

Talking About Sex in Psychotherapy breaks the silence around one of the most crucial—and most neglected—topics in clinical work. This book makes talking about sex in psychotherapy feel not just possible, but essential. Compelling case studies offer a candid look at the real dynamics and transformative potential of therapeutic work involving sexuality. As someone whose life work was spent training therapists, I recommend this provocative, yet practical, book for training programs and for practicing therapists whose education left the topic of sex unaddressed. Every therapist should read this book because staying silent on this topic can harm our clients.

—**LAURIE MINTZ, PhD**, EMERITUS PROFESSOR, UNIVERSITY OF FLORIDA, GAINESVILLE; AUTHOR OF *A TIRED WOMAN'S GUIDE TO PASSIONATE SEX: RECLAIM YOUR DESIRE AND REIGNITE YOUR RELATIONSHIP* AND *BECOMING CLITERATE: WHY ORGASM EQUALITY MATTERS—AND HOW TO GET IT*

From anecdotal to practical research-supported methodology, this book provides applicable therapeutic intervention through case studies and research. There is a smorgasbord of sexuality topics covered, so that novice and advanced therapists can get something from the chapters.

—**LEXX BROWN-JAMES, PhD, LMFT, CSE, CSES**, DIRECTOR OF THE INSTITUTE FOR SEXUALITY & INTIMACY, LLC, PHILADELPHIA, PA

Drawing on 4 decades of clinical experience with individuals and couples, Kathryn S. K. Hall makes a compelling case for the essential role of open conversations about sex in psychotherapy. She offers thoughtful, practical guidance on how therapists can approach these often sensitive topics with confidence and care. Rich and engaging case examples bring her insights to life, making the book not only informative but also highly readable.

—**CYNTHIA A. GRAHAM, PhD**, DISTINGUISHED PROFESSOR IN GENDER STUDIES AND SENIOR SCIENTIST, THE KINSEY INSTITUTE, INDIANA UNIVERSITY, BLOOMINGTON

Despite sexuality's critical role in the human experience and the prevalence of clients' struggles in this domain, therapists too often avoid conversations with their clients about sex—either because of their own discomfort, limited skills, or a misguided belief in “respect for privacy” regarding sexual issues. Kathryn S. K. Hall offers an essential guide for all therapists who need help *talking about sex in psychotherapy*. This marvelous resource begins with critical foundations for talking with clients about sex—explicating basic principles for prompting the conversation, navigating clients' challenges in the dialogue, and recognizing ethical boundaries. Hall then extends these principles to critical issues such as shame, struggles with sexual desire, sequelae of childhood sexual abuse, and various sexual issues in couple therapy. Enlightened discussion is also devoted to problematic pornography and addressing sexuality with clients in consensually nonmonogamous relationships. *Talking About Sex in Psychotherapy* should be in every clinician's library and will facilitate effectiveness across a broad spectrum of clients with diverse sexual challenges.

—**DOUGLAS K. SNYDER, PhD**, PROFESSOR EMERITUS OF PSYCHOLOGICAL AND BRAIN SCIENCES AT TEXAS A&M UNIVERSITY, COLLEGE STATION; COAUTHOR OF *GETTING PAST THE AFFAIR: A PROGRAM TO HELP YOU COPE, HEAL, AND MOVE ON—TOGETHER OR APART* AND COEDITOR OF *THE CLINICAL HANDBOOK OF COUPLE THERAPY*

Kathryn S. K. Hall offers a clear, concise, and comprehensive guide to understanding and working with sexuality that should be essential reading for all psychotherapists. Moving against the grain of outsourcing this topic to a small group of niche specialists, she provides a state-of-the-art guide to how all therapists can better understand and work with sexuality. Including chapters about ethics, open relationships, kinky sex, couple therapy, and pornography, this is very much a 21st century guide to this work that provides the information that today's therapists need. Well written and filled with illustrative case examples, this book should be in every psychotherapist's library.

—**JAY LEBOW, PhD, ABPP**, CLINICAL PROFESSOR AND SENIOR SCHOLAR, FAMILY INSTITUTE AT NORTHWESTERN AND NORTHWESTERN UNIVERSITY, EVANSTON, IL

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INTRODUCTION

The Importance of Talking About Sex in Psychotherapy

I will confess that I spend a lot of my waking hours thinking about sex. I am, after all, a sex therapist. But this title “sex therapist” is actually misleading. I do not treat sex. I treat people. I treat people who are sexual, which is pretty much everyone. So, I think about and talk about sex in psychotherapy. Talking about sex with my patients helps me and, more importantly, helps them better understand who they are and how they ended up in distress. Sometimes our conversations about sex reveal previously unseen pathways for growth and change. Talking about sex, even when sex is not the presenting problem, can improve the process and outcome of psychotherapy. But talking about sex in psychotherapy is not a skill most clinicians are taught.

I will also confess that talking about sex in psychotherapy was not always easy for me. Explicit conversations about sex made me deeply uncomfortable in the beginning of my practice, but now, not so much, or hardly at all. I have seen how helpful it is, how grateful my patients are for the opportunity to talk honestly about sex, and how therapeutic discussions of sex improve treatment outcomes. In my 40 years of clinical practice, I have learned why and how to talk about sex in psychotherapy. This is what I offer

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Talking About Sex in Psychotherapy: A Guide for Every Therapist, by K. S. K. Hall
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you in this book: why and how to talk about sex in psychotherapy with all—or almost all—your patients.

Let us begin with a case.

THE IMPORTANCE OF SEX IN PSYCHOTHERAPY

Steve and Amanda came to see me 1 year postdivorce to explore reuniting. After paying a mountain of legal bills and dealing with complex custody arrangements, they surprised even themselves at this turn of events. Steve had gone to therapy and had a breakthrough. The breakthrough had to do with sex. Steve realized that his dissatisfaction with Amanda, his unhappiness that led him to constantly criticize and critique her, started with sexual disappointment.

STEVE: My therapist actually asked me about sex. She asked me if I had been happy with my sex life with Amanda, and she asked me detailed questions about it. That stopped me cold. In all my years in therapy, and when Amanda and I were in couples therapy, no one had ever asked me such questions. And it hit me like a ton of bricks. I remembered constantly wanting Amanda to do oral sex in a particular way, and she never did it. And I remember distinctly having this thought: Is she stupid? Why can't she give me a decent blow job? And so, being the petty bastard that I was, I stopped giving her oral sex, and I began to find fault with her every move, from how she sent text messages to how she managed our finances.

AMANDA: I had no idea he didn't like the way I was doing oral sex. None. I thought I was doing it okay. But I loved when Steve went down on me. And when he stopped, I remember thinking how selfish and lazy he was. And then I couldn't stop seeing him that way, even out of the bedroom.

Amanda and Steve's story demonstrates how permeable the boundary is between sex and other areas of life. And even more than how they thought about each other, they came to see how their sexual problems reflected and reinforced how they thought about themselves. Steve recognized that he often felt he was not getting what he deserved, even though he had difficulty asking. His resentments made him feel petty and mean. Amanda collected and stored grievances, so she often felt aggrieved and therefore unhappy in many of her relationships.

Steve and Amanda's story reflects how talking about sex enriched and enhanced their understanding of themselves and their relationship to each other. (And not to leave you in suspense: No, Steve and Amanda did not reunite, but they are very good coparents and good friends, which they initially were not.) Steve's therapist could not have foreseen the rich therapeutic material that would be uncovered when she asked detailed questions about sex, but she obviously knew it was important to ask. Not all therapists are so inclined.

DISCOMFORT TALKING ABOUT SEX

"As a male therapist, I'm really uncomfortable talking about sex with my female patients." I hear this a lot. In not wanting to cross boundaries or appear predatory or lecherous, male therapists have avoided overt discussions of sex with their (female) patients (except perhaps to note transference). In the wake of the #MeToo movement, which encouraged women to speak out about their experiences of abuse, harassment, and victimization, many of the male therapists who were my colleagues or students worried anew about needing to avoid sexual topics with female patients.¹ They worried about being perceived as inappropriate, about complaints being made against them to their professional boards, or about having negative comments posted on social media. I did not and do not hear the same concern from female therapists. Their reluctance to bring up sex as a topic in therapy is often related to an avoidance of presenting themselves as sexual beings, to avoid bringing attention to their own sexuality. Raising the subject of sex makes many female therapists feel vulnerable; also, they have a vague sense that it is perhaps too "forward."

Many psychotherapists attribute their embarrassment to a lack of training (Emond et al., 2024; Miller & Byers, 2012). Feelings of embarrassment and discomfort are exacerbated in relation to discussing sex with ethnic and sexual minorities, as well as those with intellectual difficulties and older persons (Agochukwu-Mmonu et al., 2021; Dyer & das Nair, 2013). The fear of alienating or offending a patient is sometimes enough to suppress any inquiry. Our own biases may make us think that sex is not a relevant topic for people with intellectual or physical disabilities or for the elderly population. For other

¹In 2017, #MeToo went viral with people from all walks of life sharing stories of sexual violence, abuse, and harassment. The movement aims to not only help survivors but also disrupt the systems that allow sexual violence to continue (<https://metoomvmt.org/get-to-know-us/history-inception/>).

patients, we may console ourselves with the thought “Surely the patient will raise the subject if it’s relevant.” Even those therapists who agree that it is important to discuss sexual issues with patients often fail to do so or to do so routinely (Miller & Byers, 2012). Therapists with issues about their sexuality (questions about their desirability, a history of personal abuse, internalized shame, etc.) certainly will not feel confident saying, “Let’s talk about sex.”

When patients bring up the topic of sex in therapy, many therapists choose instead to focus on the issues they assume are more important, or more relevant, than sex. I would guess that this maneuver is most often motivated by discomfort, but I might get some opposition to this view. Consider the perspective of Tamika’s therapist.

THE RELUCTANT THERAPIST

Tamika sought out therapy postdivorce for help navigating custody arrangements with an irresponsible ex-husband. Therapy helped her be more assertive and to set and hold boundaries with her ex for the sake of their children. When Tamika began to date, she brought the following question to her therapist: “So I really like this new guy I’m seeing, but I never have an orgasm when we’re having sex. What do you think this means? I’m worried that I don’t really like him like I think I do. Or maybe I’m just not ready for a new relationship?” Her therapist adeptly addressed the latter concern: Was Tamika ready for a new relationship?

The therapist brought this case to my attention during a seminar—to demonstrate that you do not always have to talk about sex. Tamika decided, with the help of her therapist, that she was not quite ready for a new relationship; she had just gotten divorced and had not yet adjusted to being single. According to her therapist, after doing more work examining what went wrong in her marriage, Tamika is now happily dating someone new.

“Yes, it sounds like you have done good work with Tamika. But does she have orgasms with her current partner?” I asked. The therapist confessed he did not know. So, the first time around, the therapist missed an opportunity to explore what Tamika’s sexual feelings meant in relation to her emotional connection to herself (readiness to date) and her emotional connection with a partner. This would potentially be an important source of information for a newly single person navigating intimacy and trust in relationships.

In the second instance, by not asking about her sexual experience with her new partner, the therapist also missed an opportunity to let Tamika know that her sexual pleasure was important. And this would again be an important

message for any person, but perhaps especially for Tamika and others like her who have difficulty asserting themselves. If Tamika said yes, she was orgasmic, the therapist might or might not explore what this meant in terms of her connection to her emotional state and to this partner. If Tamika said no, she was not orgasmic, the therapist might explore whether this was related to her difficulty asserting herself in relationships and whether and why she was not prioritizing her own pleasure—since it would be very likely that her male partner was having orgasms in all, or at least most, of their sexual interactions (Herbenick et al., 2023). (This could be easily ascertained with a quick question: “Does your partner have an orgasm?”)

SEX AS A MIRROR AND MAGNIFIER

By helping our patients explore their sexuality (thoughts, feelings, behaviors) in talk therapy, we are privileged with a new lens that can function as a mirror or a magnifier of underlying psychological dynamics. Steve’s marriage did not end because he did not like the way his wife performed oral sex. His sexual dissatisfaction mirrored the way he held on to disappointments and the way those disappointments festered inside him and infected his relationships and his sense of self with bitterness.

Tamika’s difficulty having an orgasm during partnered sex postdivorce may mirror her difficulty asserting her own needs and desires in relationships. Holding this mirror up for Tamika may help her see her challenges with assertiveness in a new way and perhaps provide a concrete path for addressing them (for example, helping her advocate for her sexual pleasure with a partner). Tamika’s difficulty experiencing orgasm with this particular partner may magnify issues that she may not, at first, notice. Perhaps he is self-centered or just not a skilled lover. Perhaps she is overly worried about his potential disapproval, which distracts her from pleasure. Perhaps when she really cares about a person, she sacrifices her own needs for theirs. We will not know until we ask.

SEX AS A TOPIC IN PSYCHOTHERAPY

In addition to mirroring and magnification, sex is a valid topic in therapy in its own right. It is important to talk about sex in psychotherapy when one considers that almost a third of the general public reports being dissatisfied with their sex life (Heiman et al., 2011; Smith et al., 2011). This percentage

is likely higher among those seeking psychotherapy. Many individuals and couples come to therapy because of sexual dissatisfaction, even if they do not identify it as the presenting complaint (Emond et al., 2024). When therapists raise the topic of sex, patients feel they have permission to talk about problems that may be embarrassing or difficult for them to raise, and it signals that the therapist is open to talking about anything and everything in psychotherapy. Additionally, the information we gather about our patients' sexuality provides yet another window into their psychology. Consider the case of David.

David came to see me because he was depressed and procrastinating at work and so not meeting deadlines. He complained that his manager did not spend any time or effort helping him set or meet goals. David had been passed over for a promotion and wanted to “get back on the right track.” He described spending a lot of time on his phone and on “random” apps when he should have been doing his work. After several sessions, and with things not quite clicking in therapy, I finally asked David what I should have asked earlier: “What apps are you accessing at work? Dating apps? Porn sites?” Somewhat chagrined, he revealed that he was often on apps looking for a sexual hookup. (David told me that if I had not asked him directly, he likely would never have volunteered this information.) As we talked about his use of apps for sex, it seemed that there was a relationship between his looking for a hookup and disappointment. As we explored the connection, David recounted the following story.

When he was 13, his parents discovered numerous sexually explicit emails between David and an older man. His parents notified the police, and David is not sure what happened after that, but he never heard from this man again. This was a loss for David, as he felt that his email correspondent had been giving him much-needed information about being gay. David's mother responded to the news that her son was gay, and her fear that he was being groomed by a pedophile, by becoming overly protective and smothering. David's father was a different story. David recalls feeling that his father turned cold toward him, and he missed his father's companionship and his previously proffered advice on many aspects of growing up (from cars to fishing and football). He felt he lost his father's love.

Fast-forward to his career, where David again felt the need for guidance from a man, in this case, his manager. When David became anxious at work, he would turn to apps for comfort. He would talk to men on the dating apps until he felt wanted and desired, and this in turn would sexually excite David. Sometimes David would masturbate during the chats, but often he would not. Rarely did he meet up for sex. Usually, once he felt desired, he would simply ghost the man on the other end of the app. Triggered by

a feeling of abandonment, David became the one who disappeared and disappointed, rather than being the disappointed one. This insight helped David put down his phone at work and take more responsibility for his work performance, and for his sexual decisions. Parenthetically, it helped him improve his relationship with both parents.

NECESSARY SKILLS

Many therapists do not know what to do when patients raise sexual issues in therapy. What you will discover in reading this book is that for many sexual issues, you already have the necessary skills: listening without judgment, empathic understanding, curiosity, and a genuine desire to work collaboratively with patients toward a resolution that is unique to their situations. When you think of sex as a part—albeit an important part—of the person who is sitting in your office or who appears on your teletherapy screen, you will likely be able to see a connection between your patient’s sexuality and their way of being and relating in the world. These insights can help provide direction for working on many of your patient’s concerns, including their sexual concerns. These considerations are also highly relevant when you are working with couples. Consider Jane and Hinda.

Jane was genderqueer, identifying as neither male nor female, and was contemplating top surgery. Jane worried that Hinda would either oppose Jane’s decision or perhaps end the relationship. After all, she reasoned, Hinda is a lesbian and wants a relationship with a woman.² Hinda knew that Jane was considering surgery, but Jane did not talk much about it, so Hinda wanted to respect her privacy and did not talk about it either. In truth, Hinda loved Jane’s breasts, and breast stimulation was an important part of her sexual repertoire in past relationships. She hoped that Jane would not have surgery, but she knew that was Jane’s decision. Hinda was confident that her love for Jane was not predicated on her breasts.

Neither Jane nor Hinda knew what the other was experiencing, as they did not talk. They came to therapy not because they had ceased to really talk but because they had stopped having sex—irrefutable evidence that something was wrong. As Jane struggled alone with her decision, she became increasingly uncomfortable with sex, and soon this extended to the day or two after sex when Jane would feel depressed and apathetic. Her distress was noticeable to Hinda, as was the change in their sexual activity. Before sex stopped, it became one-sided: Jane pushed Hinda’s hands away,

²Jane’s preferred pronouns continued to be she/her.

she moved her body in ways that made her inaccessible to Hinda, and she focused almost exclusively on bringing Hinda to orgasm while not having an orgasm herself. Hinda was uncomfortable being the only one enjoying sex and found she could not get aroused under these conditions. She worried and waited for Jane to tell her what was wrong. But when that did not happen, Hinda lost her desire for sex as well. And sex between them ceased.

Jane's solution of avoiding sexual arousal mirrored her avoidance of many emotionally difficult subjects. It was not just in their sexual interactions that Jane engaged in avoidance and failed to notice or appreciate Hinda's feelings. Pertaining to other situations, Jane was evasive, defensive, or offered an explanation: "I wasn't avoiding a conversation; I just had work to do." Hinda had difficulty asserting herself and withdrew rather than speaking up. She framed this in her mind as being respectful, as Hinda had suffered through adolescence with incredibly intrusive parents.

The solution, when Jane and Hinda talked openly in couples therapy about their experiences, became obvious to them. Jane asked and learned to trust that Hinda would not touch her breasts during sex. Jane was more vocal about her sexual pleasure but also learned to tell Hinda when she was distressed (even without direct stimulation, sexual excitement made her breasts tingle). They both learned to stay present with each other as Jane regulated her emotional reactions. Hinda learned to advocate for her own pleasure and to speak up when she felt something was wrong. Hinda always knew that she enjoyed sex most when it was mutual, and she became comfortable telling Jane when she preferred to stop or slow down sexually (often, but not always, this was because Jane was uncomfortable).

Together, Jane and Hinda discussed how to manage their sex life while they waited for the top surgery Jane (in conversation with Hinda) finally decided to have. Their strategies included Jane wearing a sports bra and Hinda rubbing or squeezing Jane's legs and feet when Jane was close to orgasm. These strategies took Jane's focus off her breasts and were fun and arousing for Hinda. As they made sexual decisions together, they also began making decisions about other aspects of their life more cooperatively, including the decision about the surgery. They left therapy very satisfied with their relationship and said they would reach out after the surgery if they needed to. I have not heard from them, except for a phone call saying the surgery went well and they are doing "more than fine" and are planning to be married soon.

What I did therapeutically was to be curious, to listen without judgment, to engage in empathic understanding, and then to work collaboratively with Jane and Hinda. Their sex life magnified their poor communication and their use of withdrawal and avoidance as coping mechanisms for stress and

conflict. Since sex was the topic that brought them to therapy, I helped them communicate with each other about their sexual experiences and needs, and I encouraged them as they made choices that would lead to more fulfilling sex. Along the way, they were able to use these same skills in other areas of their relationship.

So, here is the question: If sex mirrors and magnifies individual and couples' dynamics, and if working on sexual issues directly can have a positive impact on sex and on other areas of functioning, why are we not taught this as psychotherapists?

MY DISMAL SEX EDUCATION (AND PERHAPS YOURS TOO?)

In my fifth-grade class, we were shown a movie about reproduction. The lights were dimmed, and stick figures appeared on the screen. A dotted line showed the path that sperm took from the male body to the female body, where it met an egg. Nine months later, as a voice-over told us, a baby would be born. The lights came on. My hand went up. None of this made sense to me. Two people stood next to each other and sperm somehow crossed from one to the other? Really? Something important was missing from this story, and I wanted to know what it was.

What was missing, of course, was sex. Without sex, the story I saw in that movie did not make sense. I would suggest that a similar thing happens in psychotherapy (as it did in my work with David). A patient's story, their history, and their presenting problems may not make sense—until you talk about sex, and then the missing pieces appear.

The sex education afforded to psychotherapists is almost as negligible as that of my fifth-grade sex education class. Because there is very little training given to psychotherapists on how and why sexuality is important for understanding and helping patients, you may not feel comfortable talking about sex in psychotherapy, and so you do not. And yet, you have picked up this book because you are at least intrigued by the possibility. And after almost 4 decades of talking about sex with my patients, I want to share those experiences with you. I strongly believe that talking about sex in psychotherapy enriches the process and improves the outcome.

Of course, I was also embarrassed and ashamed of my lack of knowledge in fifth grade. After that experience, I either stayed silent about sex or pretended I knew all there was to know, and laughed at sexual jokes and innuendos in all the right places—when others did. My experience is not unique. There are many ways that we are silenced about sex, and shaming is primary among them; shame about our ignorance, about our own sexual

experiences or lack thereof, about having been abused or sexually harassed, and about having perpetrated harassment or pressured someone for sex (telling yourself it was seduction) are some reasons that therapists—who are, after all, people, too—stay silent. Our own therapy and ongoing supervision may be necessary to redress some of these obstacles, but also, you will find guidance in the pages of this book.

But before reading ahead, let me share, briefly, my own journey from silence to sex therapy.

BECOMING A SEX THERAPIST

I started talking about sex by focusing on bad sex. It turns out I am not alone. Many therapists find it easier to talk to patients about the bad sex they have experienced (Cruz et al., 2017). But I am not just talking about bad sex; I am talking about criminal sex. As a practicum student and a research assistant in my undergraduate years, I got my start interviewing incarcerated sex offenders. It was a bit like jumping into the ocean and hoping the sharks have already eaten. In graduate school, I landed an internship doing intake evaluations for a busy sex therapy clinic. Armed with a list of questions I needed to get answered, but with little of my own (clinical or personal) experience, I asked people I had never met and likely would not meet again about the intimate details of their sex lives. Fast-forward over 40 years and thousands of people and patients later, and I could probably talk to almost anyone about their sex life. (Thankfully, I have boundaries, so I do not.) The point is that being comfortable talking about sex with your patients will take time and practice, and the ability to manage your own discomfort in the process. You may start with lists of questions or questionnaires but then eventually learn what and how and when to inquire about sex.

I did not intentionally set out to become a sex therapist. In fact, I think of myself primarily as a psychologist who specializes in helping people with sexual issues. Call me a sex therapist if you need a shorthand version of this title, and I will respond.

BETWEEN THE COVERS: WHAT IS IN THE BOOK?

Therapy is about stories: the stories our patients tell themselves, tell others, and tell us. The stories of the people I have had the fortune to work with grace the pages of this book. I have learned so much from them, and their stories will, I hope, be instructive for you. Names and identifying information

are, of course, disguised.³ Each chapter is anchored by one or two in-depth case discussions to illustrate the principles and techniques being addressed. Sometimes a few briefer cases are included to make a point. Research, which is so important to empirically based practice, is referenced throughout—because working with sexual issues requires that we do not substitute our own preferences and inclinations for what is psychologically healthy for our patients. And research helps us know what that boundary is. Sometimes what we think of as commonsense knowledge is simply not true. Patients have suffered from our ignorance: when they were told that homosexuality was a mental disorder, that having “unusual” sexual interests was deviance, or that their memories of sexual abuse were fantasies and that their clitoral orgasms were manifestations of immature sexual development. Sex research has greatly helped in our understanding of what is “normal,” healthy, and even ideal. Happily, sex research is thriving, relevant, and accessible. You will find plenty of it in this book.

The book is divided into two parts. Part I deals with the foundational models underlying the integration of sex and psychotherapy as well as ethical concerns. Part II focuses on integrating sexual issues in the context of psychotherapy. Two appendices outline what you need to know about gendered human sexuality, and the third and fourth appendices provide instructions for sensate focus and a list of sex therapy resources.

THE BOTTOM LINE

Throughout this book I emphasize the importance of good therapy, a strong therapeutic relationship, and an open and nonjudgmental curiosity toward our patients’ sexuality. People come to therapy to understand themselves more fully and to resolve whatever issues they are struggling with. Sometimes they will need and want to talk about their sexuality. Therapists have the clinical skills to talk about sex in psychotherapy, to integrate information about their patients’ sexuality into a comprehensive and deeper understanding of the person before them, and to helpfully intervene when patients struggle with many sexual issues. It is my hope that this book will provide the inspiration and the blueprint for these endeavors.

It has been a privilege and a pleasure to be privy to the sexual stories of so many people who have trusted me with their secrets. You will notice that

³All the cases in this book are based on an amalgam of actual cases I have treated. Identifying information has been altered to protect confidentiality.

there are many moments of humor in the therapy examples I give. While sometimes humor is a way of deflecting, it is also a way of joining and sharing. In my years of doing therapy, there have been tears but also laughter, as both are expressions of the deep, healing connection that therapy can bring. It is my hope that you will enjoy reading this book, that you will find some cause to smile when you turn a page, and that you will be touched by the stories of my courageous patients. Whatever wisdom you find in the pages of this book is offered in the hope that it will make the process smoother, by first showing you why it is important to talk about sex and then also offering guidance on how to do that. But most of all, I hope you find this book helpful in your ongoing efforts to deeply and more fully connect with the people who have entrusted you with their care.