If you want to rekindle your sex life, put desire aside—at least for the moment. Instead, start by telling each other intimate stories.

This is the cornerstone of my approach to helping partners revive a sexually empty union. Most recently, I used this model with Justin and Kris, a strikingly attractive couple in their early 40s. Married for 10 years, they’d once been passionate partners. That was history. “We haven’t made love in more than a year,” said Kris in our first session, her voice barely audible.

Justin, occupying the other end of the couch, stared miserably at the rug. “I don’t have a clue where to go with this,” he finally said, popping his shoulders in an approximation of a shrug.

THE TYRANNY OF ORGASM

Ever since Masters and Johnson introduced the renowned four-phase Human Sexual Response Cycle (Excitement-Plateau-Orgasm-Resolution) and Helen Singer Kaplan revised it with her Triphasic Sexual Response Model (Desire-Arousal-Orgasm), sexual desire has occupied a central place in the psychological-medical-cultural imagination, defining the template for what’s supposed to be a healthy sexual life for couples and often determining whether they have sex at all. In my experience over 25 years as a sex therapist, however, these models impose a rigid, linear scheme on what’s actually a messy and multidimensional process.

Most sex therapists, myself included, were trained in a version of the Masters and Johnson model, which holds that sexual desire is a biological drive, like hunger and thirst. If my clients failed to experience regular and reliable desire toward their partners, I concluded that they needed medical and/or behavioral interventions, which might include referral for hormone supplements, prescribed date nights, or viewing porn. These were supposed to move clients briskly along toward the end-all, be-all goal of orgasm. The trouble is that for many couples, this approach simply doesn’t work. Many couples tried hard to resuscitate passion, failed miserably, and concluded that their relationship was dysfunctional or broken, when that wasn’t necessarily the case.

Instead, the problem is the belief that human sexual response requires desire as a prerequisite for sex. This is a recipe for disappointment. For most couples, following the initial infatuation phase, in which one’s partner appears to be the hottest person on the planet, desire inestimably wanes. If it fizzles out altogether, many couples resign themselves to a sexless union or split up, hoping to find erotic satisfaction with a new partner.

My experience is that most couples can rekindle desire, but not as the first order of business. The approach I’ve developed, which I call sexual narrative therapy, presents a fresh way of thinking about sexual challenges and solutions. Rather than focusing on desire at the front end, therapists can start by helping couples like Justin and Kris identify and transform the unconscious sexual narratives—cultural, familial, personal, relational, and bodily—that interfere with their capacity to connect sexually.

As Australian social worker and family therapist Michael White has so persuasively shown, the stories people tell themselves—if not acknowledged and revised—powerfully shape their experience. Again and again, I’ve seen that once partners identify and share these histories with each other, defenses dissolve, and desire has a chance to reawaken.
“So you started off with a lot of desire,” I said. “Then what happened?”

“I don’t remember what happened,” he said. “I was just a young guy then.”

“Everything was easy,” Justin added. “We were both so engrossed in each other, and when we split up, we just didn’t want to look back. We were in love.”

“I love him,” Kris broke in, “and I still think he’s the most attractive guy I know. I want to fix this. I want to make it right.”

“Kris looked intrigued. “One crucial element,” I continued, “is the notion of willingness. You can’t be physically sexed out because you feel hurt, but because you trust that once you get started, you’ll begin to enjoy it. And the more you enjoy it, the more your relationship will flourish.”

Now, both Kris and Justin looked interested.

“You can imagine trying willinessness as a way to work toward sexual connection?” I asked.

They looked at each other for a moment, and then nodded. “We’ve got nothing to lose,” said Justin.

Once Kris and Justin had confirmed their willingness to reestablish a sexual connection, I introduced the most crucial element of our work together. “To work more deeply on your issues, we need to gather information on your family and sexual and relationship histories,” I began.

“Will that help us understand how each of you was socialized to view your sexual stories are influencing your sex life now?”

To accomplish this, I told them I’d need to meet with each of them individually for two to four sessions. This kind of in-depth history-taking is a powerful tool for uncovering deeply held secrets.

For many couples, this experience is transformative in itself, as it’s the first time they’ve thought about and shared personal, painful, and shameful stories in a nonjudgmental space, within which clients can safely explore their sexual stories. For many couples, these experiences can include stirrings of attraction, the discovery of self-pleasuring, playing doctor with friends, or enduring unwanted touch.

I track certain themes. The first is boundary transgressions. These are experiences that made the individual feel out of control, scared, confused, disoriented, or hurt in relation to his or her sexual or self-integrity. Boundary transgressions can include physical, emotional, sexual, or verbal abuse, or more subtle derogatory messages about sexual orientation, gender nonconforming behavior, or being male or female. The latter transgressions can include an offhand remark by a parent, such as “Don’t be a sissy” or “You look like each one in that stool.”

I also track relational or attachment wounds. These emerge from experiences that left a person feeling abandoned, neglected, disdained, or intruded upon emotionally, thereby impeding the development of intimacy. The story behind these experiences often came from childhood. For the therapist, it’s an opportunity to create a safe, nonjudgmental space, within which clients can safely explore their sexual stories. For many couples, this experience is transformative in itself, as it’s the first time they’ve thought about and shared personal, painful, and shameful stories in a nonjudgmental space, within which clients can safely explore their sexual stories. For many couples, these experiences can include stirrings of attraction, the discovery of self-pleasuring, playing doctor with friends, or enduring unwanted touch.

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“Kris and Justin met online and started exchanging these playful, sexual messages,” said Kris, blushing a little, as she sat next to Justin.

“When we finally got together in person at a local bar, it was love at first sight,” Justin chimed in.

Kris nodded. “I loved his tall, lean body and his gorgeous green eyes,” she said, stealing a look at her husband.

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petrator than it does about the survivor,” I told him. “It’s an abuse of power that has nothing to do with your masculinity or sexual orientation.” When I added how hard I imagined it would’ve been for him to make the abuse public, he realized that his father wouldn’t have believed him and might even have ridiculed him. “And my mom wouldn’t have intervened, no matter what.” No wonder Justin had stayed silent about the abuse for nearly 30 years, I thought. It reflected how invisible he felt in his family, as well his conviction that “real boys don’t get sexualized.”

So he learned to accommodate her “manhood” story. “When I got to the point where I was feeling compelled to express myself fully, and the other just wants a quickie. That’s usually okay. And sometimes one person isn’t hungry but accompanies their partner to the restaurant to keep him or her company.”

Now that they were both grinning, I told them to go home and individually write a list of all the sexual activities that they found sensual or erotic. “No holds barred,” I told them. “No worries that an activity may be too kinky for you or too tame for your partner. There are no ‘right’ or ‘wrong’ menu items.” I encouraged them to think beyond genital involvement and to list activities that stimulated all the senses: visual, tactile, auditory, olfactory, and gustatory. My final instruction: “Don’t share your lists with your partner before we get to do it together in session.”

When Kris and Justin arrived at our next session with no menus in hand, I expressed surprise by saying that it didn’t matter. “Your trouble with the exercise is useful,” I told them. “It’s a win-win. If you complete the menus, your current partner may be more open to your sexual preferences. But if you don’t, you learn what keeps you from connecting sexually. That’s important information.”

When I asked why they thought they hadn’t finished, both described situations in which they’d felt sexualized by partners. “I rejected the relationship,” said Justin. “I rejected the relationship.”

I explained that the sexual menu would help them learn to communicate their preferences and be more flexible about sexual choices. When they still looked uneasy, I pulled out my own menu and said, “I’m sure you’ll let your partner choose his or her own food.” “You’re just a kid,” she said softly. Justin and Kris emerged from these sessions with an understanding of how each of them had contributed to their sexless marriage. Listening to each other’s intimate stories kindled their empathy for their struggles. As compulsion began to replace anger, they became ready to begin treatment as allies in the healing process.

BRAINSTORMING A SEXUAL MENU

At this point, we moved from history-taking to the creation of a sexual menu—a list of enticing sexual activities that partners first generate individually, and then together. In my experience, sexual history-taking aids the sexual mismatch process by opening up what was once secret and shameful, inspiring mutual empathy, which in turn frees a couple to begin to explore new pleasures. Thanks to the history-taking process, all of us recognized how tough it was for Justin and Kris to express their needs, and being aware of their private sexual concerns also allowed me to help them move more safely through the menu-making process. Once they each had a menu of ideas, most couples feel deeply uncomfortable at the prospect of sharing their sexual preferences with each other. Many have never even thought about their erotic preferences, much less felt safe enough to express themselves openly. But if you don’t, you learn what keeps you from connecting sexually. That’s important information.

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Kris was surprised how much Justin’s menu was devoted to nongenital activities. “I love being touched,” Justin said. “The more the better: a neck rub, a hand massage, a back rub. I love holding hands with you and spooning on the couch. I’d love it if you’d take the time to learn more about how to do a back rub behind my ear and hug me.” He paused. “I’d also love it if you’d tell me all the ways I’m attractive to you.”

After sharing individual menus, I asked them to go home, discuss the items from each list that both were willing to try, and create a joint sexual menu. Any activities that didn’t make the list would put on a separate “to be explored” menu that we’d return to whenever they felt ready.

In the next session, they present their combined sexual menu, which they read aloud to each other. They organized items by sensate focus categories: touch, remember to breathe.” Kris said, “You’ll gradually let go of thoughts as you become less reactive to them.” They decided to begin a weekly ritual of writing down the activities they planned and observe what one is doing.

Unlike Masters and Johnson, I present sensate focus as a mindful practice, helping clients become aware of mind-body narratives that disrupt sexual presence and pleasure. I structure the exercises by introducing parameters for safety: preplanning the time and place for touching, how long it’ll last (using a timer), how much clothing will be worn, and what parts of the body are okay to include. Partners also decide whether they want to touch each other in back-to-back experiences or at separate times during the week. In addition, I ask each of them to start a journal in which they’ll record their thoughts, feelings, sensations as both giver and receiver.

“Become more aware and curious about what your minds have to say about giving and receiving bodily pleasure,” I say. “You’ll gradually let go of thoughts as you become less reactive to them.” And finally, I tell them, “As you give and receive touch, remember to breathe.”

Kris was surprised by her thoughts, which harped nonstop on how good she felt as she touched Justin. But she was shocked by how much louder these judgments seemed when she was on the receiving end of a sexual encounter. Having had few partners before Justin, she’d long experienced performance anxiety about how to make him feel good. Now she realized she was suffering more response anxiety than performance anxiety, which she associated with not being good enough to keep her father home or make her mother happy.

Meanwhile, Justin’s inner noise was finely tuned to his perception of Kris’s degree of sexual pleasure. If she was clearly enjoying herself, or if he knew how to shift his approach to please her more, his mind was quieter. He felt in control of the situation. But if he couldn’t tell how Kris was feeling, he was floundering with anxiety. The more he visualized the scenario, the more his mind ran and prevented him from being fully present.

Justin and Kris began to realize how the yin and yang of their mind-body narratives triggered each other. For example, when specially, often brimming with pain and need—and sharing it with the other makes erotic liberation possible.

We should never forget the role the therapist’s sexual values play in our work. Kris and Justin were a couple who’d lost their desire for each other but made their way back to sexual connection. How would you feel about partners who end therapy with no increase in sexual frequency but feel closer than ever? Or a couple who experiences more pleasure from cuddling than from orgasm? Or one who enjoys pain more than pleasure? How about partners who have sex only in sex clubs? By letting go of some ideal form of sexual connection that interfere most with a more satisfying sex life together aren’t biologically based, but socially constructed. With all understanding that they can begin to invent their own approach to a more fulfilling sexual connection, encompassing whatever activities, sensations, and states of being they enjoy. Uncovering their sexual narratives—often brimming with pain and need—and sharing it with the other makes erotic liberation possible.

There are many roads that lead to sexual satisfaction, and they’re best determined not by therapists, but by the clients they serve.