

Perspective

Sexual Mindfulness and the Libido of Generativity: A Psychoanalytic Perspective on Future-Oriented Desire and Couple Well-Being

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Abstract

This perspective advances a psychoanalytic—embodiment account of the “libido of generativity” (LoG)—future-oriented reorganization of erotic desire that links embodied arousal with caregiving, legacy, and shared projects. We define LoG along four axes (direction of investment: dyad↔triad; temporal horizon: immediacy↔future; outcome modalities: procreative, creative—sublimative, community-forming; affective regulation: shame/guilt↔pride/gratitude). Integrating interoception, body ownership/agency, and self-compassion with reproductive mentalizing, we specify three proximal levers—embodiment, affect regulation, and representation—through which sexual mindfulness can recalibrate bodily salience, blunt shame-based self-objectification, and expand triadic representations (self—partner—child/symbolic offspring). We then translate these mechanisms into a brief, practice-ready relationship guidance (RG) curriculum (6–8 sessions) combining somatic mindfulness, compassion micro-practices, reproductive-mentalizing dialogs, communication skills, and generative rituals. We articulate falsifiable propositions (e.g., mindfulness → ↑couple satisfaction via ↓body-image self-consciousness and ↑reproductive mentalizing) and a sex/gender-attentive reporting plan (SAGER). Primary outcomes include sexual functioning/satisfaction and couple satisfaction/communication; secondary mechanistic endpoints index interoceptive accuracy/awareness (including heartbeat-evoked potentials), self-compassion, and reproductive mentalizing. By aligning contemplative practices with couple-skills training and equity-focused implementation, the LoG framework offers a testable bridge from psychoanalytic theory and embodiment science to measurable improvements in sexual health and couple well-being.

Keywords: sexual mindfulness; libido of generativity; reproductive mentalizing; triadic scene; couple well-being; sexual functioning; relational satisfaction; self-compassion; embodiment; relationship education



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1. Introduction

Across the lifespan, sexual motivation is not exhausted by immediate pleasure-seeking or reproduction; it also organizes meanings directed toward prospective caregiving, legacy, and intergenerational investment. Building on Eriksonian epigenesis and contemporary

lifespan personality research on generativity—the concern for and commitment to the well-being of future generations—we propose the construct of a “libido of generativity”: a future-oriented configuration of sexual desire that links embodied erotic experience with motivational systems for care, value transmission, and co-construction of durable intimate bonds [1–3]. By situating sexual desire within a prospective temporal horizon, this metapsychological lens reframes sexual functioning as a cross-domain integrator: it is simultaneously affective, relational, embodied, and teleological (future-directed), thereby offering new hypotheses for assessment, prevention, and intervention in sexual health and couple functioning.

A central premise of this perspective is that the embodied self—the predictive, interoceptive, and multisensory representation of one’s body as a subject of experience—acts as a gating mechanism for sexual cue processing and affiliative behavior. Convergent neurobiological models highlight the anterior insula and allied interoceptive networks as substrates for conscious feeling states, affective salience, and self-modeling; under active inference, sexual arousal emerges as precision-weighted predictions over interoceptive signals coupled to contextual priors about intimacy and safety [1,2]. This literature on body ownership and the multisensory basis of self (e.g., viscerosensory integration and ownership illusions) shows how interoceptive accuracy/awareness can modulate the sense of bodily self and, consequently, erotic responsivity and approach–avoidance tendencies [3]. These mechanisms suggest a plausible neurocognitive bridge between sexual desire and generative motives: when bodily self-models are coherent and flexibly regulated, affiliative and care-giving action policies (e.g., commitment, co-parenting, mentoring) become behaviorally accessible and emotionally appetitive.

Clinical science already indicates that interventions enhancing non-judgmental, present-moment awareness of bodily and affective states—sexual mindfulness—improve desire/arousal and reduce sex-related distress, including in randomized trials and diverse delivery formats [4–7]. Mindfulness-based cognitive therapy (MBCT) adapted for sexual interest/arousal disorder (SIAD) yields robust gains in sexual desire and arousal with 6–12-month durability, and reductions in rumination and distress; virtual and online adaptations show comparable promise, including in oncology and midlife samples [5–7]. Beyond symptomatic relief, mindfulness practices may strengthen interoceptive metacognition and reduce shame-based self-objectification, thereby enabling a more agentic and prospective stance toward intimacy and life-planning—core components of generativity.

At the relational level, relationship education (RE) and allied couple-skills programs reliably enhance communication skills and produce small-to-moderate improvements in satisfaction across populations and delivery modes; meta-analytic evidence now extends to online RE with significant benefits for both dyadic and individual outcomes [8,9]. Longitudinal models further clarify that within-couple fluctuations in negative communication covary with contemporaneous dips in satisfaction, underscoring the need to reduce hostile exchange patterns precisely at moments when motivational systems for future-oriented goals (e.g., family building) are most fragile [9]. We contend that integrating sexual mindfulness (to optimize embodied self-regulation) with RE (to optimize dyadic communication and planning) provides a translational scaffold for cultivating a libido of generativity within couples.

Generativity itself is a well-validated construct with clear assessment strategies—from narrative identity themes to scalable self-report (e.g., the Loyola Generativity Scale)—and robust links to prosocial investment and well-being in mid- to later-life [10]. Parallel progress in mentalizing has yielded concise measures of parental reflective functioning (PRFQ) that index a caregiver’s capacity to conceive the child as a psychological agent [11]. We posit that generative libido is scaffolded by (i) coherent embodied self-models (interoception/ownership), (ii) sexual mindfulness that down-regulates shame and rumination

while enhancing appetitive attention to erotic cues, (iii) dyadic competencies that stabilize cooperation and future planning (RE), and (iv) reflective functioning that orients desire toward care and legacy (PRF). This integrative model conceptually unites sexual desire with caregiving motives and supplies tractable targets for measurement and intervention.

Methodologically and ethically, sex/gender-informed reporting remains indispensable. The SAGER guidelines (Sex and Gender Equity in Research) recommend explicit consideration of sex and gender in design, analysis, and interpretation, including precise use of terminology and transparency about the populations to which findings generalize [12]. Our framework assumes sex-related biology (e.g., hormonal milieus influencing interoceptive priors) and gendered socialization (e.g., norms shaping sexual agency) jointly influence how embodied signals are interpreted within couple contexts; future-oriented desire must therefore be modeled with intersectional sensitivity and reported with SAGER-consistent rigor.

Finally, the present work is conceptually anchored in recent proposals that sexual behavior is dynamically shaped by the perception of the embodied self, with implications for how couples navigate uncertainty, performance anxieties, and identity-level meanings of sexuality [13]. By extending that premise toward a teleological account—*libido as a vector pointing to future caregiving, creativity, and legacy*—we outline a research agenda for *Sexes* that (a) operationalizes generative libido across embodied, psychological, and relational levels; (b) tests mechanistic links among interoceptive precision, sexual mindfulness, and dyadic competencies; and (c) evaluates combined sexual-mindfulness/RE protocols as preventive interventions during key life transitions (e.g., preconception, postpartum, midlife). If supported, this approach could re-situate sexual desire from a primarily hedonic symptom cluster to a developmental engine that organizes intimacy, care, and the shared construction of a life worth handing forward.

We propose that a portion of sexual motivation is future-directed: it links bodily arousal with care, shared projects, and meaning (“libido of generativity”). We translate this idea into a brief guidance program for couples that uses mindfulness, self-compassion, reflective dialogs about reproduction and legacy, and simple communication skills. We explain how these practices may work—by improving awareness of bodily signals, regulating difficult emotions, and widening mental representations—and we specify the measures to test them, from sexual functioning to couple satisfaction and intermediate mechanisms. This is a conceptual perspective and it closes with clear, testable hypotheses for future studies.

2. Conceptual Foundations: A Metapsychology of the “Libido of Generativity”

This section defines LoG and its four axes and clarifies how it differs from procreation-centric views. In this perspective, generativity is not equated with biological procreation. Within the LoG framework, procreation represents only one of several future-oriented outcome modalities, alongside creative–sublimative projects and community-forming care. Thus, LoG conceptualizes sexual motivation as a future-directed investment that may or may not include parenting. We define the libido of generativity (LoG) as a future-oriented transformation of erotic desire that organizes motivation and affect toward transmission—biological (procreation) and symbolic (creation, mentoring, community-building). In contrast to a strictly diadic model of sexuality focused on immediate hedonic regulation, LoG presupposes a triadic scene (self–partner–child or symbolic offspring) and recruits regulatory systems that integrate embodied arousal with care, commitment, and meaning. Theoretically, LoG rests on three pillars: (i) an embodiment account of desire (interoception, body ownership, agency), (ii) a relational–developmental account of future-directed motivation (generativity, reflective functioning), and (iii) a psychoanalytic account of trans-

formations of drive (from diadic erotics to triadic investments); all are articulated in a sex/gender-informed frame.

2.1. *Embodiment as the Gate to Future-Directed Desire*

The embodiment pillar situates desire within predictive interoception: the brain actively infers and precision-weights viscerosensory signals (heartbeat, breath, genital sensations) under contextual priors about intimacy and safety. On this view, within active interoceptive inference, sexual arousal can be described as the increased weighting (precision) assigned to ascending bodily signals (e.g., genital, cardiac, respiratory). This higher precision updates cortical expectations (notably in the anterior insula), amplifies the felt bodily salience, and couples with autonomic adjustments that are experienced as arousal [13]. Contemporary roadmaps position interoception as a transdiagnostic mechanism in mental health, highlighting anterior insula, cingulate, and somatosensory networks as substrates for conscious feeling states and salience mapping [14]. Complementarily, the sense of embodiment—the felt ownership of and agency over the body—is plastic and trainable; virtual-reality illusions and multisensory manipulations demonstrate that ownership and agency can be recalibrated, with downstream effects on self–other boundaries and approach–avoidance behavior [15].

Within LoG, these mechanisms specify why future-oriented erotics require not merely genital excitation but stable self-as-body models that can host care and commitment without collapsing into control, shame, or dissociation. When interoceptive accuracy, sensibility, and metacognitive awareness are aligned, erotic signals become legible as invitations to coordination with the partner around shared future projects; when misaligned, the same signals recruit vigilance, self-objectification, and short-term defensive strategies (e.g., withdrawal, compulsive reassurance) [16]. Thus, embodiment not only initiates erotic interest but conditions its teleology—its capacity to be tethered to caregiving, creativity, and legacy.

2.2. *From Diadic Erotics to the Triadic Scene*

The triadic turn reframes sexuality as inherently open to a third term: a potential child, an adopted or social offspring, or a shared symbolic creation (work, art, institution). Family-process research has operationalized triadic coordination (e.g., Lausanne Trilogue Play), showing that families differ in alliance patterns and co-regulatory dynamics already from infancy [17]. In psychoanalytic terms, the transition from diadic erotics (self–partner) to a triadic scene involves a widening of identificatory and projective fields: fantasies of fusion give way to symbolization of otherness (the third as bearer of future) and to the reworking of guilt, envy, and rivalry at a generative level. LoG posits that erotic desire is reorganized when the couple’s representational world stably includes the third—biological or symbolic—so that pleasure and attachment become coordinates of joint future-making rather than endpoints in themselves. Within post-digital ecosystems, identity work and bodily self-representation are continuously reshaped by hyper-mediated feedback, with downstream effects on erotic scripts and future-oriented bonding—a contextual layer that our LoG framework explicitly incorporates [18].

A corollary is that sexual agency acquires a prospective dimension: consent and communication extend to planning, ritual, and narrative (e.g., telling origin stories in assisted reproduction; composing creative “offspring”). Embodiment enters here twice: first, as the somatic anchor of erotic communication (breath, rhythm, attunement); second, as the bodily substrate of care (sleep, touch, lactation, caregiving fatigue). Failures of triadic symbolization often manifest somatically (anhedonia, avoidance) or relationally

(gridlocked conflict), especially when sex-differentiated expectations and gendered labor asymmetries are unaddressed.

2.3. *Reflective Functioning and the Motivational Architecture of LoG*

If embodiment supplies the affective infrastructure, reflective functioning supplies the representational architecture of LoG. Parental reflective functioning (PRF) indexes the capacity to conceive the (actual or anticipated) child as a psychological agent with autonomous mental states [19]. In LoG, we generalize PRF to reproductive mentalizing: the couple's ability to hold in mind the partner's and the future/symbolic offspring's minds while engaging in erotic and life-planning dialogs. High reproductive mentalizing should stabilize desire across stressors, buffer shame, and facilitate sexual communal strength—a willingness to responsively meet the partner's needs without self-silencing. Longitudinal narrative research shows that generativity themes (e.g., redemption, care, contribution) predict well-being and prosocial investment decades later, suggesting a motivational trait that can canalize erotic energies into future-oriented projects [20]. LoG formalizes the bridge: embodied arousal becomes telic when represented within narratives of care and legacy that include the third.

2.4. *Shame, Self-Objectification, and the Derailment of LoG*

A prominent negative regulator of LoG is generative shame, a cluster that includes body image self-consciousness during sexual activity, fear of inadequacy as a future caregiver, and status-related shame. Empirically, women's sexual functioning is consistently compromised by self-objectification and appearance monitoring during intimacy [17,18]; these processes likely distort interoceptive precision (attention pulled to exteroceptive cues) and shrink the representational bandwidth available for triadic symbolization. In LoG terms, unchecked shame traps desire in short-horizon regulation (performance, avoidance) and undermines reproductive mentalizing (the partner and the potential third are held as judges rather than subjects). Interventions that increase interoceptive metacognition and self-compassion show reliable associations with improved well-being and reduced psychopathology [20] and, when adapted to sexual concerns, can reduce distress and restore erotic curiosity—preconditions for future-oriented coordination.

2.5. *A Four-Axis Model and Testable Propositions*

We operationalize LoG along four orthogonal axes:

- (A) Direction of investment (Dyad↔Triad): The degree to which the couple's erotic scripts and rituals incorporate the third (child/symbolic offspring).
- (B) Temporal horizon (Immediate↔Future): The proportion of erotic motives dedicated to immediate regulation vs. future-making (e.g., preconception planning, creative legacy).
- (C) Modalities of outcome (Procreative↔Creative–Sublimative↔Community-Forming): The primary channels through which generative energy discharges.
- (D) Affective regulation (Shame/Guilt↔Pride/Gratitude): The tone governing embodiment during intimacy and planning.

From these axes follow falsifiable propositions:

1. Embodiment precision hypothesis: Greater interoceptive accuracy and metacognitive awareness will predict higher triadic investment (Axis A) and longer temporal horizon (Axis B) independent of trait neuroticism [21].
2. Reproductive mentalizing mediation: The association between sexual mindfulness and relationship/sexual satisfaction is mediated by reproductive mentalizing and moderated by body image self-consciousness [22].

3. Shame–competence pathway: Gains in self-compassion and reductions in self-objectification will shift affective regulation toward pride/gratitude (Axis D) and increase the probability of creative–sublimative outcomes (Axis C) when procreation is constrained [23].
4. Triadic skills specificity: Triadic coordination skills (e.g., Lausanne-style tasks) will explain variance in LoG beyond dyadic communication, predicting stability of desire across transitions (preconception, postpartum) [24].

2.6. Sex/Gender Lens and Inclusivity

A sex/gender-informed LoG anticipates biological (hormonal milieu, pregnancy, lactation) and social (gendered division of care, norms of agency) asymmetries in how embodiment and reflective functioning shape future-directed desire. Reporting must therefore be SAGER-compliant, with explicit definition of sex/gender variables, disaggregation where feasible, and attention to diverse family forms (adoption, co-parenting, non-gestational partners), and symbolic generativity (artistic, vocational, community offspring). LoG is deliberately plural in outcomes (Axis C), allowing a rigorous account of non-procreative generativity as a legitimate and health-relevant trajectory of erotic motivation.

In sum, the libido of generativity reframes sexual desire as a telic system: embodied arousal, once stabilized and mentalized within a triadic scene, becomes a vector aimed at shared future-making. This metapsychology yields concrete measurement strategies (interoceptive metrics, body image self-consciousness, reproductive mentalizing, triadic coordination tasks) and intervention targets (sexual mindfulness, self-compassion, relationship guidance) that can be tested across life transitions and family configurations. It also clarifies failure modes (shame, self-objectification, triadic collapse) and offers a principled rationale for integrating contemplative practices with couple-skills training to cultivate sustainable erotic life in service of care, creation, and legacy [25,26].

3. Sexual Mindfulness Meets Generativity

Here we align sexual mindfulness with three proximal mechanisms and specify measurable constructs. Premise and scope: We argue that sexual mindfulness—non-judgmental, present-moment awareness of bodily, affective, and interpersonal cues during sexual activity—constitutes a proximal mechanism through which erotic motivation can be reorganized into a libido of generativity (LoG), that is, a future-oriented vector of desire oriented to care, transmission, and shared projects. Building on evidence that mindfulness-based interventions (MBIs) improve sexual desire and reduce sex-related distress in women and diverse populations [27], and that relationship-education and skills-based programs enhance dyadic communication and satisfaction [28], we integrate these strands to specify how sexual mindfulness shifts embodied salience, regulates shame, and scaffolds reproductive mentalizing within a triadic scene (self–partner–child or symbolic offspring). We then outline practice components and testable predictions, in line with SAGER-compliant, sex/gender-informed reporting.

3.1. Mechanistic Bridge: From Embodied Salience to Triadic Representation

At the embodiment level, sexual mindfulness trains attention toward interoceptive signals (heartbeat, breath, pelvic/genital sensations) with a stance of curiosity and acceptance. Contemporary contemplative neuroscience links mindfulness practice to improved interoceptive accuracy and metacognitive awareness, as well as to more flexible precision-weighting of bodily prediction errors within insula–cingulate networks [29]. In sexual contexts, this reduces hypervigilant monitoring of performance/appearance and reallocates attentional resources to affective attunement and sensory pleasure, counteracting

self-objectification and body image self-consciousness—well-known inhibitors of sexual functioning [30]. The result is a recalibration of bodily salience: erotic cues become safer, more legible, and more readily coordinated with the partner's signals, thereby opening a representational space for future-directed meanings (care, commitment, legacy).

At the representational level, sexual mindfulness fosters reproductive mentalizing—the couple's capacity to hold in mind the partner's and the (actual/anticipated or symbolic) child's autonomous mental states during erotic and life-planning dialogs [31]. This aligns with longitudinal evidence that generativity themes (e.g., redemption, contribution) in narrative identity predict well-being and prosocial investment [32]. We posit that the attentional and acceptance components of mindfulness facilitate the transition from a diadic erotics to a triadic scene by (i) down-regulating shame and evaluative self-focus, (ii) increasing tolerance of mixed affects (joy, anxiety, guilt) typical of generative transitions, and (iii) amplifying agentic coordination with the partner around shared goals. Taken together, these processes converge toward a future-oriented reorganization of erotic motivation—**as summarized in the LoG map (Figure 1).

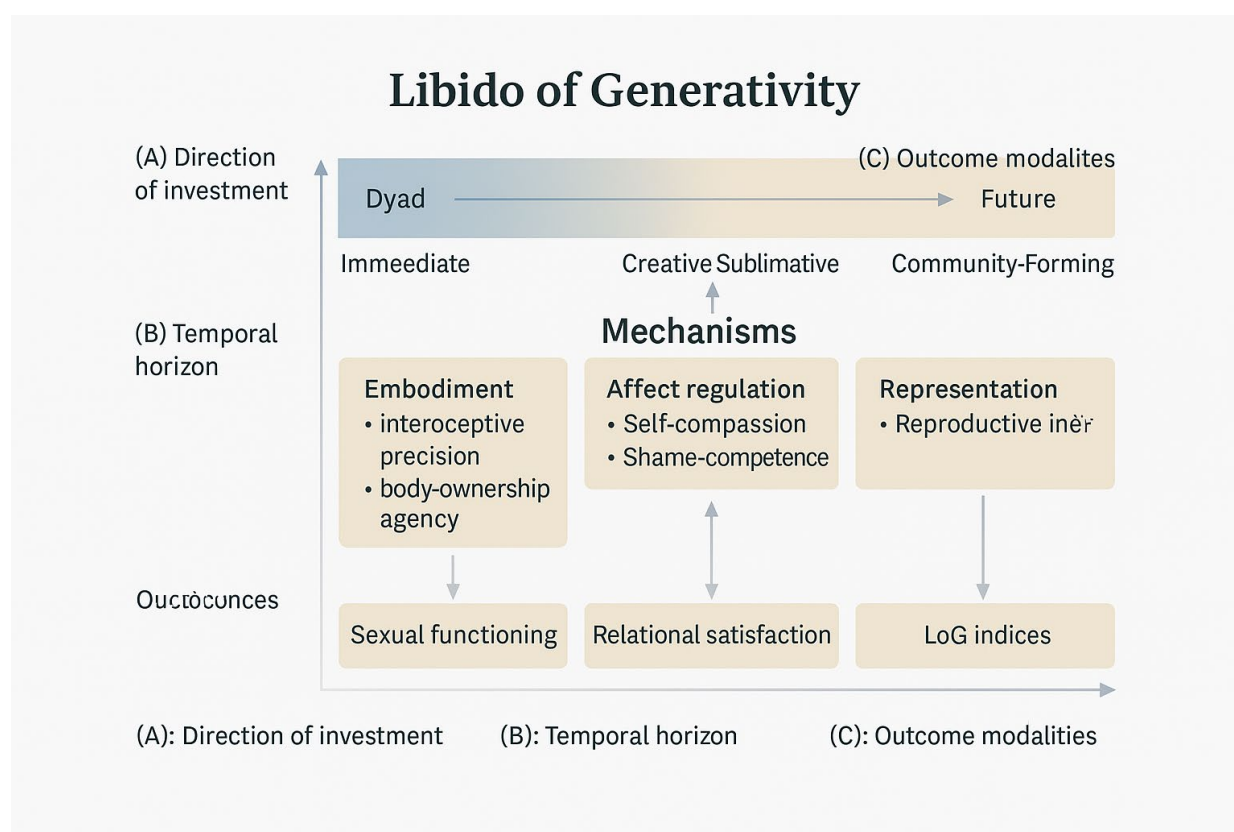


Figure 1. Libido of generativity—axes, mechanisms, and outcome map. Legend: conceptual map of the libido of generativity (LoG). The diagram organizes LoG along four axes—(A) direction of investment (dyad ↔ triad), (B) temporal horizon (immediate ↔ future), (C) outcome modalities (pro-creative; creative–sublimative; community-forming)—and links them to three proximal mechanisms (embodiment: interoceptive precision, body ownership, agency; affect regulation: self-compassion, shame–competence; representation: reproductive mentalizing). Downstream outcomes include sexual functioning, sexual/relational satisfaction, communication quality, and LoG indices. Arrows indicate hypothesized causal pathways specified in Sections 3–5. GA = graphical abstract (simplified pathways only). Mindfulness refers to sexual mindfulness (SMM) unless otherwise specified; trait mindfulness is modeled as covariate.

In addition to mindfulness-based sex therapy and MBRE, relationship education (RE) studies have explicitly targeted or measured sexual mindfulness, with concurrent improvements in sexual and couple outcomes and incremental value over trait mindfulness [33–35].

3.2. Sexual Mindfulness in Couple Systems: Synergy with Relationship Guidance

Mindfulness effects are potentiated when embedded in couple-level practices. Early trials of mindfulness-based relationship enhancement (MBRE) demonstrated improvements in relationship satisfaction and stress reduction by combining meditation with communication/acceptance exercises [36]. Meta-analytic reviews of marriage/relationship education (MRE) show small-to-moderate gains in communication and satisfaction across delivery formats, including online modalities [8,31]. We therefore locate sexual mindfulness within a brief, manualizable relationship guidance framework that targets LoG-relevant mechanisms:

- Somatic mindfulness modules (breath, body scan, sensate-focus-informed attention) to cultivate equanimity toward arousal fluctuations and bodily imperfections (rebalancing interoceptive/exteroceptive attention) [37].
- Shame competence and self-compassion micro-practices before/after intimacy to blunt negative self-evaluation and foster affiliative repair; self-compassion training has broad effects on well-being and relational functioning [38].
- Reproductive-mentalizing dialogs that guide the couple to articulate fantasies, fears, and values about having/raising a child or creating “symbolic offspring” (e.g., art, mentorship, community work), thus consolidating triadic representation [39].
- Sexual communication skills (turn-taking, non-defensive listening, request/response of erotic needs), integrated with brief reappraisal techniques are known to buffer declines in marital quality [40].

Crucially, sexual mindfulness is not a replacement for skills training; rather, it amplifies skill acquisition by stabilizing embodied states (reducing arousal-related noise and shame) and increasing reflective bandwidth. Conversely, communication skills provide the relational scaffold within which mindful attention translates into consensual, prosocial action. We distinguish trait (dispositional) mindfulness—indexed by the Mindful Attention Awareness Scale (MAAS) and the Five Facet Mindfulness Questionnaire (FFMQ) [41]—from sexual mindfulness, a state-like, context-specific awareness during sexual activity indexed by the Sexual Mindfulness Measure (SMM).

3.3. Measurement and Falsifiable Propositions

Consistent with MDPI reporting standards, we articulate testable propositions and measurable outcomes suitable for observational and interventional studies:

- P1 (Embodiment precision): In couples practicing sexual mindfulness, interoceptive accuracy (heartbeat tracking/HEP proxies) and interoceptive metacognition will prospectively predict improvements in sexual functioning and relational satisfaction, beyond trait affectivity [41].
- P2 (Shame-mediated pathway): Gains in sexual mindfulness will increase sexual/relational satisfaction via reductions in body image self-consciousness during intimacy; indirect effects will be strongest in individuals high in baseline self-objectification [42].
- P3 (Reproductive mentalizing mediation): In couples undergoing generativity—salient transitions (preconception, infertility/ART, postpartum), improvements in reproductive mentalizing will mediate the effect of sexual mindfulness on LoG indices (triadic investment, future time perspective, generative goal alignment) [43].

- P4 (triadic skills specificity): When sexual mindfulness is integrated with relationship-guidance modules (communication, reappraisal), triadic coordination tasks will explain incremental variance in LoG and satisfaction beyond dyadic communication alone [44].

Outcomes and instruments: Primary endpoints should include validated indices of sexual functioning (desire/arousal/orgasm/satisfaction), sexual mindfulness (e.g., Sexual Mindfulness Measure) [45], relationship satisfaction/communication quality, and LoG composites (triadic investment, temporal horizon, outcome modalities). Secondary endpoints: Self-compassion, shame/self-objectification, and interoception (accuracy, sensibility, awareness) [46]. Multimethod designs (self-report + psychophysiology + behavior) will allow mechanism testing under an embodiment–inference framework (see Figure 1 for axes and mechanisms). We recommend using the Sexual Mindfulness Measure (SMM) to capture state sexual mindfulness during intimacy and entering a trait mindfulness covariate (e.g., MAAS or FFMQ [n]) to disentangle dispositional from context-specific variance [47].

3.4. Sex/Gender-Informed Implementation and Equity

Following SAGER principles, trials and observational studies should (i) clearly define sex and gender variables; (ii) report disaggregated outcomes where feasible; (iii) consider gendered care burdens (e.g., lactation, nighttime caregiving) that shape embodied availability for intimacy; (iv) include diverse family forms (co-parenting, adoption, LGBTQIA+ parenting) and non-procreative generativity. Hormonal milieus (e.g., pregnancy, postpartum, menopause, androgens) likely moderate mindfulness effects on interoception and desire; analytic plans should test sex-biological $\times$ gendered-context interactions while avoiding reification of binaries.

3.5. Practice Architecture: Dosage, Delivery, and Safety

A pragmatic 6–8-session protocol can combine individual short practices (5–10 min/day; body scan, breath focus, open monitoring) with couple sessions (skill rehearsal, reproductive-mentalizing dialogs, ritual design). Delivery can be in-person or online; the latter leverages meta-analytic gains observed in digital relationship education [8], provided privacy and consent for intimate exercises are secured. Safety requires (i) screening for trauma and tailoring exposure to interoceptive cues; (ii) guardrails against coercive partner dynamics; (iii) opt-out options for any practice that exacerbates distress. Fidelity checklists and competency benchmarks (mindfulness + couple therapy micro-skills) will support scalable, reproducible implementation.

3.6. Expected Impact and Integration with LoG

By recalibrating embodied salience, reducing generative shame, and enhancing reproductive mentalizing within a skills-supported couple context, sexual mindfulness provides the proximal change process by which erotic desire becomes telic—a vector oriented to shared future-making. The framework is deliberately plural in its generative outcomes (procreative, creative–sublimative, community-forming), acknowledging the legitimacy and health relevance of non-procreative generativity. It delivers clear targets for precision prevention and adjunctive treatment during generativity–salient transitions, and a cumulative evidence path—from MBRE and MRE trials, through sexual MBIs, to compassion-based protocols—compatible with the clinical and public-health scope of sexes [48,49].

4. Relationship Guidance Framework (Practice-Ready)

Aim and scope. We translate the libido of generativity (LoG) into a brief, modular relationship guidance (RG) program that couples can complete in 6–8 sessions (60–90 min,

weekly), with daily micro-practices (5–10 min). The framework layers sexual mindfulness and self-compassion practices onto communication/meaning-making skills to (i) recalibrate embodied salience, (ii) reduce generative shame, and (iii) enhance reproductive mentalizing within a triadic scene (self–partner–child or symbolic offspring). The modules are grounded in evidence for mindfulness-based sexual interventions and relationship-education effects on communication and satisfaction [50,51], and specified with implementation and fidelity standards from behavioral intervention science [52].

4.1. Theory of Change and Session Architecture

The RG program targets three mechanistic levers identified earlier: embodiment (interoceptive accuracy/metacognition), affect regulation (down-regulating shame/self-objectification; up-regulating compassion/curiosity), and representation (reproductive mentalizing and shared generative goals). Sexual mindfulness cultivates non-judgmental attention to bodily and affective cues (thereby improving precision-weighting of interoceptive signals), while skills training provides the relational scaffold to enact consensual, future-oriented decisions [53]. Figure 2 depicts the hypothesized pathways targeted by the relationship guidance modules. This translation aligns with RE protocols that incorporated sexual mindfulness within couple curricula, and with culturally sensitive/VR-enabled delivery formats. See Table 1 for the session objectives, core exercises, homework, targeted mechanisms, and outcome measures.

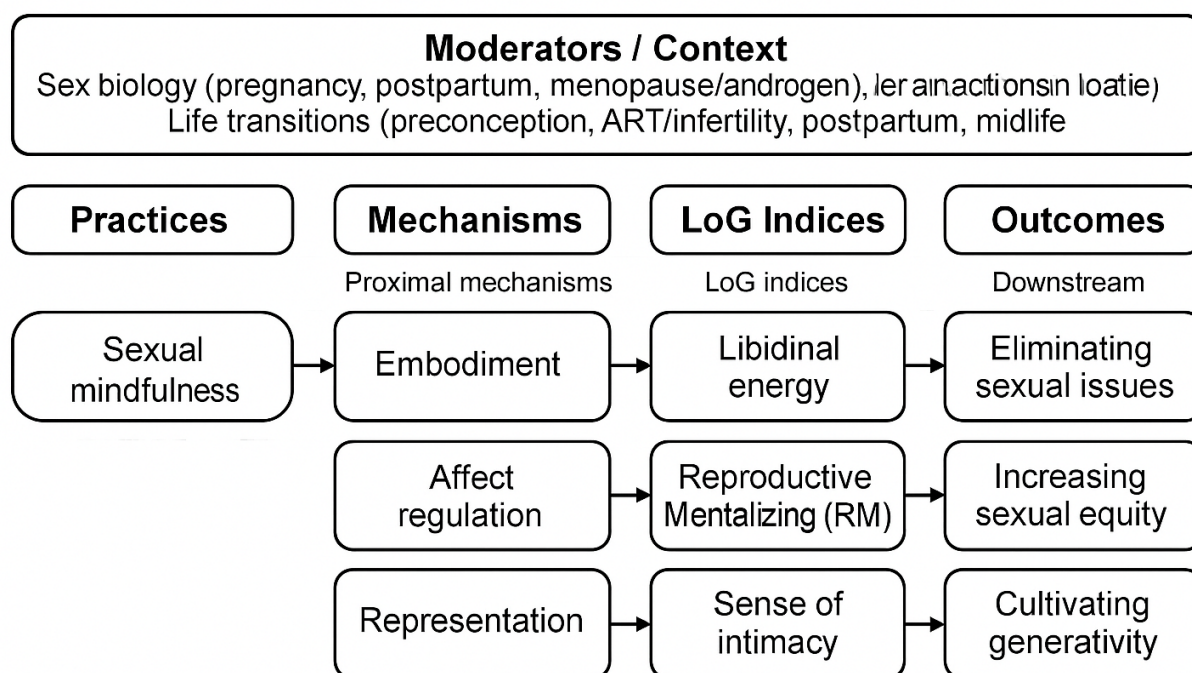


Figure 2. Theory of change for sexual mindfulness-guided relationship guidance (RG). Legend: hypothesized pathways from RG practices to proximal mechanisms (embodiment; affect regulation; representation), to libido of generativity (LoG) indices, and downstream outcomes. Arrows indicate directional hypotheses tested in Sections 3–5. Moderators include sex biology (pregnancy, postpartum, menopause/androgens), gendered context (caregiving load, roles, equity), life transitions (preconception, ART/infertility, postpartum, midlife), and culture/access. Mindfulness refers to sexual mindfulness (SMM) unless otherwise specified; trait mindfulness (e.g., MAAS/FFMQ) is modeled as a covariate/moderator. Abbreviations: LoG = libido of generativity; RM = reproductive mentalizing; RG = relationship guidance.

Table 1. Relationship guidance curriculum matrix (sessions × objectives × exercises × outcomes).

In Plain Words	Session	Objectives	Core Exercises (In-Session)	Homework/ Micro-Practices	Mechanisms Targeted	Outcome Measures	Notes (SAGER/Equity)
Jointly establish a shared understanding of generativity (LoG), define safety parameters, and set realistic, approach-oriented goals.	1—Orientation and Psychoeducation (LoG + triadic scene)	Establish shared language (LoG); normalize mixed affects in generativity; set approach-oriented goals; align expectations and safety rules.	Brief values clarification; psychoeducation on dyadic→triadic transition; consent and safety contracting; goal-setting using SMART format.	Values worksheet (individual + couple); 3–5 min daily check-in on generative goals; note triggers of hope/anxiety.	Representation (reproductive mentalizing foundations); affect regulation (anticipatory affect tolerance).	CSI (relationship satisfaction); CPQ (communication style)—baseline; PROMIS SexFS/FSFI/IIEF—baseline.	Invite disclosure of sex/gender variables with two-step gender item; acknowledge diverse family forms (adoption, co-parenting, LGBTQIA+).
Learn to notice and tolerate bodily sensations kindly, without judgment, and to anchor attention safely.	2—Somatic Mindfulness (attending and anchoring)	Cultivate non-judgmental attention to interoceptive and sensory cues; reduce performance monitoring; build safety with bodily signals.	Brief breath-focused practice; body scan; sensate-focus-informed attentional drills (hands/face/breath); choose personal anchor.	5–10 min/day paired or solo practice (breath or body-scan); one short mindful touch practice before/after intimacy.	Embodiment (interoceptive accuracy and metacognitive awareness); affect regulation (non-reactivity).	Sexual Mindfulness Measure; interoceptive tasks (optional); PROMIS SexFS arousal/desire short forms.	Offer trauma-sensitive options; allow opt-out of body-focused tasks; schedule-friendly micro-doses for caregivers.
Identify shame triggers and apply brief self-compassion practices at key moments in sexual contexts.	3—Shame—competence and self-compassion	Identify shame triggers (body image, adequacy as caregiver, status/finance); install self-compassion micro-doses; practice rupture–repair.	Psychoeducation on shame; compassionate phrases; soothing touch (self/partner consented); brief acceptance after ruptures.	Compassion logs linked to sexual contexts; one to two compassionate pauses/week post-intimacy; optional journaling.	Affect regulation (↓ shame/self-objectification; ↑ self-compassion); representation (safeguarding partner mentalization).	Self-Compassion Scale (short); body image self-consciousness during intimacy; PROMIS SexFS satisfaction; CSI.	Language audit for body/gender neutrality; specific supports for postpartum fatigue and menopause/andropause contexts.

Table 1. Cont.

In Plain Words	Session	Objectives	Core Exercises (In-Session)	Homework/ Micro-Practices	Mechanisms Targeted	Outcome Measures	Notes (SAGER/Equity)
Practice clear requests and non-defensive listening to improve erotic exchanges and mutual regulation.	4—Sexual communication (request/response cycles)	Increase clarity of erotic requests; reduce defensiveness; install brief reappraisal for conflict; foster sexual communal strength.	Turn-taking; non-defensive listening; ‘ask–receive–reflect’ drills; 5 min reappraisal of conflict narrative (threat→challenge).	One structured request/response cycle per week; reflective notes on ease/difficulty; 2 min cool-down protocol post-dialog.	Representation (shared goals, reproductive mentalizing in dialog); affect regulation (reappraisal); embodiment (co-regulation).	CSI; CPQ; PROMIS SexFS satisfaction; event-based microsurveys (EMA) on communication episodes.	Monitor coercion risk; ensure consent refreshers; balance speaking time; accommodate neurodiversity in communication.
Maintain simultaneous awareness of self, partner, and a real or symbolic child; align values and plan shared projects.	5—Reproductive-mentalizing dialogs (RM Dialogues)	Hold in mind partner and actual/anticipated/ symbolic child; align generative values (care, creativity, community); plan trajectories.	Guided prompts on origin stories (including ART/IVF); legacy mapping; mentorship/community projects as ‘symbolic offspring’.	Co-author a ‘future letter’ (care/creation/legacy); one small generativity act (e.g., mentoring) before next session.	Representation (reproductive mentalizing); affect regulation (mixed-affect tolerance); embodiment (attunement during planning).	Reproductive-mentalizing indices (e.g., PRFQ adaptations); LoG composite (triadic investment, future time perspective).	Inclusive of non-procreative generativity; sensitivity to infertility grief; support adoptive/co-parenting narratives.
Convert skills into simple, sustainable rituals and plan relapse prevention to support maintenance.	6—Rituals of generativity (implementation and consolidation)	Translate skills into durable habits/rituals; plan relapse prevention; consolidate shared identity as a generative couple.	Design minimal viable rituals (pre/post intimacy); monthly generativity ritual; relapse-prevention plan (warning signs, recommitment cues).	Implement one micro-ritual (daily/weekly) and one monthly ritual; track adherence with simple checklists.	All three levers consolidated (embodiment, affect regulation, representation) in real-life routines.	Goal attainment scaling (GAS); sustained changes in CSI/CPQ; PROMIS SexFS satisfaction/functioning at follow-up.	Adapt rituals to cultural idioms; time-saving formats for high-caregiving-load households; telehealth-compatible materials.

Table 1. Cont.

In Plain Words	Session	Objectives	Core Exercises (In-Session)	Homework/Micro-Practices	Mechanisms Targeted	Outcome Measures	Notes (SAGER/Equity)
Tailored booster sessions for transition phases (ART, postpartum, adoption, menopause/andropause).	7–8—Optional boosters (transition-focused)	Tailor intensification to specific transitions (preconception, ART/infertility, postpartum, menopause/andropause, adoption, symbolic projects).	Select lever to intensify compassion under fatigue, communication under ART stress, mindfulness for pain/anxiety; troubleshoot barriers.	Targeted micro-practice aligned with transition (e.g., compassion pause before night feeds; brief reappraisal during ART decisions).	Context-specific tuning of the three levers; maintenance and relapse prevention.	Transition-specific markers (e.g., postpartum intimacy comfort; decisional conflict in ART; adherence to micro-practices).	Provide childcare/financial accommodations where possible; ensure accessibility; monitor subgroup harms/benefits.

Legend: Session-by-session curriculum of the relationship guidance (RG) program. The matrix maps each session to (i) objectives, (ii) core in-session exercises, (iii) homework/micro-practices, (iv) mechanisms targeted (embodiment; affect regulation; representation), (v) outcome measures aligned with the evaluation plan, and (vi) SAGER/equity notes to support inclusive implementation. Abbreviations: LoG = libido of generativity; RG = relationship guidance; RM = reproductive-mentalizing; CSI = Couple Satisfaction Index; CPQ = Communication Patterns Questionnaire; FSFI = Female Sexual Function Index; IIEF = International Index of Erectile Function; PROMIS SexFS = Patient-Reported Outcomes Measurement Information System Sexual Function and Satisfaction; EMA = ecological momentary assessment; ART = Assisted Reproductive Technology.

Session 1—Orientation and Psychoeducation (LoG + triadic scene).

Psychoeducation on LoG, dyadic→triadic transition, and program structure: Normalization of mixed affects (joy, anxiety, guilt) in generativity–salient phases. Introduce a values clarification task and set approach-oriented goals (e.g., “increase shared rituals before/after intimacy”), not avoidance goals [54].

Session 2—Somatic mindfulness I (attending and anchoring):

Brief breath-based and body-scan practices adapted to sexual contexts (pre-/post-intimacy), plus sensate-focus-informed attentional drills to rebalance interoceptive/exteroceptive attention and cultivate non-reactivity to arousal fluctuations [5,28–30]. Homework: paired practice (5–10 min/day), tracking ease, difficulty, and safety cues.

Session 3—Shame competence and self-compassion:

Identify personal and relational triggers of generative shame (body image self-consciousness, adequacy as future caregiver, financial/status concerns). Teach micro-doses of self-compassion (soothing touch, compassionate phrases) to deploy before/during/after intimacy; integrate brief acceptance practice after ruptures [55]. Homework: compassion logs linked to sexual situations.

Session 4—Sexual communication (request/response cycles):

Train turn-taking, non-defensive listening, and explicit erotic requesting; add a brief reappraisal exercise to transform threat construals into challenge frames (e.g., “this is a skill-building moment”)—shown to buffer marital decline over time [56]. Homework: one structured “ask–receive–reflect” cycle per week.

Session 5—Reproductive-mentalizing dialogs (RM dialogs):

Guided dialogs to hold in mind partner’s states and the mind of an actual/anticipated/symbolic child; narrative prompts on origin stories (e.g., in ART), legacies, and mentorship; align generative goals when biological procreation is not possible or deferred [57]. Homework: write a shared “future letter” articulating care/creation/legacy themes.

Session 6—Rituals of generativity (implementation and consolidation):

Co-design micro-rituals that bracket intimacy (pre-/post-contact) and monthly generative rituals (e.g., mentoring acts, shared creative outputs, community care). Emphasize *minimal viable rituals* to ensure feasibility under caregiving/labor constraints; rehearse relapse-prevention plans (warning signs, recommitment cues) [58].

Sessions 7–8 (optional boosters):

Tailor to specific transitions (preconception, infertility/PMA, postpartum, menopause/andropause, adoption/co-parenting, symbolic generativity). Intensify whichever lever is most plastic (e.g., compassion during postpartum fatigue; communication under ART stressors; mindfulness for pain/anxiety).

4.2. Dosage, Delivery, and Equity (SAGER-Informed)

Delivery can be in-person or online (synchronous video), leveraging the efficacy and accessibility of digitally delivered relationship education [59]. Sessions last 60–90 min, with daily micro-practices; we recommend asynchronous supports (audio scripts, micro-videos, printable prompts). To meet SAGER expectations and promote equity, report sex and gender variables clearly; plan subgroup analyses for pregnancy/postpartum, menopause, and gendered caregiving loads; include diverse family forms (co-parenting, adoption, LGBTQIA+ parenting) and non-procreative generativity trajectories [60].

4.3. Safety, Ethics, and Trauma-Sensitive Guardrails

Implement screening for intimate partner violence, coercion, severe sexual pain, and trauma histories; use opt-out pathways for any practice that increases distress; emphasize consent refreshers before paired exercises. Embed choice of attentional anchor (breath,

touch, sound) and short practice durations initially; sequence exposure to interoceptive cues gradually and include grounding options (vision, movement). Establish confidentiality agreements and cool-down protocols after difficult dialogs [27,32,34].

4.4. Fidelity, Competence, and Reporting

Intervention fidelity will be promoted using the NIH Behavior Change Consortium recommendations (design, training, delivery, receipt, enactment) [37]. Specify core components (e.g., mindfulness dosage, compassion drills, communication sequences), adaptable periphery (cultural idioms of rituals), and therapist competences (mindfulness guiding, couple micro-skills, trauma sensitivity). Use checklists per session; audio-record a subset for adherence ratings; track homework completion (receipt/enactment). To support transparency and replication, describe behavior-change techniques using the BCT Taxonomy v1 (e.g., 1.2 problem solving; 2.3 self-monitoring; 11.2 reduce negative emotions) [40]. Position trials on the PRECIS-2 continuum to clarify pragmatic vs. explanatory intent (e.g., broad vs. narrow eligibility, flexible vs. fixed delivery) [41].

4.5. Outcomes, Mechanisms, and Evaluation Plan

Primary outcomes: sexual functioning (desire/arousal/orgasm/satisfaction), sexual and relational satisfaction, and communication quality; secondary: self-compassion, shame/self-objectification, reproductive mentalizing, and interoception (accuracy, sensibility, awareness) [34–36]. Mechanistic hypotheses mirror Section 3: (i) interoceptive precision and mindfulness predict improvements in sexual and relational outcomes; (ii) body image self-consciousness mediates mindfulness → satisfaction; (iii) reproductive mentalizing mediates mindfulness → LoG indices; (iv) triadic coordination explains variance beyond dyadic communication [27,31].

Adopt a multimethod battery (self-report + behavioral tasks + psychophysiology) with three time points (baseline, post-treatment, 3-month follow-up), and consider EMA (ecological momentary assessment) during weeks 2–6 to index state mindfulness/shame/connectedness in situ. For implementation and public-health value, track RE-AIM indicators—reach, effectiveness, adoption, implementation, maintenance—and implementation outcomes (acceptability, feasibility, fidelity, penetration, sustainability) [38,39].

4.6. Materials and Graphical Elements

- Figure 2 (theory of change): Pathways from practices → mechanisms (embodiment, affect regulation, representation) → LoG indices → sexual/relational outcomes; moderators (sex biology, gendered context). For the higher-level axes and mechanisms, see Figure 1. The full theory of change is articulated in Figure 2.
- Table 1 (curriculum matrix): sessions × objectives × exercises × homework × mechanisms × outcome measures; indicate core vs. adaptable components.
- Supplementary Materials: therapist manual (scripts, fidelity sheets), participant workbook (values worksheet, compassion scripts, RM prompts), and audio files (guided practices). Table 1 details the core versus adaptable components to facilitate replication.

Summary. The RG framework provides a brief, scalable, and practice-ready route to cultivate LoG by integrating sexual mindfulness and compassion with couple communication and meaning-making. Its specification through fidelity standards, behavior-change technique labels, and implementation outcomes supports replication and dissemination. By aligning mechanism-focused modules with sex/gender-informed reporting and equity considerations, RG offers a translatable bridge from psychoanalytic-embodiment theory to measurable improvements in sexual health and couple well-being [5–9,11,12,16,19,20,22,25,27,31,32,34–41].

5. Outcomes and Evaluation

As a perspective, this paper does not test the RG curriculum. Rather, it specifies a theory of change and falsifiable hypothesis-linking practices → mechanisms (embodiment, affect regulation, representation) → outcomes (sexual and couple functioning). Each link is grounded in prior evidence on the component mechanisms (e.g., mindfulness-based interventions for low desire; MBRE for couple processes; compassion-based interventions for shame/self-criticism), while the integrated LoG-oriented program remains to be tested. We list clinical and mechanistic outcomes and formulate falsifiable hypotheses and an evaluation sketch. Primary and secondary endpoints are aligned with the pathways in Figure 2.

Primary endpoints: In line with the translational scope of the relationship guidance (RG) program, primary outcomes will index (a) sexual functioning and satisfaction and (b) couple functioning. For sexual functioning, we recommend the FSFI for women and the IIEF for men, complemented (when study aims include domain breadth and inclusivity) by PROMIS SexFS v2.0 profiles. Sexual satisfaction can be captured with the Sexual Satisfaction Scale for Women (SSS-W) [44] or the corresponding PROMIS domains. Couple functioning outcomes should include relationship satisfaction via the Couple Satisfaction Index (CSI) and communication quality and demand/withdraw patterns via the Communication Patterns Questionnaire (CPQ; revised scoring). These instruments together offer psychometrically robust coverage of desire/arousal/orgasm/satisfaction, global dyadic adjustment, and communication microprocesses targeted by RG.

Secondary endpoints and candidate mediators: Mechanism testing will follow the LoG model (embodiment → affect regulation → representation). Embodiment can be indexed through interoceptive accuracy (e.g., heartbeat-tracking/discrimination tasks) and neurophysiological proxies: heartbeat-evoked potentials (HEPs) can quantify cortical processing of cardiac signals and heart rate variability (HRV) as an autonomic regulation marker [48]. Affective regulation targets include self-compassion and body image self-consciousness during intimacy (already linked to sexual dysfunction in prior sections), while reproductive mentalizing can be operationalized via reflective functioning measures (e.g., PRFQ; earlier). These secondary outcomes support tests of mediation and moderation specified in Sections 3 and 4. Outcome selection and measurement timing align with the mapping reported in Table 1.

Ecological momentary assessment (EMA). To enhance ecological validity and reduce recall bias, we propose that EMA bursts (e.g., 5–7 days at baseline and post-treatment) sample states of sexual mindfulness, momentary shame/self-objectification, perceived partner attunement, sexual activity/affection events, and micro-rituals of generativity. EMA enables time-series tests of near-term mechanisms (e.g., within-person coupling between state mindfulness and affectionate behavior) and construction of idiographic LoG profiles. Implementation should follow best-practice guidance on sampling density, compliance monitoring, and within-person multilevel models [47].

Assessment schedule and design. For trials, administer the battery at T0 (baseline), T1 (post-intervention), and T2 (3-month follow-up), with optional EMA bursts during weeks 2 and 6. For observational studies, use two or three waves across critical transitions (e.g., pre-conception → early pregnancy, or ART work-up → decision point). Adhere to CONSORT 2010 for randomized designs and the CONSORT-Outcomes 2022 extension to prespecify and justify primary/secondary outcomes, time windows, and handling of multiplicity; maintain SAGER-compliant reporting of sex/gender variables (see Section 1) [52,53].

Physiological sub-studies. Where feasible, include short resting ECG segments (5–10 min) to derive HRV (time- and frequency-domain metrics) using standardized pipelines [48], and EEG to extract HEP during resting interoception and during sexual-cue

or partner-attunement tasks [49,55]. These biomarkers ground the embodiment lever of the RG theory of change and provide convergent validity for self-report interoception and sexual mindfulness.

Composite LoG indices. Construct an LoG composite mapping the four axes elaborated earlier (direction: dyad ↔ triad; temporal horizon; outcome modality; affective regulation). See Figure 1 for axes and mechanisms. Indicators may include (i) triadic investment (frequency/quality of reproductive-mentalizing dialogs, generative rituals), (ii) future time perspective of intimacy plans, (iii) generative outcomes (procreative, creative–sublimative, community-forming acts), and (iv) affective tone (shame ↔ pride/gratitude during/after intimacy). For individualized targets (e.g., “establish a monthly generative ritual”), use Goal Attainment Scaling (GAS) to compute standardized T-scores of goal achievement alongside group metrics [54].

Analytic strategy:

- **Efficacy/effectiveness:** Linear mixed-effects models for repeated measures (random intercepts for persons/couples; robust SEs), reporting standardized mean changes, and minimally important difference rationales when available.
- **Mechanisms:** Multilevel mediation models (e.g., sexual mindfulness → ↓ body-image self-consciousness → ↑ sexual/relational satisfaction), with moderation by sex, gender role beliefs, caregiving load, and transition (preconception/ART/postpartum).
- **EMA models:** Within-person lagged associations (e.g., day *t* mindfulness predicting day *t*+1 affectionate behavior), dynamic structural equation models for bidirectional coupling, and person-specific reliability reports.
- **Physiology–behavior links:** Correlate HEP amplitude and HRV indices with state/trait interoception and sexual outcomes; follow recent HEP method guidance to mitigate confounds (cardio-artifacts, aperiodic activity) [48,49,55].

Implementation and external validity. Alongside clinical endpoints, evaluate RE-AIM (reach, effectiveness, adoption, implementation, maintenance) and implementation outcomes (acceptability, feasibility, fidelity, penetration, sustainability) to appraise scalability across delivery modes (in-person, telehealth) and populations (pregnancy, ART, postpartum, midlife) [38,39]. Target ≥ 70% retention through low-burden assessments (PROMIS short forms; CSI-4 where appropriate) and patient-facing visual summaries to support shared decision-making. (For PROMIS SexFS scoring and short forms, follow the official manuals).

Data transparency and equity. Register analyses, share de-identified codebooks and analysis scripts, and disaggregate outcomes by sex and gender (SAGER). Report subgroup findings for gestational/non-gestational partners, adoptive/co-parenting families, and symbolic generativity trajectories. Where procreation is constrained, predefine creative/community LoG endpoints to avoid pathologizing non-procreative futures.

Mechanistic endpoints will include state sexual mindfulness (SMM; event-based/EMA) and trait mindfulness (MAAS/FFMQ [n]) modeled as a covariate or moderator to test incremental validity and prevent construct conflation [59].

Future research. We recommend pragmatic randomized trials (including cluster-RCTs where appropriate) comparing RG against (a) wait-list or (b) supportive sex education, with assessments at baseline, post-treatment (6–8 weeks), and 3-month follow-up. Primary endpoints should include sexual functioning/satisfaction (FSFI/IIEF), couple satisfaction (CSI), and communication (CPQ); mechanistic endpoints should index self-compassion, reproductive mentalizing (PRFQ), and interoceptive awareness/accuracy (questionnaires plus HEP/HRV where feasible). Effects on sexual/couple outcomes are expected to be mediated by self-compassion and reproductive mentalizing and moderated by physiological indices. Trials should be pre-registered and reported per CONSORT/CONSORT-Outcomes, with sex/gender-disaggregated analyses per SAGER. To avoid construct conflation, trials should

treat sexual mindfulness (SMM) as the proximal, state-like mechanism (event-based/EMA) and include trait mindfulness (MAAS/FFMQ) as a covariate and potential moderator. This allows testing whether $RG \rightarrow \text{sexual mindfulness (SMM)} \rightarrow \text{sexual/couple outcomes}$, above and beyond dispositional mindfulness.

6. Sex/Gender and Inclusion (SAGER Compliance)

To ensure scientific rigor and equity, all phases of the project will adopt the SAGER principles: precise definitions of sex (biological attributes) and gender (socio-cultural roles/identities), prespecification of how these variables enter hypotheses and analyses, and disaggregated reporting of outcomes whenever feasible. Sampling frames, eligibility criteria, and recruitment materials will be gender-inclusive (explicitly welcoming cisgender, transgender, and gender-diverse participants and diverse couple constellations), with language audited for neutrality and cultural safety. Where sex-related biology is expected to moderate mechanisms (e.g., pregnancy, postpartum, menopause/androgens), we will a priori model sex-as-a-biological-variable (SABV) moderators and report sex-specific estimates in line with NIH guidance.

Measurement will follow best practice for SOGI (sexual orientation and gender identity) data, using the two-step gender measure (current gender identity + sex assigned at birth), free-text options, and skip logic that avoids misclassification; for transgender and gender-diverse participants, we will align clinical considerations with WPATH SOC8 standards (e.g., trauma-informed procedures for intimate topics) [61]. Core outcomes will be validated for measurement invariance across sex/gender groups where evidence exists; when invariance is unknown, we will perform sensitivity analyses and transparently discuss interpretability limits.

Equity extends to trial conduct and reporting. We will document reach and representation, stratify CONSORT flow by sex/gender, and apply CONSORT-Equity guidance when the intervention is expected to differentially benefit subgroups (e.g., gestational/non-gestational partners, couples facing assisted reproduction, or couples pursuing non-procreative generativity) [62]. Analytic plans will incorporate intersectionality (e.g., gender $\times$ socioeconomic status/caregiving load) to avoid attributing contextual inequities to individual deficits; interpretations will be framed with sex/gender analysis heuristics to prevent essentialism and to distinguish biology from socialization [63].

Finally, harms and privacy will be monitored with sex/gender lenses (e.g., coercion risks in paired practices, postpartum fatigue), with opt-out pathways and resource referrals tailored to subgroup needs. All materials (consent forms, worksheets, guided practices) will use gender-inclusive wording and examples reflecting diverse family forms (adoption, co-parenting, LGBTQIA+ parenting) and symbolic generativity trajectories, consistent with the journal's expectations for transparent, inclusive, and SAGER-compliant reporting [64].

7. Limitations, Ethics, and Transferability

This perspective proposes a mechanistic and practice-ready framework but remains conceptual; empirical tests (e.g., RCTs and hybrid effectiveness–implementation studies) are required to establish efficacy and boundary conditions. Measurement limits include reliance on self-report for sexuality and dyadic processes, potential non-invariance of scales across sex/gender groups, and reactivity in EMA protocols; triangulation with psychophysiology (HEP/HRV) and behavioral tasks only partially mitigates these constraints. Mindfulness components entail risk of adverse or unpleasant experiences (e.g., dysphoria, dissociation) in a minority of participants; trials must prospectively monitor, categorize, and transparently report harms, adhering to CONSORT-Harms guidance and using standardized adverse-event taxonomies [65,66].

Ethically, studies will follow the Declaration of Helsinki (voluntariness, privacy, proportionality), with special vigilance for coercion risks in couple-based homework, power asymmetries, and postpartum fatigue in generativity–salient phases [67]. Trauma-sensitive delivery (screening, graded exposure to interoceptive cues, opt-out options) is essential given mixed responses to contemplative practices [68]. For qualitative components (e.g., reproductive-mentalizing dialogs), COREQ reporting can enhance transparency (reflexivity, sampling, analysis), while protecting confidentiality around intimate narratives [69].

Transferability may be constrained by socio-cultural norms, gendered divisions of care, and access to fertility/relationship services. To enhance external validity, we recommend planned adaptation with documentation (e.g., cultural fit, language, ritual forms) using established cultural-adaptation frameworks and adaptation-reporting standards; interpret outcome differences cautiously where structural inequities shape exposure and engagement [70,71]. Finally, scalability depends on feasibility of telehealth delivery, training pipelines, and integration with routine care; future pragmatic trials (PRECIS-2; RE-AIM) should specify the intended point on the efficacy–effectiveness continuum and include equity-focused recruitment/retention strategies (e.g., childcare support, flexible scheduling).

8. Conclusions

This perspective has articulated an operational bridge between psychoanalytic theory and embodiment science to reconceptualize erotic desire as a libido of generativity (LoG)—a future-oriented motivational vector that reorganizes sexual experience around care, transmission, and shared projects. By specifying three proximal levers—embodiment (interoceptive precision, body ownership, agency), affect regulation (down-regulating generative shame; up-regulating compassion and curiosity), and representation (reproductive mentalizing within a triadic scene)—we translate LoG into concrete assessment targets and mechanism-focused interventions. The proposed relationship guidance curriculum integrates sexual mindfulness and self-compassion with communication and meaning-making skills, yielding a practice-ready pathway to improve sexual functioning, sexual/relational satisfaction, and communicative efficacy while honoring plural trajectories of generativity (procreative, creative–sublimative, community-forming).

Methodologically, the framework supports falsifiable propositions and multimethod evaluation (self-report, behavioral tasks, psychophysiology, EMA), enabling mediation tests that link contemplative skills to LoG indices and couple outcomes. Ethically and pragmatically, the program is specified for SAGER-compliant, equity-focused implementation across diverse family forms and life transitions (preconception, infertility/ART, postpartum, midlife), with trauma-sensitive guardrails and fidelity/implementation metrics to support scalability in both in-person and telehealth formats.

If corroborated in randomized and hybrid effectiveness–implementation trials, this integration of embodiment and psychoanalysis positions the libido of generativity as a clinically actionable target: a telic reorganization of desire that strengthens intimacy, sustains caregiving, and enhances couple well-being. This reframes sexual health not as an isolated symptom domain but as a developmental engine for building lives—and relationships—worth handing forward.

Supplementary Materials: The following supporting information can be downloaded at: <https://www.mdpi.com/article/10.3390/sexes6040065/s1>, File S1: Guided Body Scan – Attending and Anchoring; File S2: Mindfulness and the Libido of Generativity (Log): Therapist Manual; File S3: Sexual Mindfulness and the Libido of Generativity (Log): Participant Workbook for Couples.

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Abbreviations

The following abbreviations are used in this manuscript:

ART	Assisted Reproductive Technology
BCT (Taxonomy v1)	Behavior Change Technique (Taxonomy v1)
CFT	Compassion-Focused Therapy
CONSORT	Consolidated Standards of Reporting Trials
CONSORT-Outcomes	Outcome Reporting Recommendations for Clinical Trials
CPQ	Communication Patterns Questionnaire
CSI	Couple Satisfaction Index
ECG	Electrocardiography
EEG	Electroencephalography
EMA	Ecological Momentary Assessment
FFMQ	Five Facet Mindfulness Questionnaire
FSFI	Female Sexual Function Index
GA	Graphical Abstract
HEP	Heartbeat-Evoked Potential(s)
HRV	Heart Rate Variability
IIEF	International Index of Erectile Function
LoG	Libido of Generativity
LTP	Lausanne Trilogue Play
MBCT	Mindfulness-Based Cognitive Therapy
MBRE	Mindfulness-Based Relationship Enhancement
MAAS	Mindful Attention Awareness Scale
MRE	Marriage and Relationship Education
PRF	Parental Reflective Functioning
PRFQ	Parental Reflective Functioning Questionnaire
PRECIS-2	Pragmatic–Explanatory Continuum Indicator Summary 2
PROMIS	Patient-Reported Outcomes Measurement Information System
PROMIS SexFS	PROMIS Sexual Function and Satisfaction (measures v2.0)
RCT	Randomized Controlled Trial
RE	Relationship Education
RE-AIM	Reach, Effectiveness, Adoption, Implementation, Maintenance
RG	Relationship Guidance
RM	Reproductive Mentalizing
SABV	Sex as a Biological Variable
SAGER	Sex and Gender Equity in Research

SIAD	Sexual Interest/Arousal Disorder
SMM	Sexual Mindfulness Measure
SOGI	Sexual Orientation and Gender Identity
SOC8	Standards of Care Version 8 (by WPATH)
VR	Virtual Reality
WPATH	World Professional Association for Transgender Health

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