



## **The Art and Science of Lovemaking**



# **Lesson 1**

## **Creating a Different Attitude About What Sex Is**



THE GOTTMAN INSTITUTE

# Gott Sex?

“ it’s  
all  
about  
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## Lesson 1:

### Creating a Different Attitude About what Sex Is

As we said, our purpose in creating this series is to bring two sections of the bookstore together - sex skills and relationship skills - so that sex, romance and passion can mingle successfully with communication and conflict, as well as with friendship, emotional connection, and intimacy. By merging communication and sex (however you define it), you can create the desirable quality we call “intimate trust” with your partner.

### Intimate Trust

Marriages and other committed relationships are special because they are uniquely and reciprocally intimate. But it’s good to recognize that we ask a lot of our partners without quite realizing it. If we were to examine our underlying assumptions about how we think relationships should be, we’d find we expect them to be: affectionate, trusting, enduring, loyal, and loving, yet also sexual, erotic, passionate, and romantic – not 24/7, but all in the same package. Is it really possible to have a relationship with all these things? We think so, and it’s all about nurturing intimate trust.

### Romance, Passion, and “Personal” Sex

Many people clearly enjoy, and perhaps even prefer, what we call “impersonal sex” over “personal sex.” Impersonal sex is not necessarily about a particular person. Instead it’s about a more detached aspect of sexuality - perhaps a fantasy, a perfect body part, or an exciting sexual encounter with a total stranger. Unlike personal sex, impersonal sex does not involve knowing or emotionally connecting with the person you’re having sex with.

If impersonal sex weren’t so popular among our species, then prostitution, pornography, and all the sex fetishes like S&M wouldn’t be as widespread as they are. Indeed, pornography is extremely common. There are currently an estimated 500 million porn sites on the Internet, and that number is growing each year. As scientists and clinicians, we don’t judge people for preferring impersonal sex to personal sex: it is what it is.

However, this program revolves around the idea of creating very *personal sex in a committed, trusting relationship*, and for good reason. In our opinion, impersonal sex is nowhere near as exciting as the sex that people get to enjoy in committed relationships. This is because if people know, trust and love one another, they are really interconnecting when

they make love and it becomes more than just a physical act. It is an emotional joining, one with excitement and tenderness. The excitement that one person feels wells up and spills over into their partner's excitement and enhances their experience. And it goes back and forth, like a dance. In committed relationships, when people have sex they are doing the tango.

On the other hand, with impersonal sex, each party is doing their own thing and it's more like masturbation than making love. While we realize that people can have impersonal sex repeatedly with the same partner, and that this sex might even be highly erotic and satisfying for some, we think that in the long run creating personal *romance*, personal *passion*, and very personal and *trusting* sex is the better option of the two.

What do we mean by these vague terms? Defining "romance," "passion," and "trust" scientifically isn't easy, but let's try. We define "romance" as the state that follows an agreement made with one's partner to nurture acts and thoughts that cherish each other as special, unique, and irreplaceable. In other words, it is the feeling that you and your partner get from thinking about each other in a special, loving way.

"Passion" we define as nurturing communications of strong (and at times almost obsessive) interest in, curiosity about, desire for, and attraction to one's partner. It is an irresistible feeling of desire for your partner, physically but also emotionally.

"Trust," is assuming that our partner has our interests in mind by operating as if we believe it, even in disagreements. This means trusting that our partner has our back; that our partner is there for us. Now, *intimate trust* takes that idea one step further. This idea nurtures the reality (or the fantasy) that our partner is unique, special, and to be cherished. This is a totally achievable state of mind.

For example, Paul Newman was so handsome and attractive that people often asked him why he had never had an affair. He once replied, "Why go out for hamburger when I can get steak at home?" Nurturing intimate trust is what made his marriage to Joanne Woodward so happy. They celebrated their Golden anniversary in 2008. Lore has it that it remained romantic, passionate, and trusting throughout their lives. Newman once joked on David Letterman's show, "I don't know what that woman puts in my food!"

While these definitions clearly involve cherishing the positive qualities of our partner, and elevating them to a high degree in our minds, they also involve gratitude for being blessed to have this special friend in our lives, and vice versa. Intimate trust involves our partner thinking positively about us, in good times and bad, together or apart.

## Great Sex Is Strongly Linked To Intimate Trust

Take, for example, the study we did for our book *And Baby Makes Three*, which examined couples after they had their first baby. For couples whose sex life was going well three years after baby arrived (compared to those for whom it wasn't going well), we discovered that intimate trust, friendship, conversations that create emotional connection, and good sex were all very much interrelated.

Our research data is not unique. Our friend, the late sex therapist Bernie Zilbergeld, conducted a study with 100 couples. All of them were 45 years old or older. Half of the couples were selected because they said they had a good sex life, and half were selected because they said they had a bad sex life. Zilbergeld was interested in which techniques couples used to create a satisfying sex life, and how they dealt with the problems of aging.

Surprisingly, his overwhelming finding wasn't at all about sex techniques. What distinguished the two groups were only two things. Couples who said they had a good sex life more often than those whose sex life was poor consistently chose to 1) maintain a close, connected and trusting friendship, and 2) make sex a priority in their lives together.



## The Sex Therapy Industry & The “Standard Model”

Back in the 1950s researchers William Masters and Virginia Johnson decided to study human sexuality and the human sexual response. At the time, studying sex in a laboratory setting was scandalous, yet what they found has since become the standard for what people all over the world think about sex. Chances are you are familiar with it. The standard model breaks sex down into four phases:

1. *Foreplay (Erection for males, and lubrication for females)*
2. *Greater excitement, intercourse*
3. *Orgasm*
4. *Resolution*

Masters and Johnson's research made significant contributions to our understanding of sex. For one, it destroyed the Freudian myth that the vaginal orgasm is the hallmark of a mature female. As a result of their

research, orgasm through stimulation of the clitoris suddenly became scientifically acceptable. Some people even claim that Masters and Johnson discovered the clitoris (although many women might disagree).

Yet because Masters and Johnson were able to assign a goal and function to each of their four stages, they were also able to establish the standards of competence and incompetence (“Sexual Dysfunction”) related to each phase of sex. Erectile dysfunction, premature ejaculation, performance anxiety, inadequate libido - all of these and most other “dysfunctions” were an unfortunate result of defining sex in their standardized model.

Masters and Johnson themselves suggested creative techniques, like non-demand pleasuring, for dealing with these “dysfunctions.” But in doing so, they essentially paved the way for a medically-based industry of professional sex therapists to help people with their sex problems. As the popularity of their model grew and gained acceptance, it eventually resulted in the sex drug industry and medications such as Viagra, Cialis, and Zoloft.

Wait a second... let’s take a step back. Why are all these so-called dysfunctions necessarily problems? Why do we label premature ejaculation, for example, in the same manner as other medical issues? We think it’s important to try and look at these “sexual dysfunctions” objectively and see the heart of the matter. These “problems” have become so ingrained into how our culture (and we as individuals) think about sex that it’s hard to separate our biases about them from the problems themselves. Although it might be tough, challenge yourself to have an open mind for the next few pages as we talk about a different approach to thinking about sex. You might just be pleasantly surprised.

## **An Alternate Way Of Thinking About Sex**

Our alternative is based on the brilliant work of sex researcher Shere Hite. We strongly recommend that everyone who makes love to a woman read *The Hite Report on Female Sexuality*. It’s a little long winded, but it’s revolutionary and very liberating. It is also the only book on sex to sell 48 million copies.

Her work on the human sexual response uses a different approach to research than the work done by Masters and Johnson. Hite asked thousands of her subjects open-ended questions about every aspect of their sex and sexuality, and had them write extensive answers. This is might be a more reliable way of gathering information than standing over people with a clipboard while they copulate.

Hite made several amazing discoveries by doing this. First of all, she found that 70% of her women subjects would not have even *qualified* for the Masters and Johnson study, because they did not regularly experience an orgasm through intercourse.

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Second, many of her women were able to have an orgasm through masturbation, although many felt uncomfortable with the practice (this was still in the 1970s). Subsequent research has also corroborated her finding that most women have an orgasm through masturbation in about 10 minutes (which is not very different from men). Also of interest is that, unlike previously thought, most females do not need to simulate the conditions of foreplay, romance, or extended fantasies when they masturbate. Hence, the idea that women need longer foreplay than men for arousal may have been a myth.

These findings, however, were not her most shocking. To us, Hite's major discovery was that most heterosexual women said that what truly impeded their ability to have sex was their male partner's *adherence to the standard model of sex*. Their real problem, they said, was that men didn't view all kinds of intimate touch as sex. The men only kept their eyes on one goal: orgasm.

Hite's subjects reported that because of their men's adherence to the standard model, sex often became problematic and emotionally distancing. Many of Hite's women said that they *faked orgasm*, just so they wouldn't hurt their partner's fragile feelings. The women said they wished they could just talk to their partner about what they wanted.

Imagine that! The advice that Hite's women were giving men was essentially to "ask your partner what she wants," a truly revolutionary concept. And if you think about it, this brings those two sections of the bookstore together with a crash. *Sex is about communication*. The absence of emotional communication and trust was impeding the sex lives of many of the women in Hite's study.

We think the implications of Hite's report are revolutionary. **They allow for the possibility that every positive thing a couple does together be viewed as sex.** If everything becomes sex, then you have a lot more opportunity for connecting intimately to strengthen your relationship as a whole.

### **Foreplay**

Maybe he is washing the dishes and she comes up behind him, puts her arms around him and says, "You know, you look so great in this apron, it makes me want to take your clothes off right now." That can be foreplay. Or they get up in the morning and are getting dressed and one says, "Wow, that's a great color for you; it really compliments your eyes," and he gives the other a kiss. That also can be foreplay.

It really is foreplay because it's *connecting emotionally*, and that's what bonds two people together, not just the act of intercourse itself. If you look at sex in this way, then the transition from talking to intercourse doesn't seem that far removed. They just seem like natural extensions

of each other, because you're really touching one another's hearts when you ask your partner what he or she needs.

Steering the definition of sex away from the standard model also helps reframe the sexual "dysfunctions" that Masters and Johnson created. Say, for instance, that a couple is making out, and he gets excited and comes "prematurely." Well, nice for him! He had a good time and there's nothing wrong with that. It's not a dysfunction or a failure in any way. Of course, the partner may raise the question "so what about me?" But even if the male's penis became soft after his orgasm, his hands and tongue are workable for loving his partner and meeting his or her needs. It's nothing to be ashamed about. He just needs to know what the partner likes and needs, and the basis for knowing is being able to talk openly about sex.

Hite's report makes sex all about open communication - about what both partners want and need sexually at any particular moment. It links good sex to verbal and nonverbal communication. In one fell swoop, this manages to eliminate performance anxiety as well as most of the sexual dysfunctions, by shifting emphasis away from lockstep stages where competence and incompetence are rigidly defined. There are, in fact, a number of possibilities for sex that don't fall in line with the standard model.

We are not expecting you to completely change your attitude about sex just from reading this over once. That's a process that will take some time. We do, however, want you to try having an open mind as you think about the ideas that are presented in this first tool. Try discussing them with your partner. Do they make sense to you? Try sharing with your partner how the ideas from this section do or don't apply to the intimate life you'd like to have with him or her.

