



The components of optimal sexuality: A portrait of “great sex”

Peggy J. Kleinplatz^{1,2}, A. Dana Ménard², Marie-Pierre Paquet², Nicolas Paradis³,
Meghan Campbell⁴, Dino Zuccarino², and Lisa Mehak²

¹Faculty of Medicine, University of Ottawa, Ottawa ON

²School of Psychology, University of Ottawa, Ottawa ON

³Faculty of Education, University of Ottawa, Ottawa ON

⁴Independent practice, Ottawa ON

Abstract: The purpose of this investigation was to develop a useful conceptual model of optimal sexuality by identifying and describing its elements. Semi-structured interviews were conducted with 64 key informants, i.e., 44 individuals who reported having experienced “great sex” and 20 sex therapists. Subsequently, phenomenologically-oriented content analysis was performed on interview transcripts. Eight major components were identified: being present, connection, deep sexual and erotic intimacy, extraordinary communication, interpersonal risk-taking and exploration, authenticity, vulnerability and transcendence. Clinical implications of these findings are considered, including the need for sex therapists to acquire and transmit new methods and skills.

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Introduction

How are we to conceive of optimal sexuality? What are the components of optimal sexuality? What does it take to make sex more than merely functional or even satisfying but truly memorable and extraordinary? Historically, sex therapy and research have been focused on the problematic end of the spectrum of sexuality, focusing on dysfunction rather than optimal sexuality. At present, there is a lack of clinical knowledge, empirical data and in-depth public discourse concerning the nature of healthy sexuality, let alone very special, wonderful sexual experiences.

It is quite uncommon for the fields of psychology and sexology to study what is “optimal”, that is, what is beyond functional, beyond positive and satisfactory, beyond good (Mahrer, 2008, 2009). “Optimal” does not imply a prescriptive standard for perfection but certainly a state or condition radically different from ordinary, positive experience. “It is a

qualitatively higher plateau” (Mahrer, 2009, p. 6). Why is it important to study optimal sexuality? When knowledge is absent, speculation and unrealistic expectations are likely, often with detrimental effects. Empirically-based research on great sex can contribute to countering conventional sexual scripts and challenging the status quo; this may prevent the development of sexual problems. In addition, the study of optimal sexuality can help clinicians learn about the spectrum of human sexuality so that we might help interested clients move past mediocre sex and towards discovering their erotic potentials (Kleinplatz, 1992, 1996a, 1996b, 2001, 2006; Ogden, 1999, 2006; Schnarch, 1991, 1997).

Sexologists have minimal data on the farther reaches of human sexual potential. This seems unfortunate given the curiosity, if not outright hunger, for “sizzling”, “passionate” or “amazing” sex, not only among clients who surely seek better sex, but in the general public. To be sure, there has been considerable



speculation in the popular presses about magnificent sex. Magazine headlines, sex manuals, etc., seem to promise that “amazing” sex is only a few moves away (Ménard & Kleinplatz, 2008). Hollywood portrayals of easy, instant, wild gratification make the public wonder why they struggle to attain the kinds of sexual thrills (that seem) so readily available on-screen. Some sex therapists have theorized about optimal sexual/erotic relations but there has been precious little empirical investigation.

Unfortunately, this gap in our knowledge is disadvantageous for dealing with the more prevalent problems in clinical practice. Many of our clients are referred for treatment of low desire or more commonly, sexual desire discrepancy (Metz & McCarthy, 2007; Schnarch, 1997). Quite often, we are unable to locate any diagnosable pathology in either of the individuals (e.g., Hyposexual Desire Disorder) or in the couple before us. Sometimes, clients have bought in to messages from advertising or the media which stand to profit by creating a sense of inadequacy in the public. At other times, the lack of interest may signify the sense that “something more” is within—rather than “out there”—but just out of reach. At times, clients are reluctant to settle for the existing, lacklustre sexual relations between them, sensing the potential for deeper intimacy and having wistful recollections of a “honeymoon phase”, a sense of “connection” or “passion” that they cannot seem to recapture. Such individuals may be best understood as disillusioned, disappointed and disgruntled with the state of their existing sex lives (Metz & McCarthy, 2007) and still hoping for more sexual delight, joy and gratification.

In attempting to find out what kind(s) of sex would be worth wanting, I (first author) have been in the habit for over 20 years of asking my clients to describe the best or greatest sexual experiences of their lives. Inevitably, I am surprised by and learn from their replies. Their recollections often return to adolescent fumbling at times prior to ever beginning genital contact. Such replies call into question not only what “greatest sexual experiences” might mean or what would make them so but also what “sex” itself might be. Thus, the quest for a more rigorous way of understanding optimal sexual experience originates in clinical necessity, to help individuals

and couples find more of what they intuit is possible, in addition to an academic interest in filling a gap in the literature.

“Great sex” as depicted in popular culture

Popular culture sources tend to equate sex with intercourse, reinforce sexual stereotypes, send mixed messages that leave room for unrealistic expectations, anxiety, shame and guilt; they also marginalize most people who do not fit into the narrow spectrum of sexuality portrayed (Andsager & Roe, 2003; Duran & Prusank, 1997; Krassas, Blauwkamp & Wesselink, 2001, 2003; Ménard & Kleinplatz, 2008; Zilbergeld, 1999). There are thousands of sexual self-help books (in regular or bastardized “Tantric” flavours) whose titles guarantee the purchaser “great sex” or “sexual ecstasy”. In most cases, the emphasis of such books is on performance, technique, novelty, spontaneity and incredible orgasms as the route to great sex.

“Good” sex and “satisfying” sex

Empirical information on the nature and characteristics of “good” (but not optimal) sexuality is available but sparse (e.g., Barbach & Levine, 1980; Hutton, 1994). The literature on sexual satisfaction, though far more extensive than the literature on good or optimal sexuality, is limited by a narrow focus. Questionnaires designed to measure sexual satisfaction tend to focus on “normal” sexual functioning as defined in Masters and Johnson’s (1966) model of the Human Sexual Response Cycle (Arrington, Cofrancesco & Wu, 2004). Some measures (e.g., *Golombok-Rust Inventory of Sexual Satisfaction*; Rust & Golombok, 1985) define sexual satisfaction, in part, by the absence of sexual dysfunctions and/or factors such as non-sensuality and non-communication. This illustrates the tendency of researchers in the area to dichotomize sexual functioning into abnormal and normal without regard to a potentially broader spectrum.

What is optimal sexuality?

What does optimal sex look like? A few clinicians offer some descriptions of it. Authors use different words to describe their conceptions of presumably similar phenomena: “Sexual ecstasy” (Broder & Goldman, 2004; Ogden, 1999, 2006), “great sex” (Castleman, 2004; Heumann & Campbell, 2004),



“eroticism” (Kleinplatz, 1992, 1996a, 1996b; Livia, 1995; Schnarch, 1991, 1997) and “spectacular sex” (Sprinkle, 2005). The uniqueness of each individual’s sexuality is stressed along with the subjective nature of sexual preferences and desires (Broder & Goldman, 2004; Castleman, 2004; Kleinplatz, 1996b; McCarthy, 2003; Metz & McCarthy, 2007; Schnarch, 1991, 1997; Zilbergeld, 2004).

In 2005, we began to investigate the components of optimal sexuality. The purpose of the first phase of this research was to gain initial impressions of what optimal sexuality looked like from interviews with key informants. The initial findings after collecting data from the first 30 interviews revealed 6 components of optimal sexuality (Kleinplatz & Ménard, 2007).

In this follow-up study, we reveal the subsequent, more comprehensive findings based on a total of 64 interviews on optimal sexuality to date. The goals of this research are to develop an empirically-based, conceptual model of optimal sexuality; to learn from key informants, who self-identify as having experienced “great sex” what optimal sexuality means in practice; and to flesh out the model under development by interviewing clinicians, i.e., sex therapists.

It is hoped that this model will counter the prevailing sexual myths and offer a more complete view of the spectrum of sexuality. An empirically-based, clinically relevant model of optimal sexuality could open up new vistas for some individuals/clients seeking to improve the quality of their sexual interactions, while demystifying “great sex” for others. This model may inform the way clinicians view human erotic potentials and expand our understanding of what sex can be. Having this knowledge in hand, clinicians may be better able to develop the tools necessary to accompany their clients on their paths towards optimal sexuality.

Methods

To capture the essential features of the experience and to determine the meaning of optimal sexuality as lived by those individuals who have experienced it, phenomenological research methods were an ideal choice for this study (Aanstoos, 1986; Moustakas, 1994; Polkinghorne, 1989, 1994). The principal

method of gathering data for phenomenologically-oriented research consists of semi-structured interviews with key informants who have experience with and can shed light on the phenomenon in question. The concern in this research paradigm is not with generalizability but with learning about a particular phenomenon (in this instance, optimal sexuality) from those who have knowledge in this area. The researcher’s preconceived ideas about the phenomenon under investigation are set aside, i.e., (“bracketed”), in order to avoid limiting the field of enquiry (Giorgi, 1985; Holstein & Gubrium, 1994; Polkinghorne, 1989, 1994). That is, one acknowledges, elucidates and then sets aside one’s own preconceptions in order to stay as close as possible to the data itself. In this instance, the presence of seven researchers who constantly challenged one another over possible biases was most advantageous in keeping each of us honest. The final, crucial principle of the phenomenological approach is that it is not hypothesis driven but rather discovery-oriented research (Mahrer, 2004).

Procedure

Semi-structured interviews were conducted by the two first authors (i.e., a clinical psychologist and a graduate student in psychology) over the telephone and were recorded with participants’ informed consent. Prompts included, “How would you distinguish between ‘very good’ versus ‘great’ sex?” and a series of questions about the common features of the best sexual experiences. Interviews lasted for 45 minutes to two hours in duration. Four members of the research team independently read the interview transcripts several times in order to identify a preliminary list of themes of the components of great sex emerging from participants’ descriptions. Members of the research team then attempted to cluster together conceptually-related themes to learn the components of great sex. Several meetings were held to discuss these themes; these meetings were followed by a return to the data by each member of the team.

A preliminary list of components was agreed upon by the four members of the research team at which point a fifth member of the team, blind to the process of component development, read the interview transcripts and independently developed a list of the components of great sex. The preliminary list of the



components of great sex developed by the first four members of the research team was revised based on input from this fifth team member.

The revised list of the components of great sex was provided to two additional members of the research team, blind to all previous steps, who were asked to classify new participant statements based on the revised list. Further meetings were held with the additional two team members to refine the list of components, checking if each could be distinguished from the next, followed by a return to the data.

Five members of the research team coded a selection of participant statements using the list of components. This initial coding yielded a value for percentage agreement of .65, that is, complete agreement among all five raters for 65% of the statements. Further meetings were held to refine the components and clarify their definitions. This iterative process was characterized by a return to the data between each step of development, bracketing of assumptions and continuous refinements to the list of themes. The same five members of the research team coded a second set of participants' statements and found that the data yielded 8 distinct and discernible components. The second value of percentage agreement was determined to be .84.

Participants

Interviews were conducted with individuals both mainstream and typically marginalized in sex research, including men and women over the age of 60 who reported having been in relationships of 25 years or longer and sexual minority group members. Although older married people are generally not considered first as a font of information about optimal sexuality, it stands to reason that individuals and couples who have managed to make this experience last a lifetime or who have developed the capacity over the years to experience optimal sexuality have much to teach the rest of us (Kleinplatz, Ménard et al., 2009). Similarly, although members of sexual minority groups are often seen as "other", the literature produced by community members suggests that stepping outside conventional sexual scripts may be part of the path towards optimal sexuality (Califia, 1994; Wright, 1998). Participants were recruited with announcements using the relatively neutral adjective

of "great" sex to avoid introducing a bias to a particular kind of optimal sexuality (e.g., "satisfying," "erotic"). Older individuals were recruited through announcements posted in community groups for older men and women. Although most were currently having "great sex" some, notably widows and widowers, reported on past experiences. Members of sexual minority groups (e.g., gay men, bisexual women, polyamorous individuals, self-identified "SM practitioners") were recruited through announcements posted on listservs of self-identified participants in sexual minority communities. Sex therapists, individuals who presumably have spent time contemplating the spectrum of sexuality and might share their insights, were recruited through an announcement posted on a listserv for sex therapists and researchers. All of the sex therapists offered their professional insights; a few also spoke about their personal experiences. Additional participants from the three groups were recruited using a "snowball" technique. Given the sensitive nature of this investigation, identifying information was removed prior to transcription or review of transcripts. Thus, research team members—except for the interviewers—were kept blind as to all identifying and demographic information.

The first 64 volunteers were accepted for participation. None were screened out. There were 25 older individuals (14 men, 11 women), 20 sex therapists (11 men, 9 women) and 19 self-identified members of sexual minority groups (9 men, 10 women). One sexual minority group member was transgendered (female to male) and was counted as a male participant. Another sexual minority participant identified as "genderqueer" and was counted as a female participant.

Of the 25 individuals recruited on the basis of their age and experience in long-term relationships, the average age was 66.6 years with a range from 60 to 82 years. Of the 19 self-identified members of sexual minority groups, the average age was 47.8 years with a range from 23 to 59 years.



Results

Eight major components, that is, elements emphasized and highlighted by most participants, were identified from analysis of the semi-structured interviews. Two additional components were considered “minor” because these ideas were touched on by only a minority of participants and were not emphasized even by those who mentioned them. All components will be described accompanied by illustrative quotations gleaned from the transcripts of interviews with participants.

Major components of great sex

Being present, focused and embodied

Being fully and completely present during sexual experiences was the component of great sex articulated first, foremost and most frequently by participants. As one participant stated:

The difference is when I can really just let go and completely focus and be in the moment and not have that, you know, running commentary going through my head about anything else.

The sense of being utterly alive with intensely focused attention and being “totally absorbed in the moment” seems to be a crucial feature of optimal sexuality. Participants spoke of being utterly embodied and fully aware of the sensations being experienced from moment to moment. One described the feeling as, “a complete immersion, I think in the present, in the experience at the time.” It was necessary for participants to, “really [be] fully conscious” and to slow down in order to experience each moment as fully as possible. One participant described losing herself completely in the experience: “You’re not a person in a situation. You *are* it. You *are* the situation.”

One woman identified the ability to let go, be free from distractions and be present as one of the distinguishing characteristics of her favorite sexual partners: “the ones that are kind of like me in terms of being able to be lost in the moment... and revel in it.” Once enabled to reach a place of intense concentration, the idea of being distracted was

practically impossible. As one woman explained, “The room can be on fire and I probably wouldn’t even notice.” An older male participant stated: “There’s an intense focus on what’s happening right here, right now that just excludes everything else.”

These descriptions are reminiscent of Gallwey’s (1997, 1998) writings on the “inner game” of golf or tennis or Csikszentmihaly’s (1990) characterizations of the state of “flow”, works that some of the participants had read and recommended.

Connection, alignment, merger, being in synch

A strong connection with one’s sexual partner, whether that relationship lasted a few hours or dozens of years, was a key component of great sex. This intense alignment was distinct from the other aspects of intimate and presumably long(er)-term relationships (discussed below). Indeed, many participants believed that the depth of the connection between partners was one of the most critical elements of the experience regardless of duration of the relationship. One woman characterized great sex as involving, “at least one moment, the snap of the fingers, the length of a heartbeat, a breath where I can’t tell where I stop and they start.”

Participants frequently used language borrowed from physics to describe the “energy”, “electricity”, “alignment” or “conductivity” experienced between and among partners:

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

One woman stressed the relative importance of the connection over the actual physical sex acts involved:

One can have great sex with, for example, very little penetration or very little physical contact...with an intense amount of energy.

Other participants defined the connection as being “in synch” with their partners. The connection during great sex was characterized, one participant said, by



an “enormous level of synchronicity.” A female participant described this feeling as, “two people being in the right head space at the right time together, being able to share that.”

Participants described the feeling of connection as a merger with another person: “Inside my body I’m the other person’s body and we’re just kind of all one together at that moment.” One man described the sensation as a, “loss of personal boundaries, distinct loss of...self-awareness in the sense of separateness from the other.” Another individual described this feeling as:

A melding, blurring of identity boundaries so that one feels like you were literally feeling with the other and the distinction between what the other person feels and what you feel seems almost irrelevant.

An elderly participant described the connection he had with his lover as so intense that he literally felt and experienced what she did both in and outside the bedroom.

This emphasis on “two becoming one” is ubiquitous in poetry and song (e.g., Timmins, 1993) but less exalted in the mental health literature wherein there are concerns about fusion. Intriguingly, individuals capable of such merger noted that being centred in oneself and feeling respect from the partner allowed them to expand their limits. Participants offered that “good” and “clear boundaries”, “self-knowledge” and “self-acceptance” were essential to entering into an all-encompassing, erotic union. The prerequisite for letting go with others entailed being grounded and having a good, solid grip on oneself (as described by Schnarch [1991, 1997] and Shaw [2001]).

Deep sexual and erotic intimacy

For many participants, the experience of great sex was inextricable from the deep sexual and erotic intimacy of the relationship in which it occurred. As one participant explained, “It’s part of the way you act with each other long before you’re actually engaged in any kind of, you know, technical sex.” The relationship had to include deep mutual respect, caring, genuine acceptance and admiration. One of the key characteristics of this type of intimacy was a

deep sense of caring for one’s partner. One participant believed that her need for caring as a part of great sex had increased during her life: “I don’t know that I’m capable of having great sex anymore without really caring about a partner.” One woman explained that during great sex, she felt, “loved and wanted, accepted and cherished” by her partner. The majority of participants defined virtually every facet of love without using that term. Participants valued and respected the partners with whom they had had great sex at very deep and high levels.

Almost every participant identified a deep and penetrating sense of trust as characteristic of the intimacy that was part of great sex for them. Many participants viewed this trust as a necessary prerequisite for the experience of great sex. “Trust is basic, I mean, there has to be trust in the sexual relationship that this partner, who, whom you trust will take care of you just as you are taking care of him.” Other participants described an abiding sense of security within the relationship, a “safety in the essence.”

Extraordinary communication, heightened empathy

Extraordinary communication and heightened empathy were crucial for the experience of great sex. The types of exchanges that constituted communication for these individuals went far beyond conventional definitions of this term found in the psychological literature. Rather than stressing the importance of using “I” language, paraphrasing their partners’ statements, giving and receiving constructive feedback, etc., participants emphasized complete and total sharing of themselves, both verbally and non-verbally, with their partners before, during and after sexual encounters.

Participants believed that being “able to listen, to respond, to organize information, to recognize, what, when, even if you’re not told, that one kind of touch elicits a certain response in your partner and another does not” was crucial. They emphasized the importance of sensitivity, “real listening” and “paying attention to little things.” Many participants who were members of sexual minority groups believed that the negotiation skills gleaned from education within the SM community were especially helpful in experiencing great sex.



The ability to communicate non-verbally was seen as critical; touch itself was treasured as a special, direct and erotic form of communication. Sex therapists often deal with clients who are reluctant to express their wishes verbally and choose nonverbal communication as the safer, default option. In contrast, among these participants, both were prized, as was the prerequisite of taking enough responsibility for one's own self-knowledge to identify what desires and sensitivities to convey. These individuals emphasized the ability to read the partner's responses via one's own body, specifically via touch. Heightened empathy was believed to be a crucial skill so as to "feel into their space" and "play off of the other." The focus was on living in a shared, common experience, enhanced by moment-by-moment awareness of how the partner is responding.

Some defined talking per se as sex or stated that "speaking erotically" and "taking risks verbally" could move the encounter, "into forbidden territory but with a sense of safety."

Authenticity, being genuine, uninhibited, transparency

The act of being completely and genuinely oneself was an important element of great sex. Participants valued the freedom to be relentlessly honest with themselves and totally transparent with their sexual partners. An older woman defined her experience of great sex as, "Sex where you can say anything and be anything."

Participants described feeling completely uninhibited and unselfconscious during great sex and giving themselves permission to experience pleasure and enjoy as completely as possible. One participant defined great sex as:

Being able to be selfish, impulsive, free of cares, unguarded, unplanned, in the moment, emotionally available, emotionally uncontrolled.

For one participant, letting go and being uninhibited made great sex possible for not only herself but for her partners as well:

I think that's one of the beauties of, of having sex with me is because I always let go so

much that I think it, it kind of gave permission to, to people to be more uninhibited ...diving right in and I think that's why I've probably had a lot of great sex.

The possibility of revealing themselves on all levels to a sexual partner in a situation of complete trust and acceptance was exquisite for participants. For some participants, the mere act of disclosing parts of themselves during sexual encounters was seen as erotic, "freeing and very liberating." One man identified getting, "to reveal parts of yourself in a very different way" as an important component of the great sex he was currently enjoying. Another participant described:

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

Participants revelled in the freedom and liberation to be completely emotionally naked with another person. The emotional power of being genuine, being seen and known authentically was described repeatedly as a gift. One woman described the joy she experienced from being able to reveal herself completely to her husband and having him accept her completely: "It was just so shocking to me that I could actually express these things and, he was right there loving it and doing it with me."

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

Transcendence, bliss, peace, transformation, healing

For many individuals, the experiences of transcendence and personal transformation were the hallmarks of an extraordinary sexual experience. Participants described moments of bliss, peace, awe, ecstasy and soulfulness. Some believed that during great sex, it was possible to experience a "high" akin



to that achieved during meditation. One man defined great sex as, “an experience of floating in the universe of light and stars and music and sublime peace.”

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

Many participants used religious language to describe their greatest sexual experiences. One participant stated, “At this moment, we were in the presence of God” and described a feeling of being “enveloped in this beautiful white light.” Another remarked, “It was revelatory – an epiphany.”

Many participants emphasized the transformative, growth-enhancing and healing qualities of great sex. “I don’t think those experiences by their very nature can be anything less than transformative” said one participant. Another suggested that great sex “can change you, can make you more than you are.” A male participant described how the transformation in great sex is effected: “The trust, the intimacy, the freedom to be yourself with [your partners] that you have in the bedroom or the dungeon carries into the rest of your life.”

These individuals seem to be describing a combination of heightened altered mental, emotional, physical, relational and spiritual states occurring in unison (cf., Ogden, 1999, 2006). Their descriptions are reminiscent of what Maslow referred to as peak experiences. Indeed, he wrote, “There are many paths to heaven, and sex is one of them” (1971, p. 169).

Exploration, interpersonal risk-taking, fun

Participants described great sex as an adventure, an opportunity to discover things about themselves and their partners and a chance to pursue ever greater depths during their sexual encounters. Interpersonal risk-taking and exploration emerged as important components of great sex, which were undertaken in

the context of play and fun. As one woman put it, “I definitely like people who can...be silly and can play, you know, like kids...explore it.” Or as one participant explained, “I’m an explorer, I’m an experimenter. I’m willing to say let’s try this and see what happens.”

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

A sense of humour and laughter were vital for many and a necessary context for exploration and interpersonal risk-taking. One woman said, “I can always tell that people are having great sex if they are *laughing*.” A male participant reported that he always laughed at least a little bit during great sex, “either at the beginning, at the end or in the middle.” A female participant explained why she believed a sense of humour was essential for great sex:

When people actually get right down to it, *it looks funny as hell!* We’re in these contorted, awkward positions grunting like animals, folding ourselves up into a sexual origami that hardly resembles anything as elegant as a crane [laughing].... It’s absolutely one of the most hilarious things that human beings are capable of.

The importance of fun as part of the experience of great sex was so basic that on several occasions, participants mentioned this component as an afterthought: “Did I mention that great sex is fun too? [laughs] If you’re not having fun, it’s not great.” Several participants described great sex as “an opportunity for creativity.” This light-hearted attitude and ability to have fun and to “play like children” was crucial.

Vulnerability and surrender

Participants believed that “giving oneself,” letting oneself be vulnerable and surrendering to a partner were exquisite aspects of great sex. Whereas being authentic, genuine, and transparent were more intrapsychically focused, vulnerability and surrender involved letting go to another person and were more interpersonally oriented. The focus here was on, “being able to put your entire being in somebody else’s hands.”

An older male participant believed that this degree of vulnerability helped to distinguish between good and great sex:

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

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

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

Or as another summarized, “It’s sex where you can say anything and be anything and discover anything and feel loved and wanted, accepted and cherished and where you’re jumping off cliffs and know it and feel safe all at the same time.”

Some described surrendering control over their own bodies, revelling in the sensation and being enabled to “go with the flow” or beyond that, “being willing to go where your partner is leading you.” Still others identified this as a particularly desirable attribute in their partners: “The primary characteristic [of partners with whom I have great sex] is their willingness to surrender.”

Minor components

Two components were characterized as “minor” because they were touched on by only a minority of participants and were not emphasized to the same degree as the major components. Although a few participants believed these were necessary aspects of great sex, even these individuals stated that these two, minor elements were not sufficient in and of themselves.

Intense physical sensation and orgasm

The first minor component identified was that of intense pleasure, physical sensation and orgasm. An older man described the, “utter feeling of total satisfaction” that characterized great sex for him while others mentioned the “slow gradual build in intensity.” Participants espoused a wide variety of views on the role of orgasm in great sex. The majority (both male and female) believed that orgasm was neither necessary nor sufficient for great sex but was commonly experienced. As one woman explained, “It’s not a necessary feature of great sex it’s just so commonly a part of great sex that maybe...I don’t do well to separate them.”

Lust, desire, chemistry, attraction

The other minor component was the role of lust, desire, chemistry and attraction in great sex. Some identified the desire and attraction they felt for their partners and the strong mutual lust or chemistry within the relationship as common elements across their greatest experiences. A female participant said, “In each of those encounters [there is] a component of, ‘Oh my God! If I go another minute without my hands on you, I shall simply cease to be.’”

Discussion

Authors in the area of optimal sexuality have emphasized the uniqueness of each individual’s sexuality and the subjective nature of sexual preferences and desires (Barbach & Levine, 1980; Broder & Goldman, 2004; Castleman, 2004; Kleinplatz, 1996b; Zilbergeld, 2004). The responses of participants in this investigation supported these authors’ beliefs. We were struck by the many participants who attempted to articulate their experiences of “great sex” and prefaced their remarks, almost apologetically, with the comment



that no one individual can simply define “great sex” for others and that they spoke only for themselves and out of their own, particular experiences. Many felt compelled to add, “but that’s just me” to their answers. Great sex was compared to fingerprints and snowflakes as an example of a phenomenon that was personal and unique to each individual.

What was striking especially in light of these comments was that the major components of optimal sexuality seemed to be almost universal among participants of different backgrounds, sexual proclivities and relationship histories. These participants differed enormously from each other in terms of sexual orientation, age, relationship status, level of physical ability and sexual functioning but their conceptualizations of great sex were far more similar than they were different. This finding suggests that there may be many routes to experience great sex but the actual experience can be very similar across individuals. Even more surprising was that participants tended to use very similar language and imagery despite their different personal, educational and vocational backgrounds. Although there were no discernible differences between the older participants and the members of the sexual minority groups, the exceptions were the sex therapists, who, on the whole tended to be drawn towards the negative rather than the positive, notwithstanding the focus of the interview questions. A full discussion of the similarities between the first two groups versus the sex therapists is beyond the scope of this paper (see Ménard, Campbell et al., 2008.)

The findings paint a radically different picture of optimal sexuality than what is portrayed in the mass media. Popular culture sources promote achieving great sex through “secret” techniques, novelty and variety, suggesting that one is to look outside of oneself to find great sex. In contrast with these sources and mechanistic models of sex therapy, the participants in this study found techniques and sex “acts” mostly irrelevant. “Great sex” had very little to do with proper physiological functioning (e.g., hard erections, vaginal lubrication, intercourse, orgasm). The actual sexual behaviours and acts performed are far less important than the mind set and intent of the person or couple engaged in these acts. By focusing on the individual’s subjective experience, the

definition of sex broadened to include times when no physical contact was involved. This differs markedly from conventional notions of sex and sexuality. It is time to revise these depictions of “great sex” and shift from a primarily behavioural understanding of optimal—and other—sexuality to highlight the intrapsychic and interpersonal elements more strongly.

Implications for clinicians

The good news is that “normal” sexual functioning is not necessary to experience optimal sexuality. The participants in this study often experienced optimal sexuality despite their own or their partners’ diminishing genital responsiveness and overall physical ability) with age, illness and disability. Not only had these changes not decreased sexual fulfilment, they had made the distinctive characteristics of great sex more salient. As one stated, “It isn’t about orgasm...it’s about one long, intense plateau.”

The bad news is that sexual function is not sufficient to attain optimal sexuality. As sex therapists, we often help clients to overcome sexual dysfunction yet note that their enjoyment of sexual relations and more strikingly, their sexual frequency remain underwhelming. We may be tempted to explain what may then appear to be desire disorders or at least desire discrepancies as symptomatic of deeper, perhaps relational or systemic sexual problems. Here is another possibility: Maybe nothing is wrong. Maybe nothing ever was wrong but nothing was quite right, either. Perhaps clients know intuitively that they were seeking something more fulfilling, exciting and meaningful than predictable and reliable genital responses could have provided all along. If clients truly wish to experience “sex worth wanting”, therapists need to aim much higher than merely returning their clients to adequate physiological functioning (Kleinplatz, 2001, 2006; Schnarch, 1991; Shaw, 2001). In other words, perhaps much of what is currently diagnosed as sexual desire disorders can be best understood as a healthy response to dismal and disappointing sex (Kleinplatz, 1992, 2010, in press).

In order to help those seeking optimal sexuality, or even sex worth getting excited about, clinicians will need to acquire new skill sets and learn how to



develop new capacities in our patients. We may know how to help clients attain low levels of freedom from distraction (e.g., thought-stopping) but have only limited knowledge of how to become so thoroughly present, focused, embodied and intimately engaged that nothing can interfere with ecstasy. Sex and couples therapists are quite knowledgeable at teaching skills of communication and “fighting fair” (e.g., validating, active listening, giving and receiving constructive criticism) but would do well to study the extraordinary expertise of these participants in high level communication of nuanced erotic desires. The empathic attunement of these individuals, their proficiency in reading their own and one another’s most primitive, sensory wishes and responses – and their meanings – far exceeds the ordinary levels of empathy discussed in the psychotherapy literature (Mahrer, Boulet & Fairweather, 1994). For that matter, we will need to learn how to help couples create relationships safe enough to be worthy of the vulnerability inherent in revealing oneself authentically.

The fear in presenting these findings is that they could be (mis)used to set the bar ever higher for sexual performance in the ignoble tradition of the distorted spotlight shone on previous sex research (e.g., on multiple orgasms, the G-spot [Tavris, 1992]). This study should not be used to establish new standards to be achieved. On the contrary, if there is a message from this study, it is that those who experience optimal sexuality have learned to ignore conventional performance expectations in order to listen to and take responsibility for their own hearts’ desires. It would be counterproductive to focus on meeting externally imposed demands because great sex requires *being in* the experience and just letting the experience unfold. Thus, these findings can educate about what *can* be – and not *should* be – attained for certain people under certain circumstances and thereby broaden our understanding of the spectrum of sexuality. If anything, these findings suggest that clinicians who are inclined to help clients experience more fulfilling sexual relations will need to support patients in growing beyond conventional sex scripts (e.g., forget “natural and spontaneous”).

Future research should include looking at the factors that facilitate great sex, how therapists can help

patients who are so inclined to experience optimal sexuality and the effects of great sex on the individual, the partner and the couple. These lines of inquiry are already being undertaken as part of this ongoing research project.

Conclusions

This study has gone above and beyond previous research in the area of sexual functioning to explore the nature and components of optimal sexuality. Results indicate that the major components of optimal sexuality are being present, focused, embodied; connection, alignment, merger and being in synch; deep sexual and erotic intimacy; extraordinary communication and heightened empathy; interpersonal risk-taking, exploration and fun; authenticity, being genuine, uninhibited and transparency; vulnerability and surrender; and transcendence, bliss, peace, transformation and healing. Intense physical sensation, orgasm, lust and chemistry have their place too but it is minor in comparison to the role of the eight major components.

The results of this investigation should give both clinicians and the general public cause for optimism. These findings could encourage comfort with self, personal and interpersonal exploration, revelation and acceptance. Optimal sexual experience may involve those moments of deep connection in which both lovers are psychologically and sexually accessible, engaged and responsive to whatever lies deep within. In a context of safety and trust, lovers may risk further self and other exploration of hidden erotic potentials. Being comfortable in one’s own skin is the foundation for being authentically present and involved in the moment; it is also a prerequisite for revealing oneself and taking a leap of faith with a lover. In turn, sharing at such a deep level and having it accepted leads to greater self-knowledge and self-acceptance, thus creating a dialectic of personal growth. Perhaps this picture can promote optimal sexual development and put a dent in predominant myths, thereby helping to prevent sexual problems.

Clinicians may be very effective at ameliorating sexual dysfunctions but have much to learn about promoting optimal sexuality. Fortunately, those who can best teach us are extremely vivid and articulate



in describing the phenomenon if we are only inclined to ask the right questions.

Clinicians may need to focus on studying and developing the capacity for optimal sexuality found in this study if we want to accompany interested clients on their paths towards great sex. Clinicians can help clients to explore themselves more deeply and to create the safety in their relationship(s) which is required to take the risks involved in deep self-revelation with one's partner(s). We can continue our attempts at alleviating dysfunction and pathology or we can aim for much grander outcomes indeed.

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