A Comparison of Three Therapeutic Formats in the Treatment of Secondary Orgasmic Dysfunction

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The goal of the present study was to compare the effectiveness of three therapeutic formats: Standard Couple Therapy, Group Therapy, and Minimal Contact Bibliotherapy (self-help) in the treatment of 23 couples in which the wife was suffering from secondary orgasmic dysfunction. The results indicate that a cognitive-behavioral sex therapy program is clearly effective in changing a wide range of subjective satisfaction and behavioral measures, with concurrence of the husbands' and wives' data providing further strength to these findings. Differences in outcome which were elicited in the three experimental treatment conditions were mainly in favor of the Standard Couple condition. Since such differences were neither frequent nor great, practical issues related to increasing the effectiveness of less time-consuming treatment formats are discussed. In addition, the theoretical implications of using global versus specific therapy outcome criteria are explored.

The most comprehensive and persuasive account of a direct sexual skills training procedure for the alleviation of sexual distress has been provided by Masters and Johnson.[1] Subsequent controlled studies comparing directive Masters and Johnson type sex therapy to other approaches have concurred that a directive behavioral approach is effective in ameliorating sexual difficulties.[2-5] In spite of serious methodological difficulties in comparative therapy outcome studies,[6-9]

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general consensus that a directive sexual skills training approach is effective has encouraged sex therapists to develop more efficient and economical ways of providing treatment.

A variety of therapeutic contexts have been explored in an effort to provide low cost and effective sex therapy services. Masters and Johnson originally advocated the use of a male and female cotherapy team, couples seen individually, in an intensive (daily) two-week program. Review of the literature evaluating different formats for the delivery of behavioral sex therapy indicates that one therapist is as effective as two, the gender of the therapist does not influence therapeutic outcome, and massed and spaced therapy sessions produce equivalent therapeutic effects.[10] While Group Therapy, Minimal Contact Bibliotherapy, and Standard Couple Therapy are each of demonstrated value, the comparative effectiveness of these three treatment formats has not yet been addressed. The present study was designed to compare directly these three major formats of behavioral sex therapy in the treatment of secondary orgasmic dysfunction. Such a comparison is important on theoretical grounds since different treatment formats, independent of therapy content, may have differential effects on sexual behavior, relationship and personality variables. The comparison also has important implications for cost effectiveness; for example, in terms of therapist hours involved, the three formats of therapy delivery range from relatively expensive (Standard Couple Therapy) through moderate cost (Group Therapy) to inexpensive (Minimal Contact Bibliotherapy).

The present investigation evaluates the effects of modality of sex therapy delivery on a wide variety of outcome criteria. In order to minimize individual differences within the sample, the present study has employed criteria for the selection of secondary nonorgasmic women which ensured a reasonably comprehensive and homogeneous sample. This is an important factor in permitting results of this study to be compared with those of other investigations.

Therapeutic outcome was evaluated by multiple and comprehensive measures. These included both subjective satisfaction and behavioral frequency measures. Sexual functioning was assessed both in terms of orgasmic response to specific sexual activities and more broadly in terms of sexual performance related variables. In addition, therapeutic impact on marital and personality variables was explored. The data, therefore, reflects both quantitative and qualitative aspects of subjects' responses in a wide range of areas relevant to sexual functioning.

METHOD

Subjects

Twenty-three volunteer married couples with the problem of secondary orgasmic dysfunction in the wife served as subjects; they were participating in a larger study in which comparison of the three therapy formats constituted a major aspect.[11] The definition of secondary orgasmic dysfunction proposed by McGovern, Stewart-McMullen and LoPiccolo[12] was used. For inclusion in the study, women had to have experienced at least one orgasm through some mode of sexual stimulation, but have been dissatisfied because of low frequency of orgasmic response, because of the type of sexual stimulation required for orgasm (e.g., orgasmic with oral stimulation only) or because of the stimulus conditions under which orgasm occurred (e.g., not orgasmic with intercourse). Most of the women

in the sample experienced orgasm less than 25% of the time with any type of interpersonal stimulation during the last six months.

Additional criteria to be met by subjects included: (a) wife aged 20–45; (b) currently married, duration of relationship minimum one year; (c) educational level at least grade 9; and (d) both partners agreeable to therapy. Subjects were excluded on the basis of: (a) current physical illness; (b) current or recent (within one year) psychotherapy; (c) pregnancy or menopause; (d) severe marital discord; and (e) severe sexual problem in partner. Couples who did not conform to the inclusion criteria were either treated at the Jewish General Hospital Sexual Dysfunction Service or were referred elsewhere, if necessary.

The 23 participating couples had been married between 1 and 20 years, with a mean duration of 10 years; they also had experienced sexual problems for an average of 10 years. Subjects ranged in age from 25 to 44; the mean was 33 years for wives and 34 years for husbands. Both male and female subjects had an average of 15 years of education. The mean combined income of couples was $36,000.

Measures

Subjects completed the questionnaires listed below on three occasions: pretherapy (approximately one week prior to starting therapy), posttherapy (at the end of the 14-week program), and at follow-up (three months after the 14th week of treatment).

Jewish General Hospital (JGH) Sexual Behavior Questionnaire. This extensive self-report instrument is used routinely at the Sexual Dysfunction Service of the Jewish General Hospital in Montreal; it assesses on 8-point rating scales (0–7) a wide range of sexual habits and experiences (e.g., nature of sexual repertoire, current frequency of sexual activities, level of sexual enjoyment). This measure has good test-retest reliability and discriminant validity; furthermore, changes in scores from pretherapy to posttherapy have been found to reflect improved functioning, consistent with clinical impression.[13,14]

Sexual Interaction Inventory (SII).[15] The SII is a widely used measure of satisfaction with sexual functioning; it was included in this study as one of the outcome measures.

Locke-Wallace Marital Adjustment Scale (L-W).[16] This self-report questionnaire is frequently used to assess the quality of marital functioning.

Azrin Marital Happiness Scale.[17] This is a marital adjustment scale which provides information additional to that provided by the L-W in a number of domains. Scoring was modified so that responses were given on 8-point scales (0–7).

Eysenck Personality Inventory (EPI), Form A.[18] This frequently used questionnaire measures two personality dimensions: Neuroticism-Stability and Extroversion-Introversion.

Rosenberg Self-Esteem Scale.[19] This scale measures the self-acceptance aspect of self-esteem. It has been found to have fairly high reliability and validity.[20]

Treatment Conditions

Couples were assigned to one of three treatment conditions: Group Therapy, Standard Couple Therapy, and Minimal Contact Bibliotherapy. There were no significant differences among conditions on any of the demographic variables.

Within each treatment condition, the therapy content (reading materials and assignments) and sequence of steps were identical. Four experienced sex therapists, three females and one male participated in administering the treatment in all three experimental conditions.

Standard Couple Therapy. Seven couples were each seen for one hour each week by a therapist over a 14-week period (15 sessions).

Group Therapy. Eight orgasmically dysfunctional women met 15 times in a group with two female therapists for 1 ½ hours each week over the 14-week period. The male partners met with an experienced male therapist in a group, for 1 ½ hours, three times: once in the beginning, once in the middle, and once at the end of the therapy program. These meetings took place in order to provide the men with information about the program, to enlist their support, and to obtain information at the end of therapy about the impact of the program. The all male group was included to supplement usual group sex therapy practice in order to facilitate transfer of therapeutic gains from the individual to the couple context and to permit effective monitoring and intervention, if necessary, in couple-related issues.

Minimal Contact Bibliotherapy. Eight couples met with a therapist twice: once at the beginning and once at the end of the 14-week therapy program.

Therapy Program

The therapy program[21] included both reading materials and behavioral tasks for each of the 14 weeks of therapy, and generally followed the sequence outlined in Heiman, LoPiccolo & LoPiccolo's[22] self-help book. Didactic information on anatomy, physiology, and on sexual myths and misconceptions was provided. Assigned exercises included relaxation, vaginal muscle control, body awareness and self-stimulation activities. Couples learned communication skills in initiating and refusing sexual relations, expressing sexual tastes and preferences, and acquiring techniques for reducing performance anxiety. During certain portions of the program, intercourse was banned and the emphasis was first on nongenital then on genital caressing. Techniques in self and interpersonal pleasuring to facilitate sexual enjoyment and expression were included and spouses learned to receive prolonged sexual stimulation without feeling obligated to reciprocate immediately. Couples also prepared a written evaluation of the gains produced by the program, individual problems encountered and effective measures to overcome these; this formed the basis of individualized maintenance programs.

Procedure

Couples met with one of the therapists for a screening interview. Couples who met all selection criteria brought their completed pretest questionnaires to their first (orientation) session; at that time they were given an introduction to the program, an explanation of the merits of the treatment condition to which they had been assigned, and all written materials for the 14-week therapy program. Subjects were instructed in the proper use of the program materials and were asked to engage in self-monitoring of sexual and affectional behaviors on a daily basis; self-monitoring sheets were returned weekly. For the Minimal Contact Bibliotherapy couples, the orientation session also included the presentation of

Leslie LoPiccolo and Julia Heiman's three films: *Becoming Orgasmic: A Sexual Growth Program for Women, Films I, II, and III.* At the end of the session, these couples were given an appointment for a final summary meeting 14 weeks later. The orientation session for all subjects in the Standard Couple Therapy and in the Minimal Contact Bibliotherapy conditions took place with one of the four therapists in the study. The same information was provided during the orientation session in the Group Therapy conditions as well; however, the men and the women in this condition met in all male and all female groups. Subjects in the Standard Couple Therapy and in the Group Therapy conditions were shown LoPiccolo and Heiman's *Film I* during their second session, *Film II* during their fifth session and *Film III* during their tenth session.

At the end of the 14-week therapy program, a final summary meeting took place; again, each couple was seen individually in the Standard Couple Therapy and in the Minimal Contact Bibliotherapy conditions while all male and all female groups met in the Group Therapy condition. Posttherapy questionnaires were given all subjects with instructions to return these one week later. A follow-up appointment in three months time was given all subjects. Follow-up questionnaires were mailed two weeks prior to the follow-up meeting during which subjects' progress was discussed and follow-up questionnaires were returned. Couples who wished to continue with therapy were offered sex therapy at the Jewish General Hospital or were given the option of being referred elsewhere. Only two couples availed themselves of this offer.

RESULTS

Two-way ANOVA comparisons [3 (Couple/Group/Biblio.) × 2 (Pre/Post)] were carried out on all measures. Male and female data were analyzed in separate comparisons. Because of incomplete posttherapy data for some subjects and incomplete follow-up data for others, follow-up data were not included in these analyses. Instead, 1-way ANOVA comparisons [2(Pre/Follow-up)] were made on pretherapy and follow-up scores; therefore differential effectiveness of the three treatment formats at follow-up could not be evaluated.

The findings of this study are considered in two separate sections. First, the effects of the therapy program, regardless of treatment condition, on global sexual harmony, more specific sexual, affectional, and communication variables, as well as on marital and personality variables are examined. Second, the differential impact of the three treatment conditions on these same variables is explored.

Therapeutic Effects

Evaluation of the impact of the therapy program, when treatment condition is ignored, show pre to posttherapy improvement on many variables. In order to simplify the presentation, only female data are presented since the male and female data are highly similar.

Sexual Interaction Inventory (SII). As shown in Table 1, scores on the SII indicate that couples improved pre to posttherapy on the summary Total Disagreement Scale and that this improvement was maintained at follow-up. [It is worth noting that the pretherapy mean (M = 119.53) Total Disagreement Scale score of the present sample resembles that of LoPiccolo and Steger's[15] pretherapy "sexually

TABLE 1

Sexual Interaction Inventory Scales: Females

Measure[a]	Pre	Post[b]	Follow-up[b]
Frequency Dissatisfaction	19.94	11.94***	12.00***
Self Acceptance	14.41	8.29*	10.13
Pleasure Mean	4.63	5.01	5.07
Perceptual Accuracy	10.76	9.29	5.29
Mate Acceptance	14.06	6.26**	7.71†
Total Disagreement	119.59	76.82***	67.70**

[a]The lower the score, the better, except for Pleasure Mean, where the higher the score, the better
[b]Significance levels at post are based on pre-post ANOVA comparisons; those at follow-up ar based on pre/follow-up comparisons. Because of the smaller *N*s at follow-up, larger difference are required to reach significance.
†$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$.

dysfunctional" group, while the posttherapy ($M = 76.82$) and follow-up ($M = 67.70$ scores of the present sample resemble that of their posttherapy group.] In addition to improvement on this summary scale, females improved on three of the five SII subscales; these gains were maintained at follow-up on two scales.

Sexual Repertoire (JGH Questionnaire). Results presented in Table 2 indicate that for the females, frequency of masturbation as well as a number of Couple Sexual (Non-Coital) activities increased pre to posttherapy. The increased frequency, in general, was not maintained at follow-up. Women's enjoyment levels of Sexual (Non-Coital) activities were also raised pre to posttherapy on three of four measures; improved enjoyment was maintained on one variable (Giving and Receiving Oral Stimulation) at follow-up. Percent Orgasm with Couple Sexual (Non-Coital) activities similarly increased for the women in this study pre to post-therapy; in this case improved functioning was generally maintained.

The therapy program had no significant effects on the women's reports of frequency of intercourse. Women's orgasmic rates with Male-on-Top Intercourse also did not change. While there was a tendency for women to experience orgasm more frequently with Female-on-Top Intercourse posttherapy than pretherapy, even this was no longer evident at three-month follow-up. Enjoyment of intercourse, however, improved pre to posttherapy for both intercourse positions assessed. Increased enjoyment was maintained at follow-up for Male-on-Top Intercourse.

Performance Related Affectional and Sexual Communication Variables (JGH Questionnaire). Results on these variables are presented in Table 3. Of the four sexual performance related variables, females improved pre to posttherapy on Satisfaction with Duration of Encounters and on Percent of Sex for Partner only; these improvements were maintained at follow-up. Females improved pre to posttherapy on most (7/9) of the affectional variables assessed. Many of these improvements, however, disappeared at follow-up. On sexual communication, females improved pre to posttherapy on most (5/6) variables used in this study. Furthermore, improvement on many of these variables (3/6) was maintained at follow-up.

TABLE 2

Sexual Repertoire Variables: Females

Measure[a]	Pre	Post[b]	Follow-up[b]
Individual Sexual Activities			
Masturbation			
Frequency/month	2.11	3.26**	2.45
Enjoyment	2.32	1.74	2.18
% Orgasm	55%	65%*	77%*
Couple Sexual (Non-Coital) Activities			
Manual Stimulation (Receiving)			
Frequency/month	4.20	5.85**	5.31*
Enjoyment	4.45	5.55*	5.92
% Orgasm	9%	33%***	27%†
Manual Stimulation (Giving and Receiving)			
Frequency/month	2.95	3.90	3.00
Enjoyment	3.67	4.48†	4.69
% Orgasm	10%	24%**	22%†
Oral Stimulation (Receiving)			
Frequency/month	2.25	3.25*	2.54
Enjoyment	4.20	4.70	5.46
% Orgasm	9%	23%*	14%
Oral Stimulation (Giving and Receiving)			
Frequency/month	1.00	1.80*	1.92
Enjoyment	2.20	3.55*	3.75**
% Orgasm	8%	15%	13%
Intercourse			
Male on Top			
Frequency/month	3.86	3.81	3.79
Enjoyment	4.05	4.82*	5.21†
% Orgasm	3%	8%	8%
Female on Top			
Frequency/month	1.95	2.38	1.93
Enjoyment	3.62	4.57*	4.71
% Orgasm	3%	10%†	6%

[a]The higher the score, the greater. Enjoyment scores range from 0 to 7. Means for Enjoyment and % Orgasm are artificially low due to having included 0 as the score when *S*s had not engaged in the activity.

[b]Significance levels at post are based on pre-post ANOVA comparisons; those at follow-up are based on pre/follow-up comparisons. Because of the smaller *N*s at follow-up, larger differences are required to reach significance.

†$p < .10$, *$p < .05$, **$p < .01$, ***$p < .001$.

TABLE 3

Sexual Performance Related, Affectional and Sexual Communication Variables: Females

Measure[a]	Pre	Post[b]	Follow-up[b]
Sexual Performance Related Variables			
Satisfaction with Duration of Encounters	3.74	5.16**	5.25*
Frequency of Initiation (by Self)	2.68	3.32	2.91
Difficulty Initiating	3.35	2.35	1.78
% of Sex with Partner only	50%	26%**	26%***
Affectional Variables			
Affectional Contact	5.60	5.80	6.11
Satisfaction-Affection	4.50	5.35*	5.56
Satisfaction with Partner's Consideration	5.25	6.10*	5.67
Non-Genital Caressing (Receiving)			
Frequency/month	3.52	5.05*	5.14†
Enjoyment	4.52	5.38	6.29**
Non-Genital Caressing (Giving)			
Frequency/month	2.91	4.59**	3.93
Enjoyment	3.68	4.82*	4.71
Non-Genital Caressing (Giving & Receiving)			
Frequency/month	3.09	4.14†	4.14
Enjoyment	4.23	5.09†	5.64
Sexual Communication Variables			
Understanding of Self (by Partner)	4.11	5.11**	5.55
Understanding of Partner (by Self)	5.16	5.68	5.64
Knowledge of Partner's Sexual Preferences (by Self)	4.58	5.37	5.64*
Knowledge of Own Sexual Preferences (by Partner)	3.74	5.00***	5.00***
Satisfaction with Sexual Communication	3.32	5.16***	5.55***
Comfort with Sexual Communication	4.40	5.40*	5.78

[a]The higher the score, the greater. Scores range from 0 to 7.

[b]Significance levels at post are based on pre-post ANOVA comparisons; those at follow-up are based on pre/follow-up comparisons. Because of the smaller *N*s at follow-up, larger differences are required to reach significance.

†p<.10, *p<.05, **p<.01, ***p<.001.

Marital and Personality Variables. The pretest mean L-W Marital Adjustment Scale score was 106.31 for females and 104.35 for males. Mean Azrin Marital Happiness Scale scores ranged from 4.93 to 5.95 on all items except the one dealing with sexual happiness. Such scores, on both marital measures, are within the "average" range.[16,17] ANOVA comparisons show no changes on L-W Marital Adjustment Scale scores. The therapy program had a significant effect on only one item of the Azrin Marital Happiness Scale: females' sexual happiness scores improved pre to posttherapy ($M = 2.93$, $M = 5.13$ respectively, $p, < .01$); these were maintained at follow-up ($M = 5.18$, $p < .001$).

The Rosenberg Self-Esteem Scale and the EPI pretherapy scores of both male and female subjects were within the normal range. ANOVA comparisons revealed no significant changes on these measures.

Differential Effectiveness of Treatment Conditions

Findings on the differential effects of the three therapy conditions—Standard Couple Therapy, Group Therapy and Minimal Contact Bibliotherapy—indicate few differences. Those differences which were found generally favored the Standard Couple Therapy condition. Table 4 presents all significant pre-post ANOVA comparisons.

As is evident in Table 4, of 46 comparisons on sexual variables, significant differences among treatment conditions were found only on eight; all of these favored the Standard Couple Therapy condition. Group and Bibliotherapy were equally effective. There were no significant differences between treatment conditions on any of the 12 marital and personality variables.

DISCUSSION

The present study lends support to previous findings that a cognitive-behavioral sex therapy program is clearly effective in changing a wide range of subjective satisfaction and behavioral measures in the problem category of secondary orgasmic dysfunction in women. Virtually all measures related to specific sexual performance as well as variables more generally related to sexual functioning, such as affectional contact and communication, reflected improvement after treatment, regardless of the specific therapeutic format in which therapy was delivered. The concurrence of the husbands' and wives' data provided further strength to these findings. In addition, there was no evidence for therapy-related deterioration of function.[23] This is noteworthy with regard to the findings that in the three experimental treatment conditions—Standard Couple, Group, and Minimal Contact Bibliotherapy—the differences in outcome which were elicited were mainly in favor of the Standard Couple condition. Even in the minimal contact condition where, conceivably, an upset of the couple's equilibrium was being encouraged in the absence of therapist supervision, no measurable ill effects were noted. There was also no evidence for symptom substitution in any of the experimental subjects.

Therapeutic Effects

With regard to general relationship variables, it has been found in previous studies[14,24] that scores on marital happiness measures for sexually dysfunctional couples were slightly but significantly lower than those for well-adjusted couples.

TABLE 4

Comparisons between Treatment Conditions

Measure	Findings[a]	Number of Significant Comparisons
Sexual Interaction Inventory		1/6
Total Disagreement	C > G = B*	
Sexual Repertoire Variables		3/21
Manual Stimulation (Receiving)		
% Orgasm	C = B > G*	
Manual Stimulation (Giving and Receiving)		
Enjoyment	C > G = B*	
% Orgasm	C > B > G**	
Sexual Performance Related Variables		0/4
Affectional Variables		3/9
Affectional Contact	C > G > B†	
Satisfaction – Affection	C > G = B†	
Non-Genital Caressing (Giving and Receiving) Enjoyment	C > G = B*	
Sexual Communication Variables		1/6
Knowledge of Own Sexual Preferences (by Partner)	C = G > B†	
Marital and Personality Variables		0/12

[a]Comparisons between treatment conditions (pre-post). C = Standard Couple Therapy, G = Group Therapy, B = Minimal Contact Bibliotherapy.
$^{\dagger}p < .10$, $^{*}p < .05$, $^{**}p > .01$.

Therefore, although one of the subject selection criteria in the present study was marital stability (and subjects' pretreatment scores reflected that this criterion had been met), there might still have been the possibility of further improvement in the marital area. Examination of the findings with respect to therapeutic effects on marital variables, however, revealed that both spouses were initially happy with the relationship in general, and there was no change in their overall marital happiness after the treatment program. There were also no differences observed among treatment conditions. This indicates that therapeutic effects were specific to the sexual problem, and the program did not produce either positive or negative changes in the nonsexual relationship sphere.

As to personality factors, sexually dysfunctional couples also have been found to be somewhat higher in emotionality than well-adjusted couples, although still within the normal range on this measure.[14] Subjects in the present investigation were selected for emotional stability; as with their marital adjustment, their scores on the personality measures reflected adequate personality functioning. With respect to the personality variables investigated, there was no change after the therapy program. Couples in all treatment conditions were initially emotionally well adjusted, with normal self-esteem, and no change in the direction of either

improvement or deterioration occurred after therapy. This finding suggests, once again, that the sex therapy program has addressed itself to the relatively circumscribed sexual domain.

Overall sexual harmony, as measured by the summary scale of the Sexual Interaction Inventory, was significantly improved after treatment and was maintained at follow-up. Frequency, enjoyment and orgasmic experience in a range of specific sexual activities also increased for the women in all treatment conditions. For the females in this sample, results suggested that the biggest gain was in the area of noncoital sexual activities with their partner: In general, the frequency with which they engaged in these activities was higher, they were enjoying their participation more, and they were experiencing orgasm significantly more often at the end of therapy as compared with prior to the treatment program. They were also reporting increased enjoyment with intercourse, despite the fact that their experience of orgasm with this activity had not changed substantially. It is noteworthy that at follow-up, enjoyment ratings on some sexual activities were maintained, while frequency and orgasmic rate were not; for other activities, the reverse pattern occurred. These findings suggest that variation in sexual enjoyment may be independent from frequency of engaging in the activity and orgasmic experience. These may be separable dimensions of the sexual experience which need not be closely related; discrepancy on these dimensions might be most evident in a sexually dysfunctional population.

Scores on virtually all variables dealing with the quality of sexual interaction reflected improvement after the completion of the therapy program, regardless of treatment condition. At the end of treatment, subjects indicated that they communicated more effectively about sexual matters, that spouses had a better knowledge and understanding of their partner's sexual tastes and preferences, and that they were more satisfied and more comfortable with their style of sexual communication. Wives reported being more satisfied with the affection and consideration they were receiving from their spouses after treatment. Couples reported that they engaged in nongenital forms of touching more frequently and the wives' enjoyment derived from such contact was greater. Both females and males reported greater satisfaction with the duration of sexual encounters after therapy. Husbands reported less difficulty initiating sex, while the wives reported a significant decline in the frequency with which they engaged in sex purely for their partners' enjoyment. Most of these positive changes were maintained or increased at follow-up.

Differential Effectiveness of Treatment Conditions

With respect to differences between treatment conditions, subjects in the couple therapy condition improved more in overall sexual harmony than those in the other two treatment conditions. After therapy, the women in the Couple condition reported both more frequent orgasmic response and higher enjoyment ratings with noncoital sexual activity, as well as increased satisfaction in the affectional and communication spheres than women in the other two experimental conditions. Group and Minimal Contact Bibliotherapy appeared to be equally effective.

CONCLUSION

Results of the present investigation indicated that therapeutic gains on global measures were maintained at follow-up, while improvements in some specific behavioral measures were not. Furthermore, frequency, enjoyment and orgasmic rate were not always closely related. These findings highlight the importance of multiple and comprehensive assessment measures, as well as multidimensional and clearly defined therapy outcome criteria. In addition, findings from the present investigation again draw attention to the issue of maintenance of therapeutic gains. Since it is not clear that couples will continue to be satisfied with the overall sexual relationship if some specific aspects have deteriorated, it would appear that periodic monitoring of the couple's status (either by telephone or short questionnaires mailed to them) during the follow-up period would substantially enhance the effects of a behavioral sex therapy program.

Despite the finding that differential effectiveness of therapeutic format was mainly in favour of the relatively costly Couple condition, some of the techniques employed in the therapy package given to all subjects might be exploited clinically in a number of ways. For example in the Minimal Contact Bibliotherapy condition, the technique of having daily record-keeping sheets mailed weekly to the therapist permitted the therapist to assess compliance with the program and to identify the problems as they occurred. The present experimental procedure was such that no intervention could be initiated when a problem in the subject's response to the program was noted.[25,26] In the clinical setting, however, a therapist could contact the client as soon as any difficulty arose, and an additional session with the couple could be scheduled as necessary. Incorporating these tactics represents a relatively easy way to enhance therapeutic effectiveness in the more cost-effective Group or Bibliotherapy formats.

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