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To cite this article: Michelle Linschoten, Linda Weiner & Constance Avery-Clark (2016): Sensate focus: a critical literature review, *Sexual and Relationship Therapy*, DOI: [10.1080/14681994.2015.1127909](https://doi.org/10.1080/14681994.2015.1127909)

To link to this article: <http://dx.doi.org/10.1080/14681994.2015.1127909>



Published online: 04 Jan 2016.



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Sensate focus: a critical literature review

Michelle Linschoten^a, Linda Weiner^b and Constance Avery-Clark^c

^aPlanned Parenthood, St. Louis, MO, USA, and MedSexEd, St. Louis, MO, USA; ^bBrown School of Social Work, Washington University, St. Louis, MO, USA; ^cPsychological Associates, Boca Raton, FL, USA

ABSTRACT

Masters and Johnson's Sensate Focus techniques have informed the sex therapy field for over four decades. However, two problems continue to plague the understanding and application of these techniques. First, clear and detailed information about the underlying concepts, original intent, and specific implementation associated with Sensate Focus has been limited primarily to private presentations within professional gatherings. Controversies and difficulties with interpretations among the general sexological community have resulted. Second, the application of Sensate Focus to diverse populations, and efficacy research on these interventions, has been limited. In addition to surveying the literature, this article addresses the primary confusions about the original concepts and technical applications of Sensate Focus. It also reviews the efficacy of this approach with populations other than the physically able-bodied, well-educated, heterosexual couples investigated by Masters and Johnson. Finally, this article concludes with an emphasis on the need for additional, detailed research and publication on the conceptual intention, practical application, and efficacy results of Sensate Focus across different population groups. This research would especially benefit sexually marginalized populations whose needs are not adequately addressed in current sexological literature and practice.

ARTICLE HISTORY

Received 15 July 2015

Accepted 29 November 2015


KEYWORDS

Masters and Johnson;
sensate focus; sex therapy

Sensate Focus: a Critical Literature Review

Introduction

Sexologists around the world continue to utilize Sensate Focus structured touching exercises developed by Masters and Johnson (1970). Researchers and practitioners consider these techniques among the foundations of sex therapy (Albaugh & Kellogg-Spadt, 2002; Cooper, 1981; De Villers & Turgeon, 2005; Regev & Schmidt, 2008; Weiner & Avery-Clark, 2014). Serving as both a diagnostic and therapeutic tool, Sensate Focus dynamically informs the practice and principles of sex therapy (Fruhauf, Heike, Schmidt, Munder, & Barth, 2013). As a result, some sexologists have expanded its use with a variety of clinical populations beyond the able-bodied, Caucasian, heterosexual married couples who comprised the majority of Masters and Johnson's research and clinical subjects (Bell,

CONTACT Constance Avery-Clark  caveryclark@me.com

Toplis, & Espie, 1999; Coren, Nath, & Prout, 2009; Gallo-Silver, 2000; George, 1990; Jindal & Jindal, 2010; Ribner, 2003). Sensate Focus technique has been utilized in medical, clinical, and therapeutic settings, alone, or as part of multi-phasic interventions (e.g. Germano, 1997; Keane, Carter, Goldmeier, & Harris, 1997; Kelly, 1976; Weiner & Avery-Clark, 2014).

Despite its ongoing utilization, confusion persists about the underlying concepts and specific applications of Sensate Focus. This has sparked a number of interpretive difficulties (Schnarch, 1991; Weeks & Gambescia, 2008; Weiner & Avery-Clark, 2014). There are also some significant limitations with regard to the application of Sensate Focus to specific needs of marginalized and non-normative client populations. The purpose of this article is to survey Masters and Johnson's publications and the peer-reviewed literature for details about the history and development of Sensate Focus in an effort to clarify the conceptual and practical interpretive discrepancies and controversies, and to evaluate the application and efficacy of Sensate Focus techniques with a variety of clinical populations. The goal is to suggest directions for future research and therapeutic intervention such that more diverse populations experiencing sexual concerns are more adequately addressed.

Background: understanding Sensate Focus

History

In the 1950s and 1960s, Masters and Johnson (1966, 1970) undertook the first systematic investigation not only of the natural, physiological patterns of sexual responsiveness but also of the therapeutic interventions and strategies for alleviating problems associated with these sexual systems (Weiner & Avery-Clark, 2014). Prior to the research that resulted in the publication of *Human Sexual Response* (1966) and *Human Sexual Inadequacy* (1970), Masters practiced as a gynecologist at the Washington University School of Medicine and also conducted limited research on sexual functioning. He established a research partnership with Johnson in the late 1950s. They subsequently created a therapeutic program to address the needs of couples experiencing problems with sexual response.

Key concepts

Sex as a natural function. The primary foundational concept of sex therapy is the principle of sex as natural function. Masters and Johnson define natural functions as neurophysiological processes: (1) with which one is born; (2) that cannot be taught; and (3) that are not under immediate voluntary control. Natural functions are part and parcel of the autonomic nervous system, and while they can be somewhat influenced by conscious direction with disciplined practice over time, they are essentially never under instant control (Weiner & Avery-Clark, 2014, p. 3).

The under-appreciated result of sex as a natural function is that one cannot force sexual arousal or orgasm, no more than one can force any physiological/emotional response. The paradox of natural, sexual functioning is that the more one tries not to focus on performance anxieties and/or on trying to make oneself aroused, the less likely one is to experience decreased anxiety and heightened arousal (Weiner & Avery-Clark, 2014).

Fears of performance and spectating. While conducting their research, Masters and Johnson determined that there was one cognitive–affective pattern most often associated with psychosocial sexual difficulties:

Fear of inadequacy is the greatest known deterrent to effective sexual functioning, simply because it so completely distracts the fearful individual from his or her natural responsivity by blocking reception of sexual stimuli either created by or reflected from the sexual partner. (Masters & Johnson, 1970, p. 12)

One of the key elements of these fears of performance is spectating, the anticipatory or *in vivo* observation of one's own sexual arousal. Masters and Johnson determined that spectating is highly correlated with psychologically based sexual dysfunction (Iasenza, 2010; Weiner & Avery-Clark, 2014; Wiederman, 2001). They also determined that addressing fears of performance and associated spectating was the key to successfully treating psychologically based sexual dysfunctions. However, in order to do so, they had to identify an alternative focus for the distressed person's attention. They experimented with the idea that focusing on the sensations of touch could provide such redirected focus. If partners can turn their attention to something dependable such as the tactile sensations for their own absorption, they would have recourse for managing their performance anxieties (Apfelbaum, 1985; Cooper, 1981; Masters & Johnson, 1986; Weiner & Avery-Clark, 2014).

Sensate Focus. During the evolution of their therapeutic endeavors, Masters and Johnson developed the technique of Sensate Focus, a hierarchical series of touching opportunities. They believed that providing sensations upon which distressed sexual partners could focus for their own sensorial involvement would be useful in alleviating the anxious thoughts and feelings that attended their sexual concerns and interfered with sexual functioning:

Sensate Focus is a hierarchy of ... structured touching and discovery suggestions...

It is a diagnostic and a therapeutic tool for identifying psychological and relationship factors that contribute to sexual difficulties, and for teaching new skills to overcome these problems and to foster more meaningful sexual intimacy. Sensate Focus is centerpiece of Masters and Johnson's therapeutic work (Weiner & Avery-Clark, 2014, p. 308)

Focusing on vivid and reliable tactile sensations through Sensate Focus (vivid in the sense that they can be used to capture immediate attention, and reliable in that they are always available for focus) is the most effective way to honor the fact that sex is a natural process. It provides a technique for getting the conscious mind out of the way of allowing the autonomic functions to occur (Weiner & Avery-Clark, 2014).

Focusing on sensations for one's self. Another key concept is that, in order to manage fears of performance and spectating, one must become involved for one's own sensory absorption. This means that each partner touches for his/her self, such that the toucher is experiencing sensation for no other purpose than attending to the sensations. In order to work effectively, touch must be attended to mindfully without concern for any emotional or physiological response including the emotions of relaxation, enjoyment, pleasure, or arousal for self or partner. In other words, the goal is *mindful* sensorial absorption for

self, not for any particular response including sexual arousal (Weiner & Avery-Clark, 2014).

Key controversies

Almost as soon as Masters and Johnson published their work on the therapeutic procedures they had developed (Kolodny, 1981), they confronted criticism on a number of fronts, some of which was well founded. Evans and Zilbergeld (1980, 1983) first questioned their research outcome criteria and success rates. Later, in an interview, Drs. Arnold Lazarus and Harold Lief questioned the research reliability and validity of Masters and Johnson's reported high rates of success that were not replicated by others (Slowinski, 1984). Masters and Johnson responded to these criticisms in a paper presented at the World Congress of Sexology (Masters, Johnson, Kolodny, & Meyners, 1983).

Apfelbaum (1985) offered an additional criticism of their work, suggesting that their written material presented their theories and findings in a confusing and unstructured manner. He noted that their promise to expound at a later date on the conceptual, purposeful, practical, and efficacy concerns raised by health professionals was never upheld. Masters and Johnson took responsibility for this confusion, concurring in large measure with Apfelbaum's critique (Apfelbaum, 1985; Schnarch, 1991; Weiner & Avery-Clark, 2014). In a further attempt to address these concerns, and on the occasion of the 25th anniversary of the publication of *Human Sexual Inadequacy*, Masters and Johnson (1986) offered a more detailed presentation on the theory, intention, and expectations behind the Sensate Focus techniques. However, the text of this presentation has not been effectively publicized and distributed, as evidenced by a dearth in the literature. This information will be incorporated into this article, with the goal of clarifying confusion.

Clarifying the purpose of Sensate Focus. As suggested, Sensate Focus was developed out of the conceptual understanding that sex is a natural function. It was also based on the practical observation that providing a reliable, attentional alternative focus to fears of performance in the form of touch sensations facilitates the management of the cognitive patterns that disrupt this natural function. Sensate Focus is a variation of the technique of systematic desensitization made famous by Wolpe (1958). This is a behavioral treatment in which clients imaginatively conjure up scenarios that are progressively more anxiety provoking while at the same time also applying procedures that are calming. The goal is to have the individual increasingly pair the emotional experience of relaxation with the anxiety-inducing scenario, effectively substituting relaxation for anxiety. Systematic desensitization is an excellent example of the principle that one's attention cannot simultaneously be absorbed in two different experiences (i.e. both anxiety *and* calmness) at the same moment in time.

The most frequent controversy with regard to Sensate Focus pertains to a misunderstanding about its purpose. As Apfelbaum notes: "Masters and Johnson's (1970) sensate focus assignments have been widely misunderstood as practice in focusing on the sensations that please one's partner. . . . It actually refers to exactly the opposite: avoiding any effort to please one's partner" (Apfelbaum, 2012, p. 6). We would add that the goal of the exercises is to redirect focus away from any expectation about the partner's or one's own emotional or physiological response (whether this be pleasure, relaxation, or arousal), and to teach individuals to be present and aware of their own personal experience of

sensations. Apfelbaum emphasizes that one may need to be alone and practice focusing on sensations with one's self before one can really be present and available for another. This focus on self is similar to what has become recognized as the practice of mindfulness (Weiner & Avery-Clark, 2014). In fact, Brotto (2013) suggests that Sensate Focus technique was the first use of mindfulness in sex therapy.

The controversy of sex as a natural function. One of the primary points of confusion about the conceptualization of sex as a natural function is the perception that this conceptualization renders sex a purely, and therefore limited, biological phenomenon. Tiefer (1991), associated with the New View of sexuality, suggests that sex is not so much a natural function as a socially constructed phenomenon. Supporters of the New View perspective also suggest that characterizing sex as a natural function is an oversimplified inaccuracy excluding this social constructionist perspective. However, Masters and Johnson's assertion that sex is a natural function does not exclude other aspects of sexuality including interconnected social, psychological, interpersonal, and even metaphysical processes (Weiner & Avery-Clark, 2014). Rather, it merely emphasizes that it is all too easy to forget that the bedrock of sex is natural functioning that includes anatomy, biochemistry, physiology, and other such processes, but that does not exclude other phenomena as part and parcel of human sexuality.

Understanding the cognitive and individualized components. Another consistent misconception about Sensate Focus is that it is exclusively behavioral and rigidly prescribed. There has been much criticism about its promoting prescriptive, "paint-by-numbers sex" (Kleinplatz & Krippner, 2005, p. 304). Critics have also regarded Sensate Focus techniques as excluding a cognitive component (Apfelbaum, 1985; Hertlein & Weeks, 2009; Levine, 2009). Some sexologists identify themselves as providing a supplemental cognitive element (Van Lankveld, Leusink, Diest, Gijis, & Slob, 2009). However, although not emphasized as such in Masters and Johnson's publications, Sensate Focus not only underscores the critical nature of cognitive patterns in sexual dysfunction but also represents an essentially cognitive-oriented therapy (Apfelbaum, 1985). The fact that Masters and Johnson identified the primary source of sexual dysfunctions being treated through Sensate Focus as spectating, or watching for anticipated responsiveness, suggests their fundamentally thought-focused approach. Additionally, practitioners encourage their clients to refocus on something other than the distracting thoughts that increase fears of performance. They do this by suggesting the use of cognitive behavioral redirection techniques. Some practitioners have recognized that Sensate Focus involves a significant cognitive component that is useful for in reducing anxiety and stress (Prieded & Højgaard, 2010; Weiner & Avery-Clark, 2014). Prieded and Højgaard's (2010) detailing of a sexological treatment center in Denmark described Sensate Focus as a critical treatment for anxiety and stress, as well as a diagnostic tool to assess problem-solving abilities and sexual issues.

Understanding the affective or emotional component. Sensate Focus, along with other sex therapy methodologies, has also been represented as failing to appreciate the affective element in sexual dysfunction (e.g. Levine, 2009). As has been noted in the discussion of sex as a natural function, one of the key concepts in Sensate Focus is that, while couples understandably desire emotions of closeness, trust, and connection, affects and emotions

cannot be forced. The Sensate Focus process is based on the notion that the way to approach to affective and emotional responsivity is to focus on behaviors and cognitions that are more directly under voluntary control. These behaviors and cognitions will paradoxically allow the desired feelings of closeness and connection to occur (e.g. Bancroft, 1975).

Sensate focus and relationship therapy. Another critique of Sensate Focus is that sex-related exercises ignore the influence of relationship dynamics, both as a causal and corrective source (e.g. Levine, 2009). Some authors have called for sex therapists, including Masters and Johnson, to focus more on the interpersonal relationship and less on its physical aspects, and view Sensate Focus as having too great an individual focus (e.g. Hertlein & Weeks, 2009; Weeks, 2005). Rather than ignore relationship aspects, however, Sensate Focus exercises help to both identify and resolve relationship issues such as poor communication, power struggles, and couple dynamics that interfere with the couples' goals (e.g. Frank, 1982). In later stages of Sensate Focus, couples are encouraged to share what is pleasurable (Weiner & Avery-Clark, 2014).

Method

In order to critically review the existing literature on the interpretation and utilization of Sensate Focus exercises, a primary Boolean search was undertaken of Sensate Focus in all article texts (not just article keywords or titles) of the 63 databases accessible via the EBSCO HOST search engine (see Appendix). This yielded 79 peer-reviewed articles available in the English language. These sources were filtered for redundancy and relevance. Sixty-six sources were identified as appropriate for review, to which were added supplemental professional texts and film resources obtained in academic training but that were not identified during the EBSCO search. This resulted in a total sample of 84 literature sources.

Results

The survey of the peer-reviewed literature on Sensate Focus that comprises the remainder of this paper represents an attempt to clarify some of the efficacy concerns identified earlier. It also addresses Masters and Johnson limitations with regard to providing sufficient contextual and instructional details for the practical application of Sensate Focus.

Clarifying efficacy with different populations. The literature in this review generally supports Sensate Focus as a validated and effective sex therapy procedure. Most of the empirical evidence for effectiveness that is reported in the literature involves studies that incorporate the Sensate Focus exercises along with other interventions (Farre, Fora, & Lasheras, 2004; Gournellis & Vaidakis, 2000; Lowe & Mikulas, 1975; McCabe, 1992; Van Lankveld et al., 2006, 2009; Vickers, De Nobrega, & Dluhy, 1993; Zukerman, Goldberg, Neri, & Ovadia, 1988). A number of studies include populations differing from the physically able-bodied, Caucasian, heterosexual couples with whom Masters and Johnson almost exclusively developed and researched Sensate Focus. Over the years, the application of these exercises has effectively been expanded in a number of creative ways and

applied to a variety of sexual concerns and clinical populations. Despite the positive results reported thus far, there clearly continues to be a need for much more controlled, empirical investigation.

Female dysfunctions and concerns. Sensate Focus has been used successfully with female clients for issues associated with biomedically oriented as well as psychologically driven sexual concerns (e.g. Basson, 2008; Cooper, 1981; Fichten, Libman, & Brender, 1983; Meston, Hull, Levin, & Sipski, 2004; Sarwer & Durlak, 1997). Empirical research on physical dysfunction primarily emphasizes the effectiveness of Sensate Focus as part of a multifaceted treatment approach for vaginismus (Jindal & Jindal, 2010; Meston, Hull, Levin, & Sipski, 2004; Van Lankveld et al., 2006). It has also been found to be an effective treatment for general genital pain (Baron, Florendo, Sandbo, Mihai, & Lindau, 2011; Pristed & Højgaard, 2010). In order to increase sexual desire, arousal, and orgasmic responsivity in women, Sensate Focus serves as a useful technique along with other psychotherapeutic and bibliotherapeutic interventions (Anderson, 1983; Delaney & McCabe, 1988; Jones & McCabe, 2011; Meston, 2006; Naylor & McCabe, 2006; Pristed & Højgaard, 2010).

Despite positive client feedback, some sexologists do not regard the correlation between the use of Sensate Focus in this context and positive treatment outcome as significant (Hoon, Hoon, Amberson, Coleman, & Ling, 1983). Other researchers and practitioners, however, consider Sensate Focus a sufficiently efficacious intervention for female sexual dysfunction (Anderson, 1983; Jones & McCabe, 2011; Meston, 2006; Naylor & McCabe, 2006; Pristed & Højgaard, 2010). Many support supplementing Sensate Focus with other interventions such as teaching communication skills and masturbation (Naylor & McCabe, 2006; Riley & Riley, 1978).

Zoldbrod (2015) asserts that Sensate Focus is an ineffective therapy for sexual assault survivors; this literature review produced two articles to the contrary (Glantz & Hember, 1992; McGuire & Wagner, 1978). In both cases, the subjects were women. The researchers detail the use of Sensate Focus with clients diagnosed with dissociative identity disorder in conjunction with the assault (McGuire & Wagner, 1978). However, the exclusion of male survivors and the paucity of literature on the subject in general suggest the need for considerably more research.

Male dysfunctions and concerns. Male sexual dysfunctions, particularly erectile dysfunction and ejaculatory control, have been common concerns encountered by practitioners and researchers alike (e.g. Beck & Barlow, 1986a, 1986b; Heiman & Rowland, 1983; Jacobs, 1977; Wiederman, 2001). While some clinicians have developed effective interventions that include Sensate Focus exercises for males with inhibited sexual desire (McCabe, 1992; Rowland, Cooper, & Heiman, 1995; Sarwer & Durlak, 1997), most authors discuss the effectiveness of the technique with regard to addressing erectile dysfunction (Beck & Barlow, 1986a, 1986b; Farre, Fora, & Lasheras, 2004; Frank, 1982; Gambescia, Sendak, & Weeks, 2009; Rowland, Cooper, & Heiman, 1995; Sarwer & Durlak, 1997; Vickers, De Nobrega, & Dluhy, 1993) and premature ejaculation (Frank, 1982; Gournellis & Vaidakis, 2000; Lowe & Mikulas, 1975; Rowland, Cooper, & Heiman, 1995; Sarwer & Durlak, 1997). Most studies combine Sensate Focus with medical, psychotherapeutic (e.g. guiding clients through cognitive restructuring tools), and/or educational interventions (e.g. teaching communication skills) (Farre, Fora, & Lasheras, 2004; Gournellis & Vaidakis, 2000;

Kelly, 1976; Lowe & Mikulas, 1975; McCabe, 1992; Van Lankveld et al., 2009; Vickers, De Nobrega, & Dluhy, 1993; Zukerman, Goldberg, Neri, & Ovadia, 1988).

Clients with disabilities. The research on the efficacy of Sensate Focus with clients diagnosed with intellectual and developmental disabilities indicates limited but encouraging results. Tepper (2000) has presented compelling evidence for the marginalization of persons with disabilities from dialogues on sexual norms, despite the fact that sexuality is a normal and frequent experience among such individuals. The lack of previous opportunity often experienced by disabled individuals may be a contributing factor to any anxiety they may encounter in association with sexual activity. Bell, Toplis, and Espie (1999) present the case study of a married couple with learning disabilities that were dissatisfied with the limited sexual interaction in which they had engaged in their seven months of marriage. The authors utilized an education component paired with Sensate Focus exercises in therapy, which effectively reduced anxiety in both partners, thereby simultaneously increasing their sexual contact and satisfaction with the relationship.

Melby's (2011) article, *Trying to Dance, But Missing Rhythm*, also includes case studies to suggest the usefulness of Sensate Focus exercises for helping individuals with Asperger's Syndrome (AS). AS symptoms contribute to individuals having even greater difficulties conceptualizing partner sexual desires than people who do not suffer from the disorder. One married couple cited included a man with AS and a woman who was also a sex therapist. Sensate Focus was integrated into the more accessible and literal application of body-mapping during which the partners draw maps of each other's bodies and label the areas and manner in which each prefers to be touched. This assisted with the elimination of assumptions that were otherwise difficult for the couple to identify and process. More research is clearly required in this important area.

Medical cases. Several articles generated by the literature review suggested the use of Sensate Focus in the treatment of sexual dysfunction connected to medical issues. In an eight-year study, Jindal and Jindal (2010) found that 95% of infertility patients treated with Sensate Focus technique had full resolution of vaginismus symptoms, and 52% of patients were able to achieve pregnancy. Many patients experience a decline in sexual functioning due to a medical condition, whether because of the illness itself or the harsh treatments that may be required. Gallo-Silver's (2000) utilization of Sensate Focus in patients with cancer and their partners illustrates the power of the exercise's purpose, that is, to manage spectating by raising awareness and mindfulness. Gallo-Silver's case studies illustrate a unique modification of Sensate Focus when clients were encouraged to avoid touching "emotionally sensitive areas of the body" (2000, p. 13), such as the areas affected by cancer. They often discovered these areas while actually implementing the exercise steps. This application may be effective with any partner who has experienced emotional trauma as well (e.g. Witkin, 1975). Sensate Focus, along with other interventions, can also help soothe the anxiety of the clients' partners who are afraid that sexual activity may hurt their loved ones. This approach assists not only the partners but also the patients with discovering what the patients might find sexually pleasurable while under treatment or in recovery (Sanders & Sprenkle, 1980).

Mental health concerns. Some therapists assert that Sensate Focus is not effective when clients suffer from more severe anxiety problems like phobias or posttraumatic stress disorder (Sobel, 1980). They suggest that a more aggressive and possibly medical approach is necessary with these sexually distressed individuals. They do not comment on the utilization of Sensate Focus as a diagnostic and desensitizing tool, although other sexologists assert it would be effective in such cases (Weiner & Avery-Clark, 2014).

The most detailed article on the use of Sensate Focus with individuals struggling with mental health issues pertains to alcoholics. People suffering from alcoholism often experience difficulties with inhibited sexual desire; alcoholic males are also more likely to experience sexual dysfunction. Jensen (1984) suggests using Sensate Focus, among other interventions, to reduce the anxiety of alcoholic clients and to improve their functioning. This is especially the case with erectile insecurity.

Non-heterosexual couples. Gay, lesbian, and sexually diverse couples are often left out of research and conversations on normative sexuality. In this literature review, a handful of sources were found specifically regarding these populations. Nonetheless, no written manuals specific to non-heterosexual or non-cisgender couples were identified. The literature suggests Sensate Focus is an effective intervention for gay and lesbian couples struggling with various sexual issues (Leiblum & Rosen, 2007). This is particularly the case with desire/interest disorders. Sensate Focus is considered an optimal intervention for desire/interest disorders and is a common reason lesbian couples seek sex therapy (Nichols, 1982).

Some clinicians have tailored Senate Focus exercises to non-heterosexual clients, stating that the standard model is hetero-normative and largely inapplicable (Hall, 1987; Iasenza, 2010). An example of Sensate Focus application to lesbian and gay couples is visible in the instructional videos created by Sex Smart Films for clients and therapists (Schoen & Stayton, 2006; originally distributed by www.hsab.org). This collection, based on the steps of Sensate Focus, includes a series for gay male couples and another for lesbian partners, as well as a third for heterosexual couples. The key difference between the heterosexual and non-heterosexual videos is the variation in the way that sexual intercourse is defined. For heterosexual couples, it is penile–vaginal penetration; for gay males, penile–anal, and for lesbian couples, dildo–vaginal/anal. The videos emphasize that a variety of sexual acts may be pleasurable and satisfying; however, defining the optimal and culminating sexual experience as a specific type of penetration is what other authors suggest therapists should avoid (Hall, 1987; Iasenza, 2010).

Religion. The only literature identified during the review of Sensate Focus use with particular religious backgrounds involves members of the Jewish community. Orthodox Jewish couples are expected to have abstained from sexual or sensual contact with a potential partner until marriage. Before marriage, cultural rules of privacy and modesty are strongly supported; after marriage, such rules are still revered except married couples are admonished to engage in sexual intimacy. This can create a physical and emotional challenge, as seen in one therapist's sessions with a Haredi (Ultra-Orthodox) Jewish couple (Ribner, 2003). Sensate Focus exercises allowed the couples in two case studies to take physical intimacy and contact in slow, manageable steps, thereby assisting in the development of a sense of comfort with sexual interactions. (Petok, 2001; Ribner, 2003). The authors note

that validating and incorporating religious principles along with education on sexual anatomy and function is critical to the efficacy of therapeutic intervention for inhibited desire or dysfunction.

Advances

There have been other positive developments in the sex therapy field with regard to Sensate Focus's efficacy and contextual delineation. One of these is the creative integration of Sensate Focus with advances in technology (Coren, Nath, & Prout, 2009). Another is the explicit description of Sensate Focus instructions (Avery-Clark & Weiner, 2016; Weiner & Avery-Clark, 2014; Weiner, Cannon, & Avery-Clark, 2014). Additionally, the variety of ways in which Sensate Focus, in particular, and sex therapy, in general, are used with other psychotherapeutic approaches and populations is reflected in the literature (Apfelbaum, 2012; Dushman & Clark, 1984; Kaplan, 1983, 1988; Stanley, 1981).

Utilizing technology. In the age of electronics and the Internet, many sexologists have taken Sensate Focus exercises to the computer. Two articles in the literature review discussed the incorporation of Sensate Focus as part of an intervention program (Jones & McCabe, 2011; Van Lankveld et al., 2009). Their results indicated significant improvement for patients with female sexual dysfunction (Jones & McCabe, 2011) and erectile dysfunction (Van Lankveld et al., 2009). Coren, Nath, and Prout (2009) developed a Sensate-Focus-specific computer program that also provided guidance and instruction similar to the Sensate-Focus-based films created by Mark Schoen and Stayton (2006). The article did not include an evaluation of program efficacy. The brevity of information on this medium of treatment provision, as well as the ever-evolving technology, necessitates further research and development of Sensate Focus treatment through technology (Coren, Nath, & Prout, 2009).

Clarifying therapeutic instructions. Masters and Johnson's intent to provide practitioners with sufficiently detailed information for effectively implementing Sensate Focus instructions was never realized. While the Institute continued to provide technical training for therapists through its ongoing clinical and workshop programs (Apfelbaum, 1985; Weiner & Avery-Clark, 2014), it has remained for other sexologists to explicate the procedures for implementing Sensate Focus. Kaplan (1983, 1988) was the first to publish an outline of instructions for Sensate Focus, the first edition of which was published in 1975. Other therapists have subsequently developed guidelines for practitioners, some in the form of instructional publications (e.g. Hertlein, Weeks, & Gambescia, 2008), some as therapy manuals (e.g. Kennedy & Dean, 1994; Long, Burnett, & Thomas, 2006), and others as brief reports (De Villers & Turgeon, 2005). The aforementioned Sex Smart Films videos also offer instructions to therapists on Sensate Focus exercises with clients; additional video instruction includes the 1975 films produced by EDCOA (Price, 1975). Joanning and Keoughan (2005) found success utilizing Sensate Focus video instruction with their clients. Some practitioners have developed specific instructions for certain body parts, like hand, feet, and head (De Villers & Turgeon, 2005). Despite these attempts at explicating Sensate Focus directions, the sex therapy field could greatly benefit from an updated and thorough guideline for the use of Sensate Focus with a wide variety of populations and incorporating the latest variations and advancements.

Variations in the use of Sensate Focus. Kleinplatz suggests that “we might well endeavor to learn what the larger fields of psychotherapy theory, research, and practice can contribute to new innovations in sex therapy” (2012, p. xxix). In that spirit, Sensate Focus has evolved as it has been used with other forms of psychotherapy. This includes differences in the way in which instructions are given and processed, and the way in which the exercises are integrated into other psychotherapeutic approaches such as in-depth psychodynamic psychotherapy.

McCarthy (1986) and Weiner (1988) have integrated Sensate Focus with specific cognitive–behavioral exercises to treat concerns emanating from sexual trauma. Emphasis is placed on using Sensate Focus to elicit trauma-related triggers, then stopping the exercises in order to process the trauma, and then returning to Sensate Focus to proceed on to the next step on the hierarchy of triggers. Maltz (2002) modified Sensate Focus instructions to emphasize survivor control over many aspects such as the timing and pacing of the exercises. She also developed a series of pre-Sensate Focus exercises to develop trust between the survivor and his or her partner.

Kaplan (1983, 1988) was the first sexologist to combine Sensate Focus with psychodynamically oriented psychotherapy. She emphasizes the importance of tailoring Sensate Focus to the needs of the patients, processing deeper, developmental concerns underlying sexual distress when appropriate. Apfelbaum (2012) continues to support this notion, and stresses the importance of understanding that focusing on sensations for one’s own interest serves as an aperture into larger issues of love and intimacy. LoPiccolo and Miller (1975) utilized Sensate Focus in a behavior-based intervention for couples who did not experience dysfunction or disability but who wanted to increase their baseline desire and communication.

Western mental health practitioners have recently rediscovered the practice of mindfulness as a useful technique for many psychological concerns and as a way of cultivating awareness in the moment. There are several reports in the literature that suggest parallels between mindfulness and Sensate Focus (Brotto & Heiman, 2007; Brotto, Seal, & Rellini, 2012; George, 1990; Lazarus, 1974, 1992), and even that Master and Johnson were the first to utilize mindfulness in sex therapy (Brotto, 2013). Sensate Focus has been used as a way of cultivating mindfulness and enjoyment in the present moment. It has also been used to build sexual intimacy, safety, and reconnection in heterosexual relationships in which the female partner has an irrational fear of contracting HIV and developing AIDS (George, 1990). Brotto and Heiman (2007) describe the use of mindfulness as an addendum to Sensate Focus with female gynecologic cancer survivors.

Discussion

Masters and Johnson are regarded as the founders of sex therapy. Their diagnostic and therapeutic technique of Sensate Focus is considered so fundamental to the field of sex therapy that it appears in human sexuality textbooks for students (e.g. Carroll, 2013; Rosenthal, 2013; Tye, 2013; Yarber, Sayad, & Strong, 2012) as well as books on sex therapy (Hertlein et al., 2008). However, despite Masters and Johnson’s seminal roles, and despite the foundational nature of Sensate Focus, the results of this critical review of the literature on Sensate Focus indicate that there continues to be a dearth of published material accurately describing detailed information about its underlying

concepts and purpose, its efficacy, its use with specific populations, and the specific instructions for implementing it. Much of this information was available to mental health professionals enrolled in their workshops and training programs but not to therapists and sexologists in general. What is also missing from the available literature is their valuable work after *Human Sexual Response* (1966) and *Human Sexual Inadequacy* (1970) were published. The formal dissemination of such information would clarify confusions about the concepts, purpose, and implementation of their revolutionary therapeutic technique but also modifications and new ideas that evolved as they continued to practice. Publication of this material, supplemented by the work of Masters' and Johnson's pupils and colleagues, would provide invaluable contributions to the continued understanding, research, and practice of Sensate Focus. Many clinicians who studied at Masters & Johnson Institute still practice and possess a wealth of information that has heretofore been inadequately transmitted.

However, even for those professionals who had the good fortune to participate in Masters and Johnson's workshops or training programs, those gatherings involved the minimal transmission of information pertaining to Sensate Focus modifications developed by other sexologists. Since the publication of *Human Sexual Inadequacy* (1970), sexologists have contributed creatively and vastly to the work of Masters and Johnson, oftentimes richly supplementing it by incorporating new information and advances. As this review clearly suggests, professionals in all areas of health have expanded the use of Sensate Focus to a much wider variety of populations than was the case at Masters and Johnson where the focus was almost exclusively on reasonably functional, financially stable, White, heterosexual, couples.

There is an ongoing need for further research on the diagnostic and treatment efficacy of Sensate Focus with all manners of sexual dysfunctions, disorders, dissatisfactions, and populations. Future investigations may reveal not only the value of Sensate Focus for treating difficulties but also ways in which the intervention can aid in the cultivation of optimal sexuality. Masters and Johnson's exact studies are difficult to replicate, given the specific style of therapy (two therapists, both partners as clients, intensive two-week intervention) and the lack of detailed and clear exercise instruction. Further research in this direction would represent not so much a deprecation of Masters and Johnson's foundational work but more of an appreciative supplementation of and complementation to their pivotal creations and contributions. After all, as Apfelbaum (1985) suggests, the limitations of Masters and Johnson's Sensate Focus publications with regard to conceptual clarity, purpose, implementation, and efficacy do not invalidate the revolutionary significance of their work.

Disclosure statement

No potential conflict of interest was reported by the authors.

Notes on contributors

Michelle Linschoten, MSW, MPH, is co-director/sexuality educator at MedSexEd, and involved in patient education and education in Planned Parenthood in St. Louis. She also has served as workshop coordinator for the Institute for Sexual & Relationship Therapy & Training. She has a dual

Masters degree in Social Work and Public Health from the Brown School of Social Work, Washington University, St. Louis. She focuses on sexuality education for medical professionals. She has a lifelong interest in holistic sexual wellness promotion and social justice.

Linda Weiner, MSW, LCSW, is co-owner of the Institute for Sexual & Relationship Therapy & Training, an organization that provides clinical services, AASECT-approved educational opportunities and supervision for those interested in sex education and therapy. Linda was trained and employed at Masters & Johnson Institute, and has been in private practice since 1988. Linda also teaches at the Brown School of Social Work at Washington University as an adjunct professor. Recently she began writing to publicize the art and science of Sensate Focus touching techniques developed by Masters & Johnson, updating this approach with diverse populations and connecting it back to its roots in mindfulness practice.

Constance Avery-Clark, PhD, is co-owner of the Institute for Sexual & Relationship Therapy & Training, an organization that provides clinical services, AASECT-approved educational opportunities, and supervision for those interested in sex education and therapy. She has one doctorate in clinical psychology from the University of Southern California, and a second in Psychology—Jungian Studies from Saybrook University. She is a Florida licensed psychologist, and an AASECT-certified diplomate of sex therapy. She served as clinical and research associate at Masters & Johnson Institute for five years, has been in private practice for 30 years, and specializes in sexual, relationship, and self-identity issues. She has published lectured nationally, and spoken on matters of intimacy and sexuality.

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Appendix

EBSCO HOST, English language databases

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| 1. Academic Search Premier | 35. Library, Information Science & Technology Abstracts |
| 2. America: History & Life | 36. MAS Ultra - School Edition |
| 3. American Bibliography of Slavic and East European Studies | 37. MEDLINE |
| 4. Anthropology Plus | 38. Mental Measurements Yearbook with Tests in Print |
| 5. Applied Science & Technology Full Text (H.W. Wilson) | 39. Military & Government Collection |
| 6. Art Full Text (H.W. Wilson) | 40. MLA Directory of Periodicals |
| 7. Art Index Retrospective (H.W. Wilson) | 41. MLA International Bibliography |
| 8. Art Source | 42. Philosopher's Index |
| 9. ATLA Religion Database | 43. Play Index (H.W. Wilson) |
| 10. Biography Reference Bank (H.W. Wilson) | 44. PsycARTICLES |
| 11. Business Source Complete | 45. PsycCRITIQUES |
| 12. Business Source Premier | 46. PsycINFO |
| 13. CINAHL | 47. Readers' Guide Retrospective: 1890–1982 (H.W. Wilson) |
| 14. CINAHL Plus | 48. Regional Business News |
| 15. Communication Abstracts | 49. RILM Abstracts of Music Literature |
| 16. eBook Collection (EBSCOhost) | 50. RIPM – Retrospective Index to Music Periodicals |
| 17. EconLit with Full Text | 51. RISM Series A/II: Music Manuscripts after 1600 |
| 18. Education Full Text (H.W. Wilson) | 52. Social Work Abstracts |
| 19. ERIC | 53. SocINDEX |
| 20. Essay and General Literature Index (H.W. Wilson) | 54. SocINDEX with Full Text |
| 21. European Views of the Americas: 1493 to 1750 | 55. The Serials Directory |
| 22. Family & Society Studies Worldwide | 56. American Theological Library Association (ATLA) Historical Monographs Collection: Series 1 |
| 23. Film & Television Literature Index with Full Text | 57. American Theological Library Association (ATLA) Historical Monographs Collection: Series 2 |
| 24. Gender Studies Database | 58. eBook Academic Collection (EBSCOhost) |
| 25. Global Health | 59. eBook Clinical Collection (EBSCOhost) |
| 26. Global Health Archive | 60. eBook Community College Collection (EBSCOhost) |
| 27. GreenFILE | 61. eBook Public Library Collection (EBSCOhost) |
| 28. Historical Abstracts | 62. eBook High School Collection (EBSCOhost) |
| 29. History of Science, Technology & Medicine | 63. eBook K-8 Collection (EBSCOhost) |
| 30. Index to Jewish Periodicals | |
| 31. Index to Legal Periodicals & Books Full Text (H.W. Wilson) | |
| 32. L'Année philologique | |
| 33. LGBT Life with Full Text | |
| 34. Library Literature & Information Science Index (H.W. Wilson) | |
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