiving such confidences from their partners, treasuring them and playing with them. Again, the honesty that was part of great sexual communication was also paralleled in the interviews, in which participants related the details of their most joyous experiences but also of their personal struggles.

Participants particularly prized non-verbal communication, the ability to read their partners' bodies empathically. They emphasized repeatedly that technical skills were not necessary to experience great sex as long as one paid attention to one's partner and remained attuned to his/her responses. Participants stressed the considerable difference between merely "mechanical touching" and empathic touching. Some were so attuned to their partners' responses that they were guided by changes in breathing. The critical importance of reading non-verbal responses and empathic touching stands in stark contrast to both popular culture and academic writings on great sex. Only a few authors have suggested that empathy may be crucial to experience great sex (Broder & Goldman, 2004; Kleinplatz, 1996b).

Participants' definitions of communication bore great resemblance to the kind of communication advocated within the SM community. This might not seem surprising given that a third of the participants were recruited on the basis of an initial post on an SM listserv; however, the definitions of communication provided by those participants were virtually identical to those provided by older individuals who had had great sex.

Miller and Devon (1995) described several important facets of communication in their book on SM that were also mentioned by participants in this investigation. They also believe that listening and being responsive to your partner's verbal and non-verbal cues is crucial and that letting "your fingers do the talking" is an important form of communication.

*Interpersonal Risk-Taking, Exploration, Fun*

Interviewees who had had great sex emphasized how much fun the experience was. Their descriptions of the experience demonstrated the delight they felt with regards to sexuality. This component was not only reflected in participants' words but permeated the interviews in the form of laughter. Many participants exuded a *joie de vivre*, an enthusiasm both for sex and for life. Participants described the joy they took in exploring sexuality and in pushing their own sexual boundaries. Their enthusiasm for sex appeared to be contagious: Many participants believed that their exuberance and joy had helped their partners to experience great sex as well. This sense of joy, fun and enthusiasm is not at all present in the academic literature on sexuality.

Some authors in the area of optimal sexuality have touched on the importance of having fun during sex and being playful (e.g., Castleman, 2004; Shaw, 2001; Sommers, 2002). Granvold (2001) suggests that this is an importance aspect of keeping sex great over the years: "Therapists should promote being festive, joyful, fun loving, enthusiastic, and involved in life. Celebrate life and seek passion in non-sexual arenas within and outside the relationship" (p. 81). Participants in Barbach and Levine's study of good sex (1980) also believed that playfulness was a key component of the experience.



Participants in this investigation believed that exploration and interpersonal risk-taking were key for the experience of great sex. In contrast to the advice of magazines and self-help books, participants did not prescribe any particular ways to explore and introduce variety. Media sources on the subject of great sex are often very explicit about appropriate sexual behaviours and ways to introduce sexual novelty and variety (Duran & Prusank, 1997; Ménard & Kleinplatz, in press). The fundamental distinction between the definitions of risk-taking contained in magazines and books and that offered by participants appears to be the question of intent (Kleinplatz, 1992, 1996b). Participants in our investigation undertook exploration and interpersonal risk-taking as a means to deepen intimacy, to discover things about themselves and their partners and to push their personal boundaries. They did not introduce variety or novelty into their sexual experiences solely for its own sake nor to please their partners.

Several authors within the literature of optimal sexuality have previously suggested the importance of interpersonal risk-taking, exploration and pushing boundaries (Broder & Goldman, 2004; Kleinplatz, 2006; Schnarch, 1991; Shaw, 2001). Broder and Goldman advised readers “to experiment and explore. Your sexuality can be a wonderful journey” (2004, p. 33), a statement which many participants echoed almost exactly.

*Authenticity, Being Genuine, Uninhibited, Transparency*

Participants emphasized the importance of authenticity, transparency and being genuine and uninhibited as parts of great sex. They described feelings of joy at being able to reveal their true selves completely with a partner. It seems likely that the joy they experienced in being totally open and authentic in the presence of another was more

sweet for participants given that many of them had struggled with their own gender identities and/or sexual orientation or proclivities (Rogers, 1961). Participants emphasized the necessity of first rejecting traditional social sex scripts in order to be more true to themselves; (a few even made reference to *Cosmopolitan* magazine as a source of such scripts). As it was with fun and play, the ability of participants to open up, be completely transparent and discard their inhibitions may have given their partners permission to do the same. The idea of being unselfconscious, uninhibited, completely genuine and authentic has been discussed extensively within other areas of psychology (e.g., sports psychology, humanistic psychology, relationship satisfaction literature) and within art but its connections with sexuality have not been investigated empirically until now.

The importance of being completely authentic is a major theme within sports psychology. Many authors have suggested that being completely sincere and letting go of inhibitions and self-consciousness is key to optimal sports performance (Gallwey, 1997, 1998; Jackson & Csikszentmihaly, 1995; Orlick, 1998). As did participants in this investigation, Orlick (1998) also linked communication, risk and authenticity:

Talking about feelings is difficult for some of us because it involves opening ourselves, and perhaps a sense of risk. The greater long-term risk, however, usually is in the absence of constructive communication. To communicate openly and honestly we must first be honest with ourselves (p.33).

One of the key findings of Mackey, Diemer and O'Brien (2004), who studied the factors that led to successful long-term relationships, was that their participants felt that

they were able to be themselves with their partner. Participants in the study by Mackey et al. also linked authenticity with intimacy; within a close, secure relationship, individuals felt able to reveal their true thoughts and feelings. The relationship between these two components was bi-directional, in that being authentic and genuine with a partner also deepened the intimacy of the relationship.

The possibility of being genuine and authentic with a partner in both sexual and non-sexual situations has been a recurring theme in popular culture. Artists, too, have connected the ability to be authentic, transparent and genuine with the degree of safety and intimacy within the relationship (e.g., Allan & Trilling, 2001; Lavigne, Frasca & Breer, 2002; Nin, 1977).

The subject of authenticity has been connected with optimal sexuality by some authors. The women who participated in Barbach and Levine's study (1980) suggested that having a partner who is open and uninhibited is an important part of good sex though interestingly, the possibility of being open and uninhibited themselves was not identified by participants. Several authors have cited authenticity as an important part of optimal sexuality (Kleinplatz, 1996b), a pre-requisite for great sex (Morin, 1995; Steinberg, 1992), or the result of sexual intimacy (Broder & Goldman, 2004; Leonard, 1989). Some authors have also linked authenticity and being genuine with interpersonal risk and vulnerability (Hutton, 1994; Kleinplatz, 1996b). Feuerstein (1992) believes there is a connection between authenticity and transcendence: "Sacred sexuality is about recovering our authentic being, which knows bliss beyond mere pleasurable sensations" (p. XI) as did participants in this investigation.

### *Surrender and Vulnerability*

Several participants in this investigation spoke of the joy of surrendering during a sexual encounter to a partner and to the experience itself. A few independently compared the resulting exhilaration with jumping off cliffs. This component of optimal sexuality has received very little attention with the sexuality literature, with a few notable exceptions (e.g., Kleinplatz, 1996b; Leonard, 1989), but has been discussed in connection within the sports psychology and SM literature.

Letting go and surrendering to the experience has been identified by some authors as a key factor for success in music and sports. In *The Inner Game of Music*, Green and Gallwey (1986) emphasized the importance of letting go to the music; their suggestion to let go, “by letting the body take over,” (p. 99) closely resembles statements made by participants in this investigation. Indeed, there is a close parallel between the advice given by Gallwey (1997) to tennis students, “Whatever you’re trying to do, *don’t*. Don’t try to do it and don’t try *not* to do it. Simply don’t try at all and see what happens” [italics in the original] (p. 13) and that given by an older male participants, who suggested, “You have to stop trying and then stop trying to stop trying.”

Themes of vulnerability and surrender predominate within the SM literature (e.g., Brame, 2000; Califia, 1988, 1993, 1994; Miller & Devon, 1995; Nin, 1977). Miller and Devon (1995) believe that the degree of intimacy within a relationship depends on the degree to which the two individuals are able to be vulnerable with each other, a connection also noted by our participants.

*Transcendence, Bliss, Peace, Transformation, Healing*

One of the more surprising findings from this research was the sheer number of participants who believed that great sex incorporated elements of transcendence, bliss and ecstasy. Participants' perceptions of this component ranged from those who believed that great sex was "a gift from God" to those who believed that during great sex, they had been in the presence of God. The emphasis on this component was particularly surprising given the conflict between many of the participants' religious upbringings and their sexual orientations and desires. The idea that transformation is an inherent aspect of great sex illustrates the power of these experiences and the vital importance of learning more about the phenomenon (Anand, 1991; Feuerstein, 1992; Garrison, 1964; Gove, 1989; Helminiak, 2006; Lee, 1996; Wade, 2004).

Several authors on the subject of optimal sexuality have touched on the idea that transcendence and ecstasy are often related to great sex (Broder & Goldman, 2004; Feuerstein, 1992; Kleinplatz, 2006; Schnarch, 1991). A few have also linked a feeling of connection and merger with a sexual partner and transcendence, as did participants in this investigation (Broder & Goldman, 2004; McMahon & Campbell, 1989).

*Intense Physical Sensation and Orgasm*

Although some participants mentioned intense physical sensation and satisfaction were elements of great sex, the degree to which this was de-emphasized was one of the more surprising findings of this investigation. In fact, it was sometimes possible to forget that participants were talking about sex at all. Unlike the overwhelming focus on physical pleasure and sensation as the defining qualities of great sex within pop culture representations (Duran & Prusank, 1997; Ménard & Kleinplatz, in press), participants in

this investigation believed that the experience went far beyond physical pleasure. They described great sex as a holistic experience that encompassed emotional, spiritual and mental dimensions, an idea previously suggested by Ogden (1994, 2006). Participants believed that the basis for great sex is within, a belief shared by several clinicians (e.g., Broder & Goldman, 2004; Granvold, 2001).

Participants were somewhat mixed in their beliefs regarding the importance of orgasm: Some thought that it was a critical aspect of great sex but the vast majority believed that it was neither necessary nor sufficient but it “usually happened anyway.” This in accordance with the beliefs of several authors, who have suggested that orgasm is not a critical feature of optimal sex nor will its presence guarantee the experience of optimal sex (Broder & Goldman, 2004; Castleman, 2004; Ogden, 1994, 2006).

#### *Desire, Chemistry, Lust, Attraction*

A few participants in this investigation thought that great sex contained elements of desire, chemistry, lust and attraction between the partners. It was obvious that this component was fairly minor for participants’ experiences of great sex given that many did not mention these factors at all and others barely referred to them quite late in the interview.

The ways in which participants in this investigation defined desire, chemistry and attraction bears little resemblance to conceptualizations of these terms within the research literature. The absence of desire has been pathologized but has not been studied with regards to healthy or optimal sexuality. On the other hand, this component has not received a great deal of attention from authors in the area of optimal sexuality either.

#### *Irrelevance of Sexual Technique/Functioning*

One of the most striking findings to emerge from this investigation is the relative unimportance of physical functioning and sexual technique for the experience of great sex. Contrary to the focus on sexual techniques within popular lifestyle magazines (Duran & Prusank, 1997; Ménard & Kleinplatz, in press) and sexual self-help books, participants in this investigation did not advocate any particular sex techniques or acts; none mentioned specific sexual behaviours that were necessary or sufficient to experience great sex. Like Schnarch (1991), participants seemed to believe, “The range of sexual behaviors in which one engages is not as important as the range of emotion and meanings that can be contained and conveyed in such behaviors” (p. 454). When participants talked about the skills necessary to experience great sex, they spoke not of the manual or oral techniques suggested within popular lifestyle magazines but of communication, sensitivity, openness and the willingness to explore with a partner and be in the moment. They emphasized the importance of studying their partners and giving loving attention to their particular desires and responses. Many participants made a point of remarking that the beliefs they were expressing were unusual in comparison with the picture of optimal sexuality promoted within the media.

Not only did participants downplay the importance of particular sexual techniques or activities, many also stated directly or implied that “normal” physiological functioning grounded in the Masters and Johnson paradigm of sexual response (1966) was unnecessary and insufficient for great sex. Some participants (or their partners) had physical disabilities, chronic illnesses or diagnosable sexual dysfunctions but believed that these conditions represented no barriers to their experiences. Others simply forgot to mention until the middle of the interview that they had a heart condition, difficulties

breathing, painful joint problems or a sexual dysfunction because these problems in no way restricted their ability to have great sex. Participants believed that it was necessary to follow a different pathway to great sex when one had a disability or dysfunction but that the experience itself remained the same. Participants' beliefs concerning the role of physiological functioning support with the theories of several authors, who have suggested that this factor alone is insufficient to explain the experience of optimal sexuality (Kleinplatz, 1996b, 2006; Ogden, 1994, 2006; Schnarch, 1991).

### *Differences Between Participant Groups*

Several interesting and noteworthy differences emerged in the conceptualizations of great sex between sex therapists and participants who had had great sex. This was illustrated in part with a statement made by a male sex therapist who explained his understanding of sexuality. "What I always tell patients – and I think this is true of most people – as long as the two people in the relationship are happy with what they're doing, then there's no issue." Although this statement does stand in contrast to popular conceptualizations of sex and prescribed sexual behaviours, it also illustrates the fundamental assumption typical among sex therapists in this investigation that sexuality occurs within the context of a monogamous relationship. However, this description would not apply to many of the participants in this investigation, who had had great sex with one-night stands, play partners, casual sex partners and friends as well as long-term partners (and sometimes, at the same time as with long-term partners). Conceptualizations of appropriate partners were far more restrictive from sex therapists than from individuals who had had great sex.



Another major difference that emerged between participant groups was that sex therapists did not describe the components of great sex with the same depth, vividness, clarity and complexity as individuals who had had great sex. Many sex therapists stated that they were having difficulty answering the questions because they spent most of their time talking to people who had dysfunctional sex. Many elaborated on the elements that got in the way of great sex, preferring to define what great sex was *not* and what impeded it rather than to define what it was. It was clear that these therapists were not spending a great deal of time talking with their clients about great sex. This seems unfortunate; surely, the wish to attain or regain the experience of optimal sexuality is one of the primary reasons that leads clients to see a therapist. Although many individuals present to sex therapists with a specific problem, sex therapists may be doing their clients a disservice if they focus on problems alone. There seems to be a disjunction between one of the fundamental motivations for seeing a sex therapist (i.e., to improve the quality of sexual experiences) and the treatment goals of many sex therapists (Kleinplatz, 2001).

Contrary to popular conceptualizations of great sex (e.g., Gray, 1995), no major differences were noted between male and female participants. However, this finding does corroborate the theories of authors within the area of optimal sexuality (Broder & Goldman, 2004; Castleman, 2005; Schnarch, 1991). Also, definitions of great sex did not differ notably between the sexual minority group participants versus the elderly participants. However, all these participants believed that their personal definitions had evolved and that they had improved their capacity to experience great sex over time. These findings stand in contrast to popular conceptualizations of older people as asexual (Weeks, 2002) and to academic conceptualizations of older patients as a group plagued

with sexual dysfunctions, physical illnesses or injuries that render them incapable of enjoying sexual interactions. For instance, the latest supplemental issue of *The Journal of Sexual Medicine* (2007), which was supported by an educational grant from P&G pharmaceuticals, was entitled “Sexual health and menopause” and focused heavily on treatment using hormones.

### *Previous Models of Optimal Sexuality*

Some similarities as well as some fundamental differences emerged between the model of optimal sexuality developed as a result of this investigation and previous theoretical models.

Ogden proposed a model of great sex that consisted of three interlocking circles representing orgasm, pleasure and ecstasy (1994) (as described on pp. 24 to 25 above). Some participants in this investigation did believe that these were elements of great sex. However, the definitions of great sex that emerged from the accounts of our participants went well beyond physical pleasure and orgasm. It seems that participants in Ogden’s survey focused largely on the factors of great sex that were less important to participants in this investigation (e.g., attraction, orgasm, physical touch pleasure, arousal). In contrast, some of the less important factors identified by Ogden’s survey participants were extremely important to participants in this investigation (e.g., connectedness, fun, being embodied).

Whipple (1976, as cited in Broder & Goldman, 2004) developed a circular model of sexual response with elements of sexual experience such as penetration, manual sex, oral sex, touching, holding and kissing represented around a circle. This model demonstrates an entirely physical focus; participants in this investigation did not report

any of these elements as being necessary or sufficient for the experience of great sex except for kissing.

### *Limitations*

There are several philosophical limitations inextricably associated with the chosen research methodology of this investigation. It is inevitable that in the investigation of a human experience and attempt to determine its essential characteristics, a certain amount of reduction takes place. To address this limitation, thick description (Lincoln & Guba, 1985) was employed to report the results of the investigation, allowing participants to “speak for themselves.” Given the large number of participants in this study, it would not be feasible to report individual variations in the components reported. However, important differences that emerged between participant groups regarding the components or definitions thereof were noted.

Another limitation common to most qualitative investigations is whether researchers are truly studying the nature of the human experience under investigation or whether they are studying individuals’ constructions of that experience. Unfortunately, it is not possible to determine whether differences exist between individuals’ experiences and their reports on those experiences. The fact that such high levels of commonality – almost to the point of uniformity – emerged from the participants’ descriptions allows some confidence that this study did succeed in capturing the phenomenon under study.

Generalizability, in particular, represents a limitation of this investigation. The sample of participants is obviously not representative of the general North American population and may not even be representative of the particular groups chosen for this investigation (i.e., older individuals in long-term relationships, sexual minorities).

Therefore, the results of this investigation should not be considered to represent the definitive components and structure of great sex but rather the components and structure that emerged with this particular group of participants based on interviews conducted at a particular moment in time with particular interviewers. However, as Fischer (2006) stresses, the primary goal and outcome measure of phenomenological research is not generalizability. She states, "That criterion is based in the tradition of looking for universal truth, which is not our goal. A more pertinent criterion for us is that we specify what we can of typicality and variation in particular circumstances" (p. 8). Although the results may not be generalizable to the general population, nevertheless they do have considerable theoretical, research, clinical and educational implications.

Although this study originally sought out individuals who met the criteria for one of three groups (i.e., sex therapists, older individuals or sexual minorities), many participants belonged to one or more categories. In particular, many of the sex therapists were over the age of 60 and had been in long-term relationships of 25 years or more. On many occasions, sex therapists spontaneously answered interview questions from both personal and professional perspectives. Some of the individuals who agreed to participate on the basis of their experiences as members of sexual minority groups were also older and many individuals who agreed to participate on the basis of their age and experience in a long-term relationship had had non-monogamous, bisexual or SM experiences. A minority of older participants engaged in behaviours that could be described as kinky but did not classify themselves as members of sexual minority groups. However, the blurring of the distinctions between participant categories does not represent a great impediment to the interpretation of the results of this investigation.

Within a phenomenological paradigm, the focus of the research is on the nature, components and structure of the experience itself rather than on the characteristics of the participants per se. It was not necessary to know why individuals had gained the ability to experience great sex in order for them to discuss the components of that experience, from their perspective.

The results of this investigation may have been affected by the analysis process. In any group situation, there is the possibility that groupthink (i.e., attempts by group members to minimize conflict and reach consensus without critically testing, analyzing and evaluating ideas) may affect the decisions of that group. Although it is possible that this phenomenon affected the results of the analysis, several safeguards were taken to ensure that this did not occur. Researchers blind to previous discussions were included at each stage of the investigation ( as described in the Methods section) in order to introduce new perspectives on the data and theme/component development. Between meetings to identify the themes and develop the components of great sex, members of the group returned to the interview transcripts. The researchers were encouraged to bracket assumptions each time they revisited the data. New interview transcripts were introduced at each meeting so that themes were continually refined. Outside experts in the field were invited to question and discuss the findings of this investigation.

### *Strengths*

This investigation was the first to examine empirically the nature and components of optimal sexuality and the first to derive empirically a structure of great sex based on the interrelationships among its components. Although other structures of great sex have

been advanced (e.g., Ogden, 1994, 2006; Whipple, 1976 in Broder & Goldman, 2004), these models were not developed based on the empirical analysis of data.

The results of this investigation represent a considerable improvement on earlier models of optimal sexuality because the components and structure of great sex determined in this investigation are based on the evidence of individuals who have experienced great sex. Hitherto, some theories of optimal sexuality have been advanced (e.g., Broder & Goldman, 2004; Ogden, 1994, 2006; Schnarch, 1991); however, these models have been based solely on clinical evidence. For the most part, these authors have been therapists who have come to their conclusions on the basis of their experience working with sex therapy clients. Given that most sex therapy clients do not experience great sex, at least initially, these models may be biased. Many of the sex therapists who participated in this investigation claimed that their reflections on the subject of great sex were affected by the fact that they rarely saw happy, sexually satisfied clients. In fact, several important differences emerged between the descriptions of great sex put forward by sex therapists and those put forward by individuals who had experienced great sex.

One of the major strengths of this investigation was the large number and diversity of participants (N=30) compared to typical phenomenological investigations, which often include fewer than ten participants. Participants came from a wide range of backgrounds with respect to age, sexual orientation, geographical location, educational attainment, relationship status and physical ability/disability status. Participants ranged in age from 25 to 78 and were situated all over North America. Some had completed high school while others had attained doctoral degrees. Some described themselves as completely able-bodied while others had significant physical disabilities or chronic

illness; many also described less than perfect sexual functioning (e.g., difficulties with erections, dyspareunia). Participants reported a great wealth and variety of relationship experiences, including long-term relationships, polyamorous partnerships and casual sex/play partners as well as heterosexual, bisexual and same sex relations. Although participants fit broadly into the three research groups constructed, this was by no means a homogenous sample.

Participants in this investigation also had a wealth of experiences of “great sex” with which to answer our questions. When asked how many times in their lives they had experienced great sex, most participants burst out laughing at the idea of calculating such a high number. Most participants had reflected extensively on their own experiences of great sex and all were able to convey these reflections using clear, evocative language.

The methodology chosen for this investigation provided many opportunities to improve the investigation; its flexibility represented a considerable strength of the investigation. The phenomenological orientation of this research allowed for delving deeply into the depths of the experience of optimal sexuality and explore its nature and components. The results of this investigation reflect this richness of the data. Because the interviews were conducted in a semi-structured format, it was possible to pursue unexpected ideas and experiences. Participants were invited at the outset of the interview to provide feedback concerning the questions and at the end, were invited to contribute additional questions and comments. Many participants did provide such feedback and their contributions enhanced successive interviews.

The methods by which interview transcripts were analyzed by the research group also lend support to the findings of this investigation. The analysis of these transcripts

was conducted by a very large research team with diverse academic backgrounds. Thus, a number of different perspectives were brought to bear on the data, allowing each of us to bracket our assumptions more fully. At each new stage of analysis, additional members were introduced to the team, blind to previous analyses. This ensured that the ideas developed by the group were continually challenged by fresh outlooks. The extremely high inter-rater reliability value indicates that the final set of components reflects the research data accurately.

Given the phenomenological orientation of this research, it was deemed important to adhere to Lincoln and Guba's (1985) criteria for the evaluation of qualitative research, including credibility, transferability, dependability and confirmability. To ensure credibility of the results, interviews were tape-recorded for accuracy, notes were taken by the interviewers and transcripts were reproduced verbatim. Transferability was achieved through the use of thick description and extensive, direct quotations from participants. Results were judged to be dependable by allowing participants to read the results of the research and comment on the veracity of the components identified. To achieve confirmability, researchers attempted to bracket personal biases and assumptions and limit premature conclusions as much as possible.

### *Implications*

The results of this investigation have tremendous theoretical implications for our understanding of sexual functioning and of sexuality itself and should give both clinicians and the general public great cause for optimism.

*Theory.* Most theories of sexual functioning are products of the dichotomized functional/dysfunctional understanding of sexuality that defines current thinking in sex



therapy. Masters and Johnson's HSRC (1966) and Kaplan's triphasic model (1974, 1979) explain sexual response from a primarily physiological perspective. (Kaplan did include sexual desire in her model). A person with normal sexual functioning can successfully complete the cycle whereas someone with a sexual dysfunction may not. These models artificially dichotomize sexual functioning and do not account for the experience of optimal sexuality. The physiological basis of these models is especially problematic given that participants in this investigation believed that great sex had very little to do with proper physiological functioning (e.g., hard erections, vaginal lubrication, intercourse, orgasm). The results of this investigation would inform the development of a more complete understanding of sexual functioning that would incorporate physical, psychological and interpersonal elements and that would be applicable to the entire spectrum of sexual functioning, from dysfunctional to optimal.

Many participants in this investigation who had had great sex also practiced lifestyles and sexual behaviours that have been labelled pathological within the sex therapy literature yet they experienced great sex (regularly, in most cases) and they were able to function adequately in everyday life. Several also had debilitating illnesses or injuries or had partners with injuries or illnesses that prevented them from experiencing normative sexual functioning and completing the HSRC. Many participants also emphasized the need to let go of conventional sex scripts, re-vision sexuality and expand conceptions of sex itself. In light of the findings of this investigation, sexologists need to re-evaluate their understanding of normal sexual functioning and sexual pathology and consider the limitations of their current paradigm. In restricting their conceptualizations

of appropriate sexuality so severely, they are ignoring a wealth of information that could potentially be of great help to clients and the general public.

*Research.* Within the academic literature, the dichotomizing of sexual functioning has informed the outcome goals of therapy and pharmaceutical trials. The scales used to determine treatment success have been designed based on this dichotomy (e.g., the *Index of Sexual Satisfaction*; Hudson et al., 1981). However, the results of the current study indicate that adequate physiological functioning alone is insufficient to explain the experience of optimal sexuality. This idea has been illustrated in part by the low rate of adherence/compliance for sildenafil citrate (i.e., Viagra): Although these men have been able to achieve erections hard enough for penetration, some studies have shown that 50% or more do not renew their prescriptions (Fagelman, Fagelman & Shabsigh, 2001; Madurri, 2001; Pryor & Redmon, 2001; Ströberg, Hedelin & Bergström, 2007). Researchers who wish to develop treatments for sexual dysfunctions need to consider the ultimate desires of participants in clinical trials. Treatments for sexual dysfunction should not be considered successful if they allow an individual to experience perfect physiological functioning but do not gratify their wishes for something more from their sexual experiences (Kleinplatz, 2001).

The results of this study also have important implications for research in the areas of sexual functioning and sexual satisfaction. For the most part, sexual satisfaction has been equated with adequate physiological functioning and adherence to average behavioural frequencies. Therefore, it seems likely that scales and outcome measures based on a dysfunctional/functional dichotomy may produce skewed and misleading results when applied to community samples. Researchers in these areas should consider

the development of scales to measure sexual functioning that would allow a continuum of responses from dysfunctional to optimal.

*Popular culture and the general population.* The results of this investigation could have enormous implications for the general public's understanding of great sex, which has hitherto been defined almost exclusively by the myths perpetuated in media sources. While magazines and self-help books, the primary sources for prescriptive sexual advice, reinforce the primacy of sexual tips and techniques, results from this investigation suggest that a focus on sexual performance might actually prevent the experience of great sex. The actual sexual behaviours and acts performed are far less important than the mindset and intent of the person or couple engaged in these acts. Magazine editors and writers could consider revising their portrayals of great sex to include components identified in the results of this investigation and shift their focus away from an exclusively behavioural understanding of great sex to include the intrapsychic and interpersonal elements.

The results of this research go further to refute many long-standing sex myths. Zilbergeld (1999) outlined many popular myths in *The New Male Sexuality*, including the idea that erections should be as strong and rigid as telephone poles, orgasms should come in multiples and be earth-shattering and sex equals intercourse. Most participants believed that orgasm and intercourse were neither necessary nor sufficient to experience great sex. In fact, many participants for reasons of illness or physical injury, whether their own or their partners', were not able to experience "normal" sexual functioning but were still able to enjoy great sex. If members of the general public were more aware of

the inaccuracy of such myths, they might be less likely to develop or be disturbed by problems of physiological functioning.

The sexuality of older individuals has been marginalized both within the research literature and the general population. They are targeted by pharmaceutical companies and stereotyped within the media. However, results of this study indicate that aging is no impediment to the experience of optimal sexuality and may actually be an asset. Many of the participants in this investigation reported that they did not experience great sex until at least midlife or beyond. Almost all of the participants across categories believed that sex improved with increasing age and maturity.

*Clinical implications.* The results of this investigation have enormous implications for clinical practice. The understanding of sexual functioning in this area too has been dichotomized as functional or dysfunctional. Clients who present with sexual dysfunctions are considered “cured” when they are rid of the physical symptoms of their problem. The results of this study clearly indicate that the functional/dysfunctional dichotomy is both inaccurate and incomplete. The experience of great sex is based on psychological elements; as numerous participants explained, “It’s between the ears.” Therefore, therapists who aim to restore their clients to proper physiological functioning alone are doing them a disservice if the clients believe that proper functioning alone will ensure optimal fulfillment. If clients truly wish to experience “sex worth wanting”, therapists need to aim much higher than merely returning their clients to adequate physiological functioning (Kleinplatz, 2001, 2006; Schnarch, 1991). Otherwise, the client may be able to tolerate penile penetration or maintain hard erections but still take no more pleasure out of sex than she/he did before.

The results of this study also have important implications for the definition and treatment of Hypoactive Sexual Desire Disorder and Sexual Desire Discrepancy. Desire dysfunctions are the most common presenting problems in sex therapy but historically, they have been extremely difficult to treat (Schnarch, 2000). For many clients, their fundamental problem may be that the sex they have is not pleasurable or enjoyable although they experience perfect physiological functioning; naturally, they experience less desire. Therapists would be encouraged to ask their clients what would make sex worth wanting (Kleinplatz, 1992, 1996a, 2006).

The results of this study have important implications not only for those who suffer from sexual dysfunctions but for clients who have been sexually victimized (e.g., child sexual abuse or sexual assault). Although there was no enquiry about sexual abuse, some participants in our study volunteered that they had experienced such victimization and had not only survived but flourished. Although the goals of conventional therapy have been to allow victims of incest or sexual assault to tolerate their sexuality, the results of this investigation suggest that they may achieve much grander outcomes.

*Sex education.* The focus of traditional sex education is largely on the “don’ts” of sexual risk-taking. Adolescents are warned that engaging in sexual experiences is associated with all sorts of unwanted outcomes including parenthood and disease. The results of this study paint a picture of the kind of sex that would be worth waiting for and redefine the meaning of interpersonal risk-taking. This model of sexuality could be used to inform the goals of sex education. Rather than telling adolescents what they should not be doing, they could be encouraged to be true to themselves and authentic. They could learn about the qualities they might want to look for in a prospective partner (e.g.,

caring, respect, sensitivity). They could learn to go into a sexual experience with their eyes open and refuse to settle for mediocre sex.

### *Future research*

Researchers who wish to explore the area of optimal sexuality should focus on the factors that facilitate the experience of great sex and the effects such experiences have on individuals/couples. While the components of great sex identified in this investigation have tremendous clinical implications in and of themselves, knowledge of the factors that facilitate great sex would be invaluable not only to clinical populations but to the general population as well. Pop culture media suggest that most of the general population is interested in great sex. Unfortunately, the information transmitted within the popular culture through the media (the only other source of prescriptive information on the subject of great sex) is at best inadequate and at worst, damaging. Empirically-based evidence that would allow many to improve the quality of their sexual experiences might lead to improvements in overall quality of life, given the associations that exist between sexuality and health (Whipple, Knowles, Davis, Gianotten & Owens, 2007), sense of well-being (Taleporos & McCabe, 2002) and relationship satisfaction (Byers et al., 1998; Cupach & Comstock, 1990; Morokoff & Gilliland, 1993; Trudel, 2002; Young et al., 1998). If the experience of dysfunctional sexuality can affect a person's psychological well-being as well as one's relationship, it seems logical to hypothesize that optimal sexuality might also have significant intrapersonal and interpersonal outcomes.

Future research questions should include the factors that facilitate the components of great sex. For example, what enables a person to be completely present within a sexual experience? How do partners find and maintain a sense of connection during sex?

What would enable a person to be genuine and authentic with another (or others)? While some of these factors have been addressed in other areas of psychology (e.g., Gallwey, 1997, 1998; Green & Gallwey, 1986; Jackson & Csikszentmihaly, 1999) they have not been explored within the context of sexuality. Given that there are important differences between an optimal sexual experience and an optimal sports experience (e.g., the necessity of goals), it is possible that the elements that facilitate these experiences might also differ. For instance, the circumstances and personal qualities that enable an opera singer to be fully and completely present while on stage performing might differ from those required to be fully and completely present in bed with a partner.

Although not a criterion for participation in the study, almost all of the participants had experienced great sex repeatedly and with several different partners. It would be interesting to determine whether the components of great sex differ in comparing individuals who had had great sex only rarely in their lives or with only one partner versus the participants in this investigation.

### **Conclusion**

This study has gone above and beyond previous research in the area of sexual functioning to explore the nature and components of optimal sexuality. Results suggest that contrary to the performance-paradigm promoted in popular culture and the academic literature, the most important components of optimal sexuality are being present, focused, embodied; connection, alignment, merger and being in synch; deep sexual and erotic intimacy; extraordinary communication and heightened empathy; interpersonal risk-taking, exploration and fun; authenticity, being genuine, uninhibited and transparency; vulnerability and surrender; and transcendence, bliss, peace, transformation and healing.

These results have tremendous implications for theories of sexual functioning, clinical treatment of sexual dysfunctions and future areas of research.



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APPENDIX E<sub>1</sub>**Semi-Structured Interview Script for Individuals Experiencing Optimal Sexuality**

Time of interview: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer (s): \_\_\_\_\_

Interview Code #: \_\_\_\_\_

Review informed consent. Ask participants to assent verbally.

\_\_\_\_\_ Check off after participant assents verbally to consent.

Turn on tape recorder with consent.

*Questions for individuals experiencing optimal sexuality:*

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Sexual orientation: \_\_\_\_\_

Relationship status: \_\_\_\_\_

Number of years with current partner or longest relationship: \_\_\_\_\_

Occupational status: \_\_\_\_\_

Highest educational attainment: \_\_\_\_\_

Disability/ability status: \_\_\_\_\_

**What is great sex?**

- Has your definition of great sex changed over time?

**At what point in your life did sex become great?**

- Have your perceptions of what it means or what it takes to have great sex changed over time?
- Did you learn how to have great sex?
  - how? why?

**What proportion of your sexual experiences are great?**

- How often have you had great sex?
- How do these experiences differ from other sexual experiences?

**What are the elements or characteristics of great sex?****How would you recognize great sex if you stumbled into it?****What leads to great sex?**

- What do you do to have great sex?

**Are there special characteristics of partners with whom you have great sex?**

**What does it take to have great sex in terms of:**

- participants
- environment
- activities
- skills
- sex acts
- individual qualities
- partner qualities
- relationship qualities

**What is the role of \_\_\_\_\_ in great sex?**

- orgasm
- intercourse
- fantasy

**Please think back to your three best sexual experiences...**

- **What are the commonalities among them?**
- **What are the commonalities among the relationships in which these occurred?**
- **Did these experiences have an impact on you?**
  - What was their impact on your:
    - thinking/feelings
    - body-image
    - self-image
    - image/thinking/feelings about your partner
    - expectations
    - on your relationship
- **Did these experiences have an impact on your partner or partners?**
  - What was their impact on your partner's or partners'?
    - thinking/feelings
    - body-image
    - self-image
- **Did these experiences affect your desire?**
  - Did these experiences increase or decrease your sexual desire?
  - If so, desire for what?

**Do you think great sex is:**

- **similar for men and women?**
- **similar for gay and straight people?**

- **similar for able-bodied and disabled individuals?**
- **similar for young and old people?**

**Do you have any other thoughts or comments?**

Review and verify informed consent, reminding participants that they are free to withdraw at any time, now or at some later date. If a participant wishes to withdraw his or her data at some later point, they need only contact us and provide their pseudonym, which we will match to their audiotape or written transcript. We will then withdraw their interview data.

\_\_\_\_\_ Check off after reviewing informed consent, again, and participant assents verbally.

Thank participants. Ask about questions and concerns. Tell participants that we would be pleased to share our findings with them.

APPENDIX E<sub>2</sub>**Semi-Structured Interview Script for Sex Therapists**

Time of interview: \_\_\_\_\_

Date: \_\_\_\_\_

Interviewer (s): \_\_\_\_\_

Interview Code #: \_\_\_\_\_

Review informed consent. Ask participants to assent verbally.

\_\_\_\_\_ Check off after participant assents verbally to consent.

Turn on tape recorder with consent.

*Questions for sex therapists***What is great sex?**

- Has your definition of great sex changed over time?

**What are the elements or characteristics of great sex?****How common is great sex?****Are there special characteristics of individuals who have great sex?****Of the individuals who have great sex, what proportion of their sexual experiences do you think are great?**

- How do these experiences differ from other sexual experiences?

**Do you think that people who have had great sex have always had great sex?**

- If individuals who have great sex are born, what makes these individuals different from others?
- If individuals who have great sex are made, what leads these people to have great sex?

**What does it take for people to have great sex?**

- environment
- skills
- sex acts
- individual qualities
- partner qualities
- relationship qualities

**What is the role of \_\_\_\_\_ in great sex?**

- orgasm

- intercourse
- fantasy

**Do you think great sex is:**

- **similar for men and women?**
- **similar for gay and straight people?**
- **similar for able-bodied and disabled individuals?**
- **similar for young and old people?**

**What effects does great sex have on an individual's:**

- thinking/feelings
- body-image
- self-image
- image/thinking/feelings about their partner
- expectations
- on their relationship
- desire

**Do you have any other thoughts or comments?**

Review and verify informed consent, reminding participants that they are free to withdraw at any time now or in the future. If a participant wishes to withdraw his or her data at some later point, they need only contact us and provide their pseudonym, which we will match to their audiotape or written transcript. We will then withdraw their interview data.

\_\_\_\_\_ Check off after reviewing informed consent, again, and participant assents verbally.

Thank participants. Ask about questions and concerns. Tell participants that we would be pleased to share our findings with them.