SEXUAL AWARENESS
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Sexuality is an integral part of who you are. A healthy attitude includes regarding sex as a positive aspect of your personality and expressing sexuality in a manner that enhances your life and intimate relationship. You and your partner are sexual in similar and complementary ways that can enhance your bond as respectful, trusting people who value your intimate relationship.

This perspective differs drastically from the traditional Victorian or double-standard views that many people grew up with. Negative learnings about sexuality—especially that sex is “exciting but dirty” and that men and women are from different planets sexually—inhibit sexual desire and function. Sexuality is a way to express your human need for touching, sharing, pleasure, and eroticism. This need is equally valid for the woman and the man.

You can increase awareness of and comfort with sexuality. This is not a demand to be sexual and perform at any time or in any situation. That sexual pressure is traditionally placed on the man. It is as dehumanizing a view of male sexuality as the traditional female imperative to not be sexual at any time, in any situation, or with any person other than her husband—and even then not be carried away with passion. You can learn to be comfortable and accepting of yourself as a sexual person. It is your choice to be sexual at a time and in a manner that allows you to genuinely celebrate intimacy, pleasure, and eroticism.

How do people learn about sexuality? There are many sources, but the prime one is through touch. The touching you received as an infant from your mother and father is important; so is your own touching to explore your body. Before the age of 6 months, most children discover
the positive sensations of touching their genitals. Was playing with your penis or vulva accepted by your parent as normal and healthy, or were your hands slapped and told, “No, that’s dirty”? We do not blame parents for adult sexual problems; your parents acted according to what they knew. Only in recent years have sex educators and researchers advocated acceptance of childhood sexual curiosity and exploration. We believe that as an adult you can undo negative learnings and build a healthy sexual awareness and comfort. You can create your own adult sexual voice.

Children’s touching themselves is likely to include both nongenital and genital touch. They are experiencing positive feelings and have an important lesson to teach adults. Sensuality is the basis of sexuality. Children feel they are entitled to the warm, comfortable feelings of sensual touch. Genital exploration and stimulation are a natural extension of sensual touch.

Masters and Johnson, the pioneer sex researchers, point out that you cannot will or force sexual response. No person and no book can make you become sexually aroused or have an orgasm. The potential for sexual response is natural and lies within you. What you can learn is awareness of sensual and sexual touch, how to nurture sexual desire, the importance of clear and direct communication, active involvement in giving and receiving pleasure, and openness to eroticism. Be positive about your sexuality, not inhibited by the “roadblocks” that interfere with healthy sexual expression. The most common roadblocks are anticipatory anxiety, performance anxiety, trying to impress your partner, goal-oriented sex, forcing sexual response when you are not turned on, using sex as a weapon in an argument or power struggle, using sex in a manipulative manner, and doing something sexually that you are not comfortable with or that violates your values. Sex is not a performance or a spectator sport, nor should you seek to prove something to yourself or your partner. Performance orientation inhibits desire, pleasure, eroticism, and satisfaction. Sexual awareness is facilitated by being open and receptive to affectionate, sensual, playful, erotic, and intercourse touch. The essence of sexuality is giving and receiving pleasurable touch.

**SUSAN**

Susan is a good example of a person who was controlled by inhibited sexual desire. She is 32, divorced, and has custody of her two children. She received little sex education other than the jokes and stories of friends. As an adolescent, Susan was attractive and popular but felt pressured by
boyfriends. Although she enjoyed the attention, affection, and excitement of touching, she felt ambivalent and held back. This pattern is typical of the dating experiences of adolescent and young adult women. The woman fears being taken advantage of. She is concerned about pregnancy, sexually transmitted infections, and being labeled promiscuous.

Susan’s most powerful negative learning came from the double standard. The man assumed the role of initiating and pushing sex. He was supposed to be sexually knowledgeable and experienced. This put Susan in the position of fending off sexual advances and not saying what she wanted or making requests. She was afraid of leading her boyfriend on and being labeled a *tease*. When she was expressively sexual (making sounds or engaging in pelvic thrusting), her partner told her that was not the “right” thing to do. Susan became embarrassed and altered her sexual responsivity, which diminished her desire and arousal.

Susan became pregnant at 18 and entered into a fatally flawed marriage. She did not feel in control of her life and regarded sex as the culprit. Four years later, after a relationship that focused on her second husband’s sexual needs rather than on hers and resulted in another unplanned pregnancy, he left her for another woman.

Susan was suffering from low self-esteem, depression, and difficulties coping as a single parent. Neither of the ex-husbands nor her parents provided financial resources. Luckily, she had the support of a women’s group and entered a career training program. At 32 Susan was professionally competent, financially functional, and responsible for herself. Unfortunately, she had not transferred these attitudes and behaviors to her sexual life. She was merely repeating adolescent experiences and felt they were not worth the effort. She did have male friends but had not had a sexual relationship in 4 years. When a friendship with a man became romantic, Susan panicked.

Susan consulted a female psychologist with a specialty in relational and sexuality issues. The therapist emphasized that Susan had a right to choose whether or not to be sexual but that when she did sexuality could enhance her life and relationship. She consulted a gynecologist and chose the birth control pill. Rather than striving to be orgasmic, Susan focused first on being comfortable with her body and self-image. She engaged in a self-exploration/touch program that improved her sexual self-esteem. Susan utilized sexual fantasies to enhance self-stimulation, enjoying images of men servicing her as if she were a powerful queen. Susan learned to view herself as an attractive woman and was able to be assertive and tell her partner what she wanted practically, emotionally, and sexually. For the first time, Susan was looking forward
to being an involved, active sexual person, with touching and sexuality playing a positive, energizing role in her life and relationship.

**SEXUALITY AS A CHOICE**

Both men and women are entitled to make choices about sexuality, including choosing to be nonsexual. You can enjoy sex without having to prove anything to yourself or your partner. You do not have to apologize for or defend your choices. You deserve sexual comfort, pleasure, eroticism, and satisfaction.

Sexual desire means that “you want to.” You can nurture and enhance sexual thoughts, images, and fantasies. A key to sexual desire is positive anticipation. Feeling that you deserve to enjoy sex and can anticipate pleasure is crucial for sexual desire. Use fantasies to anticipate and rehearse a sexual encounter. Fantasies are psychological turn-ons that facilitate desire and receptivity to touching, pleasure, and eroticism.

The cultural stereotype is that women need encouragement to be sexual but men do not. According to tradition, the man needs nothing emotionally or sexually; he could have sex with any woman, at any time, in any situation. What a terribly demanding, and demeaning, myth! It is especially burdensome for the man with inhibited sexual desire. Desire problems are a secret he tells no one, especially male friends, for fear of ridicule. It would be easier to admit to an erection problem than to disclose you feel low or no sexual interest. The man does not even tell his wife or partner what he is feeling; he avoids sex by working too hard, drinking too much, blaming his partner, or having another headache.

Men need to be more accepting, less critical, and less demanding of themselves sexually. Young men experience anxiety, guilt, and confusion about sex, but rarely do they have problems with desire or arousal. This is because adolescents learn to masturbate early and learn to view sex as a way of confirming masculinity. In addition, young men use sexually explicit fantasies. Male sexuality is tied to youth, illicitness, and automatic, autonomous erections. For a middle-aged man, these sources of sexual desire lose their strength, and men often fall into the trap of viewing themselves as “over the hill.”

You can develop a new, healthier way of understanding yourself as a sexual man. You need to rid yourself of the pressure to be a “stud” who can induce sexual desire and produce an erection at will. As you age, you become less a sexual athlete and more of an involved lover. Which is more important: that you get an erection without needing your partner’s touch or that you enjoy the give and take of sexual sharing? As you
age, sexual desire and arousal become a shared, cooperative experience. This can be a great advantage for you and your intimate relationship.

You can feel masculine and sexual as you age as long as you accept bodily changes and adopt healthy attitudes. Of special importance is to value shared pleasure rather than feel you have to perform for your partner. Do you give yourself permission to believe that it’s normal not to feel turned on sometimes? Are you entitled to say no to sex? You are a sexual person, not a sexual machine.

ALEX

Alex is a 51-year-old married man who has experienced inhibited sexual desire for the past 4 years. Alex talks wistfully of experiences as a young man when sex was the major thing on his mind and he had erections whenever he saw a woman. He had several premarital partners and married Darcy when he was 27. Alex reported a lessening of sexual desire at age 30, after 3 years of marriage and two children. In his 30s and 40s Alex had sex once or twice a week. When he was out of town, he would occasionally go to a prostitute (he practiced safe sex) or massage parlor because he felt that is what “real men” did. He considered his sex life average and moderately satisfying but gave sex a low priority.

About 4 years ago, Alex’s oldest son began living with his girlfriend. Alex had ambivalent feelings. He liked the woman and was glad his son was in a stable relationship, yet he was worried about their “living together” rather than marrying. Alex envied his son’s sexual relationship because he felt “used up” sexually. Rather than discussing this with Darcy, male friends, or a therapist, Alex decided to remedy the problem by having an affair with a younger woman as a “tonic.” As often happens, the affair provided sexual excitement but caused major problems. Alex felt used by the woman in many ways, including financially. When the affair was discovered by a friend and reported to Darcy, it provoked a strained and embarrassing 6-month period. For the next 3 years, sexual desire disappeared from Alex’s life. He would occasionally have sex at Darcy’s initiation but had difficulty maintaining an erection. This frustrated and depressed Alex and increased his sexual avoidance. He would occasionally masturbate, especially after a poor experience with Darcy, to reassure himself that physiologically everything was functional.

Alex came to therapy after reading an article about inhibited sexual desire. His first question was, “Am I normal?” Alex was seen individually and then with Darcy. The therapist helped Alex clarify what he valued about sexuality and the benefits of revitalizing marital sexuality. Alex

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had negative self-esteem as a middle-aged man. He did not anticipate sex and believed the myth that the best sex was “youthful and illicit”—like his son’s. The core issue was that Alex had lost his erectile confidence. This resulted in a pattern of anticipatory anxiety, performance-oriented intercourse, frustration, embarrassment, and avoidance.

Self-defeating attitudes and the unrealistic goal of returning to youthful sex are major causes of inhibited sexual desire in middle-aged men. These have to be confronted and replaced with healthy attitudes and new strategies, including non-demand pleasuring, erotic scenarios and techniques, and developing a cooperative, give-and-take intimate relationship. This puts new life into couple sexuality and allows you to adopt an attitude of sexual challenge rather than mourn the loss of youthful sexual vigor. Sexuality becomes pleasure oriented, intimate, erotic, and interactive, including being less predictable. In other words, the challenge is to adopt the Good Enough Sex (GES) model rather than stay stuck in the traditional, sex-performance approach.

As Alex’s interest and desire returned, his erectile comfort and confidence also returned. If it had not, Cialis, a pro-erection medication, might have been used as an additional resource to rebuild comfort and confidence with erections. In the past few years, physicians have used Viagra as a “magic pill” for desire, erection, and everything else sexual. It would not have “cured” Alex, however. Men have to make attitudinal, psychological, and psychosexual skill changes if a pro-erection medication or another medical intervention is to be successfully integrated into couple sexuality. Alex learned to value Darcy’s sexuality and their give-and-take stimulation. They did not have that in their 20s, so in many ways sex in their 50s was more involving, better quality, and more satisfying. Their therapeutic experiences inoculated Alex and Darcy from sexual problems in their 60s and beyond.

**EXERCISES: ENHANCING AWARENESS OF YOUR SEXUAL SELF**

The focus of the psychosexual skill exercises in this chapter is to help increase awareness of what you personally value about sexuality and identify ways to enhance desire. In addition, you need to identify blocks and inhibitions to sexual desire that can be confronted and changed. The exercises are learning and exploring experiences, not performance tasks. You cannot fail at an exercise. They are aimed at helping you become aware of what you can celebrate about yourself as a sexual person.
First Exercise: Sexual Self-Esteem

Set aside at least a half-hour when you have privacy and are not distracted or worried. Give yourself permission to focus on the sensitive, yet crucial, topic of your sexual self-esteem. You might want to sit in a comfortable chair, have relaxing music in the background, and keep at hand something on which to jot notes to yourself. Begin by doing a personal historical inventory:

1. Where did you first hear about sexuality? From parents, friends, religious education, siblings, on the street, through reading?
2. Was sex presented as good and exciting or as evil and fearful?
3. What were your parents like as a marital and sexual model? Were they affectionate with you and your siblings?
4. What do you remember about touching and exploring your body as a child? Was it okay, or were you told this was bad?
5. What about sexual play with children in your neighborhood or with siblings or cousins?
6. When did you first explore your genitals? Did it feel good, or were you anxious and guilty?
7. When did you carry self-exploration through to masturbation?
8. Did you enjoy being orgasmic?
9. For men, what was your reaction to your first nocturnal emission (wet dream)?
10. For women, what was your reaction to your first menstruation? Was it a transition into womanhood or a source of embarrassment?
11. How old were you when you started dating?
12. Did you think of yourself as attractive and a good person to go out with?
13. Were initial dating experiences good for your self-esteem, or did they cause unhappiness and feelings of rejection?
14. Did you enjoy being affectionate—holding hands, kissing, hugging?
15. Was touching and sexuality an easygoing part of your relationship, something to be experienced and explored? Or was sexuality a double-standard battleground where the man was trying to prove something and the woman was pressured and stressed?
16. When was the first time you were sexually aroused with a partner?
17. What about your first orgasm with another person? Did you feel good about this experience?
18. First intercourse is an important learning for both men and women, and it is often a disappointment. What was it like for you?
19. By the time they reach 25 years of age, 95% percent of people recall at least one sexual experience that caused them to feel bad, confused, guilty, or traumatized. In addition to the trauma of incest, rape, and child sexual abuse, other negative experiences include guilt over masturbation or fantasies, having an unwanted pregnancy or sexually transmitted infection, being sexually humiliated or rejected, being peeped on, exposed to, or sexually harassed. What were your most negative sexual experiences?
20. Does this still cause guilt or flashbacks, or have you processed and accepted negative experiences so they do not affect your sexual self-esteem?
21. What are your attitudes and feelings about being a sexual adult?
22. Do you feel good about your body?
23. Do you feel responsible for yourself sexually?
24. Do you use effective contraception?
25. Roughly 4 in 10 people contract a sexually transmitted infection (herpes, chlamydia, genital warts, gonorrhea, syphilis, crabs). Do you think of this as a medical problem to have diagnosed and treated, or do you see it as a punishment for sex and put yourself down as a “bad person”?
26. Have you had an unplanned, unwanted pregnancy as approximately one of three women has?
27. How did you handle this dilemma?
28. Has it left any psychological scars?
29. What have you learned about yourself and creating a healthy relationship?
30. What aspects of a partner do you most value?
31. What makes for a good sexual relationship?
32. What was your best sexual experience?
33. How has your sexual self-esteem developed in your present relationship?
34. Has it been nurtured and reinforced or has it been subverted and lost its positive focus?
35. Do you “own” positive sexual experiences—that is, feel you deserve to enjoy them?
36. How can you improve sexual desire, pleasure, eroticism, and satisfaction?

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As you complete this self-guided sexual history, be aware of the positive and negative elements of your sexual development. All of us have a sexual history. We have never met a person who did not have bad experiences, negative learnings, or regrets. You can learn from these and honor the experiences but not let them control present individual and couple sexuality. You are responsible for your sexuality. With increased awareness and understanding, you can have a healthy sexual life in the present and future. You owe it to yourself and your relationship to develop positive sexual self-esteem.

Second Exercise: Body Image

Our culture is obsessed by physical attractiveness and youth. Look at the ads in magazines and on TV—attractive, youthful, stylishly dressed men and women selling everything from soap to cars. It is as if to consider yourself attractive, you have to look like a movie or TV star. It’s a self-defeating concept!

Positive body image is integral to sexual desire. You can accept yourself as an attractive person without having a perfect body. We are opposed to people undergoing plastic surgery every 2 years. We are equally opposed to the person who no longer attends to personal hygiene, does not shave, gains 60 pounds, and wears rumpled clothing. Seeing yourself as a sexual person involves accepting your body and emphasizing components that increase your self-acceptance and sense of attractiveness.

Set aside at least an hour of private time. Lay out three clothing outfits—a formal outfit, an informal outfit, and one you consider sexy. If possible, have access to a full-length mirror. Wash and groom yourself in a manner you find attractive. Put on your formal outfit and look in the mirror. What do you like best about your appearance? Do you see yourself as an attractive adult who takes care of yourself? Think of the compliments you have received when you were dressed formally; instead of dismissing them, realize you are an attractive person.

Put on your sexy outfit. It could be a dressy ensemble, a swimsuit, an unbuttoned shirt and pants, or a favorite nightgown or PJs. As you look in the mirror, experiment with changing your hairstyle, facial expression, or stance and posture. Enjoy different aspects of your body image; do not be embarrassed or inhibited about being expressive in front of a mirror. Give yourself permission to experience different dimensions of yourself and your body. See yourself as a desirable, attractive person.

Switch to your informal outfit. You do not need to be dressed formally or seductively to have an attractive self-image. Some people like a clean-cut, well-pressed image; others prefer a low-key, informal image; still others like to look distinctive and unique. What is your style?
preference? Give yourself permission to promote positive changes in your body image, especially your sexual self-esteem.

Be aware of the images, clothes, and attitudes that add to your feeling of being an attractive, sexual person. Focus on these at least twice a week for the next month as you reinforce an image of yourself as a sexually desirable person.

Third Exercise: Sexual Fantasies

If people were to know about your sexual fantasies, they would be shocked and you would be embarrassed. True or false? The socially desirable answer is false, but the reality is true. More than any other element of sexuality, erotic fantasies are your private domain. Even more than masturbation, fantasy is a private experience. Why? Fantasies by their very nature involve socially unacceptable thoughts, images, people, and situations. We do not fantasize about having intercourse in bed with our spouse. We fantasize about sex with a movie star, our best friend’s spouse, an exotic person, a stranger, someone of the same sex, a relative. We fantasize less about intercourse, more about oral sex, being tied up, raping or being sexually coerced, performing simultaneously with four people who admire your sexual prowess, simultaneously engaging in oral and anal sex, being in a threesome with our spouse looking on in horror or fascination. In our fantasy we do not have sex in our bedroom but on a beautiful beach, in the office with everyone looking on in envy or disgust, in front of a 30-foot fireplace, on a movie set. People’s erotic fantasies would be embarrassing and humiliating if publicly discussed. The source of sexual desire and arousal lies in this “forbidden fruit” aspect of sexual fantasy.

The essence of sexual fantasies is their illicit, creative, unpredictable nature. This is what makes fantasies an erotic turn-on. Fantasy and behavior are very separate realms. Fantasies are not meant to be experienced in reality but to be relished as harmless, exciting, sexually arousing images. Fantasies serve as a bridge to initiate sex and to heighten arousal. Fantasies are very problematic when the person obsesses about one scenario, experiencing high levels of eroticism combined with high levels of shame and secrecy. Secrecy, shame, and eroticism form a poisonous combination.

Give yourself permission to focus on a range of fantasies and images without judging or putting yourself down because they are “kinky,” “weird,” or “lustful.” Enjoy erotic fantasies and images; allow yourself to feel sexy and “horny.” People pair fantasies with masturbation. You can use your imagination or material like Internet porn, erotic stories, or a video you find to be a turn-on. The most common source of erotic
material is Internet sex sites. You might be turned on by visual material, stories, or mental images. Use what works for you. Go with the fantasy; let it carry you rather than you direct it. Sexual fantasies have a life of their own, with a strong emotional, irrational component. As you experiment with sexual fantasies, do not become obsessed with just one. The mind is your private X-rated cinema. Enjoy the variety; it is free. Learn to enjoy fantasies for what they are: a positive part of sexuality that is a bridge to desire, eroticism, and orgasm. Erotic fantasies are the most common form of multiple stimulation during couple sex.

**Fourth Exercise: Erotic Scenarios**

One of the nicest things about being a child was your birthday, when everything was designed to please you. That seldom happens as an adult. We suggest couples designate “caring days,” when your desires and emotional needs are given special attention. This is almost never done in the sexual arena. This exercise gives you permission to experience your favorite sexual scenario.

Plan a day to enhance your sexual desire. You might start with breakfast in bed, then take a walk in the woods, have a midday nap, listen to your favorite music, enjoy your partner’s affection and caring, be surprised by an inexpensive gift or a bottle of wine, get a full-body massage, go to a movie, have dinner at a new restaurant, delight in a long, luxurious bath. Where does sex fit in? It could be in the morning, before or after your nap, in the early evening, or at the end of this special day.

What would be a special erotic scenario for you? It could involve being stroked and caressed for as long as you desire, experimenting with an oral sex position you have read about but were too bashful to try, being stimulated in front of a mirror where you enjoy visual as well as tactile stimulation. What about playing sexually for 10 minutes, taking a bath, then being submissive to your partner’s every desire, perhaps using two intercourse positions you have not tried for ages (sitting facing each other, rear entry, standing up, the woman sitting on the man)? Would you enjoy multiple stimulation—him orally stimulating your breast and with one hand stimulating your clitoral area and the other hand stimulating your anal area? Some couples like active, abandoned sex where she “attacks” him and strokes his penis hard, sucks intensely during fellatio as he rapidly thrusts his pelvis, after which they engage in intercourse involving deep, fast, rhythmic thrusting. Other couples prefer a sexual scenario that is slow and tender with lots of intimate, loving verbal exchange. Choose your erotic scenario, play with it, enjoy it. You do not have to limit the scenario to one special day; enjoy eroticism in your ongoing couple sexuality.

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CLOSING THOUGHTS

Sexual desire is not something you either have or do not have. Desire is a multidimensional set of attitudes, behaviors, and feelings that reflect you as a sexual person. Sex is an affirming aspect of life, and sexuality is an integral part of your personality. You are responsible for your sexuality and can build positive sexual self-esteem. Learn to express sexuality so it enhances your life and intimate relationship.