sexes

MDPI

Article

After the Act: After-Sex Behaviors and Their Correlates in Straight Chinese Couples

Sijia Huang [1,2,†], Julie Yang [1,†] and Pekka Santtila [1,*]

[1] Faculty of Arts and Sciences, New York University Shanghai, 567 W. Yangsi Road, Pudong New District, Shanghai 200126, China; huangs92@rowan.edu (S.H.); jjy8443@nyu.edu (J.Y.)
[2] Department of Psychology, Rowan University, 201 Mullica Hill Road, Glassboro, NJ 08028, USA
* Correspondence: pekka.santtila@nyu.edu
† These authors contributed equally to this work.

Abstract

We examined after-sex behaviors and their associations with relationship satisfaction, sexual satisfaction, intimacy, and sexual dysfunction in heterosexual Chinese couples. Forty-two couples participated in a randomized controlled trial of an online Sensate Focus intervention. They completed survey questions before and after the intervention, reporting on after-sex behaviors, relationship satisfaction, sexual satisfaction, intimacy levels, and sexual dysfunction. The findings revealed that negative after-sex behaviors were associated with decreased relationship satisfaction and sexual satisfaction, particularly for women. Negative after-sex behaviors were also correlated with lower levels of intimacy for both genders studied. Additionally, women who engaged in positive after-sex behaviors reported significantly higher levels of sexual functioning across arousal, desire, and overall satisfaction. Lastly, the Sensate Focus intervention did not influence after-sex behaviors. The findings underscore the therapeutic potential of emphasizing after-sex behaviors in improving sexual functioning and intimacy. Notably, gender differences were observed, with women reporting stronger correlations to these behaviors than men.

Keywords: after-sex; relationship satisfaction; sexual satisfaction; intimacy; sexual dysfunction; sensate focus

check for updates

Academic Editor: Pawel Miotla

Received: 20 June 2025
Revised: 26 August 2025
Accepted: 28 August 2025
Published: 31 August 2025

Citation: Huang, S.; Yang, J.; Santtila, P. After the Act: After-Sex Behaviors and Their Correlates in Straight Chinese Couples. *Sexes* **2025**, *6*, 48. https://doi.org/10.3390/sexes6030048

Copyright: © 2025 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (https://creativecommons.org/licenses/by/4.0/).

1. Introduction

Healthy sexual relationships are beneficial for the mind and the body [1]. For example, increased positive sexual activity is associated with greater intimacy, lower blood pressure, and reduced stress [2]. In established relationships, both men and women often show an aspiration to engage in affectionate behaviors after sex, including cuddling, kissing, and discussing the sexual encounter [3]. These after-sex behaviors have been recognized as an essential period for couples, as they are linked to higher relationship satisfaction and closeness [4–10].

Sexual dysfunctions are prevalent problems that often go unaddressed. In countries where there is greater stigma surrounding sexual practices, such as in various Asian cultures, access and openness to sexual health care may be even more challenging [11]. For instance, Nicolosi and colleagues [12] conducted a survey involving 6700 residents from China, South Korea, Japan, Thailand, Singapore, Malaysia, Indonesia, and the Philippines. They found that among those experiencing sexual dysfunction, 45% did not seek care for their condition. This is particularly concerning given the prevalence of sexual dysfunction

in Asian countries, with authors reporting rates between 9% and 73% depending on the method of assessment [12–16].

One effective method to enhance sexual functioning and deepen intimacy is Sensate Focus [17]. Interestingly, many of the techniques used in Sensate Focus also resemble positive behaviors observed after sex, such as hugging and continued touching. The connections between after-sex behaviors, sexual functioning, and Sensate Focus have not been studied. Furthermore, after-sex behaviors have rarely been studied in non-Western populations. This study aimed to expand the literature on after-sex behaviors by examining associated factors in heterosexual Chinese couples. We concentrated on how these behaviors influence relationship satisfaction, sexual satisfaction, intimacy, and sexual dysfunction, while also exploring the effects of Sensate Focus exercises on after-sex behaviors.

1.1. After-Sex Behaviors and Satisfaction

One way to conceptualize after-sex behaviors is through the lens of communication. Specifically, people in intimate relationships may engage in affectionate communication, which consists of verbal interactions, such as intimate conversations and expressions of love, or nonverbal interactions, like kissing, cuddling, and hugging [18]. The Affection Exchange Theory [19] proposes an evolutionary and biological framework for understanding why individuals engage in affectionate communication and discusses its consequences for both partners. The theory emphasizes that the exchange of affection plays a crucial role in survival by promoting pair bonding and improving access to resources, as individuals who can communicate affectionately indicate to potential partners that they are strong candidates for parenthood.

In fact, verbal communication after sex, such as expressing love for one another, has been linked to increased relationship satisfaction, sexual satisfaction, and overall closeness [4,5,7–10]. This aligns with other studies suggesting that the period after sex may be an optimal time for couples to reinforce their commitment to each other [7]. It is also crucial to consider the content and tone of what is communicated. Deceptive affectionate messaging or discrepancies between one's feelings and actions during sexual activity, as described by Bennett and Denes [4], is related to lower sexual and relationship satisfaction. Conversely, positive affectionate messaging after sex tends to enhance relationship satisfaction and can serve as a way to reassure and strengthen the relationship [5,7,8].

Nonverbal communication after sex, including but not limited to cuddling, caressing, spooning, and kissing, also plays an important role in sexual and relationship satisfaction [3,10]. One specific form of physical affection, kissing, is especially significant. It is used as a tool for partners to perform mate assessment [20] and can increase emotional bonds and relieve stress [21–23]. Interestingly, studies have noticed a gender difference in kissing patterns, with men being more likely to initiate kissing before sex, while women tend to initiate it after sex [3,24]. Seeing that kissing aids in enhancing sexual arousal and fostering an emotional bond, this suggests that men might initiate kissing before sex to boost their partner's sexual arousal and ensure sexual access, while women may engage in kissing after sex to strengthen the bond with their long-term partner.

1.2. After-Sex Behaviors and Gender

Several studies have highlighted differences in men's and women's attitudes towards after-sex behaviors and their impact, finding that women desire after-sex behaviors more and derive more significant advantages from them compared to men [3,5,10,24,25]. In one study, Hughes and Kruger [3] evaluated after-sex behaviors in both long-term and short-term relationships, discovering that women placed more importance on all five positive after-sex behaviors that were measured. These actions included intimate conversations,

kissing, cuddling and caressing, expressing love towards their partner, and discussing the relationship immediately after intercourse. Similarly, Muise et al. [10] explored the relationships between after-sex affection—such as cuddling, caressing, and shared intimacy—and relationship satisfaction for women and men in two studies. Study 1 found that longer durations of after-sex affection were associated with higher sexual satisfaction, which in turn led to greater relationship satisfaction. Although the results were consistent for both men and women, the link was stronger for women. Study 2 found that, in addition to longer duration, more satisfying after-sex affection was correlated with higher relationship and sexual satisfaction, particularly for women. Additionally, research has identified differences in after-sex disclosures between women and men, uncovering that women who reach orgasm tend to disclose significantly more after sex than both men who orgasm and women who do not [5,6].

The sexual response cycle proposed by Masters and Johnson [26] presents one avenue for understanding why women may benefit more from positive after-sex behaviors than men. Once a man reaches orgasm, resolution is achieved rapidly, and the refractory period begins [26]. The refractory period, also known as the post-ejaculatory refractory time (PERT), is a period following male ejaculation during which erections and ejaculations are inhibited. During this time, sexual arousal decreases, leading men to not seek out sexual stimuli as much as when they are in the plateau stage [27]. This decrease could lead to a lower desire for after-sex behaviors among men. On the other hand, women do not experience the refractory period, and some women are multiorgasmic. This means they can have a series of orgasms with little delay in between. When sexual activity concludes, women are more likely to experience a gradual descent downward from sexual arousal, rather than the exponential slope that men experience [26]. In other words, the woman might still be in the resolution stage and desire after-sex bodily contact, whereas the man has already entered the refractory period and may reject further close interaction such as hugging or kissing. The difference in resolution times between men and women can lead to disparities in after-sex behaviors and impact sexual and relationship satisfaction. Better knowledge about men's refractory period and women's orgasms could encourage more conscious effort in positive after-sex behaviors.

Another factor that may explain the discrepancy is related to the evolution of sexual strategies in men and women, with gender norms further reinforcing differences. Because women carry the pregnancy, men's obligatory investment in each offspring is lower than that of women. Thus, men may be less discerning in their choice of partners and place a greater emphasis on short-term mating opportunities than women [28]. Conversely, compared to men, women are more likely to prioritize attachment with their sexual partners, and this could also be reflected in their desire for intimacy following sexual interactions as a means of developing and reinforcing a committed, long-term partnership [29,30].

1.3. Sexual Dysfunction and Sensate Focus Sex Therapy

Sexual dysfunctions are common globally, affecting about 15–43% of men and 23–46% of women depending on diagnostic criteria [31–34]. Asian populations experience a particularly high prevalence; for example, in a sample of Chinese women living in Beijing, over 60 percent reported meeting the criteria for female sexual dysfunction [35]. Reasons for the high prevalence are multifaceted, including biological, psychological, and social factors [35]. The high prevalence of sexual dysfunction presents significant concerns, as evidence suggests that it may cause shame and distress for individuals [36]. In addition, satisfaction with one's sexual life is strongly associated with relationship quality, stability, and satisfaction [37–39]. Specific links between sexual dysfunction and dissatisfaction in

relationships have also been found, emphasizing the importance of finding remedies for these issues [40,41].

One widely used treatment for sexual dysfunction is Sensate Focus. Developed by Masters and Johnson [17], Sensate Focus consists of a hierarchical sequence of touching exercises, from gazing and hugging to non-genital and genital touching, with the aim of directing individuals' focus to their own sensory experiences. When used alongside psychotherapeutic interventions, Sensate Focus has been found to be effective in treating sexual dysfunction in both men and women, including assisting with genital pain, low sexual desire, and erectile dysfunction [42–44]. Implementing Sensate Focus can lead to spontaneous intimate connections, which may counteract poor communication, low intimacy, and negative dynamics in relationships [31,45]. The benefits of Sensate Focus closely resemble those of after-sex behaviors, and interestingly, many techniques associated with Sensate Focus also mimic after-sex behaviors, notably maintaining bodily contact. The connections between after-sex behaviors and sexual functioning have not been studied, and it is unclear how Sensate Focus exercises could influence after-sex behaviors. Discovering these associations could serve as a valuable resource for alleviating sexual dysfunctions, seeing as after-sex behaviors closely resemble the effective technique of Sensate Focus.

1.4. Aims and Hypothesis

In the present study, we first examined how after-sex behaviors and communication relate to relationship satisfaction, intimacy, and sexual satisfaction among straight Chinese couples. We hypothesized that couples who exhibited fewer distancing behaviors and engaged in more communication after sex would report higher levels of relationship satisfaction, intimacy, and sexual satisfaction. We also expected that these associations would be stronger in women than in men. Next, we investigated how after-sex behaviors and communication relate to sexual dysfunction. We hypothesized that both women and men who practiced fewer distancing behaviors and maintained better communication after sex would report less sexual dysfunction. We also expected that better knowledge about the refractory period and female orgasm would be associated with fewer distancing after-sex behaviors. Lastly, the current study aimed at exploring the effects of Sensate Focus exercises on after-sex behaviors and communication. No directional hypothesis was formulated.

2. Materials and Methods

2.1. Participants

The present work was based on data collected for a randomized controlled trial evaluating the effectiveness of online Sensate Focus exercises on relationship and sexual satisfaction as well as sexual function [46]. A total of 43 Chinese heterosexual couples were recruited in three waves, with 18 pairs allocated to the experimental group and 24 pairs to the waitlist control group (men: M = 26.88, SD = 4.84; women: M = 25.57, SD = 4.30). Figure 1 presents the timeline of the original study, with the circled part referring to the data analyzed in the present study. Since the experimental study used a waitlist control group design, we anticipated that there would be a higher dropout rate and, therefore, oversampled the control group at the pre-intervention stage. The eligibility criteria included: adults aged over 18, self-identified as Chinese and fluent in Chinese, self-identified as having heterosexual or bisexual attraction, currently in a heterosexual relationship, and in the last six months having had sex with their partner at least one time. To minimize the effects of aging on sexual functioning, we targeted couples in their twenties and thirties. One couple passed the screening test for eligibility but later turned out to be a lesbian couple. We therefore terminated the intervention for this couple and excluded

them from data analyses. More details of the data collection procedures and intervention can be found in Huang et al. [46].

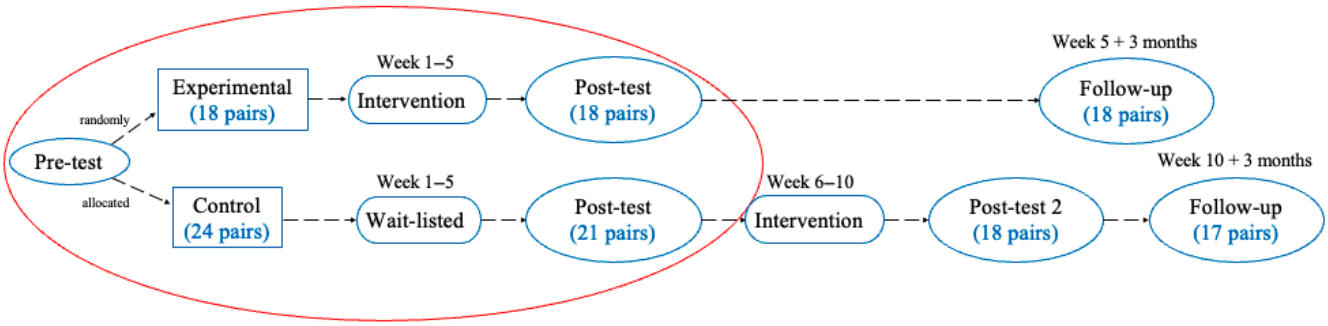


Figure 1. Timeline of the Study.

2.2. Measurements

The pre-test and post-test contained the same measures. In addition, demographic information was collected during the pre-test. The post-test asked if the participants had experienced significant life changes, such as car accidents, bereavement, and divorce during the intervention period (i.e., Week 1–5, as indicated in Figure 1), since major life events may play a role in affecting one's relationship and sexual functioning.

2.2.1. Background Variables

Participants reported their age, gender, educational level, relationship status, relationship length, age of first-time having sex, and total number of sexual partners.

2.2.2. After-Sex Behaviors

In this paper, we broadly categorized after-sex behaviors by dividing them into positive or negative acts. Positive after-sex behaviors include actions that help maintain a sense of connection, which can be expressed physically, verbally, or emotionally. These behaviors reinforce the shared experience between partners. In contrast, negative after-sex behaviors involve partners disconnecting physically or emotionally, signaling potential distance between each other.

Participants were prompted to think about the latest sexual event with their partner (i.e., the responses were event-based, not general) and answered five questions specifically about after-sex behaviors: "After sexual activity, we continued kissing, caressing, or hugging each other". "After sexual activity, we disconnected bodily contact immediately". "After sexual activity, we showered together". "After sexual activity, we showered separately". "After sexual activity, we talked about the sex". They chose either Yes or No as an answer for each question.

We did a factor analysis to investigate the underlying scale structure. The KMO was 0.52, and Bartlett's Test of Sphericity was significant $\chi^2(10) = 49.46$, $p < 0.001$. The scree plot and the eigenvalues suggested the presence of two factors. Consequently, two factors with eigenvalues greater than 1 were extracted, capturing 58.8% of the total variance. The solution was rotated using a Direct Oblimin with Kaiser Normalization. The Component Correlation Matrix indicated that the two components were uncorrelated, $r = -0.06$, suggesting a two-factor solution with distinct and essentially independent constructs of after-sex behaviors. Table 1 presents the rotated factor loadings. Factor 1 included items 1, 2, and 3, with loadings ranging from 0.552 to 0.871. Factor 2 included items 4 and 5 with loadings of 0.823 and 0.694. Since the first two items were related to negative after-sex behaviors, we reversed-coded item 3 and summed them as Factor 1, labeled "Negative After-sex Behaviors". Higher scores of Negative After-sex Behaviors indicate engaging in

more negative after-sex behaviors. For Factor 2, we used the sum of items 4 and 5, labeled "Communication". High scores of Communication meant engaging in more communication after sex.

Table 1. Rotated Pattern Matrix from Principal Components Analysis of After-Sex Behaviors.

	Component 1	Component 2
After sexual activity, we showered separately	0.871	0.131
After sexual activity, we discontinued bodily contact immediately	0.718	−0.177
After sexual activity, we showered together	−0.552	
After sexual activity, we talked about the sex	0.258	0.823
After sexual activity, we continued kissing, caressing, or hugging each other	−0.365	0.694

Note. Extraction Method: Principal Component Analysis. Rotation Method: Oblimin with Kaiser Normalization.

2.2.3. Knowledge About Refractory Period and Orgasm

Two true/false questions were asked to assess participants' understanding of the refractory period: "Unlike men, most women do not have a refractory period and so can have further orgasms if they are stimulated again (correct answer True)", and "Men's length of refractory period varies from person to person. It can last from a few minutes to a few days, and this period generally grows longer as the man ages (correct answer True)". In addition, four true/false questions were asked to assess participants' knowledge of female orgasm: "Most women can reach an orgasm from penile-vaginal penetration alone (correct answer False)", "Most women need oral or manual stimulation of the clitoris to reach an orgasm (correct answer True)", "Only a minority of women can reach an orgasm from penile-vaginal penetration alone (correct answer True)", and "Women need more time to get sexually aroused by foreplay than men do (correct answer True)". Correct answers were coded as 1, whereas incorrect answers were coded as 0.

2.2.4. Relationship Satisfaction

The 7-item Relationship Assessment Scale [47] was used to measure relationship satisfaction between the couple. A sample question is, "How well does your partner meet your needs?" Participants rated their responses on a 5-point scale, where 1 = Low satisfaction to 5 = High satisfaction. The Cronbach's α in the current sample was 0.83.

2.2.5. Intimacy

The 36-item Personal Assessment of Intimacy in Relationships (PAIR; [48]), containing five factors (emotional intimacy, social intimacy, sexual intimacy, intellectual intimacy, and recreational intimacy), was used to assess intimacy. Participants answered on a 5-point scale from 1 = "does not describe me/my relationship at all" to 5 = "describes me/my relationship very well". An example statement is, "My partner listens to me when I need someone to talk to". Only the summary score of all 36 items was used in analyses, with higher values indicating higher levels of intimacy among the couple. The Cronbach's α in the current sample was 0.91.

2.2.6. Sexual Satisfaction

Sexual satisfaction was assessed through the Global Measure of Sexual Satisfaction in the Interpersonal Exchange Model of Sexual Satisfaction Questionnaire [49]. Participants rated their sex life on five 7-point dimensions, from Good-Bad, Pleasant-Unpleasant, Positive-Negative, Satisfying-Unsatisfying, and Valuable-Worthless, with higher total scores suggesting greater satisfaction in their sex life. An example question is, "Overall, how would you describe your sexual relationship with your partner?" The Cronbach's α in the current sample was 0.93.

2.2.7. Sexual Dysfunction

For men, we used the Checklist for Early Ejaculation Symptoms (CHEES; [50]) to assess ejaculation function, with higher scores indicating more early ejaculation symptoms. In a recent study based on Chinese men, a Chinese language version of CHEES was developed with a Cronbach α of 0.78 [51]. Evidencing concurrent validity, Niu et al. (in preparation) found that the Chinese version of CHEES had a correlation of 0.893, $p < 0.001$, with the Premature Ejaculation Diagnostic Tool (PEDT), a measure that has been previously validated for the Chinese population [52]. The Cronbach's α in the current sample was 0.72.

The International Index of Erectile Function Questionnaire-5 (IIEF-5) was used to measure erectile function. According to previous research, IIEF-5 is the abridged version of the International Index of Erectile Function, which offers sensitive, specific, and reliable measures of male sexual function [53–55]. The relevant domains include erectile function, orgasmic function, sexual desire, intercourse satisfaction, and overall satisfaction, with higher scores meaning better function [54,55]. The Cronbach's α in the current sample was 0.85.

For women, we used the Female Sexual Function Index (FSFI), including the subscales of Desire, Arousal, Lubrication, Orgasm, Satisfaction, and Pain. According to Rosen et al. [56], FSFI has shown high reliability and consistency in each domain, as well as validity in clinical and non-clinical samples. It has also been translated into Chinese, with previous studies finding the Chinese version to be reliable and valid among Chinese women [57–59]. Higher scores indicate better female sexual function. In the current sample, Cronbach's α was 0.94 for the total scale.

2.3. Statistical Analyses

Data analyses were conducted in four stages via SPSS version 29.0.0. First, descriptive analyses and Chi-square tests of independence were conducted to assess the frequency of after-sex behaviors and any gender differences in them. Second, point-biserial correlations were employed to analyze the association between the dichotomous after-sex behaviors and the continuous background variables, including age, educational level, relationship length, age of first-time sex, and total number of sexual partners. A series of Fisher r-to-z transformations (two-tailed) were conducted to examine gender differences in these correlations. Third, a series of point-biserial correlations and linear regressions were conducted to analyze the associations between after-sex behaviors and relationship satisfaction, intimacy, sexual satisfaction, and sexual dysfunction while controlling for age and relationship length. Finally, two-way Repeated Measures ANOVAs were conducted to investigate the effects of the Sensate Focus intervention on after-sex behaviors.

Missing Values

Due to a technical mistake, eight participants lacked information on sexual dysfunction and relationship satisfaction on the pre-test. Prior to analyses, missing values for the dependent variables were imputed using the Expectation Maximization procedure in SPSS.

3. Results

3.1. Descriptive Information Regarding the Sample

The average age of the participants was 26.2 years (SD = 4.6); 96.4% of them had a bachelor's degree or higher; 60% of them were dating, 40% were married, and 30% had one child aged between 1 and 7. The average relationship length was 37.8 months (SD = 32.4 months); the average age during first-time sex was 20.6 (SD = 4.3); the average total number of sexual partners was 2.1 (SD = 1.1). No participants reported important

negative life changes (e.g., divorce, car accident, bereavement, job loss, and others) to have taken place between the pre- and post-tests.

3.2. After-Sex Behaviors and Their Correlates

Table 2 shows the frequencies of different after-sex behaviors among the participants. As the participants in the current study were dyads (i.e., couples) and should, therefore, report the same after-sex behaviors, the intraclass correlation coefficient (ICC) was calculated to assess the within-pair reliability using a two-way mixed-effects model with absolute agreement. The results indicated moderate reliability for "After sexual activity, we continued kissing, caressing, or hugging each other", Cronbach's α: 0.424; strong reliability for the rest of the items, with Cronbach's α ranging from 0.710 to 0.840. This suggests that couples were generally in agreement with some random reporting differences or memory failures.

Table 2. Frequency of After-Sex Behaviors Separately for Men and Women at Pre-Intervention.

	Men %	**Women %**	χ^2	p	**All Participants %**
After sexual activity, we continued kissing, caressing, or hugging each other	88.1	85.7	0.105	0.746	86.9
After sexual activity, we discontinued bodily contact immediately	4.8	9.5	0.718	0.397	7.1
After sexual activity, we showered together	71.4	59.5	1.317	0.251	65.5
After sexual activity, we showered separately	14.3	21.4	0.730	0.393	17.9
After sexual activity, we talked about the sex	38.1	47.6	0.778	0.378	42.9

Next, a series of Chi-square tests of independence was performed to assess the relationship between gender and after-sex behaviors. As shown in Table 2, there were no significant differences between gender and the frequency of different after-sex behaviors; that is, men and women overall reported participating in the same after-sex behaviors. This is not surprising, again given that the data was derived from heterosexual couples. Both men and women reported engaging in more positive after-sex behaviors (continuing bodily contact, showering together, and discussing the sex) than negative after-sex behaviors (discontinuing bodily contact and showering separately).

Next, a series of point-biserial correlations were computed to examine the associations between after-sex behaviors and age, gender, educational level, relationship length, age of first-time having sex, and total number of sexual partners (see Table 3). There were significant positive associations between "After sexual activity, we showered separately" and the summary variable of Negative After-sex Behaviors, as well as between age and relationship length. This means that the older the participant and the longer the current relationship was, the more likely the participants were to shower separately after sex and engage in more Negative After-sex Behaviors. There was a negative association between "After sexual activity, we talked about the sex" and the total number of sexual partners, meaning that the more sexual partners the participants had, the less likely they were to talk about sex with their partner.

Table 3. Point-biserial Correlations between After-Sex Behaviors and Age, Gender, Educational Level, Relationship Length, Age of First-time Having Sex, and Total Number of Sexual Partners at Pre-Intervention.

	Age	Gender	Education [a]	Length [b]	FirstSex [c]	N of Partners [d]
After sexual activity, we continued kissing, caressing, or hugging each other	−0.151	−0.035	−0.094	−0.070	−0.036	0.057
After sexual activity, we discontinued bodily contact immediately	0.209	0.092	0.015	0.194	−0.028	0.028
After sexual activity, we showered together	−0.167	−0.125	0.024	−0.125	−0.130	0.116
After sexual activity, we showered separately	0.310 **	0.093	0.121	0.254 *	0.120	0.035
After sexual activity, we talked about the sex	−0.101	0.096	−0.137	0.054	−0.129	−0.239 *
Negative After-sex	0.302 **	0.143	0.047	0.249 *	0.120	−0.042
Communication	−0.155	0.055	−0.153	0.006	−0.118	−0.115

Note. a. Education: The educational level of the participants. The higher the number, the more educated the participant. b. Length: The current relationship length in months. c. FirstSex: The age of the participant's first time having sex. d. N of Partners: The total number of sexual partners that the participant has had. ** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

Next, a series of point-biserial correlations were computed to examine the associations between after-sex behaviors and background variables separately among men and women (see Table 4). A series of Fisher r-to-z transformations (two-tailed) were computed to examine the correlations for any gender differences. For both men and women, age was positively associated with showering separately after sex and Negative After-sex Behaviors, meaning that for both genders studied, the older the participants were, the more likely they were to shower separately after sex and engage in more Negative After-sex Behaviors. In addition, Negative After-sex Behaviors were positively associated with relationship length for men. This means that specifically for men, the more Negative After-sex Behaviors the couple engaged in, the longer the relationship tends to be. Lastly, "After sexual activity, we talked about the sex" was negatively associated with the total number of sexual partners among women, but this was not the case for men. In other words, for women specifically, the more sexual partners they had, the less likely they were to talk about sex with their partner after sex. However, no significant gender differences were found for any of the correlations.

Table 4. Point-biserial Correlations between After-Sex Behaviors and Age, Educational Level, Relationship Length, Age of First-time Having Sex, and Total Number of Sexual Partners among Men and Women at Pre-Intervention.

	Age			Educational Level			Relationship Length			First-Time Sex			N of Sexual Partners		
	Men	Women	Diff.	Men	Women	Diff.	Men	Women	Diff.	Men	Women	Diff.	Men	Women	Diff.
After sexual activity, we continued kissing, caressing, or hugging each other	−0.148	−0.169	0.920	−0.238	0.048	0.201	−0.278	0.110	0.080	−0.023	−0.060	0.873	0.071	0.021	0.826
After sexual activity, we discontinued bodily contact immediately	0.286	0.185	0.638	0.047	0.006	0.857	0.310	.0112	0.358	−0.120	0.062	0.418	0.146	−0.047	0.390
After sexual activity, we showered together	−0.214	−0.163	0.818	0.099	−0.076	0.441	−0.200	−0.054	0.509	−0.152	−0.125	0.905	0.000	0.228	0.308
After sexual activity, we showered separately	0.337 *	0.326 *	0.960	−0.014	0.272	0.197	0.282	0.229	0.803	0.082	0.171	0.689	0.149	−0.071	0.327
After sexual activity, we talked about the sex	−0.124	−0.050	0.741	−0.195	−0.060	0.542	0.059	0.048	0.960	−0.110	−0.139	0.897	−0.164	−0.313 *	0.484
Negative After-sex	0.361 *	0.305 *	0.780	−0.052	0.171	0.322	0.335 *	0.173	0.441	0.094	0.169	0.734	0.110	−0.177	0.201
Communication	−0.174	−0.124	0.818	−0.277	−0.019	0.242	−0.093	0.093	0.412	−0.102	−0.134	0.889	−0.099	−0.219	0.589

Note. * Correlation is significant at the 0.05 level (2-tailed).

Participants in the current study reported advanced knowledge about the refractory period and female orgasm. The mean score for the questions regarding the refractory period was 1.90 (*SD* = 0.03) out of a maximum of 2, and the mean score for the questions regarding female orgasm was 3.30 (*SD* = 1.00) out of a maximum of 4. It was found that better knowledge of female orgasm was associated with a higher likelihood of showering together after sex, $r = 0.217$, $p = 0.048$ (two-tailed). No other significant associations were found.

3.3. After-Sex Behaviors and Relationship Satisfaction, Intimacy, and Sexual Satisfaction

A series of point-biserial correlations were conducted to examine the correlations between after-sex behaviors and relationship satisfaction, intimacy, and sexual satisfaction. As shown in Table 5, discontinuing bodily contact immediately after sex and the summary variable of Negative After-sex Behaviors were negatively correlated with all three scales, indicating that more Negative After-sex Behaviors were generally associated with lower relationship and sexual satisfaction, as well as intimacy. Likewise, showering after sex separately was negatively associated with both relationship satisfaction and intimacy. On the other hand, relationship satisfaction had positive correlations with continuing kissing, caressing, or hugging each other after sex. Intimacy had positive correlations with showering together, meaning that higher levels of intimacy in the relationship were associated with a higher frequency of showering together.

Table 5. Point-biserial Correlations between After-Sex Behaviors and Relationship Satisfaction, Intimacy, and Sexual Satisfaction at Pre-Intervention.

	Relationship Satisfaction	Intimacy	Sexual Satisfaction
After sexual activity, we continued kissing, caressing, or hugging each other	0.199 *	0.148	0.024
After sexual activity, we discontinued bodily contact immediately	−0.290 **	−0.348 **	−0.227 *
After sexual activity, we showered together	0.144	0.248 *	0.116
After sexual activity, we showered separately	−0.240 *	−0.396 **	−0.164
After sexual activity, we talked about the sex	0.018	−0.012	0.049
Negative After-sex	−0.283 **	−0.431 **	−0.212 *
Communication	0.117	0.068	0.049

Note. ** Correlation is significant at the 0.01 level (1-tailed). * Correlation is significant at the 0.05 level (1-tailed).

In addition, a series of linear regressions were conducted to investigate whether after-sex behaviors predicted relationship satisfaction, intimacy, and sexual satisfaction after controlling for age and relationship length at pre-intervention. The results showed that Negative After-sex Behaviors significantly predicted intimacy after controlling for age and relationship length, $\beta = -0.44$, $t(77) = -4.10$, $p < 0.001$, such that more engagement in Negative After-sex Behaviors predicted lower levels of intimacy. No other significant effect was found.

Gender Differences

Table 6 shows the correlations between after-sex behaviors and relationship satisfaction, intimacy, and sexual satisfaction separately for men and women. A significant gender difference was found in the association between showering separately after sex and Negative After-sex Behaviors, and relationship satisfaction. For women, showering separately and Negative After-sex Behaviors were negatively associated with relationship satisfaction, whereas the opposite was true for men. There was also a significant gender difference in the association between showering separately and sexual satisfaction. For women, showering separately after sex was associated with less sexual satisfaction, but for men, showering separately was correlated with higher sexual satisfaction. This means

that, in general, more Negative After-sex Behaviors were related to worse satisfaction for women, but this was not the case for men. There were no significant gender differences regarding the associations between after-sex behaviors and intimacy. For both men and women, negative after-sex behaviors were similarly associated with lower intimacy levels. However, the negative correlations between Negative After-sex Behaviors and relationship and sexual satisfaction were more salient for women.

Table 6. Point-biserial Correlations between After-Sex Behaviors and Relationship Satisfaction, Intimacy, and Sexual Satisfaction among Men and Women at Pre-Intervention.

	Relationship Satisfaction			Intimacy			Sexual Satisfaction		
	Men	Women	Diff.	Men	Women	Diff.	Men	Women	Diff.
After sexual activity, we continued kissing, caressing, or hugging each other	0.145	0.231	0.697	0.003	0.262 *	0.0242	−0.101	0.089	0.401
After sexual activity, we discontinued bodily contact immediately	−0.106	−0.350 *	0.254	−0.314 *	−0.374 **	0.764	−0.054	−0.291 *	0.280
After sexual activity, we showered together	−0.092	0.238	0.139	0.243	0.256	0.952	0.059	0.124	0.772
After sexual activity, we showered separately	0.106	−0.386 **	0.023 *	−0.279 *	−0.483 **	0.289	0.182	−0.333 *	0.019 *
After sexual activity, we talked about the sex	0.015	0.047	0.889	−0.023	−0.003	0.928	0.007	0.103	0.667
Negative After-sex	0.074	−0.429 **	0.019 *	−0.359 **	−0.492 **	0.472	0.034	−0.321 *	0.105
Communication	0.088	0.154	0.764	−0.016	0.133	0.509	−0.048	0.122	0.453

Note. ** Correlation is significant at the 0.01 level (1-tailed). * Correlation is significant at the 0.05 level (1-tailed).

3.4. After-Sex Behaviors and Sexual Dysfunction

For men, point-biserial correlations were computed to investigate the association between after-sex behaviors and early ejaculation symptoms (CHEES) and erectile function (IIEF-5) at pre-intervention. As shown in Table 7, Communication was negatively associated with IIEF. This means that more communication after sex was correlated with worse erectile function.

Table 7. Point-biserial Correlations between After-Sex Behaviors and CHEES IIEF-5 for Men, and FSFI for Women at Pre-Intervention.

	CHEES [a]	IIEF-5 [b]	FSFI [c]	FSFI Desire	FSFI Arousal	FSFI Lubrication	FSFI Orgasm	FSFI Satisfaction	FSFI Pain
After sexual activity, we continued kissing, caressing, or hugging each other	0.242	−0.244	0.321 *	0.323 *	0.373 *	−0.037	0.277	0.355 *	0.134
After sexual activity, we discontinued bodily contact immediately	0.058	0.018	−0.364 *	−0.304	−0.230	−0.052	−0.396 **	−0.350 *	−0.277
After sexual activity, we showered together	0.050	−0.100	0.094	0.145	0.051	−0.117	0.076	0.265	0.027
After sexual activity, we showered separately	0.064	0.128	−0.056	−0.256	0.151	0.125	−0.087	−0.220	−0.037
After sexual activity, we talked about the sex	0.194	−0.299	0.249	0.364 *	0.347 *	0.128	0.152	0.136	0.010
Negative After-sex	0.016	0.123	−0.200	−0.301	−0.035	0.106	−0.215	−0.367 *	−0.125
Communications	0.278	−0.362 *	0.349 *	0.435 **	0.448 **	0.075	0.255	0.283	0.077

Note. a. CHEES: The Checklist for Early Ejaculation Symptoms. Higher values of CHEES indicate more ejaculation problems. b. IIEF-5: The International Index of Erectile Function-5. Higher values of IIEF-5 indicate fewer erectile problems. c. FSFI: Female Sexual Function Index. Higher values on FSFI indicate fewer problems with sexual function. ** Correlation is significant at the 0.01 level (2-tailed). * Correlation is significant at the 0.05 level (2-tailed).

A series of linear regressions were further conducted to investigate whether after-sex behaviors predicted male sexual function after controlling for age and relationship length. No significant effects were found.

For women, point-biserial correlations were also computed to investigate the association between after-sex behaviors and female sexual function (FSFI) at pre-intervention. As shown in Table 7, Negative After-sex Behaviors were negatively associated with the FSFI subscales of Satisfaction. This means that more Negative After-sex Behaviors were related to worse satisfaction for females. However, Communication was positively associated with the FSFI total score, as well as the subscales of Desire and Arousal, meaning that more communication after sex was related to better overall female sexual function, with particularly strong links to desire and arousal.

Lastly, a series of linear regressions were also conducted to investigate whether after-sex behaviors could predict female sexual function after controlling for age and relationship length. The results showed that after-sex Communication significantly predicted overall female sexual function (FSFI total score) after controlling for age and relationship length, $\beta = 0.35$, $t(37) = 2.23$, $p = 0.032$. Furthermore, subscales analyses showed that after-sex Communication significantly predicted desire (subscale of Desire in FSFI) after controlling for age and relationship length, $\beta = 0.42$, $t(37) = 3.00$, $p = 0.005$; arousal (subscale of Arousal in FSFI), $\beta = 0.48$, $t(37) = 3.27$, $p = 0.002$; as well as satisfaction (subscale of Satisfaction in FSFI), $\beta = 0.37$, $t(37) = 2.40$, $p = 0.021$. Negative After-sex Behaviors also significantly predicted Orgasm (subscale of Orgasm in FSFI) after controlling for age and relationship length, $\beta = -0.35$, $t(37) = -2.16$, $p = 0.038$. No other significant effect was found. This suggests that, compared with men, after-sex behaviors had stronger associations with women's sexual function.

3.5. Effects of Sensate Focus Intervention on After-Sex Behaviors

Two-way Repeated Measures ANOVAs were conducted to investigate the effects of the Sensate Focus intervention on after-sex behaviors. No significant Intervention × Time interaction on Negative After-sex Behaviors was found from pre-intervention to post-intervention (see Figure 2a and Table 8). A pairwise comparison evaluating the difference between pre-intervention and post-intervention within the control group indicated that there was a significant increase in Negative After-sex Behaviors, $M = -0.37$, $SE = 1.02$, $p = 0.033$, from $M = 0.55$, $SE = 0.12$ at pre-intervention to $M = 0.92$, $SE = 0.14$ at post-intervention.

Table 8. Mean and Standard Deviation of Negative After-sex Behaviors at Pre- and Post-Intervention.

	Pre-Intervention Mean (SD)	Post-Intervention Mean (SD)
Control	0.55 (0.76)	0.92 (0.88)
Sensate Focus	0.69 (0.92)	0.69 (0.89)

Note. $F(1, 72) = 2.62$, $p = 0.110$ (two-tailed) for the Time × Intervention interaction.

The results showed that there was a significant Intervention × Time interaction on Communication (see Figure 2b and Table 9). Inspection of the means indicated a decrease in the Sensate Focus group but an increase in the control group. A pairwise comparison evaluating the difference between the Sensate Focus experimental group vs. the control group at post-intervention indicated that it was not significant, $M = 0.26$, $SE = 0.15$, $p = 0.093$. Gender did not moderate either intervention effect.

Table 9. Mean and Standard Deviation of Communication at Pre- and Post-Intervention.

	Pre-Intervention Mean (SD)	Post-Intervention Mean (SD)
Control	1.18 (0.65)	1.37 (0.63)
Sensate Focus	1.31 (0.67)	1.11 (0.67)

Note. $F(1, 83) = 4.40$, $p = 0.039$ (two-tailed) for the Time × Intervention interaction.

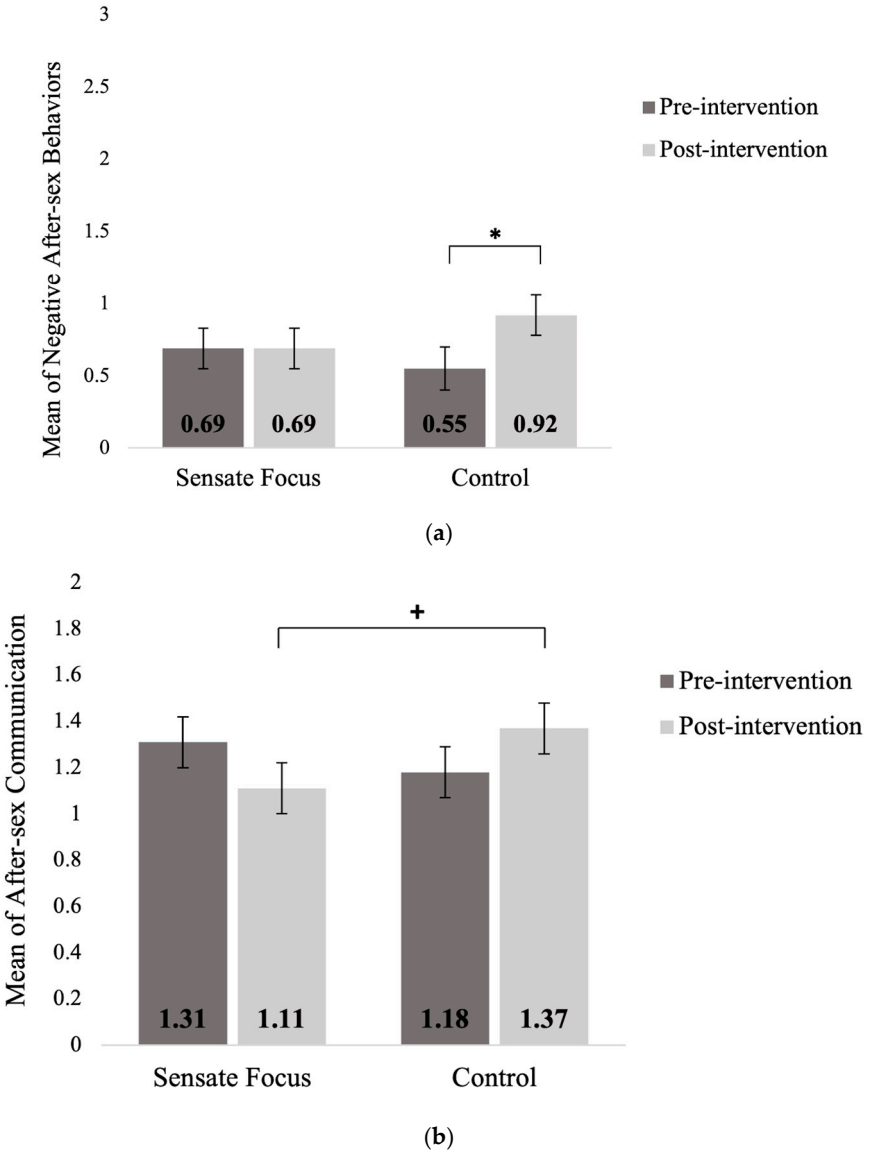


Figure 2. (**a**) Effects of Sensate Focus Intervention on Negative After-sex Behaviors. Note. * indicates that the means were significantly different from each other. (**b**) Effects of Sensate Focus Intervention on After-Sex Communication. Note. + indicates that the means had a tendency to be significantly different from each other, $p = 0.093$ ($p < 0.10$).

4. Discussion

The current study found that negative after-sex behaviors—such as discontinuing bodily contact and showering separately—were associated with lower levels of relationship satisfaction, intimacy, and sexual satisfaction. This trend was also seen when examining gender, with women showing several significant correlations between negative after-sex behaviors and decreased relationship satisfaction, intimacy, and sexual satisfaction. For men, this trend was observed only within the context of intimacy. Moreover, participants in our study overall demonstrated a strong understanding of the male refractory period

and female orgasm. In fact, increased knowledge about the female orgasm was associated with higher chances of showering together after sex. Our study also showed that women who engaged in more positive after-sex behaviors—such as continued kissing, caressing, hugging, and talking about the sex—reported significantly better sexual functioning across multiple domains, including arousal, desire, and overall satisfaction. On the other hand, the opposite was true for men, with increases in after-sex Communication being associated with more erectile problems. However, these correlations did not remain significant after controlling for age and relationship length. Lastly, Sensate Focus interventions did not appear to influence after-sex behaviors.

Our findings on relationship satisfaction, intimacy, and sexual satisfaction were consistent with past studies [3–5,7–10]. While what occurs during sex is prominent in promoting satisfaction within a committed relationship [60], research has increasingly recognized the period after sex as an essential time for couples as well, finding associations between after-sex behaviors and relationship satisfaction, sexual satisfaction, and overall closeness. We found that engagement in negative after-sex behaviors was associated with decreased levels of relationship satisfaction, intimacy, and sexual satisfaction. Additionally, after controlling for age and relationship length, we saw that the summary score of Negative After-sex Behaviors was a significant predictor of intimacy. These findings are particularly noteworthy given the context of our sample. Despite coming from different cultural backgrounds, Chinese couples reported similar outcomes to Western samples. This suggests that the fundamental need for intimacy and connection transcends cultural boundaries, even in Asian countries where discussing sexual matters may be more stigmatized. However, the stigmatization in Chinese culture may influence how couples navigate sexual issues together, therefore resulting in higher percentages of unaddressed sexual dysfunction [11,12].

When observing gender, women who partook in negative after-sex behaviors reported less relationship satisfaction, intimacy, and sexual satisfaction. Men, on the other hand, only exhibited this pattern for intimacy. This means that aside from being associated with lower levels of intimacy, men did not report any other significant results when engaging in more negative after-sex behaviors. In fact, for relationship satisfaction and sexual satisfaction, the opposite was true for men. Prior studies, such as those conducted by Muise et al. [10] and Hughes and Kruger [3], discovered similar outcomes with women being more likely than men to initiate after-sex behaviors and placing greater overall importance on these behaviors. The parallels between our findings on Chinese men and women and existing research on Western men and women may reflect broader patterns of socialization rather than culture-specific phenomena. Across various cultures, women are often socialized to prioritize relationship maintenance and emotional connection. Conversely, men may face expectations to be less emotionally expressive or to prioritize sexual performance over after-sex connection.

These socialization patterns may be further reinforced by underlying evolutionary factors. To maximize reproductive success, men prioritize short-term mating opportunities and, therefore, may not benefit as much from after-sex behaviors. Women, on the other hand, focus on attachment and long-term partnerships, therefore prioritizing after-sex behaviors. Nonetheless, when examining intimacy, it becomes apparent that the fundamental human need for bonding is essential for both genders studied, even with differing reproductive strategies. Theories such as the Affectionate Exchange Theory [19] highlight how exchanging affection serves an evolutionary purpose by strengthening pair bonds, enhancing resource access, and signaling parental fitness to potential partners.

Beyond socialization and evolutionary influences, physiological differences also contribute to the pattern. For example, the refractory period in men inhibits subsequent orgasms and erections, and is often accompanied by a reduction in sexual arousal and

responsiveness to sexual stimuli [27]. Because of the drop in arousal, men may not feel as inclined to participate in after-sex behaviors, or they may not be aware of the differences in sexual response cycles between men and women. The couples in our study overall reported advanced knowledge of both the refractory period and the female orgasm. More interestingly, better knowledge of the female orgasm was associated with a higher likelihood of showering together after sex. One possible explanation for this correlation is that a better understanding of women's sexual anatomy and physiology allows couples to acknowledge the overall female experience. This, in turn, enhances communication and fosters a deeper understanding of preferences after sex. A cross-sectional study surveying women on their sexual knowledge and satisfaction found similar results, reporting a significant positive relationship between sexual knowledge and sexual satisfaction [61]. Sex education might benefit couples in unexpected ways. Teaching people about sexual physiology (how bodies work during sex) alongside practical relationship skills could help to improve satisfaction in relationships, especially for women.

Our study also found that women who engaged in more positive after-sex behaviors reported significantly better sexual functioning. More specifically, after-sex Communication was significantly linked to greater overall female sexual function and the subscales of desire and arousal. These results remained consistent even after controlling for age and relationship length. In addition, the summary score of Negative After-sex Behaviors significantly predicted orgasm after controlling for age and relationship length. This suggests that after-sex behaviors may offer particular benefits for women's sexual functioning. Possible explanations may be physiological or psychological. The physiological pathway suggests positive physical contact may promote better blood flow and muscle relaxation, potentially reducing pain and improving orgasmic function [62]. The psychological pathway implies that continued intimate contact might reduce performance anxiety and enhance sexual self-confidence, creating a positive feedback loop [17,63]. Women who feel more connected and secure after sex might approach future sexual encounters with less anxiety and more positive expectations. Interestingly, men reported increased after-sex Communication to be linked to more erectile problems; however, these associations diminished after controlling for age and relationship length. This suggests that contextual factors, such as age or relationship length, may be influencing the observed relationships, particularly for men. Nevertheless, even with controls in place, the results still indicated a meaningful link between after-sex behaviors and sexual functioning, especially for women.

Furthermore, the relationship between sexual functioning and continued kissing, caressing, and hugging mirrors the principles of Sensate Focus, which has also been linked to improved sexual functioning [46,64]. From a clinical perspective, these findings suggest that interventions for female sexual dysfunction might benefit from addressing the entire sexual encounter, including the post-sex period. With after-sex behaviors being associated with more benefits, especially among women than men, it may also be imperative to encourage men to engage in more positive after-sex behaviors and steer them away from negative after-sex behaviors. This approach could offer an additional therapeutic option beyond traditional treatments.

Lastly, the Sensate Focus intervention did not have an impact on Negative After-sex Behaviors but did have an effect on after-sex Communication. Somewhat surprisingly, the experimental group showed a decrease in Communication after the intervention, whereas the control group showed an increase. This means that participants who went through the intervention were less likely to communicate with their partner about the sexual activity afterward. One possible explanation is that the Sensate Focus intervention did not include specific instructions regarding after-sex bodily contact and communication. Rather, it contained self-focus exercises that participants practiced on their own at early stages and

focused on exploratory touching or deliberately arousing touching with their partner before intercourse. As such, participants in the intervention group might have felt that they had engaged with their partner a lot during the intervention, and there was less need to reconnect with their partner after sex. This finding underlines the need for Sensate Focus interventions to address the after-sex period in more detail.

Strengths and Limitations

Unlike most of the previous research that focused on positive after-sex behaviors, our study directly asked about negative after-sex behaviors and investigated the related correlates. This was innovative and shed light on the other side of the story. If applied to a clinical setting, this could look like not only encouraging couples to participate in positive after-sex behaviors but also educating them about and redirecting them from negative after-sex behaviors. This is especially crucial, given the reported gender disparities. This was also the first study to examine the effects of Sensate Focus sex therapy on after-sex behaviors in a Chinese sample. Although the results did not completely align with our hypotheses, they provided important clinical implications for sex therapists.

Several limitations can be highlighted. First, the data relies on self-reported measures. This means that the results may contain memory and other reporting biases. Second, our measures do not capture all behaviors that participants partake in following intercourse. It is possible that other after-sex behaviors, such as falling asleep together, are important for satisfaction; however, only behaviors with previous research support were chosen to identify after-sex behaviors. Third, the sample was small and was likely biased in that individuals who opt for this kind of study may be more willing to talk about sexual matters, which may make the sample not representative of the broader community. This study also only included heterosexual couples. Future research should expand its focus to include LGBTQ+ couples and address sex practices and treatments that cater to sexual and gender minorities. Finally, the statistical analyses, including both men and women, did not consider the paired nature of the data.

5. Conclusions

After-sex behaviors are crucial in promoting relationship satisfaction, sexual satisfaction, and sexual functioning, particularly for women. These behaviors also aid intimacy for both genders studied. Our results revealed that after-sex behaviors may not be equally important for men, which may lead to incompatibilities in a relationship. Future research should expand to gender and sexuality-diverse couples and employ experimental approaches on the effects of after-sex behaviors on sexual function and relationship dynamics.

Author Contributions: Conceptualization, J.Y. and P.S.; methodology, S.H., J.Y. and P.S.; validation, S.H., J.Y. and P.S.; formal analysis, S.H., J.Y. and P.S.; investigation, S.H., J.Y. and P.S.; data curation, S.H. and P.S.; writing—original draft preparation, J.Y.; writing—review and editing, S.H. and P.S.; visualization, S.H.; supervision, P.S.; project administration, P.S.; funding acquisition, S.H. and P.S. All authors have read and agreed to the published version of the manuscript.

Funding: The original data collections and the creation of the animation videos were funded by Fund: 11, Grant: SMEC 2021, Programs: 10405_Faculty Research Fund, 10405_Social Development Institute workshops, 10401_Faculty Research Fund, 10109_Pekka Santtila Startup Fund_RI from NYU Shanghai and NYU-ECNU Institute for Social Development; and 2021 Deans' Undergraduate Research Fund award from NYU Shanghai to Sijia Huang.

Institutional Review Board Statement: The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the Institutional Review Board of NYU Shanghai (protocol code 200126 and date of approval was 1 July 2021).

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The data file can be obtained from the authors.

Conflicts of Interest: The authors declare no conflicts of interest.

References

1. Brody, S. The Relative Health Benefits of Different Sexual Activities. *J. Sex. Med.* **2010**, *7*, 1336–1361. [CrossRef]
2. Liu, H.; Waite, L.J.; Shen, S.; Wang, D.H. Is Sex Good for Your Health? A National Study on Partnered Sexuality and Cardiovascular Risk among Older Men and Women. *J. Health Soc. Behav.* **2016**, *57*, 276–296. [CrossRef]
3. Hughes, S.M.; Kruger, D.J. Sex Differences in Post-Coital Behaviors in Long- and Short-Term Mating: An Evolutionary Perspective. *J. Sex Res.* **2011**, *48*, 496–505. [CrossRef]
4. Bennett, M.; Denes, A. Lying in Bed: An Analysis of Deceptive Affectionate Messages During Sexual Activity in Young Adults' Romantic Relationships. *Commun. Q.* **2019**, *67*, 140–157. [CrossRef]
5. Denes, A. Pillow Talk: Exploring Disclosures After Sexual Activity. *West. J. Commun.* **2012**, *76*, 91–108. [CrossRef]
6. Denes, A. Toward a Post-Sex Disclosures Model: Exploring the Associations Among Orgasm, Self-Disclosure, and Relationship Satisfaction. *Commun. Res.* **2018**, *45*, 297–318. [CrossRef]
7. Denes, A.; Dhillon, A.; Speer, A.C. Relational Maintenance Strategies During the Post Sex Time Interval. *Commun. Q.* **2017**, *65*, 307–332. [CrossRef]
8. Denes, A.; Crowley, J.P.; Makos, S.; Whitt, J.; Graham, K. Navigating Difficult Times with Pillow Talk: Post Sex Communication as a Strategy for Mitigating Uncertainty Following Relational Transgressions. *Commun. Rep.* **2018**, *31*, 65–77. [CrossRef]
9. Denes, A.; Bennett, M.; DelGreco, M. Sexual Communication and Biology. *Handb. Commun. Sci. Biol.* **2020**, 370–381.
10. Muise, A.; Giang, E.; Impett, E.A. Post Sex Affectionate Exchanges Promote Sexual and Relationship Satisfaction. *Arch. Sex. Behav.* **2014**, *43*, 1391–1402. [CrossRef]
11. Bhavsar, V.; Bhugra, D. Cultural Factors and Sexual Dysfunction in Clinical Practice. *Adv. Psychiatr. Treat.* **2013**, *19*, 144–152. [CrossRef]
12. Nicolosi, A.; Glasser, D.B.; Kim, S.C.; Marumo, K.; Laumann, E.O.; GSSAB Investigators' Group. Sexual Behaviour and Dysfunction and Help-Seeking Patterns in Adults Aged 40–80 Years in the Urban Population of Asian Countries. *BJU Int.* **2005**, *95*, 609–614. [CrossRef]
13. DeRogatis, L.R.; Burnett, A.L. The Epidemiology of Sexual Dysfunctions. *J. Sex. Med.* **2008**, *5*, 289–300. [CrossRef] [PubMed]
14. Ho, C.C.; Singam, P.; Hong, G.E.; Zainuddin, Z.M. Male Sexual Dysfunction in Asia. *Asian J. Androl.* **2011**, *13*, 537. [CrossRef]
15. Nicolosi, A.; Moreira, E.D.; Shirai, M.; Ismail Bin Mohd Tambi, M.; Glasser, D.B. Epidemiology of Erectile Dysfunction in Four Countries: Cross-National Study of the Prevalence and Correlates of Erectile Dysfunction. *Urology* **2003**, *61*, 201–206. [CrossRef]
16. Singh, J.; Tharyan, P.; Kekre, N.; Singh, G.; Gopalakrishnan, G. Prevalence and Risk Factors for Female Sexual Dysfunction in Women Attending a Medical Clinic in South India. *J. Postgrad. Med.* **2009**, *55*. [CrossRef] [PubMed]
17. Masters, W.H.; Johnson, V.E. *Human Sexual Inadequacy*; Little, Brown: Boston, MA, USA, 1970; ISBN 978-0-7000-0193-4.
18. Floyd, K.; Morman, M.T. The Measurement of Affectionate Communication. *Commun. Q.* **1998**, *46*, 144–162. [CrossRef]
19. Floyd, K. Human Affection Exchange: V. Attributes of the Highly Affectionate. *Commun. Q.* **2002**, *50*, 135–152. [CrossRef]
20. Wlodarski, R.; Dunbar, R.I.M. What's in a Kiss? The Effect of Romantic Kissing on Mate Desirability. *Evol. Psychol.* **2014**, *12*, 178–199. [CrossRef]
21. Floyd, K.; Boren, J.P.; Hannawa, A.F.; Hesse, C.; McEwan, B.; Veksler, A.E. Kissing in Marital and Cohabiting Relationships: Effects on Blood Lipids, Stress, and Relationship Satisfaction. *West. J. Commun.* **2009**, *73*, 113–133. [CrossRef]
22. Kirshenbaum, S. *The Science of Kissing: What Our Lips Are Telling Us*; Grand Central Publishing: New York, NY, USA, 2011; ISBN 0-446-57513-5.
23. Spaulding, K.N. What's in a Kiss? The Role of Kissing in Romantic Relationships. Ph.D. Thesis, State University of New York at Albany, New York, NY, USA, 2016.
24. Hughes, S.M.; Harrison, M.A.; Gallup, G.G. Sex Differences in Romantic Kissing among College Students: An Evolutionary Perspective. *Evol. Psychol.* **2007**, *5*, 147470490700500310. [CrossRef]
25. Denney, N.W.; Field, J.K.; Quadagno, D. Sex Differences in Sexual Needs and Desires. *Arch. Sex. Behav.* **1984**, *13*, 233–245. [CrossRef] [PubMed]
26. Masters, W.H.; Johnson, V.E. *Human Sexual Response*, 1st ed.; Little, Brown and Company: Boston, MA, USA, 1966; ISBN 0-316-54987-8.
27. Levin, R.J. Revisiting Post-Ejaculation Refractory Time—What We Know and What We Do Not Know in Males and in Females. *J. Sex. Med.* **2009**, *6*, 2376–2389. [CrossRef]
28. Buss, D.M.; Schmitt, D.P. Sexual Strategies Theory: An Evolutionary Perspective on Human Mating. *Psychol. Rev.* **1993**, *100*, 204–232. [CrossRef]

29. Haseltonu, M.G.; Buss, D.M. The Affective Shift Hypothesis: The Functions of Emotional Changes Following Sexual Intercourse. *Pers. Relatsh.* **2001**, *8*, 357–369. [CrossRef]
30. Kruger, D.J.; Hughes, S.M. Variation in Reproductive Strategies Influences Post-Coital Experiences with Partners. *J. Soc. Evol. Cult. Psychol.* **2010**, *4*, 254–264. [CrossRef]
31. Frank, E.; Anderson, C.; Rubinstein, D. Frequency of Sexual Dysfunction in "Normal" Couples. *New Engl. J. Med.* **1978**, *299*, 111–115. [CrossRef]
32. Nguyen, H.M.T.; Gabrielson, A.T.; Hellstrom, W.J.G. Erectile Dysfunction in Young Men—A Review of the Prevalence and Risk Factors. *Sex. Med. Rev.* **2017**, *5*, 508–520. [CrossRef]
33. Oksuz, E.; Malhan, S. Prevalence and Risk Factors for Female Sexual Dysfunction in Turkish Women. *J. Urol.* **2006**, *175*, 654–658. [CrossRef] [PubMed]
34. Spector, I.P.; Carey, M.P. Incidence and Prevalence of the Sexual Dysfunctions: A Critical Review of the Empirical Literature. *Arch. Sex. Behav.* **1990**, *19*, 389–408. [CrossRef]
35. Lou, W.-J.; Chen, B.; Zhu, L.; Han, S.-M.; Xu, T.; Lang, J.-H.; Zhang, L. Prevalence and Factors Associated with Female Sexual Dysfunction in Beijing, China. *Chin. Med. J.* **2017**, *130*, 1389–1394. [CrossRef]
36. Chevret, M.; Jaudinot, E.; Sullivan, K.; Marrel, A.; Gendre, A.S. Impact of Erectile Dysfunction (ED) on Sexual Life of Female Partners: Assessment with the Index of Sexual Life (ISL) Questionnaire. *J. Sex Marital Ther.* **2004**, *30*, 157–172. [CrossRef] [PubMed]
37. Byers, E.S. Relationship Satisfaction and Sexual Satisfaction: A Longitudinal Study of Individuals in Long-term Relationships. *J. Sex Res.* **2005**, *42*, 113–118. [CrossRef] [PubMed]
38. O'Sullivan, L.F.; Byers, E.S.; Brotto, L.A.; Majerovich, J.A.; Fletcher, J. A Longitudinal Study of Problems in Sexual Functioning and Related Sexual Distress Among Middle to Late Adolescents. *J. Adolesc. Health* **2016**, *59*, 318–324. [CrossRef]
39. Van Lankveld, J.J.D.M.; Leusink, P.; Van Diest, S.; Gijs, L.; Slob, A.K. Internet-Based Brief Sex Therapy for Heterosexual Men with Sexual Dysfunctions: A Randomized Controlled Pilot Trial. *J. Sex. Med.* **2009**, *6*, 2224–2236. [CrossRef] [PubMed]
40. Galati, M.C.R.; Hollist, C.S.; do Egito, J.H.T.; Osório, A.A.C.; Parra, G.R.; Neu, C.; de Moraes Horta, A.L. Sexual Dysfunction, Depression, and Marital Dissatisfaction among Brazilian Couples. *J. Sex. Med.* **2023**, *20*, 260–268. [CrossRef]
41. Khazaei, M.; Rostami, R.; Zaryabi, A. The Relationship Between Sexual Dysfunctions and Marital Satisfaction in Iranian Married Students. *Procedia—Soc. Behav. Sci.* **2011**, *30*, 783–785. [CrossRef]
42. Anderson, B.L. Primary Orgasmic Dysfunction: Diagnostic Considerations and Review of Treatment. *Psychol. Bull.* **1983**, *93*, 105–136. [CrossRef]
43. Gambescia, N.; Sendak, S.K.; Weeks, G. The Treatment of Erectile Dysfunction. *J. Fam. Psychother.* **2009**, *20*, 221–240. [CrossRef]
44. Goldfarb, S.; Baron, S.R.; Tessler Lindau, S. Chapter 23—Female Sexuality and Sexual Function. In *Women and Health*, 2nd ed.; Goldman, M.B., Troisi, R., Rexrode, K.M., Eds.; Academic Press: Salt Lake City, UT, USA, 2013; pp. 347–357, ISBN 978-0-12-384978-6.
45. Weiner, L.; Avery-Clark, C. Sensate Focus: Clarifying the Masters and Johnson's Model. *Sex. Relatsh. Ther.* **2014**, *29*, 307–319. [CrossRef]
46. Huang, S.; Li, Z.; Santtila, P. The Effectiveness of Online Sensate Focus Exercises in Enhancing Sexual Function and Intimacy Among Chinese Heterosexual Couples: A Randomized Controlled Trial. *J. Sex Marital Ther.* **2024**, 1–18. [CrossRef]
47. Hendrick, S.S. A Generic Measure of Relationship Satisfaction. *J. Marriage Fam.* **1988**, *50*, 93–98. [CrossRef]
48. Schaefer, M.T.; Olson, D.H. Assessing Intimacy: The PAIR Inventory. *J. Marital Fam. Ther.* **1981**, *7*, 47–60. [CrossRef]
49. Lawrance, K.-A.; Byers, E.S. Sexual Satisfaction in Long-Term Heterosexual Relationships: The Interpersonal Exchange Model of Sexual Satisfaction. *Pers. Relatsh.* **1995**, *2*, 267–285. [CrossRef]
50. Jern, P.; Piha, J.; Santtila, P. Validation of Three Early Ejaculation Diagnostic Tools: A Composite Measure Is Accurate and More Adequate for Diagnosis by Updated Diagnostic Criteria. *PLoS ONE* **2013**, *8*, e77676. [CrossRef] [PubMed]
51. Niu, C.; Ventus, D.; Jern, P.; Santtila, P. Premature Ejaculation among Chinese Urban Men: Prevalence and Correlates. *Sex. Med.* **2023**, *11*. [CrossRef] [PubMed]
52. Jiang, H.; Liu, D.F.; Deng, C.H.; Shang, X.J.; Hong, K.; Deng, J.H.; Wang, Z.J.; Yang, H.; Shi, Y.C.; Huang, Y.H. Reliability and Validity of the Chinese Version of the Premature Ejaculation Diagnostic Tool. *Zhonghua Nan Ke Xue = Natl. J. Androl.* **2015**, *21*, 598–603.
53. Rhoden, E.L.; Telöken, C.; Sogari, P.R.; Vargas Souto, C.A. The Use of the Simplified International Index of Erectile Function (IIEF-5) as a Diagnostic Tool to Study the Prevalence of Erectile Dysfunction. *Int. J. Impot. Res.* **2002**, *14*, 245–250. [CrossRef]
54. Rosen, R.C.; Riley, A.; Wagner, G.; Osterloh, I.H.; Kirkpatrick, J.; Mishra, A. The International Index of Erectile Function (IIEF): A Multidimensional Scale for Assessment of Erectile Dysfunction. *Urology* **1997**, *49*, 822–830. [CrossRef]
55. Rosen, R.C.; Cappelleri, J.C.; Smith, M.D.; Lipsky, J.; Peña, B.M. Development and Evaluation of an Abridged, 5-Item Version of the International Index of Erectile Function (IIEF-5) as a Diagnostic Tool for Erectile Dysfunction. *Int. J. Impot. Res.* **1999**, *11*, 319–326. [CrossRef] [PubMed]

56. Rosen, C.; Brown, J.; Heiman, S.; Leiblum, C.; Meston, R.; Shabsigh, D.; Ferguson, R.; D'Agostino, R. The Female Sexual Function Index (FSFI): A Multidimensional Self-Report Instrument for the Assessment of Female Sexual Function. *J. Sex Marital Ther.* **2000**, *26*, 191–208. [CrossRef]
57. Liu, H.; Yu, J.; Chen, Y.; He, P.; Zhou, L.; Tang, X.; Liu, X.; Li, X.; Wu, Y.; Wang, Y. Sexual Function in Cervical Cancer Patients: Psychometric Properties and Performance of a Chinese Version of the Female Sexual Function Index. *Eur. J. Oncol. Nurs.* **2016**, *20*, 24–30. [CrossRef]
58. Ma, J.; Pan, L.; Lei, Y.; Zhang, A.; Kan, Y. Prevalence of Female Sexual Dysfunction in Urban Chinese Women Based on Cutoff Scores of the Chinese Version of the Female Sexual Function Index: A Preliminary Study. *J. Sex. Med.* **2014**, *11*, 909–919. [CrossRef] [PubMed]
59. Sun, X.; Li, C.; Jin, L.; Fan, Y.; Wang, D. Development and Validation of Chinese Version of Female Sexual Function Index in a Chinese Population—A Pilot Study. *J. Sex. Med.* **2011**, *8*, 1101–1111. [CrossRef] [PubMed]
60. Frederick, D.A.; Lever, J.; Gillespie, B.J.; Garcia, J.R. What Keeps Passion Alive? Sexual Satisfaction Is Associated With Sexual Communication, Mood Setting, Sexual Variety, Oral Sex, Orgasm, and Sex Frequency in a National U.S. Study. *J. Sex Res.* **2017**, *54*, 186–201. [CrossRef]
61. Soltani, F.; Azizi, R.; Sourinegad, H.; Shayan, A.; Mohammadi, Y.; Khodakarami, B. Sexual Knowledge and Attitude as Predictors of Female Sexual Satisfaction. *Biomed. Res. Ther.* **2017**, *4*, 1874–1884. [CrossRef]
62. Vannier, S.A.; Rosen, N.O.; Mackinnon, S.P.; Bergeron, S. Maintaining Affection Despite Pain: Daily Associations Between Physical Affection and Sexual and Relationship Well-Being in Women with Genito-Pelvic Pain. *Arch. Sex. Behav.* **2017**, *46*, 2021–2031. [CrossRef]
63. Linschoten, M.; Weiner, L.; Avery-Clark, C. Sensate Focus: A Critical Literature Review. *Sex. Relatsh. Ther.* **2016**, *31*, 230–247. [CrossRef]
64. Avery-Clark, C.; Weiner, L.; Adams-Clark, A.A. Sensate Focus for Sexual Concerns: An Updated, Critical Literature Review. *Curr. Sex. Health Rep.* **2019**, *11*, 84–94. [CrossRef]

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.