

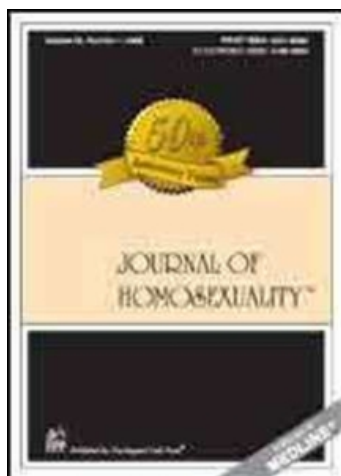
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Learning from Extraordinary Lovers

Peggy J. Kleinplatz ^a

^a Faculty of Medicine and School of Psychology, University of Ottawa, USA

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Learning from Extraordinary Lovers: Lessons from the Edge

Peggy J. Kleinplatz, PhD

University of Ottawa

SUMMARY. This paper discusses lessons about sexuality and eroticism gleaned from those who engage in extraordinary sex, even though such relationships have typically been classified as pathological. What can clinicians learn from those who seek and attain uncommon sexual relations? Such individuals' sexual epistemology, goals, understanding of the nature and spectrum of sexual and erotic relations, communication strategies and "outcome" criteria can provide valuable lessons for those who treat sexual problems or aim to overcome sexual mediocrity. For example, while traditional sex therapy often focuses on what is on the surface, some SM participants are interested in the meanings that lie at a deeper level. Whereas conventional clinicians may focus on enabling particular sexual acts (especially heterosexual intercourse), SM participants are more apt to be concerned with the varied spectrum of underlying purposes motivating these acts. Whereas many couples are willing to settle for merely functional sex, SM practitioners may be more interested in contact that necessitates intense, erotic connection; sophisti-

Peggy J. Kleinplatz is affiliated with the Faculty of Medicine and School of Psychology, University of Ottawa. Correspondence may be addressed: 161 Frank St., Ottawa, ON K2P 0X4, Canada. The author would like to thank Ronald E. Fox, PhD, for his constructive comments and suggestions on earlier drafts of this article.

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cated communication of subtle differences in intent; and eventuates in profound self-knowledge and transcendent levels of intimacy. Illustrative case examples are provided. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2006 by The Haworth Press, Inc. All rights reserved.]*

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UNCOMMON SEX: LEARNING FROM EXTRAORDINARY LOVERS

The purpose of this paper is to explore what clinicians can learn from those who seek and attain uncommon sexual relations. Specifically, what can we learn about the farther reaches of human erotic potential by studying self-identified, consensual SM practitioners?

The idea of studying those we deem as "other" to learn about sexuality is not original but remains uncommon. In 1979, Masters and Johnson studied the sexual behavior patterns of gay and lesbian individuals. They concluded that gay men and lesbians were more sensitive and effective lovers than their heterosexual counterparts (Masters & Johnson, 1979). Gay and lesbian couples devoted more time to lingering over the various stages of erotic arousal, spent more time talking with each other, were more empathic and had more effective communication strategies (Masters & Johnson, 1979). These findings, unfortunately, did not garner much attention. The import of these findings goes beyond what they reveal about a particular group of individuals; rather, Masters and Johnson's work demonstrates the benefits that can accrue from a shift in perspectives and methodology in sexology. The over-arching contribution of their research is that there is a great deal that "we" can learn from "them," if only we attempt to study those we consider different. Much can be gleaned from studying all kinds of individuals, even when there seem to be superficial or even significant differences between "us" and "them." Divergent groups have much more to teach us than the workings of a particular brand of sexuality; they also can teach us about sexuality per se and how to improve it (Kleinplatz, 2001).

The mental health professions and society have marginalized SM practitioners. Sexual Sadism and Sexual Masochism are still classified

as mental disorders in the *Diagnostic and Statistical Manual* of the American Psychiatric Association (APA, 2000). Society has discriminated again SM practitioners. But there is another way of thinking about the margin: What if we conceive of it as the cutting edge of human sexuality? The intent here is to turn our thinking about human sexuality on its head. Instead of simply pathologizing sadomasochism, we might ask what lessons can be learned about human erotic potential by learning from those who engage in uncommon sex. We may have a great deal to learn if we quit pathologizing whatever seems alien and, instead, examine and perhaps embrace the possibilities and potentials that may be revealed (Kleinplatz, 2001).

This is neither a plea for inclusiveness nor for recognizing sexual diversity but rather to acknowledge and study the erotic lives of individuals we have marginalized, from the elderly, to the disabled, the polyamorous and those diagnosed as Paraphilic. In this particular paper, the focus will be on individuals who practice SM. The goal is not to advocate that everyone practice some particular variety of sex—let alone SM. The intent here is to see what can be discovered about the range of healthy or even optimal sexuality by exploring and examining divergent modes of sexual expression.

Below are two case illustrations. The first couple identified as SM practitioners when they came for therapy. The other couple did not practice SM initially but by the time therapy terminated, their erotic horizons had expanded. Having already stepped outside the bounds of traditional sexuality, that is, having already violated the norms of conventional sexual definitions, identities, preferences and orientations, SM practitioners are well situated to chart their own paths. They are free to ask themselves, “How high can we fly?” “How far can we take each other via erotic play?” Clearly, they have something to teach us about the farther reaches of human erotic potential. The next section describes these two couples and is followed by ten lessons from the edge.

What brings SM individuals/couples into therapy? In my clinical practice, which is limited to sex therapy, the presenting complaints among SM practitioners resemble the concerns of other patients seeking sex therapy, such as erectile dysfunction, lack of sexual desire, vaginismus, etc. So it was with these clients. My approach, however, tends to differ from the norm in the field of sex therapy (Kleinplatz, 2001, 2004) which often aims at treatment of symptoms of sexual dysfunctions. In my practice, when clients are so inclined, we use the

presenting complaint as an avenue towards substantive change (Mahrer, 1996/2004) and optimal erotic fulfilment.

Both cases are discussed with informed consent and identifying details have been disguised to protect the couples' identities (Cliff, 1986).

CLINICAL ILLUSTRATION: JOHN AND MARIE

The first couple is John and Marie. I have described the first few sessions with this couple previously (Kleinplatz, 2001, 2004). The surprise for me was that after their initial problems had been resolved, this couple chose to remain in therapy to fulfill an entirely different agenda. The couple were referred to me because of his erectile dysfunction. They had spent so many years prior to the outset of therapy literally watching his penis going up and down that they had lost interest in sex.

During the second session, I asked her about the last time that she had felt sexually excited. She said she could barely remember. I asked her to find a moment where something was happening inside of her. It did not matter if it was "sexual" or not. She said, "Actually, it was just the other night. I was starring in *Carmen*. I got up there on stage and I started singing." She described what it was like to have all the members of the cast at this rehearsal with their eyes upon her. I pictured her there at the center of the village square strutting her stuff—being so ravishing that she was daring all the men around her to look. Marie was really blushing as she realized that what she wanted was not only to be ravishing but to be ravished. She wanted every man in the room to be unable to take his eyes off of her. She wanted to capture her partner with her raw aesthetic and to have him unravel her. This was not acceptable to them but there was no denying that the room was heating up as the session progressed. She felt flustered until she turned to him and found that he was "ready to eat [her] alive." She liked that. Within a week after the conclusion of the session, his erectile dysfunction vanished as did her lack of sexual desire because they had discovered something they had never dared to discuss: She wanted to be dominated and he was eager to get out of politically correct mode with her and to own her.

By the next session their presenting problems had evaporated, yet, surprisingly, they returned for 40 more sessions. It was no longer to deal with problems but in order to attain higher levels of erotic intimacy. They chose to deal with what they named initially "our submerged fear of sexual demons," that is, their intense guilt and shame upon discover-

ing that they were very excited by SM. For him in particular, this did not fit intellectually, given his “pro-feminist values.” It was quite a discovery that male aggression could be a life-affirming force when it was carefully marshaled in the context of nicely challenging, mutually consensual dominance and submission.

At the next session, as they were in the first thrall of discovering that the erectile dysfunction had dissipated, they said, “It may have been lousy SM but it was the best lovemaking we’ve ever had. It’s funny that by playing the role that’s not who you really are, you can come close to becoming who you really are . . . And that’s why it’s so scary.”

As they began to explore tentatively in foreign territory, they said, “What’s lurking there? Is it a monster? It’s hard to know what to do with a part of oneself you don’t know.” I asked them if they really wanted to know: “How far into this voyage of self-discovery are you willing to take each other?” She would say to him, “What scares me is needing too much and you being overwhelmed by my needs so that you can’t find out what you want.” She would pull back from expressing her wishes so as not to impose upon him with her erotic desires. She would become silent and then resent being silent. Over the course of several months, both during psychotherapy sessions and in their time alone, they developed better communication and negotiation strategies. They then used these new skills to ask for what they wanted and to have those needs fulfilled without feeling that they were pushing each other beyond tolerance. Instead, they began pushing each other’s limits in ways that were mutually beneficial.

Both began realizing the importance of owning their own fantasies instead of placing the origins and responsibilities for their fantasies someplace else. She would say, “I realize that I’ve been in my head sexually rather than in my body. . . . Now it will take some work to bridge the faceless men I’ve always fantasized about with this actual man whom I love and who loves me and who could reject me by discovering who I really am.” He reported, “I’m very excited to be tapping into something outside my usual evaluative mode—to be discovering my own capacity for exploration, openness and creativity.” And with that, they both commented on innocence in a new form: unselfconscious sexual experience and the lifting off of the adult perceptual imprint from experience, thereby exposing raw sensation. They revelled in pure sensuality, in pre-verbal, fully embodied touch, unadulterated, uncorrupted, and undiluted by assessment, judgment and beliefs.

They also began violating various other kinds of norms that most do not even notice or detect such as the belief that sex was supposed to be

“natural and spontaneous” (Klein, 2002). It did not seem romantic to them—as they had previously defined romantic—when they had to *plan* carefully to spend three, four or five hours or perhaps even an entire Sunday in bed together. It took them a while to consider the possibility that the incontrovertible, sexual rules they had taken for granted were, in fact, subject to change. Once they grasped the advantages of arranging time for slow, sensuous, erotic intimacy, they grew to like it. “Spontaneity” was replaced by anticipation and playfulness as well as a willingness to enter into the unknown.

Each had regarded their fantasies as a prison, never once sharing them with one another; these prisons had prevented them from communicating for fear of being understood—not misunderstood, but understood accurately. Now that they recognized fantasies as potential—as possibility—they grew less afraid of being seen, of being known, and being utterly naked to each other. In one of our last sessions, she commented, “To be really free would be to say, ‘I like SM’—period. Not to say, ‘We’re doing it to *be* free, eventually’ so that we can ultimately drop it when we are free but just because I like it. I used to think that the day I was free would be the day I would be rid of my SM fantasies. Instead I discover that the day I *am* free is the day I *claim* all this.” She began to laugh. Then she began to cry. Then he joined her in crying.

They discovered their mutual love of high levels of erotic intensity. They engaged in all kinds of role-playing, from Sleeping Beauty to vampire scenes, in which they explored their own shadows.

At the outset, they had been a very conventional, politically correct couple; by the time of our last session they were experimenting with sharing a “24/7,” dominant-submissive relationship.

CLINICAL ILLUSTRATION: CAROL AND DANA

Dana and Carol were a couple who had been together for twelve years and who referred to themselves as Leather Dykes, with Dana primarily topping Carol. They came to therapy for a multitude of reasons. Carol was a survivor of physical and sexual abuse. She had been referred for treatment of lack of sexual desire and anorgasmia. She would “freeze” during sex, shutting down to the point where she would hyperventilate and faint. Notwithstanding her unorthodox sexual behavior, she held many “conventional” attitudes about sex. She was emotionally inhibited and disembodied. She was also exceptionally intelligent.

Dana, also, was a survivor of physical and sexual abuse brutal enough to require plastic surgery to remove scar tissue. Previously, she had been diagnosed with obsessive-compulsive disorder and panic disorder. She had numerous somatic problems including arthritis, cardiovascular disease and genital pain. She was on a large regimen of medications and was seeing gynecologists, psychiatrists and cardiologists, among others.

Carol and Dana reported that for five years before commencing therapy, neither one of them had had sex, let alone with each other. Both had a history of flashbacks every time they did have sex. They had constructed a relationship very carefully in which one had lack of desire or arousal problems only to be alleviated as the other developed similar problems. It was as if they had decided to take turns having difficulties with desire and initiation. In systemic terms, they had manoeuvred to keep the absolute distance between them constant, even if this distance occasionally shifted locations.

They had sought my help primarily because of my work with the sexual concerns of sexual abuse survivors. In our first session, as they catalogued the drugs that might be affecting them sexually, I suggested they discuss their medications with their physicians. They responded that both were terrified of seeing health-care professionals, especially physicians. In the past, every time either would be examined by a physician, there were numerous questions about the various, readily visible marks on their bodies. Given that Dana had a myriad of serious physical problems, requiring continuing medical attention, she could not afford to go too long without receiving appropriate health care. I recommended *Health Care Without Shame* (Moser, 1999) to help them deal with their quite legitimate suspicions of conventional health care and to provide useful information about how to obtain the medical attention that Dana required.

During our second session, one week after I had recommended this reading material, they announced, much to my surprise, that the book had been arousing. The book is intended to provide health-care information rather than be a source of erotic material. I asked them to describe what they had found arousing. They answered vaguely that it had been, "... a bunch of stuff ... like about piercing." This had led them to begin having sex, "... but of course, it led to pain so we stopped." I asked about what got them going and about what exactly made them stop. Carol said, "... an orgasm equals fears of loss of control." Nonetheless, they had spent some time playing together erotically, which is more than they had done in five years.

After the second session, Dana tied Carol up and penetrated her anally. Carol had felt very embarrassed about being aroused. She said, "I couldn't protect myself." These words provided fuel for our work together. From what did she need protection? She explained that every time she shut down, it was not because of lack of desire: "I dissociated but it wasn't only around leather—it was around losing any kind of control." Dana intervened, saying, "That's OK. You can lose control. I know how to bring you back." They considered this carefully and both agreed that they were willing to let Dana exercise this emotional power in their explorations.

At the following session, Dana said, "Well I wanted to take her further but I hesitated to come up against Carol's mental walls." Carol responded, "Having my clit stimulated makes me feel like a puppet on a string." As these words clarified Carol's dilemma, their solution began to crystallize: Could Carol control Dana's hand while Dana controlled Carol's clitoris, even though Dana had already secured Carol in bondage? Given their sincere willingness to work together and to put their entire trust in one another, they were able to devise ways of doing this. They were inspired and creative in their use of cues. They used "safe words" (i.e., code words popular in SM communities) which spelled out what each could or could not do, plus "Let's try this," "Let's not try that," "I don't know if I'm into that but I'd like to find out," and especially, "No, I'm not into that but please take me further anyhow, if you can." That "cured" the anorgasmia.

Specifically, in the next session, Carol reported that as she had approached orgasm, she had felt afraid of how she looked and of being laughed at. While bound by Dana, she had begun to cry and went into a fetal position. Nonetheless, she expressed her fears, remained present and connected with Dana. Dana's response had been "to keep stroking Carol and talking to her, reassuring her." The safety Carol had felt during this process had allowed her to reach orgasm. Carol expressed a willingness to venture still further: "I'm willing to let go and give you more control." Dana responded, "Funny, my agenda is to help you find your limits and then to push them." Carol said, "I need the freedom to let my censor leave the room." The love and faith that allowed them to experience this freedom via bondage were palpable in the session.

As their explorations continued, their activities involved nipple clips, extreme bondage, renewed experimentation with Carol's pain-pleasure threshold and flogging. The flashbacks had ceased. The sexual dysfunction had been eliminated. Their level of intimacy had increased.

Both of them, but especially Dana, had brought a lot of baggage to therapy. Dana had come out as an SM activist twenty years ago and had had to contend with being called a bad lesbian and a bad feminist because of her SM activities. She had shut down the leather parts of her identity out of fear of doing further damage to her reputation as a feminist and because of the judgment and rejection she had already received. In so doing, she, "had lost [her] adult autonomy." Thus, when she entered into her current explorations, it was not merely to help Carol to become more orgasmic; rather, along the way, Dana was reclaiming parts of herself that she had disowned in the past. In the process, Carol helped Dana to demystify the desires that their own community had pathologized.

As they delved deeper, Dana expressed a readiness to deal with her history of abuse. She described the contours of the scene she envisioned to help transcend her suffering. It involved switching roles with Carol and allowing her to assume control. Dana turned to Carol saying, "Tie me up so it's safe for me to go back there and remember it and work through it and get my own power back from it." Carol was touched by this request and replied, "I am honoured by the opportunity and challenge." Then Dana added, "I want to be swept off my feet . . . I want someone to get inside me and tune into what turns me on . . . Except for my abusers, no one could ever tune into me on that level . . ." To which Carol responded playfully, "I volunteer to penetrate and turn you inside out." Carol's glee at the prospect brought Dana to tears of joy. She described her senses as suddenly very acute.

The notion that survivors of childhood sexual abuse can endeavour to resolve their pain via erotic explorations is bound to make many therapists recoil. Yet I have come to respect the power of (what some therapists might call) such "corrective emotional experiences" to transform one's relations with the past. Carol and Dana did not undertake this challenge lightly but cautiously and respectfully, despite the impish tone. This work requires skill and care on the part of the therapist to help navigate through the numerous minefields involved in any such process. Furthermore, it involved tremendous skill and courage on the part of these clients; they were playing as lovers with early childhood memories as well as with family of origin issues and adolescent sexual assaults. They were deliberately, consciously, knowingly rewriting the horrors of the past and re-integrating missing parts of themselves in the process. Although I do not advocate the routine use of their approach by others, their experiences invite further exploration and thinking regarding the healing processes that may be at play.

Their effectiveness was evident in their outcomes: Previously, they were haunted by the ghosts of childhood sexual abuse and the ghosts of politically correct, lesbian feminism whispering, "You are really sick." Now, the accusatory monologues were being replaced by an inner dialogue fostered by our therapy as well as by the work these women engaged in as lovers. They were enabled to thumb their noses at the demons and to say in essence, "But it turns me on and it's life affirming." Or as Dana exclaimed after a particularly intense fisting scene, "I'm a pervert, a slut and loving it." A core of solidity, vitality and authenticity emerged from years and layers of deadness.

They flourished as they continued to use SM sex in the process of self-definition. In our final session, they commented about what an enormous gift they had bestowed upon one another. Both asked, "How far am I willing to go . . . and what does that say about me?" They were enjoying their intimate union, on the verge of transformation and headed towards the unimaginable. Their parting words as they left their last session were, "If we keep doing this, we win."

TEN LESSONS FROM THE EDGE

I would like to honor these four, very courageous individuals by recounting what I have learned from them. The following are 10 lessons from the edge, that is, what ordinary clinicians and ordinary lovers can learn from extraordinary couples who are at the farther reaches of human erotic potential. These lessons do not pertain only to SM practitioners; on the contrary, the value of these insights is their relevance for sexuality in general. The 10 categories overlap in some instances but are separated in order to emphasize differing nuances of meaning.

Lesson 1. The power of intense eroticism lies within.

Talk of keeping sexual relations vibrant often focusses upon increasing variety (e.g., varying routines, trying new positions, adding sex toys). However, such simple "solutions" risk missing the point: The power of intense eroticism is not to be found in clever, skilled or expert stimulation and manipulation of the partner's genitals but in penetrating the person within. Too many people, including too many therapists, are focused on partners' bodies. One must reach inside the partner's inner world to find his or her secret places and to appreciate his/her uniqueness.

Unfortunately, in the last few years, our discourse around sexuality has been dominated by the pharmaceutical industry (Tiefer, 2000) which encourages us to think in terms of a “fit-tab-A-into-slot-B” model of human sexuality (McCormick, 1994). What my clients (above) teach is that in order to become a great lover, one must first enter into the partner’s phenomenal world and find the other’s secret places. It was very difficult for John and Marie to acknowledge to each other what they really wanted. Although it was anxiety-provoking, it was even more life affirming to uncover and discover themselves in each other—to see themselves reflected in each other’s eyes and to know that even when they were utterly naked, they were accepted for exactly who they were.

Eroticism can potentially go beyond the sensory to involve the entire range of intrapsychic and interpersonal elements. The passion of eroticism may perhaps be most profound when both partners sense the metaphoric penetration of one another’s deeper, inner, hidden selves (Kleinplatz, 1996a). Such intrapsychic penetration can be scary. Most pull back from it. But what makes it frightening is also what makes it embarrassing, exhilarating, compelling, remarkable and unforgettable.

How can we come to know one another in bed? One answer may be through heightened empathy and by continuing to uncover and discover the other, long after the most expedient routes to orgasm have been mastered. Sex goes awry when people touch without feeling; clients report how dismal it feels to be touched as if they were pieces of wood rather than embodied beings, alive in their flesh. That kind of disaster is relatively easy to detect. The more interesting problem occurs when two people have ceased to explore one another precisely because they have confused the goals of erotic intimacy with the goals of sexual performance or release. One involves emotional safety and tension reduction while the other entails heightening of erotic tension and, often, raising the emotional stakes. There is a shift in epistemology from a focus on knowledge of the partner’s bodily responses *per se*, by perfecting the manipulation of the partner’s genitalia, to using the partner’s responses as a way to penetrate and enter the person within. In conventional sexual relations, the epistemology is unclear. In extraordinary sex, the objective of coming to know each other—particularly the secrets that one is ambivalent about sharing or even that one senses only dimly oneself—is made explicit. This intricate level of self-revelation and knowledge is essential if partners are to “push the limits” in SM interactions.

Lesson 2. The devil is in the details. Aim for better, more finely tuned, intricate, specific phenomenology.

We are missing the boat by not looking carefully enough at the details of what erotic arousal is about. Combinations of subjective, sexual/erotic meanings are as distinctive as fingerprints. While traditional sex therapy often focuses on what is on the surface, many SM participants are interested in the meanings that lie at a deeper level.

If a patient walks into a therapist's office and states that he has intense, long-standing fantasies of being bound and beaten and has uneasy feelings about it, the therapist now has sufficient information, based on the *DSM*, to diagnose him with a paraphilia, specifically Sexual Masochism (Kleinplatz, 2001). In contrast, if he were to present himself to a professional dominatrix with the same opening remarks, she would be out of business very quickly if she decided on that basis to simply restrain and flog him. Instead, she would be interviewing her client very carefully to discover precisely what he was seeking.

The clients described above paid a great deal of attention to the cues coming from each other. The "top"/Dom/Domme/Master/Mistress needs to know the precise nature of the partner's desires and must use sophisticated communication skills to discover subtle differences in intent and meaning.

The devil is in the details. Describing a person as dominant or submissive does not begin to capture it. Four dominant individuals may bring distinctively different intentions to superficially similar acts: The first wants dominion, rule, to stake claim, to possess, to mark his territory; a second wants a target for her aggression, her pent-up, uncivilized, pre-verbal, wild energy; a third seeks freedom, abandon, unrestrained license to do as he pleases without having to account for his choices; and a fourth is deliberate, calculating, methodical, proceeding sometimes with scientific detachment and other times with scientific zeal, in search of knowledge and absolute control. Similarly, here are four submissive individuals: The first wants to belong, the security of knowing his place, to be part of something bigger than himself, to be possessed. The second longs to be known and exposed, no escape from her own secrets, to be penetrated and plundered, to have no way out, no deceiving, misleading or concealment possible. The third seeks adventure, to go on a ride with no known destination, time line and no built-in safety net, and once she signs on, all right to back out is forfeited. The fourth is compelled by losing control, by being overwhelmed, by being penetrated, invaded and intruded upon, until he surrenders, body and

soul, until there is no will of his own remaining, only the capacity to respond fully and without question.

As a field we spend too much time focused on labels and not enough on unique, individual phenomena. In fact, our diagnostic labels may obscure further exploration of the distinctive individual present in the office. We can learn a lot from extraordinary clients. They do not stop at the peripherals or at the superficial level but aim to access the level of underlying meanings.

If we develop and employ more sensitive epistemologies, we may begin to understand the vast array of ways of being, sexually and otherwise, that have been lumped together. In order to become more effective therapists, we will need to strip away the pretense of clinical understanding implicit in our diagnostic processes and to discover the particular erotic meanings that reside in the details.

Lesson 3. Do not engage in “sex” (whatever that means) until your level of arousal is through the roof. Otherwise, you invite and incur the risk of developing sexual dysfunctions, pain or desire disorders.

The model of sexual relations that predominates in our culture is one of heterosexual intercourse as the defining act and ultimate end of sex. For most heterosexual couples, intercourse remains *the* sex act. Everything else is relegated to “foreplay.” As soon as she has begun to lubricate and he has an erection, they are seen as “ready” for “sex.” However, engaging in sexual intercourse when the necessary physical conditions have been barely attained may not be sufficient for ensuring long-term sexual/erotic satisfaction. Thus, paradoxically, settling for sexual functioning as the primary indicator of readiness for sex may risk eventual sexual dysfunction.

Some regard this line of reasoning as nonsense and would reply that people can withstand all kinds of tolerable or even miserable sex without it causing them sexual dysfunctions, pain or desire disorders. Whereas that may be true of one-night stands and of very short-term relationships, if one is going to have a long-term relationship, then “sex” had better be exciting, or else why bother?

There is a reason that the most common sexual problem is lack of sexual desire: It may be that couples settle for mediocre sex until their bodies finally begin to protest at the death of their dreams. John presented with erectile dysfunction. Typically, they had initiated coitus while at fairly low levels of arousal. What they discovered was that if they attempted to engage in intercourse when they had barely reached

the threshold for minimal sexual functioning, that choice would sometimes result in “sexual dysfunction” and sometimes not. On the other hand, if they refrained from intromission until their arousal levels soared, then they could not go wrong. Then, not only was John going to be erect and Marie well-lubricated and both of them very desirous, but the focus of the sex was no longer to revolve around whether or not they managed to “function” well enough/adequately to get through intercourse. Their lovemaking began to sizzle and, more importantly, the rest of their relationship became passionate, too. Thus, they were no longer worrying about whether or not he would be able to attain “an erection sufficient for penetration.”

Lesson 4. Relationship factors require continuing attention. The levels of trust, communication and negotiation skills required for extraordinary, erotic intimacy far exceed those common in ordinary sexual relations.

This “lesson” seems obvious. This is sex therapy 101 and yet perhaps we sometimes forget it. None of these principles is unique to SM couples. On the contrary, the point is that these principles can and do apply to all of us. We may sometimes overlook them because the focus of our work can be terribly mundane. When looking at extraordinary couples, we see that in order to attain their calibre of sex, one has to (or both have to) expend considerable effort to achieve the required level of trust. For example, the level of trust typically required for a woman to allow a man to insert his penis into her vagina cannot compare to the level typically required for a man to allow his partner to insert his or her fist into his rectum. The latter requires communication and negotiation skills, exercised in advance. It will not “just happen” unless it has been worked out, that is, discussed, planned, organized and consented to beforehand.

Even the level of trust and communication required to accomplish the physical aspects of fisting is distinct from the trust required to share feelings of emptiness and fullness/completeness, of wanting intense bonding, to be known and touched and felt from the inside out, so fully and profoundly that one or both are changed by virtue of the encounter and the knowledge that they have entered the transgressive realm together.

Obviously, the submissive must trust that the dominant’s motives are honorable and respectful—that all exploitation will be mutually advantageous, desired, consensual and beneficial. Perhaps less obviously, the dominant must trust that the submissive has enough self-knowledge and

awareness of the risks and benefits to enter into their encounter giving fully informed consent. No dominant—at least in a successful, ongoing, erotic relationship—can function effectively without knowing that he or she is truly free to act as he or she deems best; he or she must trust the submissive's judgment which allows him or her to “top” the submissive without fear of actually damaging (or even of being accused of damaging) the “bottom” or their relationship. The required dialogue is not easy but can be a deeply rewarding means of ensuring that the other's needs are met.

Many individuals want others to be mind-readers so as to evade responsibility for their own desires. Disputes about even relatively simple matters, such as sexual initiation, are common. Lovers have difficulty saying, “How about if we switch positions this time?” or even “. . . a little to the left, dear.” When sex therapists coach couples in sexual communication skills, we are typically aiming towards relatively low levels of request and refusal behaviors. If even that is difficult, it is infinitely more risky to share the deep desires that put one's joys, sorrows, unresolved wounds and temptations on display before a beloved partner. If we probe extensively enough and deeply enough, most of our clients and most of our lovers have little or not so little desires that haunt them in the dark, that niggle at them and yet cannot be denied, commanding attention while simultaneously demanding relief. The challenge in sharing such desires is not merely a matter of technical difficulty. It is not a matter of finding the words to communicate the unspeakable. It is choosing to reveal one's inner self so openly, without pretense or guile, that there is no going back.

This means a willingness to go beyond truthfulness or even honesty to authenticity and transparency, to allowing oneself to be vulnerable and naked, whether as “top” or “bottom,” to allow one's deepest desires, fears, hopes and sources of joy to be touched, explored in the trust that they will be handled with care. The very act of establishing a safe-word is a shared acknowledgment that protests in moments of extreme intensity may be fraught with ambivalence—or outright play-acting—but are created in the spirit of mutuality and goodwill.

This level of vulnerability is not only implied by the “Safe, Sane and Consensual” SM credo but is the essence of the underlying principles. The notion is of entering into the erotic encounter with enough presence of mind, integrity, trust and fortitude to divulge one's most exciting, stimulating, titillating, threatening, joyful, anxiety-provoking fantasies with the expectation of respect for self and other(s) to make that mutual consent knowing, informed and meaningful.

Lesson 5. Sex has as many purposes as there are people having sex. "Sex" is about "nonsexual" purposes, also.

Men and women who practise SM are often judged as mentally ill on the basis of their motives. Admittedly, they may engage in SM for goals, objectives, purposes and reasons other than "sex." Some sex therapists regard it as pathological when individuals become sexually aroused by stimuli or associations "that are not inherently about sex" (Hastings, 1998, p. 110). One of the criteria listed in the sexual addiction movement for diagnosing pathology is when individuals use sex for nonsexual purposes (Carnes, 1983, 1991; Schwartz & Brasted, 1985). But even the authors who advocate this position rarely define what a "sexual purpose" is. It seems implicit that there is a correct purpose for sex.

What is this purpose? Is it reproduction, sexual intercourse or orgasm? How is this determination to be made? When the goal of treatment for the Paraphilias is to have clients become aroused only in the presence of the correct stimuli and for the correct purpose(s), there must be someone authorized to assess which kinds of arousal are acceptable and which are to be diagnosed and treated as pathological. The problem is that this determination is not about the well being of the clients; this may say more about the values of the therapist (and/or the society that he or she has been designated to represent). This pernicious process is about a particular set of social mores being disguised in scientific jargon and harnessed to further sexual oppression.

The notion that sex has a correct purpose is equivalent to saying that the only purpose for going for a walk in the woods is to get exercise. There are many good reasons for going for a walk in the woods. Maybe one just likes the scenery. It is dangerous to allow "experts" to dictate what the right reason is for having sex, let alone that the right reason ought to be reproduction or orgasm.

It is claimed that participants engage in SM as a means of affect regulation and/or that they are unable to maintain intimacy (APA, 2000; Levine, Althof & Risen, 1990; Schwartz & Masters, 1983). My clients demonstrate that the capacity for intimacy, even though expressed unconventionally, runs deep indeed. It is further argued that the evidence for SM as pathology, specifically sexual addiction, is that the dependence/withdrawal process is progressive and degenerative (Carnes, 1991). But under which circumstances is affect regulation perceived as problematic? How are we to distinguish when attempts to intensify or modulate one's emotions signify a pathological process and when they

are healthy or life-affirming? All too often such judgments are moral—not scientific in nature. Do we express concern for the mental health of the person who progresses from sailing a boat down a river to circumnavigating the globe? Do we speak of dependence when individuals feel uneasy because they missed their morning workout? Vague criteria and scare-mongering tactics keep us afraid of the dark unknown. Maybe all that is proven by virtue of increasing SM intensity is that its participants are seeking increased growth.

Erotic sex often serves nonsexual purposes. To think otherwise seems to be foolish and to sell sex short. The irony is that the definition of pathological sex is also the marker of multidimensional sex. To use sex for only one purpose, tension release, is to deny all the manifold purposes that every human connection can attain/contain. What the clients (above) illustrate is that as they finely tuned the purpose of their sexual relations to fit their own inner needs, they had more and more fulfilling sex.

Here is the paradox: Engaging in sex for nonsexual purposes is considered pathological. Mediocre sex often fulfills the goal of tension release. Great sex has to tap into much more; it has to touch our cores. Very often, in conventional sexual relations, people are reluctant to acknowledge what they are really seeking or hoping to attain via their sexual contacts. Among some SM practitioners, emotional and erotic transparency is valued so that at least in theory, particular motives and goals are to be divulged and shared rather than hidden obliquely.

Lesson 6. Sex can accomplish more than tension release and orgasm. It can bring about feelings of aliveness, expansion, self-knowledge, joy, a sense of peace, harmony, ecstasy, wholeness and of “coming home.”

Conventional models of sexuality, whether held by sexologists or ordinary lovers, stand in stark contrast with the actual experiences of some SM practitioners. Whereas many couples are willing to settle for merely functional sex, SM practitioners seek erotic contact that necessitates intense, erotic connection and eventuates in profound self-knowledge and transcendent levels of intimacy.

Although some sexologists are interested in multidimensional perspectives on sexuality (Helminiak, 1998; Ogden, 1999), much of the discourse around sexuality has robbed our field of an understanding of just how all-encompassing human sexuality can be. Sex can involve our very souls. This is the kind of sex the clients cited above are having. The

power of the deep erotic connection they attain is such that it is often described as “coming home.”

Whenever partners share in extraordinary sexual relations of whatever kind, one of the characteristics reported is a sense of synchronicity, of high levels of mutual attunement which typically stems from and inevitably creates an intense mutual bond. Such partners know each other so intimately that they can almost predict the other's responses while also aware that if they play just the right notes at precisely the right moments, the chords they strike will create an entirely new melody—never heard before and never to be repeated in quite the same fashion. This combination of expectancy, unpredictability and heightened empathy provides the elements necessary for intensifying their erotic bond/intimacy. It is a high wire act, albeit with a net underneath.

The sexual relations found among the clients cited above are not about people who are running away from intimacy, notwithstanding the unusual nature of their sex lives; it is about choosing an extraordinary level of intense, erotic intimacy and of mutual trust. Once one enters the power exchange with a trusted partner, there is no going back, literally or figuratively. To put oneself in another's hands is not about escapism but rather about being uncovered, exposure and discovery. To be held, appreciated, embraced and loved despite being (or because of having the courage to be) vulnerable and known intimately can lead to self-discovery and acceptance that is transforming. This is living on the edge. It may entail placing oneself in suspended animation, changing one's pain threshold and intensely focused concentration.

What the clinical illustrations above demonstrate is that unfettered erotic expression can be an important avenue for emotional release and psychic freedom. Access to one's deepest inner needs and wishes enables greater self-knowledge which in turn facilitates authenticity (Mahrer, 1996/2004).

Lesson 7. Sex can be profoundly transformative. It can be therapeutic, healing and/or transcending not only sexual wounds but various kinds of psychological injuries.

The transformative power of the erotic (Kleinplatz, 1996a, 1996b, 2001, 2004; Leonard, 1989; Morin, 1995; Ogden, 1999; Rofes, 1996; Schnarch, 1991) has been largely absent from our discourse in sex therapy. However, the couples above and others like them have discovered that sex can serve as a vehicle for intrapsychic, interpersonal, erotic and spiritual growth occurring on multiple dimensions simultaneously.

In fact, for the individuals described above, their erotic encounters were designed specifically to create transformative moments. Although their choices may be controversial, Dana and Carol choreographed their erotic play in order to enable Dana to confront and exorcise the ghosts that had haunted her ever since her childhood sexual abuse. In particular, they employed the consensual power exchange of SM to recreate the childhood moments when much of Dana's inner self had been prematurely and forcefully shut down. Their work/play together (as planned and rehearsed in therapy) allowed Dana to access hidden parts of her self and to reclaim them on her own terms.

Dana's cardiovascular disease remained present but her need for medication decreased dramatically, and, certainly, her genital pain was eliminated. Her anger about the incredibly violent abuse that she had suffered had dissipated. Dana was not only fully alive but later chose to volunteer with an organization serving other survivors of sexual abuse. She wanted to share with others the knowledge that sex need not be the enemy but could instead provide the road to healing when one enters into one's own eroticism with nothing held back.

Some have suggested that SM desires are not only pathological but are symptomatic of a history of sexual abuse (Maltz & Boss, 1997). Similarly, others argue that SM activity indicates attempts at escape from self (Baumeister, 1989, 1997). On the contrary, Dana and Carol's experiences indicate that SM may be a powerful tool in self-discovery. I am not advocating SM as a "treatment" for incest survivors but I am suggesting that those who are drawn to power exchange should not automatically be "treated" with elimination of these desires set a priori as the therapy goal. At least in some instances, individuals can use consensual SM play as a vehicle to change their relations with the past and to re-integrate the potentials that have been hidden within.

For both couples above, living out their fantasies meant putting their ambivalence, conflict and even torment on display. They had deliberately laid out the strictures in which they could discover what they were capable of—providing one another with the permission, security and parameters wherein to test limits. (The theme of freedom in bondage is common among bondage enthusiasts.)

Lesson 8. Aim high. Learn from those who refuse to settle for merely, incredibly pleasurable and thoroughly satisfying sex.

Sexologists focus primarily on the abnormal and pathological despite the lack of a clear reference point; there is little knowledge of what constitutes normal sexuality, let alone the nature of optimal sexuality or how to attain it.

Correspondingly, most clients come to sex therapy because they are having little sex, little desire for sex or because of sexual dysfunctions. Therapists often terminate treatment when we have helped clients to achieve mediocre levels of sex (Schnarch, 1991). Their sexual problems may have been treated to the point where they have attained normative performance standards. However, the clients' sex lives may not be especially fulfilling, either. The quality of their sexual relations often remains disappointing and dissatisfying. Mechanical, quick-fix treatments for sexual performance problems (e.g., erectile dysfunctions, vaginismus) may eventuate in infrequent sex and future problems of low sexual desire.

Instead, we may need to learn from those who aspire much, much higher than even merely incredibly pleasurable and thoroughly satisfying sex. My clients reveal a great deal about the farther reaches of human erotic potential by virtue of how high they aim. If we want to know something about fitness, there are obvious advantages in studying Olympic athletes rather than couch potatoes. Similarly, sex therapists will need to focus more attention on erotic adventurers who refuse to settle for merely satisfying sex but who seek transformation. This kind of sex does not just "happen," let alone spontaneously—it requires attention, forethought and devotion. It presupposes a mindset in which participants aim for growth and in which erotic intimacy provides a vehicle for expanding one's boundaries and stretching one's limits.

Whereas many people conceal themselves during sex, extraordinary lovers deliberately seek out the anxiety provoking. That which creates embarrassment, trepidation, a sense of foreboding, or provokes uneasy nervous laughter, curiosity, a titillating sense of risk and/or a compelling hint of arousal (Mahrer, 1996/2004) may suggest the potential for growth resides there. Rather than trying to dampen, modulate, contain and ignore (i.e., "bypass") the anxiety that interferes with "functioning," such lovers explore and exploit sensitive areas and use them as an avenue towards personal development and erotic intimacy. They may not know what lurks in their own shadows but the attitude is of welcoming unknowns.

Lesson 9. Keep going deeper, higher and further. The eroticism is in the continuing exploration, uncovering and discovery of possibilities and potentials (especially key in long-term relationships).

Very often, couples who report low frequency of sexual relations and little excitement during sex (the ones who are just ripe for having af-

fairs) say, "The mystery is gone. I look back so fondly to that first year, to the honeymoon phase of our relationship and . . . it's over. I don't know what happened. . . ." It is often because they spent the early part of their relationship trying to get to know each other but stopped exploring once they found the formula to help reach orgasm as expediently as possible. Knowing the formula, they then repeated it, not noticing that nothing kills sexual desire as much as doing what works—relentlessly. The message from my clients is that in a long-term relationship, despite sure knowledge of the partner's body, it is essential that one continue to explore the person within—and then explore deeper, higher and further. The consequences of participating in sex over a prolonged period without intimate, sexual connection, even when the mechanical aspects of sex are satisfactory, may be the loss of sexual desire or the ability to become aroused (Kleinplatz, 1996b, 2001).

The need for continuing sexual exploration, even or particularly when it feels risky to pursue further, is particularly important in light of the common belief in the sex therapy literature (cf., Carnes, 1991; Johnston, Ward & Hudson, 1997; Schwartz and Brasted, 1985) that it is important to contain (what we perceive to be) deviant impulses. Paradoxically, the attempt to contain impulses, in effect, is making those impulses increasingly ego alien or ego dystonic. My "paraphilic" clients often initially try to hold their desires at bay. It seems safer that way. John and Marie worked very hard never to acknowledge to themselves or each other what really excited them. The more they tried to make their inner selves opaque, the more energy was required to dissimulate. On the other hand, once they began the process of self-revelation, things shifted. The elements she had always thought were erotic proved to be so at first, but soon began to evolve. Even the greatest of fantasies tends to shift in character once fulfilled, or as some would say, once it is no longer ego alien and becomes ego syntonic.

Clients often fear that once they acknowledge their desires—or even more dangerously, attempt to fulfill them, no matter how minimally—they will never be able to deny them again; they will be drawn to living out their fantasies endlessly, becoming "addicted." Yet the opposite is often the reality. Those who attempt to foreclose on their deepest desires often find secrecy and isolation only fuel fantasies. The effect of disclosure, in contrast, brings relief. Fantasies seems less crazy, lose their intensity and the power to menace. The effect of actualizing fantasies, even a little bit, serves as a reality check and provides the realignment that comes with finding out precisely what one really wants. When

the ultimate fantasy, the simultaneous fear of and desire to be known surfaces, the possibility for self-knowledge and erotic intimacy grows.

Those who presuppose the need to contain impulses may have it backwards: They may be colluding with their clients' fears of what lies within. If on the other hand we as therapists stop being afraid of the things we are afraid of and if as lovers we are willing to go deeper and higher in penetrating one another's souls, then we can have long-term relationships with the potential for long-term joy.

Lesson 10. Being on the edge is scary but then so are the alternatives. Erotic adventures are genuinely risky but then the risks of erotic stagnation are no less dangerous.

Others, including other sex therapists, question the wisdom in validating and perhaps even encouraging individuals and couples to explore erotic alternatives, asking me, "Don't you understand what you are advocating is scary?" Yes, of course it is scary. Being on the edge is scary but then so are the alternatives. Erotic adventures are genuinely risky but then the hazards of erotic stagnation are no less risky. That is the part we are not talking about as a field and that we need to discuss. Sometimes, when our clients present with complaints of arousal problems or lack of desire, there is no pathology. There is nothing wrong with either of them. There may be nothing wrong with them as a couple but if I had their sex life, I would be bored, too. As summarized by Moser, "Enjoyable sex is not a substitute for hot or passionate sex" (1992, p. 69).

Teetering over the edge may involve remaining present while exposed, being raw and emotionally unprotected. It means opening oneself up and surrendering to being known with no guarantee of safety. There will be no assurance that feeling intensely means feeling only joy and pleasure; when one is fully engaged, pain can really hurt. Is that a good thing or a bad thing? The answer requires a value judgment.

Perhaps it is time to consider the alternative. Of course erotic adventures are risky. My clients' sexual activities may seem disconcerting to many people. But the hazards of erotic stagnation are what bring many clients into our offices. Instead of searching for psychopathology, why not acknowledge the lackluster nature of their sex lives and learn from those who have extraordinary sex even when it is extraordinarily kinky sex? We can tell clients, "Look, you can stay where you are, but there is a cost to doing that. There is a cost to engaging in risky sexual behaviors as well. Pick one."

CONCLUSIONS

Two couples were referred for sex therapy for treatment of sexual dysfunctions including erectile dysfunction, low sexual desire and anorgasmia. Both couples resolved their sexual difficulties as they became increasingly intimate in the context of consensual SM relationships. Although Sexual Sadism and Sexual Masochism are still classified as pathological (APA, 2000), sexologists may have much to learn by studying those we have marginalized. Instead of merely treating patients for sexual dysfunctions or Paraphilias, we may use both their "disorders" and their solutions to teach us about the farther reaches of human erotic potential. Having transgressed outside the realm of conventional sexuality, these clients were enabled to experience extraordinary levels of arousal, desire, self- and mutual knowledge, authenticity, trust and eroticism. The lessons they teach are not specific to SM; on the contrary, they demonstrate that those on the edge can reveal much about extraordinary sex per se for individual/couples in general. We can either continue to dismiss/condemn transgressive individuals/couples or we can study their sexual relations in an attempt to discover the transformative potential of intense erotic intimacy.

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