

Women Discover Orgasm



PARTNER SEX

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Partner Sex

Once a preorgasmic woman has attained orgasm with masturbation, she can be considered situationally orgasmic, meaning that she is now orgasmic in certain situations (with masturbation) but not in others (with a partner). For most such women, transfer of the orgasm to the partner relationship is fairly easy. Initially, these women had little idea of what produces an orgasm. After they learn and accept that what makes them feel good sexually is normal and right, they can, with little shame or embarrassment, apply this knowledge to their sexual relationships. Women who were situationally orgasmic at the beginning of the group can progress to partner related work once they have become sexually comfortable and secure through bridging and partner preparation assignments. As always, each woman moves at her own pace.

Bridging Techniques

Before couple related exercises are begun, the women can practice bridging techniques designed to teach them the skills and build the confidence needed for work with partners. The main purpose of the bridging techniques is to make masturbation similar to what happens during sex with a partner. These exercises are aimed at enlarging the repertoire of positions and stroking techniques that produce orgasm. Bridging techniques are also useful for women who have no current sexual partner but wish to prepare to be orgasmic with a partner at a later date, as well as for newly orgasmic women who do have a partner but do not feel ready or willing to begin partner work and yet wish to expand their self-sexuality.

POSITION VARIATIONS

A woman who learns to have orgasms masturbating in only one position may have difficulty responding orgasmically by herself or with a partner in other positions. Adding new positions to those with which she is already comfortable (from back to stomach to side, standing, sitting, or kneeling) makes her more flexible sexually. Although learning to switch from one position to another is difficult at first, once acquired this ability is rarely lost.

In trying out new positions, the woman should keep all the other aspects of masturbation constant (her stroking technique, her fantasizing, her setting). The woman can choose either to start masturbating in the new position or to begin in the usual position and switch to the new one once she becomes aroused. The level of arousal can be expected to diminish with the change in position. If the woman cannot regain arousal in the new position, she should switch back and forth between the familiar position and the new one as frequently as necessary until she is able to maintain a high level of arousal in the new position. A number of practice sessions may be required before the woman experiences orgasm in the new position. In the interim, she can reach orgasm in the familiar way if and when she desires to do so.

STROKING VARIATIONS

New stroking techniques can broaden responsiveness. A woman can change the area, speed, and intensity of self-stimulation according to her needs at a particular moment. Her partner, however, does not have instantaneous feedback, so that the stimulation provided by a partner cannot be as precise as self-stimulation. She may therefore become anxious with a partner and find herself turned off or feel frustrated because she believes she can arouse herself better. Trying lighter or less direct strokes or using the hand not usually used can teach her that the stimulation does not always have to be exact in order to be pleasurable and that even if arousal decreases, it can be regained once effective stimulation is reinstated.

Women who wish to become aware of and responsive to more subtle stimulation should try light genital stroking for approximately 20 minutes a day. Those who need hard and direct clitoral stimulation to experience orgasm and even those who are responsive to a more delicate touch may not reach orgasm in this way. The object of the exercise is to identify and enjoy more subtle sexual feelings.

Finally, most women tend to move the hand against the body when they masturbate. A useful exercise is to have the woman move her body against her hand in order to simulate the kind of clitoral stimulation that occurs with thrusting during intercourse.

VAGINAL INSERTS

To simulate coitus, vaginal inserts can be added to the exercise of moving the body against the hand. Some women who have learned to have orgasms by clitoral stimulation may find the vaginal sensations a distraction at first. By having something in the vagina while they masturbate, they can grow accustomed to the new sensations without also having to be concerned about interacting with another person.

Anything that is safe to put in the vagina can be used in this exercise—dildos, vegetables (zucchini, cucumbers, carrots), candles, empty plastic bottles, or phallic-shaped vibrators. Obviously, nothing made of glass, which can break, or wood, which can splinter, should be used. All vegetables should be carefully washed or peeled to eliminate pesticides, which can irritate the vaginal tissue. Women have also found that insertion of vegetables is more comfortable if the vegetables are at room temperature. Scented candles can produce allergic reactions. If small plastic bottles are used, they should be inserted bottom first to avoid creating a vacuum in the vagina, making removal of the bottle difficult or dangerous. Also, any bottle used should be empty. Inserting something phallic in the vagina not only enhances the pleasure of masturbation for many women but also takes what already works, clitoral stimulation, and adds one new element to make self-sexuality more like sex with a male partner. This exercise paves the way for the later assignment of intercourse with clitoral stimulation.

Considerations about Couple Work

It is important not to assign couple sexual homework until the woman feels confident about her own sexuality and wants to begin exercises with a partner. If she feels insecure about her masturbatory responses, very awkward about approaching her partner, or overly-aware of her partner's feelings toward her, it might be wise to continue working on these feelings, using role-playing and fantasy along with some nonsexual communication and nonsexual touching exercises (pp. 185-193). Although partner homework is discussed in the group, each woman will begin partner assignments only when she is ready to do so. In a mixed group of preorgasmic and situationally orgasmic women, some will begin couple exercises as early as the fifth session; others may not do any partner homework until the group ends.

Many women feel unsure about their newfound orgasms or do not want to share this experience immediately with a partner. To some it feels like giving away a brand-new toy that they have not fully enjoyed playing with yet. They need completely to "own" the orgasm before they feel secure enough to share it. Unless there are serious relationship problems, however, most women want to include their partners within a few months of becoming reliably orgasmic. The therapist should let the woman determine her timetable rather than pressure her to move ahead simply because the group is drawing to a close. Some women may require a second group, but most are able to use the tools they have acquired in the ten sessions to progress on their own after the group has ended.

Giving couple assignments while working with only one partner can present difficulties. The therapist must be knowledgeable about family systems to understand the complexities of relationships and to take a broad range of factors into account as assignments are formulated. The pregroup interview with both partners, as previously mentioned, can provide insight into the couple's relationship. If the therapist knows little about the couple, a conservative stance is wise when introducing specific changes in the relationship.

Although the women's group therapists cannot work directly with the relationship system, as in conjoint therapy, it is still possible significantly to alter this system by changing one of the members. As the woman changes, the relationship necessarily changes, as well. The structure of the therapy places major responsibility for change on the woman's shoulders. She is the one who must relay the relevant information and carry out the requisite homework assignments. Since in most instances, her partner grew up with the same cultural restrictions, anxieties, and negative messages about sex, she may have a delicate task to accomplish. The woman must first overcome her own gender linked cultural expectations and assert herself sexually in order to carry out the exercises. Her partner must overcome his need to be the authority on sex and be willing to learn from his female partner. She must then supply the pertinent sexual information and be strong and secure enough to weather any anxiety they both may encounter. This is a tall order, especially since the role scripting of the woman encourages her to maintain the status quo in order to protect her partner from discomfort and discourages her from initiating and directing sexual interactions.

Not all men are threatened by a lover's growing competence in sexual expression. Actually, most

partners are relieved to gain information on female sexuality. By this time in the process many of the men have developed trust in the preorgasmic program simply through watching the women become more sexually responsive, more communicative about sex, and more willing to initiate sexual activities. However, Barbach and Flaherty (1978) studied situationally orgasmic women and found that although the women's group treatment was highly successful for women with casual partners and women in serious relationships of less than 18 months' duration, it was not so successful for women in serious relationships of over three years' duration: 11 of the 14 women (79 per cent) in casual or shorter term relationships had become orgasmic with a partner more than 50 per cent of the time at the 12-24-month follow-up whereas this level was reached by only 6 of the 12 women (50 percent) in longer term relationships. This study may underscore the usefulness of involving the partner directly in treatment in order to overcome negative sexual patterns. However, since the unsuccessful women had also not attempted to carry out the difficult partner assignments, it may also indicate that certain relationship factors must be resolved before some women are willing to work wholeheartedly on partner related sex.

LESBIAN COUPLES

Some of the difficulties that arise as a result of sex-role scripting are often not present in lesbian relationships, but anxiety about sex and other relationship problems are independent of sexual preference: homosexual couples tend to be more similar to, than different from, heterosexual ones in these respects.

Learning to be comfortable with sexual activity has relatively little to do with sexual orientation. A dildo can substitute for a penis in lesbian lovemaking if one or both partners enjoys the feeling of something inside the vagina; similarly, heterosexual couples can have a satisfying sexual experience without ever having the penis enter the vagina. *Loving Women*, a book on lesbian sexuality by Nomadic Sisters, defines a penis as "a substitute for a dildo [1976:3]." The exact reverse is used to define a dildo. It all depends on one's perspective.

Learning to have orgasms with masturbation involves a similar process for all women regardless of sexual orientation. When it comes time to share the experience with a partner, again the process is more similar than different. The partner must be made aware of the woman's unique sexual likes, dislikes, and

areas of sensitivity. Each person must learn to communicate her needs to a partner. That the partner is another woman does not mean that she will be any more aware of her lover's uniqueness than a man might be.

Sexual satisfaction requires the same consideration regardless of the sex of the partners. Each sexual experience involving two people is a special meeting of both partners' personalities, past experiences, and comfort with their own sexuality; relationship and situational factors also affect their encounter.

Both homosexual and heterosexual relationships have communication and interactional problems. In both cases the therapist must take into account the partner's possibly negative sexual attitudes, as well as the unique values and relationship dynamics of the couple. In the following descriptions of partner exercises, I sometimes use masculine pronouns to facilitate the flow of the text. However, with the exception of the intercourse exercise, all exercises are equally appropriate for heterosexual and lesbian couples.

PARTNER PREPARATION

To provide permission and information to the partner, particularly before the group begins, is an essential aspect of the group process. And following up the women's group with either between two and four couples' group or conjoint sessions will help to clarify and possibly to resolve many troublesome sexual issues.

It is often useful to distinguish between women who are trying to change an old sexual relationship and those who are trying to begin a new one: the difficulties encountered are different for each. Women in long-term relationships generally enjoy security and trust developed over years spent together. This sense of security can make them more comfortable initiating discussions concerning sex and new sexual activities. However, changing old patterns may require continued attention after the initial overtures are made. New relationships, in contrast, pose the reverse problem: though they do not have to overcome negative patterns and experiences; the women must possess considerable strength and self-confidence to broach the subject of sexuality when no solid foundation of trust yet exists.

In general, I let the group members determine the pace of partner involvement in the sexual exercises. If a couple appears to have serious relationship problems, I usually prefer to prepare them for conjoint therapy rather than have them engage in sexual activities that may increase the stress in the relationship. Whether or not conjoint therapy will be required, the first step is to have the couple begin discussing sexuality. When sexual communication or initiation of sexual activities is a problem, sexual progress typically is slow. Obviously, the woman must be able to communicate what she has learned about her body to her partner in order to teach her partner the kind of sexual stimulation she requires to reach orgasm.

The first task for a woman with communication problems is to learn to talk with her partner about sex or to initiate sexual activities nonverbally—whichever process is more comfortable for her. If she wants to rehearse verbal initiation of the exercise, she can role-play the interaction with a leader or another group member. To make the role-play meaningful, I may ask her to describe the most unpleasant response she can imagine her partner having; the role-play partner then presents that response. If the woman wants to be able to initiate sex nonverbally, I again ask about her worst fear as to how the interaction could go wrong; then I have her fantasize this outcome and describe how she might deal with it. The role-play or fantasy rehearsal can be repeated for each of the couple assignments as often as necessary until the woman is ready to try the exercise in actuality. (Role-playing is also useful as preparation for women who do not currently have a sexual partner.)

When attempting to explain an exercise verbally to a partner, it is useful for the woman to state first how she feels at that moment. Comments such as "I'm anxious now as I think about explaining our sex homework" or "I'm afraid you won't like this assignment, but it is important to me that you listen" help avoid the possibility that the partner will misinterpret the woman's anxiety as anger, contempt, or rejection and enhance the likelihood that he will listen attentively and respond supportively.

Couple Assignments

Couple homework assignments can be divided into four general areas: nonsexual communication exercises, nonsexual touching exercises, sexual communication exercises, and sexual touching exercises.¹ These are not necessarily designed as a progression. Some couples benefit from beginning with

nonsexual exercises, others may start with those that are explicitly sexual. The assignments described in this section have been useful for many couples and can be tailored to meet the particular difficulties a woman and her partner are having—always using the principles of small steps and safety.

NONSEXUAL COMMUNICATION EXERCISES

Exercises to enhance communication between partners can be assigned at any point at which such an assignment seems relevant to a given group member. Nonsexual communication exercises pave the way for sexual communication. Bach and Goldberg's *Creative Aggression* (1974), Bach and Deutsch's *Pairing* (1970), and Bach and Wyden's *The Intimate Enemy* (1968) are useful resources in this area.

Listening

Many couples with sexual difficulties slowly grow apart. As each person becomes more involved with his or her individual problems, less and less time is spent sharing feelings and activities. Closeness in a relationship is built on the sharing of feelings. Sometimes solutions to existing problems are sought in this sharing process, but for the most part a sympathetic ear is all that is required. In fact, many relationship problems arise because one partner seeks solace but instead receives solutions. Teaching couples to listen to one another without problem solving can provide considerable benefit.

I frequently suggest that the couple talk for approximately five minutes every evening about how their days went. While one person talks the other should listen with interest but without offering advice, solutions, or corrections. The only responses allowed in addition to supportive comments are questions asking for further information or clarification.

In one instance, this assignment produced unexpected and far-reaching results. Irene's partner was unwilling to participate in any of the homework exercises and disapproved of Irene's membership in the group. She therefore had to be creative in order to benefit from the couple exercises without angering her partner further. Irene wanted to try the listening exercise, so she engineered it to fit her unique circumstances. When she and her partner were having the kind of discussion that ordinarily would degenerate into a fight, she used the opportunity merely to listen attentively. Irene's partner commented on how good their talk had been. When Irene did not respond in her usual defensive way,

her partner felt she understood him and the discussion ended pleasantly.

Active Listening

Active listening is a communication feedback exercise designed to handle disagreement. However, this technique should be practiced first with neutral issues. Exercises using active listening can be found in Gordon's P.E.T.: Parent Effectiveness Training (1970). The object of active listening is to slow down the escalation process that occurs during an argument and to keep both people listening to each other rather than formulating defenses (or offenses).

Using active listening requires that after one partner has said perhaps three or four sentences, the listener feeds back the content of the speaker's message in his or her own words. The judge of the correctness of the feedback is the speaker. It is possible for the listener to repeat the exact words the speaker used but with sufficiently different intonation for the speaker to feel that he or she has not been understood. Should the speaker feel misunderstood, he or she is to repeat the message and the listener is again to feedback what has been heard. This process continues until the speaker has completed the message and feels understood. Roles are then reversed and the new speaker presents his or her side of the story with the new listener feeding back what he or she hears. This checking out process significantly slows down the discussion, thus helping the participants to keep it focused. Active listening aims to insure that the two people are in fact disagreeing about the same thing and not responding to what may be erroneous conceptions of each other's position.

Appreciations and Annoyances

This communication exercise is an adaptation of an exercise described by Bach and Goldberg (1974). It takes only three minutes a day and helps keep the air clear of resentments, thereby setting the stage for renewed sexual interest. It also helps teach people to talk with each other about their likes and dislikes. The exercise, used initially in nonsexual areas, can later be applied to sex.

In the evening, one partner begins by stating three things the other did during the previous 24 hours that annoyed him or her. The annoyances should be small ones like leaving socks on the floor or not paying a bill. It is essential that the annoyances have occurred within the previous 24 hours so that

the partners do not dig up past grievances. The three annoyances are followed by three appreciations—small things the other person did during the previous 24 hours that were appreciated. An appreciation might be a telephone call at work, a kiss in the morning, or remembering a small chore. The appreciations follow the annoyances to convey the message that "although this, this, and this bothered me, I still love you."²

After both people have stated their three annoyances and three appreciations, they are to spend an hour thinking about what was said before talking further. Postponing discussion increases the likelihood that they will understand each other's position rather than merely defend their own. It is important that each person comprehend that the other was annoyed even if the action causing the annoyance was unintentional or unavoidable.

Some people have great difficulty finding three items of both sorts, especially if the couple has spent only a few hours together in the preceding 24. In these cases, I encourage the couple to look for very small annoyances and appreciations. If even that is too difficult they can exchange only one or two annoyances and appreciations as long as they are of equal number. To cite only annoyances and no appreciation is unconstructive, and to mention only appreciations and no annoyances may be passive-aggressive. Later, this exercise can be modified to communicate sexual likes and dislikes.

Laura would occasionally park her car in front of the driveway. When her husband came home from work, he would have to move her car before he could park his own in the garage. On these days he would walk into the house angry but would never say anything. The exercise enabled him for the first time to mention this annoying situation. Once he told Laura about it, she stopped parking her car in front of the driveway. With this constant annoyance gone, they began to feel more positive toward one another. These good feelings reinforced continued practice of the exercises, which in turn fostered better communication in general.

NONSEXUAL TOUCHING EXERCISES

When couples are having sexual difficulties, they frequently eliminate all forms of touching from

their interactions for fear that a nonsexual but affectionate hug might be misinterpreted as a sexual advance, which, if acted upon, could lead to anxiety or to an unsatisfying sexual encounter. Avoidance of physical contact exacerbates their sense of estrangement. Touching is a very important form of communication for all animals. Having a couple resume nonsexual touching can diminish the feeling of distance between the two and promote intimacy. Touching that prohibits sexual interaction reduces anxiety and allows sexual feelings to surface. Finally, the communication fostered by nonsexual touching exercises helps desensitize the couple to communicating about sexual touching.

Sensate Focus

Sensate focus exercises, derived from the work of Masters and Johnson (1970), are massage exercises that follow certain ground rules. For couples who have avoided sexual activity for a considerable period of time or who are very anxious about reestablishing a sexual relationship, it is often best to begin with massage of the extremities (hands, face, feet). For couples who feel physically comfortable with each other, a back or full-body massage can be assigned initially. When a full-body massage is assigned, I do not place breasts and genitals off limits because I find that more attention is called to these areas by avoiding them. Instead, I tell the couple to treat the breasts and genitals like any other part of the body, not giving them more or less attention than other parts, and not to attempt to arouse the person being massaged. Whenever possible, the touching exercises are to be carried out with both partners in the nude in an area that is comfortable and private. The partners are instructed to take turns giving and receiving massages. However, the massages need not be exchanged on the same night since some people cannot fully enjoy being massaged knowing all the while that they will soon have to rouse themselves to reciprocate.

The sensate focus exercises are assigned from two vantage points: for the interest of the massager and for the enjoyment of the recipient.

Sensate Focus for the Interest of the Massager

The first massage is designed to give permission to the massager to experiment with various kinds of touching, to discover what he or she can about the partner's body, and to learn the recipient's

preferences in being touched.

The assignment is explicitly given for the "interest" and not the "enjoyment" of the giver. This instruction discourages the massager from indirectly expressing resentment or feelings of inadequacy by saying that he or she did not enjoy giving the massage. It is difficult to hold people accountable for lack of enjoyment; however, making an experience "interesting" is under the individual's control. If the massager does not find this assignment interesting a discussion can ensue about what he or she could have done to make the experience a more interesting one.

Setting the exercise up in this way frequently exposes a partner's tendency to be more concerned about pleasing the other person than himself or herself. Since the primary problems of women who do not experience orgasm with a partner are the woman's over-concern with her partner's pleasure and the woman's embarrassment if her partner is overly concerned with her enjoyment, this exercise often proves that a physical interaction can be highly pleasurable for both people if they each concentrate on selfish enjoyment. When the giver thoroughly enjoys what he or she is doing the receiver can guiltlessly and unselfconsciously enjoy the pleasure received. Consequently, this is one exercise in which far more can be learned by a so-called initial failure than by an immediate success.

I assign the massage for half an hour to an hour unless either partner is uncomfortable with massage or very reluctant. In those cases, I have the couple determine the amount of time they would feel comfortable with and then I subtract five or 10 minutes to help reduce any pressure they may feel.

Since the massage is for the interest of the giver, it is important to build in some protection for the receiver so that the experience is not negative for him or her. Therefore, I stipulate that if the touching is pleasurable or at least neutral, the receiver is to say nothing except to answer any questions posed by the giver. However, if the touching is unpleasant, the receiver is to let the giver know in a positive way; that is, the receiver is to tell the giver how he or she can change the touch to make it pleasurable or neutral. For example: "The muscles are sore in my shoulder. Please massage more gently there"; "That tickles. Would you touch me more firmly?" Too many people, for fear of hurting a partner's feelings, are reluctant to indicate that being touched in certain ways is disagreeable. But this kind of thoughtful deceit creates problems in the long run. If one partner cannot trust the other enough to let him or her know when

something is uncomfortable, then the giver must second-guess the partner, which not only takes considerable effort but also detracts from the sexual experience. Trusting one another to say when the touching is not pleasurable is fostered by instructing the giver to elicit at least two negative responses from the receiver even if to do so requires actively producing a negative reaction. This aspect of the exercise can also ease concern about pleasing the partner. After the massage, the couple is to spend 10 or 15 minutes discussing what the experience was like for each of them. This post-massage conversation frequently is more important than the massage itself since it enables deeper feelings to be explored and shared.

I rarely put a ban on intercourse for women with concerns about orgasm, but in order to separate the touching from sex I have the couple agree that no genitally oriented sexual activity will occur until at least an hour after the exercise has ended. This helps prevent the anticipatory anxiety that the massage might turn into a sexual event, an expectation that can keep sexual feelings from surfacing.

Sensate Focus for the Enjoyment of the Recipient

The purpose of massage for the recipient's enjoyment is different from that of the previous exercise but the instructions still include a ban on sex for an hour afterward, a 10- to 15-minute discussion about the massage once it is over, and alternation of roles as giver and receiver on the same or consecutive days.

This exercise is designed to encourage assertiveness in asking for specific kinds of pleasuring. The receiver is responsible for indicating the areas and types of touching preferred throughout the massage. Many women feel that if they request a certain type of stimulation from a partner "it had better work." If they are not certain that the stimulation will produce an orgasm, they are reluctant to ask for it. This exercise takes the pressure off requesting specific types of touching.

Many men think they should know the kind of touch a woman prefers and hence are not comfortable asking about what feels good. Men in particular, but many women as well, hesitate to experiment with sensual or sexual activities because of feelings of inadequacy and fear of failure. This exercise supplies the massager with specific information on the kinds of touch the partner finds pleasurable. Because explicit information is being transmitted, the giver is protected from the possibility of failing.

To create a situation that both encourages the recipient to ask for specific types of touch without feeling she or he has to perform and provides the giver with maximum feedback, I tell the receiver to supply a constant flow of instructions and reactions. For example: "Please massage my stomach. A little firmer touch, please. Just a bit higher. There—that feels terrific. That feels so good I'm going to be quiet for a few minutes just to enjoy the sensations. That was lovely.

Could you try stroking higher up for a bit now?" If I give specific examples of what I mean by feedback, the women have a clearer understanding of the exercise, and with better understanding comes greater confidence in carrying out the assignment.

Home Sexological Exam

The sexological exam ("playing doctor") was designed by Hartman and Fithian (1972) to desensitize couples to touching each other's genitals, as well as to provide a forum for exchanging explicit information about genital sensitivity. This exercise is similar to the women's genital exam assigned in the second group session but is carried out with a partner.

In giving the instructions I always mention that the couple will probably feel very awkward and uncomfortable when they are about to begin the exercise. They may find themselves giggling and wondering whether such a seemingly absurd experience could teach them anything. They are directed to continue with the exam even though it may seem very contrived.

The couple decide who will explore the other's genitals first. Then, with the aid of a mirror and diagrams of male and female genitals, they are to point out and label all the anatomical structures. They are then to explore the various areas of the genitals using strokes of different length and pressure. After every stroke, the person being examined rates the sensitivity of the touch on a scale from - 3 to +3, with - 3 being very unpleasant, 0 neutral, and + 3 very pleasurable. A minimum of ten minutes is assigned for each person's exam to insure that the couple's anxiety does not lead them to gloss over the exercise too rapidly.

The therapist can reduce the partner's anxiety about doing the assignment by giving suggestions on how to proceed. I suggest that the scrotum, shaft of the penis, glans of the penis, outer labia, inner labia,

clitoral hood, and glans of the clitoris, for example, be explored to see whether strokes using the index finger in a downward direction are more pleasurable than those in an upward direction or whether a firmer touch is more pleasurable than a lighter touch. If a finger is inserted in the women's vagina and they imagine the vaginal opening as the face of a clock, does she feel more sensations when pressure is placed at 12 o'clock, 1 o'clock, 3 o'clock, 5 o'clock, and so on?

I make it clear that a man's genitals can be explored whether or not he has an erection. In either case, the woman is encouraged to squeeze the penis slowly and firmly until her partner indicates that the pressure is becoming uncomfortable: she thereby gains some security in touching him without fear of hurting him. Stroking the man's inner thigh and observing the pre-masturbatory reflex, which causes the hair follicles on the testicles to undulate is almost always found interesting. If the man gets an erection it is useful to repeat the stroking motions to see whether there are any differences in preference between the flaccid and the erect state.

Repeating the entire exercise using oil can yield additional information. For example, a woman may realize that the difference between a pleasurable and an unpleasurable touch depends on the presence or absence of sufficient lubrication.

SEXUAL COMMUNICATION EXERCISES

The following exercises are designed explicitly to improve sexual communication. They can be assigned before, during, or after the sexual touching exercises.

Asking for One New Thing Sexually

This exercise is similar in purpose to the sensate focus for the enjoyment of the recipient. Lack of assertiveness is almost always involved when women do not experience orgasm with a partner. Requesting specific kinds of sexual stimulation has not been a part of female role scripting, and women generally feel insecure and embarrassed when they even contemplate making sexual requests. To give a woman practice with this new behavior she is told to ask for or initiate one new thing each time she has sex. The initiation can be either a verbal request or a nonverbal action. For example, the woman can ask to be stimulated orally; actually get on top during intercourse; move her partner's hand to a new position

while being manually stimulated; place her own hand on her stomach, slowly move it toward her genital area, and, when that behavior becomes comfortable, stimulate her clitoris herself; or request that her partner continue a particular kind of stimulation for a longer period of time. Initially, the attempt is almost always very awkward, and the woman may be too anxious to enjoy the interaction she has initiated. But after a few trials she generally becomes more comfortable in asserting herself, and her partner is able to stimulate her more effectively with every new piece of information received.

Sexual Readiness Scale

The sexual readiness scale, developed by Engel (1977), is helpful for couples with seemingly dissimilar sex drives. In such cases partner 1 thinks, "My partner never wants sex. If I don't have sex now, goodness knows when I'll have another opportunity." In partner 2's view, "All my partner ever wants is sex. If I give in now it will just be one more time." Each person is so concerned with what the other wants that neither thinks about whether or not he or she is in the mood for sex.

The sexual readiness scale is also useful for couples who are awkward about initiating sex. If one partner strokes the other tentatively for a few seconds and gets no response, he or she will give up. Then, a minute or two later, the second person will begin stroking the first but also will give up quickly if there is no response. Awkwardness prevails until one partner eventually makes his or her desires known or both will give up and go to sleep.

Finally, the sexual readiness scale is useful for women who claim that they never feel turned on, that is, who are out of touch with fluctuations in their sexual feelings.

The sexual readiness scale is a way of rating sexual interest. The scale ranges from 0 (the person is not interested in sex under any circumstances) through 5 (the person is not motivated in either direction and is willing to go along with the partner's desires) to 10 (the person is very much interested in sex). The other numbers represent gradations in between. Later on, the scale can be used to indicate interest in various kinds of sexual activities; for instance, "I'm a 2 for intercourse but an 8 for cuddling."

I usually assign this exercise to be practiced first in nonsexual situations. For example, I have the woman mentally check in with herself to determine her level of sexual readiness three times a day or, if

she is in a relationship, instruct her to share sexual readiness information with her partner face to face or by telephone thrice daily during times when they cannot have sex. After a week of sharing this information, couples with dissimilar sex drives gain a more realistic appraisal of their actual differences. The partners generally realize that one is not always a 10 but is frequently a 1 or a 3 and the other is not always a 0 but is sometimes a 4 or even a 6.

After the couple has practiced using the scale outside the bedroom, they are assigned to communicate their sexual readiness level to each other at bedtime, in the morning when they awake and at various other times during the day when sex might possibly occur. This device not only enables both people to consider their own level of sexual interest before reacting to the partner's stance but also helps alleviate the awkward beginning moments of a sexual interaction. If both are at 7 it is safe for them to proceed sexually. If one is at 2 and the other at 3 it is clear that sex is not on the agenda. If they are at 8 and 2, respectively, negotiations can begin.

If the partners' interest in sexual activity differs, one person can obtain sexual release while leaving the other free to participate only to the degree to which he or she desires. Once sexual pleasuring without intercourse becomes acceptable, neither partner needs to feel exploited or deprived when their interest in sex differs. (This subject is discussed later in the chapter under sexual touching exercises.)

Rhonda experienced difficulty using the sexual readiness scale. She generally desired sex far more often than did her partner and had been told about the scale by sex therapists she had seen some months before joining a group. Initially the scale had been effective for her and her partner. However, she had recently reinstated the exercise on her own and felt it was causing problems. When we discussed the details of her use of the scale it became clear that she would ask her partner for his number whenever she was interested in sex. Consequently, the scale was not being used as a way to check in with her partner but was experienced by him as one more sexual demand. So we changed the procedure and had them communicate their numbers on the scale at predetermined hours three times a day rather than whenever Rhonda was in a sexual mood. This modification helped relieve her partner's feeling of being pressured because he could see that Rhonda did not always want sex either. As a result, the frequency of their sexual interaction increased.

SEXUAL TOUCHING EXERCISES

The explicitly sexual touching exercises combine all the earlier exercises of touching and communication in a sexual experience specifically designed to enhance learning and promote orgasm. All sexual touching exercises should end with a 15-minute discussion of the encounter by the partners.

Masturbating with a Partner

The seventh step in Lobitz and LoPiccolo's (1972) masturbation program is for the woman to masturbate in front of her partner. Masturbation taken out of the secretive context can create a high level of sharing and intimacy between partners. And masturbating with a partner present is frequently the easiest way for a woman to have her first orgasm with partner sex because it takes what already works—masturbation under the woman's control—and adds one new element—the presence of a partner. However, the partner is not responsible for or in control of the stimulation; the partner merely participates in whatever manner is mutually acceptable.

Having the woman stimulate herself in view of her partner is one way of teaching the partner the exact areas and types of stroking that give the woman the most pleasure. The partner can observe the woman's techniques without being immediately responsible for replicating them, thereby forestalling the anxiety and frustration that could develop if he were immediately expected to apply the stimulation.

This exercise also helps desensitize the couple to masturbation in general so that it can be used as a respectable form of sexual release, particularly when other sexual activities are precluded by physical illness or dissimilar levels of sexual interest. To expect two people from two different backgrounds, with differing daily experiences, heredity, levels of stress, fatigue, preoccupation and frustration to be sexually interested at exactly the same time all the time is totally unrealistic. However, many couples interpret any reduction of sexual interest as lack of caring. This misconception can lead to feelings of inadequacy, especially if the absence of orgasm or erection results from concomitant feelings of anxiety or resentment. Natural differences in sexual interest, which can produce a feeling of distance between two people, are exaggerated when one partner chooses to masturbate in private to gain sexual release and the other accidentally discovers this practice. However, when such differences are seen as natural and reasonable, and carry no messages about being loved and accepted, the couple can use masturbation

creatively together, thereby enabling the partner with less sexual interest to participate as much or as little as he or she desires while still sharing the experience. In this way neither feels deprived or resentful.

Although some women are able to initiate self-stimulation with a partner without first preparing the partner, in most cases it is essential to make a pre-assignment to discuss both individuals' feelings about masturbation and exactly how the exercise will be carried out. The woman's partner has not had the opportunity she has had to become desensitized to masturbation, and his attitude toward it may be negative.

Denise left books and articles about masturbation around the house for her husband to read. When he did not comment on them, she very tentatively broached the subject of masturbation. Her husband replied, "Adults do not masturbate. You do not masturbate. I do not masturbate, and I don't want to hear any more about it." Denise did not feel sufficiently confident to challenge his beliefs, so she did not initiate this exercise. Couple sex therapy might have provided the support and information her husband required, but he refused to participate in any form of therapy.

I am continually amazed to find how easy it is for many couples to carry out this exercise. Perhaps hearing about the woman's masturbation homework throughout the process is adequate partner preparation in most cases.

One fairly devastating experience, however, taught me to be somewhat cautious. June, a competent, energetic, and enthusiastic group member, had been progressing beautifully. She experienced her first orgasm by the fifth session, had taken on a leadership role early in the group and was clearly respected and admired by the other members. She had been widowed at a very young age and had been living with a man for three years in a very unsatisfactory relationship. She mentioned the problems they were having a number of times in the group and although she was very aware of her dissatisfaction, she had been unable to end the relationship on three occasions over the years. When another group member was assigned the exercise to masturbate with a partner, June decided she would like to try it as well.

I was uneasy about this decision but trusted June's ability to handle the assignment. June did not show up for the following session. When I called her, she apologized and asked me not to tell the other

group members what had happened because she felt so embarrassed. Her partner had agreed to the exercise on the condition that a friend of hers also be included. She agreed with interest and enthusiasm but in the actual situation allowed herself to be excluded and was left to observe her partner and good friend together. Although the experience had been painful, she could see how she had undermined herself. However, the incident resulted in her discontinuing the partner homework. (June separated from her partner a few months later and she has since involved herself in more successful emotional and sexual relationships.) The episode reinforced my conviction that adequate partner preparation for this assignment is essential, particularly in relationships that have serious problems.

The masturbating with a partner exercise can be carried out in a number of ways depending upon the feelings of the woman and her partner. If either of them express concern, it is necessary to identify the areas of concern explicitly so that appropriate safety precautions can be employed. The following cases illustrate some areas of concern and the solutions that were arrived at.

Barbara was concerned that she would look unattractive or ugly when she had an orgasm and would disgust her partner. We further isolated the ugliness to her face (she was not concerned about other parts of her body looking ugly). Barbara said she would feel safest masturbating with her partner if he could not see her face, so the exercise was to take place with them lying on their sides with his front flush against her back. He could touch her breasts, legs, and stomach while she stroked her genitals but he could not see her face when she had an orgasm. This arrangement was Barbara's creation. She could have decided to masturbate while sitting between her partner's legs, back to front, as in Masters and Johnson's (1970) non-demand position for female stimulation; with him reading or sitting at the foot of the bed, back turned to her; or in the dark. The best alternative is generally the one the woman designs for herself.

Jean tried to masturbate with her partner present but felt too anxious and embarrassed to continue. At the following group session she decided that he should stay outside the room but know that she was inside masturbating. The next time he stayed in the room but read a newspaper while she masturbated. Following that they masturbated together, side by side.

Diane tried masturbating a number of times with her partner present but had no success. She had

learned to masturbate alone quite easily and was unprepared for encountering difficulty with the exercise. We spent considerable time in the group trying to isolate exactly when she became anxious or lost the feeling of arousal. Finally, Diane realized that although she liked to have her partner stimulate her breasts and legs while she masturbated, she was always afraid that he would take over the genital stimulation even though he never did. To create the sense of safety she required, she explained to her partner that he was not to touch her in the area below the waist and above the knees. With this understanding acknowledged, Diane was able to relax enough the next time to experience orgasm.

Ann did not trust her partner sufficiently and consequently felt too vulnerable to have an orgasm with him. She thought that if he would masturbate in front of her first she would feel secure enough to do it in front of him afterward. Her partner reluctantly agreed, and Ann was so surprised and relieved to find that he, too, felt uncomfortable and awkward that she was able to carry out the exercise with less self-consciousness than she had anticipated.

Since masturbating with a partner present is generally an anxiety-producing exercise, I always state explicitly that it is unusual for a woman to experience orgasm the first time she tries this assignment and that the group members should not expect or try to do so. This caution helps to ease performance pressure. In one group, the first woman who masturbated in front of her partner had an orgasm on the first attempt. I explained how unusual she was and that it typically took most women a few times before they felt relaxed enough to have an orgasm this way. A couple of sessions later another woman, given the same assignment, reported to the group that although she had not experienced orgasm the first time, she remembered what I had said and was not concerned. The next time she did succeed and felt terrific because it took only two attempts. Had her expectations been different, she might not have repeated the exercise.

An Hour of Sexual Pleasuring

An hour of sexual pleasuring gives the couple an opportunity to practice initiating and responding, being active and passive, in a circumscribed sexual situation. It is also designed to lengthen the couple's lovemaking experience. Gebhard's (1966:95) analysis of Kinsey's (1953) data showed that if marital coitus was preceded by over 20 minutes of foreplay, only 7.7 percent of the wives did not experience

orgasm.

For this exercise, the couple is asked to set aside an hour to experiment with new techniques of sexual stimulation and to elaborate on or just to enjoy old ones. Intercourse is banned during this exercise, but all other forms of verbal or nonverbal sexual interaction such as oral sex, manual clitoral stimulation, and fantasy sharing are encouraged. The period of an hour is chosen to provide adequate time for sexual arousal, stopping, resting, and communicating about feelings and preferences in a non-goal oriented atmosphere. This assignment differs from the sensate focus massages in that it emphasizes sexual arousal and techniques of genital stimulation.

Intercourse with Clitoral Stimulation

Once a heterosexual woman is orgasmic masturbating with her partner as well as masturbating alone with a phallic object inside the vagina in positions resembling those used during intercourse, it is appropriate to assign Lobitz and LoPiccolo's ninth step, intercourse with clitoral stimulation.

This exercise combines the hour of sexual pleasuring, using various stimulation techniques and lengthy foreplay, with intercourse. Intercourse is not to be initiated until the woman feels sufficiently aroused. At that point, she is to assume a position for intercourse that will allow her to stimulate her clitoris manually or mechanically, with a vibrator, while at the same time remaining in control of the thrusting; for example, the woman in the superior position kneeling over her partner, who is lying on his back, the woman in a kneeling position with her partner entering her from behind, or the couple at right angles, with the man on his side and the woman on her back with one of her legs under and the other over her partner's top leg. In these positions most women can maintain control over both the thrusting and the clitoral stimulation while the partner remains relatively passive. Once the woman can have orgasms this way, her partner can become more active. She can also experiment with other positions that provide access to the clitoris during intercourse.

Partner Manual Stimulation

If the woman wishes to do so, she can teach her partner to apply effective stimulation manually. Although this is Lobitz and LoPiccolo's eighth step, I generally have found it more difficult to accomplish

than their ninth step, intercourse with the woman providing clitoral stimulation. The woman can teach her partner stimulation techniques through either verbal or nonverbal instructions. During the initial period, if these new ways do not work, the woman will still be able to provide the effective stimulation when she wants to experience orgasm.

Intercourse

Kaplan (1974) described a program for teaching women to experience orgasm as a result of penile thrusting by decreasing manual clitoral stimulation just prior to orgasm. However, she acknowledged that women fall along a spectrum of responsiveness ranging from those who have orgasms through fantasy alone to those who require lengthy and intense clitoral stimulation to reach orgasm. She noted that intercourse alone may provide insufficient stimulation for many perfectly normal women to attain orgasm. Consequently, some women can use Kaplan's bridging techniques to permit orgasm during intercourse in certain positions. The therapist must be careful not to reinforce the implied message that the "look, Ma, no hands" orgasm is somehow superior. Because all women differ in respect to the sexual manipulations that produce orgasm, it is important to remove the expectation that there is one right way for a woman to respond sexually.

EROTIC ENHANCEMENTS

Doing anything repeatedly can result in its becoming mundane or mechanical. Sexual activities are no exception, particularly in long-term monogamous relationships. However, couples can spice up their sex lives if they are willing to try something new, to risk the possibility that it may be a flop, and to persevere through awkward or uncomfortable initial trials.

Fantasy and other erotic enhancements can help keep a sexual relationship vital. Fantasy can be particularly enjoyable for some women. Hariton and Singer studied women's fantasies during marital intercourse and noted that

perhaps the major outcome of this investigation is the evidence that in a sample of reasonably normal married women the occurrence of daydreams during sexual relations is quite common and not generally related to interpersonal disturbances, adjustment problems, or lack of fulfillment in the sexual area. It seems likely that fantasy is a general phenomenon, accepted and indulged in more by some women than others. Its occurrence during the sex act probably reflects a stylistic variation rather than a withdrawal, defense, or alienation

[1974:322].

Fantasy can be enjoyed silently without the partner's knowledge. It can be shared with a partner verbally or acted out together. Milonas's *Fantases* (1975) is filled with ideas for fantasy sex games that couples can play. Some couples enjoy making love while reading pornography aloud or silently together. Erotic talk during sex arouses some people.

ORAL SEX

Oral sex can provide very effective stimulation for the woman and for the man as well. Many men and women find that performing oral sex is as exciting as experiencing it. For most women the natural lubrication provided by oral sex makes this form of genital stimulation more pleasurable than manual stimulation. If the issue of oral sex does not emerge during the 10 sessions, it almost always is brought up in the follow-up.

Some rapid desensitization methods are effective in lowering anxiety and in overcoming feelings of disgust in regard to oral sex for both men and women. The principles of small steps and safety apply here. It is often helpful for the couple first to imagine, while making love or masturbating, that they are licking their partner's genitals or that their genitals are being licked. Some people are uncomfortable performing oral sex; others are uncomfortable receiving it. Once oral stimulation is attempted, the couple is to return to more familiar forms of lovemaking at any point if either person becomes very uncomfortable.

Fellatio

Fears of gagging or of receiving the ejaculate in the mouth are common among women reluctant to perform fellatio. The desensitization can begin by having the women spend time kissing the penis before inserting it in her mouth. The first time she decides to put the penis in her mouth the penis should be flaccid, which generally reduces both fear and the tendency to gag. When the penis is erect, positions that allow the woman to be on top and control the thrusting help reduce her concern about gagging, especially if she places her hand around the base of the penis. In this way, her hand prevents the penis from going too far into her mouth.

Shari Shultz (1977) designed an effective technique for the woman who does not want the man to ejaculate in her mouth. The couple can use a condom over the penis until the woman gains trust in her partner's ability to signal when he is about to ejaculate. Once trust has been established the condom can be removed. The woman may never want to receive the ejaculate in her mouth, but if she does, the desensitization process can begin with both people tasting the ejaculate. Then the woman can be taught to close off her throat by placing her tongue against the back part of the roof of her mouth. She can then swallow the ejaculate if she wants to.

Cunnilingus

The man can be desensitized to cunnilingus by having both partners smell and taste the woman's lubrication. Love oils, or lickables,³ flavored and scented oils specifically for use on the genitals, can be licked off nongenital areas of the body as a preliminary step. Once the couple is ready to use the oil on the genitals, they should be instructed to progress by small steps to prevent anxiety. Taking a shower or bath together can alleviate concern about odor. Then, after the couple is aroused using their familiar techniques, the partner's lips can be briefly brushed over the woman's genitals. With each successive trial the time spent on oral stimulation can be increased slowly.

Often, women are as uncomfortable with cunnilingus as with fellatio. They fear that their genitals are dirty and that the smell might be offensive to a partner. Some women find unmanly the partner's physical position while performing oral sex. These problems can be overcome if a woman feels sufficiently motivated. Motivation generally arises out of her partner's enjoyment of cunnilingus or out of her expectation of pleasure, which enables her to endure the initial discomfort. Bathing before oral sex and asking her partner as often as necessary if he finds the experience distasteful can help allay the woman's fears; choosing positions that do not make her partner seem unmanly also may be appropriate.

Couple Progress

The exact exercises done are not as important to a successful outcome as is the couple's ability openly to discuss their sexual situation—their feelings about sex, their preferences, and of course their attitudes toward new behaviors. The risk taking that is necessary to participate in discussions and

exercises is often great. The willingness of a couple to experiment with new sexual interactions instead of repeating familiar unsatisfactory patterns is most crucial to the development of a rewarding sexual relationship. When anger is great and more satisfaction is gained by thwarting the needs and desires of the other than by enjoying sex together, the prognosis for the sexual relationship is poor.

Notes

- [1](#) These exercises have been gathered from various sources and have been passed around by word of mouth for so long, with so many changes in the process, that I must apologize if the sources I credit are not the original ones.
- [2](#) It is against the rules to be annoyed by an annoyance. That is, it is unacceptable to say, after the first person has stated his or her three annoyances and three appreciations, "I'm annoyed that you were annoyed by. . . ."
- [3](#) These products are available in many places that sell massage oil. They can also be ordered from Eve's Garden, 119 West Fifty-seventh Street, New York, New York 10019, and Sensory Research, 2424 Morris Avenue, Union, New Jersey 07083.