

Women Discover Orgasm

Lonnie Barbach

**THE EARLY
SESSIONS**



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The Early Sessions

The first few meetings are the most structured of the series. Didactic material is presented on such topics as the anatomy of the female genitals and the physiology of the sexual response cycle in order to replace myths with solid factual information. The same homework assignments are prescribed for all women in the group (with occasional exceptions); whereas in later sessions homework is tailored to the needs of each individual.

The therapist's role in the early sessions is to support and understand each woman's sexual attitudes and experiences to counter her tendency to feel somehow wrong or inadequate. A woman can listen to and absorb advice, interpretations, suggestions, and instructions only after she feels that she is understood and accepted. If the therapist is too quick to give advice, the woman may conclude that the therapist does not understand her, and she is then likely to reiterate her plight until she believes that her experience has been acknowledged. Intervening before rapport has been established frequently makes the woman feel that she is being criticized and engenders a defensive reaction. Initially the therapist should listen well. She can be more confrontational after rapport has been established.

General Issues

SIMILARITIES AND DIFFERENCES

The therapist, in addition to lending support, aids the group process by pointing out both the differences and the similarities among the participants. The women readily perceive their similarities. However, differences are often overlooked, and it is up to the therapist to protect and even encourage them. If this is not done, a group norm of "sameness" may be established that results in the censure of dissenting opinions or divergent experiences. Such a group norm can prevent progress if the women feel coerced to be like one another in order to be accepted. Consequently, important issues may be suppressed only to haunt the entire group at a later time.

Stressing differences among group members at this early stage begins to give the women a sense

that there is no right or wrong way to experience sex; that each is unique and will develop along her own lines, within her own relationship, and at her own pace; and that differences are not only acceptable but also highly desirable. I speak again and again in my groups about uniqueness among women. This concept is crucial to the development of a strong sexual identity and the ability to attain orgasm.

RIGHT TO PLEASURE

Also addressed repeatedly in the initial sessions is the woman's right to pleasure and her responsibility for obtaining it. At the outset, this discussion focuses on each woman's ability to handle the details of her life in such a way as to guarantee her time for the home assignments. The leader can be most effective at this stage by reinforcing successes and overlooking failures. It will soon be clear to all group members that those women who do their homework are making strides and feeling better about themselves whereas those who do nothing are not moving forward.

The mere setting of priorities to encourage the women to put certain personal needs before some responsibilities promotes the notion of the right to pleasure. The beginning of an understanding that this right is innately theirs and need not be earned gives the women a sense of control and optimism. This part of the process is set in a framework of reduced demands as far as orgasm is concerned. It is important to relieve the pressure the women feel to have orgasms and to promote the concept of learning to enjoy their own bodies simply as a source of pleasure.

PARTNER'S REACTIONS

Every relationship is a system. The interaction of two people creates a whole that is greater than the sum of the parts. Consequently, when one person in a system makes certain changes, the whole system changes (Watzlawick, Beavin and Jackson, 1967). Women who participate in preorgasmic groups strengthen their sense of self, their self-worth, and their ability to be assertive. These changes naturally will affect their relationships. However, while change is taking place each woman is receiving considerable support from the group to assist her until a new equilibrium has been established. The excluded partner often receives little, if any, outside support and must weather the changes alone. It is

not unusual, therefore, for partners to feel threatened, especially during the early sessions. Some men experience transient episodes of erectile problems or rapid ejaculation during this time. The partner's anxiety generally diminishes as the woman becomes more interested sexually, more willing to initiate sexual activity, and better able to communicate her specific sexual likes and dislikes.

The women in the group can make the process easier or more difficult for their partners. I emphasize this point by asking the participants to imagine how they would feel if their partners were involved in a sex therapy group. The women usually say they would feel anxious, threatened, and uneasy about how their partners would represent them to the other group members and would worry about what the others might think about them. I then explain that they can expect their partners to feel much the same way and that these worries are natural and appropriate reactions to the situation. I tell them that either they can use the group to enhance their relationships and bring them closer to their partners or they can use it as a sledgehammer to disrupt the relationship. It's up to them.

In this way, I return the responsibility for dealing effectively with partners to each woman, where it belongs. I am not interested in running man-hating groups—and this form of therapy could easily degenerate into a man-hating group if the leaders were to permit it. I was once consulted about a group in which none of the women had reached her goal and none had done the assignments. Instead, the members spent most of the group time discussing how their partners sabotaged their efforts to do the homework. The leaders were unwittingly supporting the women's "poor me" attitude rather than putting the responsibility back on them to change their situations so that their needs could be met and the homework carried out.

Pamela put the matter most effectively in the following exchange.

Josephine: Yeah, I get mad, too.

Pamela: I feel a little sour, disgusted, disappointed.

B.J.: There is a word to describe what I am feeling. It has to do with relationships. Men are fucked up these days. They assume you have nothing to do and they can drop over any old time and you'd better be ready for them with no consideration at all.

Pamela: I would like to say something. I think whatever we say should be coming from our own experiences. This could go on to be a whole big discussion about men and how horrible they are and not get around to us. I don't care

about the men. I want to do something for myself. Let's forget about them. We could really get hung up on this and they are not paying for this.

[Laughter]

Therapist: I think a very good point has been made.

Emphasizing from the very first meeting that the women have responsibility for their own sexual satisfaction helps to avoid relationship problems. I do not suggest that all relationships survive the therapy intact, but most women who are forewarned can anticipate the problems and reassure the partner. When she notices that he is feeling threatened, she can let him know that his response is perfectly natural, at the same time attempting to make the process as easy as possible for him by sharing her thoughts and feelings about the group and her own sexual blocks and breakthroughs.

RESPONSIBILITY

The women are also told that they are responsible for what they get out of the group. They will get as much out as they put in. Many women enter the group saying that they are coming only for their partner's sake. This stance protects them from facing the problem fully and from the possibility of failure. Unfortunately, it can create a self-fulfilling prophecy. A woman who is afraid that she will fail may not try wholeheartedly and thus may unwittingly bring about the very failure she has been dreading.

Confronting such a woman with her defense at the start, while she is using it to protect herself, is likely to threaten and alienate her. Her willingness to come to the meetings and to do an hour of homework a day "for his sake" is sufficient initially. Later, if this stance seems to be inhibiting her progress, it may have to be addressed directly. But this need rarely arises once the notion of sex for the woman's own pleasure has been established.

Session One

When the women arrive for the first group meeting they are generally tense and anxious. Therefore, they may not retain much of what is said, and important details will have to be repeated in later sessions.

On rare occasions, it turns out that two of the women know each other and are quite surprised to find themselves together in the group. It is important to deal with how each acquaintance feels about the situation. Encouraging both women to express their feelings generally clears the air, and I always explain to the entire group, for ethical as well as practical reasons, that what is talked about in the meetings is strictly confidential and is never to be discussed outside the group in any explicit manner.¹ If either acquaintance nevertheless wishes to join a different group, she is free to do so.

I usually begin the first session by asking how the women feel about being there. This question enables them to verbalize their anxiety and, by doing so, to get beyond it. It also serves to set the process of group identification in motion.

Jenny: What I am feeling right now is that everything that everybody is saying is interesting and fine, but I am not going to relate to this. It actually has nothing to do with me. That's fine, you go talk about your thing, but I'm different. Actually, I am not, but what my feeling is is that I am less of a woman. To admit difficulty in having an orgasm, or not having an orgasm, or having an orgasm by myself, or whatever, then I am the weird one.

After I have a sense of the group and of how the women feel about being there, I want to find out what sex is like for them and what it is like for them not to experience orgasm. I go into this area as explicitly as possible with all the women who are willing to talk about it. Those who are reticent are in no way pressured to speak. I want the women to have an opportunity to hear one another's stories and to get to know one another. This process forms the basis for the development of group cohesiveness and trust. Even women who are reluctant to speak in the initial session can become very involved in the process merely through listening attentively to what others say. Rather than confront, interpret, or make suggestions, in this session the therapist's job is to listen carefully and acknowledge each woman's story.

For example, some preorgasmic women are disappointed and frustrated by their sexual experiences, especially when their partner appears to get so much enjoyment out of sex and they get so little. Anger at their partner for not having all the answers is understandable. After all, women have been taught that men are the experts on sex, when in fact men are often just as confused as women are and may feel themselves to blame for sexual problems that exist in the relationship. It also seems reasonable for a woman to cry when her partner has ejaculated and she still feels frustrated. Crying can provide release when sexual release has not occurred. It is likewise not difficult to comprehend that some women no longer feel anything during sex and try to get it over with as quickly as possible. Experience has

shown them that sex always ends in frustration, and they prefer to shut off feelings early because when sexual tension does not build, the resulting sexual frustration is less. Shutting off feelings becomes a self-protective mechanism. Often, women fake orgasm because they find it the easiest way to manage this problem: they protect both themselves and their partners from feeling like failures; faking may induce a considerate lover to stop when the woman can think of no other way to terminate the sex act; and it will obviate those tense discussions about what went wrong and who failed and why, discussions that can be especially depressing when no one has a solution. The following transcript illustrates the typical feelings expressed in the first session.

Therapist: I know the particulars of all of you, but you don't know each other. So, maybe we can share our feelings about what it is like not to have orgasms.

Pamela: Well, I feel a tremendous frustration and anger and turning inward and hating myself for not being able to be a complete person. I don't want to be with men anymore because there is this feeling that I can't have an orgasm, and I am tired of lying about it all the time. I would just like to be able to experience whatever I want to feel, even for myself without a man there, just for me.

Abby: When I was 18, 19, and 20 I think I should have gotten an Academy Award for my performance. It was great.

Maria: To get married and find the right man and live happily ever after—the magic penis. And if you want kids, you have to have an orgasm; there is no way out of it. It's supposed to be the only way to conceive. But I can't masturbate and I get mad at him if he doesn't give me an orgasm. I am waiting for the "Doc" to come along and give me my orgasm for today, or whatever. It is like I freeze up. I just start getting real stiff.

B.J.: For two years, I've been thinking it is a problem, it isn't a problem; it's a problem but the hell with it, I'm not going to do anything about it. It is a psychological thing that I can't have a strong orgasm.

Therapist: Some of you have been to groups and all kinds of things. How many of you have worked on this before?

Abby: I went to a sex therapist and she helped me a lot.

B.J.: I have talked to physicians and so forth. They have nothing to say!

Pamela: What about gynecologists?

Maria: They just say, "Don't worry about it." It has always irritated me. I wondered if I should see somebody, because I feel cheated. They'd say, "Don't worry about it." That is the way medical men seem to be. Now, I hardly waste my time asking because they always say, "Oh, just go out and have fun. Find a man and have fun."

Women frequently use the first or the second session to talk about messages they received or did not receive about sex from their mothers and fathers or sisters and brothers. My job at this point is to keep the discussion focused on sexual topics.

Jenny: The way I feel right now is that it is lack of knowledge per se. My parents never taught me about it. I feel like it is something that we just can't talk about.

Beverly: The average people of my generation don't talk about it. I remember standing in front of my mother and I was going to sleep in the living room and I was really tired. I was getting undressed and she said, "You're getting undressed here? Grace might come up." This young girl of 20. So I got undressed, I put on my nightgown, and she says to me, "Did you bring a robe?" All I could think of was, "Mother, you should just know about this class."

[Laughter]

I'm 62 and her thinking has never, ever changed. I wanted to say, "Mother, you are damned wrong! Why don't you face that?" Because she won't ever accept it anyway. It's a little late. We've just let her get by with it, myself and my two sisters. I asked my younger sister, "You can answer it or not answer it, however you please, only I'm curious to find out because I'm going to a sexuality class." So I said, "Ellen, did you ever have an orgasm?" And she says, "If I did, I didn't know it." She is the kind of person that I would have thought did. We just had never discussed it. I was really surprised.

Therapist: What do you make of that? How do you see that relating to your own situation?

Beverly: Ellen is a very sexual person and did lots of things with men all her life, much more than I did. What do I make of it? I just think that there has got to be something in the upbringing of us girls. We never saw any sexual displays or any real affection. And my mother even told me before I got married—that was the only time she ever talked to me about sex— that I should always pretend it hurts!

Therapist: Pretend it hurts?

Beverly: Whether it does or not. Those are the kind of things Mother always put into our heads. I recall once getting undressed when I was about five years old in the backyard and turning the hose on myself and on my sisters and really being swooped up and taken into the house and put into a room and that kind of stuff.

Therapist: Did any of you others get similar or different messages?

Abby: I'm wondering just how much of these messages we got. We knew that what they were saying was not how we really felt, but how much of it we really believed—because mothers know best—you know.

Jenny: With me I didn't want to discuss it or argue with her because I knew I differed with her so I just didn't respond. So she would think I was agreeing.

Abby: What I think we're getting at is that all of us got this big set of messages.

Maria: All I got was a book.

Josephine: On menstruation and eggs and sperm.

Jenny: Right. And then Bambi came bouncing through.

Therapist: After a movie in the sixth grade I told my mother, "I understand about the eggs and the sperm, but I don't understand how the sperm gets to the egg." And so my mother took this deep breath and explained it to me, and I looked at her and said, "You and Daddy don't do that, do you?" And she wanted to die. That was it—that was

the last time we ever talked about sex.

[Laughter]

Abby: Well, my mother's dead now, but all the time we were growing up they had separate rooms and they never touched each other. Never, but I was curious as to why.

Jenny: I know my mother told me that all men do is they do their thing and then they roll over and go to sleep. That's it. You know, she always had a very negative attitude about sex.

Therapist: Did anybody here have a mother with a positive attitude toward sex?

Abby: Mine had a funny kind of thing about it. My mother said that she liked to make love. That was the only thing she ever said about it. That seemed like enough for her and that was the end of the conversation. And then, when I was married, she said, "How is Abe in bed?" Here's my puritan mother, you know, and it was just very strange. I mean there's a mixed message there, which I've never quite been able to figure out.

HOMEWORK

I save 45 minutes at the end of each session to introduce the homework assignments for the following three or four nights.

Reading

Part of the initial homework assignment is to read *For Yourself* (1975) and the chapter on sexuality in *Our Bodies, Ourselves* (1971) by the Boston Women's Health Book Collective. The readings furnish factual information and provide input for the second session. Some women may have neglected to bring up an important issue because of the fear that the other women would reject or not understand them. Reading about women with similar problems frequently gives members the permission and the courage to broach a difficult issue in the following meeting.

Kegel Exercises

Some of the exercises developed by Kegel (1952) to strengthen the pubococcygeal muscle (which covers the pelvic floor, including the opening to the anus and vagina) are assigned in the first session. The women are told to do Kegel exercises not only throughout the course of the group but also throughout their lives to keep this muscle healthy and well-toned. Kegel developed the exercises to help women who tended to expel some urine involuntarily when they coughed, sneezed, or had an orgasm.

After approximately six weeks of practicing the exercises, Kegel's patients began reporting heightened sensitivity to sexual sensations in the vaginal area, in addition to a greater ability to withhold urine. Consequently, many of them were finding intercourse more pleasurable.

I usually assign the following Kegel exercises, excerpted from *For Yourself*.

To locate your pubococcygeal muscle, urinate with your legs apart; the muscle you squeeze to stop the flow of urine is the PC muscle. Practice stopping the flow of urine a few times in order to become familiar with the muscle. Then, lie down and put your finger in the opening of your vagina and contract the PC muscle. See if you can feel the contraction around your finger.

After practicing the following exercises for about six weeks, see if you notice any difference in the strength of your PC muscle when you put your finger in your vagina and squeeze.

The first Kegel exercise consists of squeezing the PC muscle for three seconds, then relaxing the muscle for three seconds, and squeezing it again. At first, do ten three-second squeezes at three different times during the day. It may be difficult at first to keep contracting for a full three seconds. If that is the case, contract for one or two seconds and build up the time as the muscle gets stronger. The advantage to these exercises is that you can do them anywhere and at any time and no one can tell you're doing them. Practice when you stop the car for a red light or in the morning when you wake up. Or do them when you answer the telephone at home or at work, or when you are lying down to rest. The muscles surrounding your anus may also move during the exercise, but if you find that you are moving your thigh muscles, your stomach or buttocks, you are probably squeezing the wrong muscle.

The second exercise is like the first except that the objective is to squeeze the muscle, release it, squeeze again and release as quickly as possible. This is nicknamed the "flutter" exercise. Again, squeeze and release ten times at three different times during the day. When you first start doing this exercise, it may feel like a tongue twister; you may not be able to tell if you are contracting or releasing and for a while it may keep getting muddled all together. However, after working at it slowly, you will gradually be able to do the flutter more rapidly.

The third exercise consists of imagining that there is a tampon at the opening to the vagina and that you are sucking it up into your vagina. Gloria was actually able to suck water into her vagina and then spurt it out again when she did this exercise while taking a bath.

The fourth exercise consists of bearing down as during a bowel movement, but with the emphasis more on the vagina than the anal area. This exercise is more apparent to an observer. Both the sucking in and the bearing down should be held for three seconds, as with the first exercise.

All four exercises should be practiced ten times each at three different times during the day. As you progress with these Kegel exercises, slowly increase the number in each series until you are able to do twenty of each series in succession. You can do them as frequently during the day as you can find time, but consider three times daily a minimum [1975:54-55].

Even though the benefit of increased vaginal sensitivity will not be realized for about six weeks,

assigning the Kegel exercises in the first session has several advantages. It allays anxiety for women who fear they will urinate when they have an orgasm (although some inevitably will, particularly if they use a vibrator, which has a tendency to irritate the urethra). More important, however, the Kegel exercises are assigned at the beginning because practicing them gives the women the feeling that they are finally able to do something about a problem that always seemed beyond solution. And they are doing something nonthreatening. They do not have to touch their genitals, yet practicing the exercises frequently makes them aware of sexual sensations in the genital area. This result creates optimism while it teaches the women to focus on sexual sensations, an important foundation to be used in later homework assignments. Finally, by learning to exercise the pubococcygeal muscle, the women are gaining a sense of control over this formerly alien part of their bodies.

Relaxation and Private Time

The next two homework assignments are to be carried out during the private hour the women are to set aside every day. The therapist must stress the necessity of setting aside an entire uninterrupted hour of private time. The women may have to put a lock on the bedroom door so that children cannot enter unexpectedly, turn up the heat if the room is too cool, or take the telephone off the hook, and they should do whatever is necessary to make the space comfortable and sensually attractive. (Some women enjoy burning candles or incense or playing soft music.)

It is also important for the women to find a way to relax from the stress of the day before doing the homework. It is difficult to get into a sensual mood when other business has been left unfinished, especially since the women have to create the sensual experience alone. Slowing down, or relaxing, can be accomplished in many ways: some women enjoy a leisurely bath or shower; others find sipping wine or reading a newspaper serves the same purpose. The highly effective Jacobson technique of tensing and then relaxing various muscle groups can be used to relieve tension (Bernstein and Borkovec, 1973). I also frequently teach group members the following simple relaxation exercise.

The first step in this exercise is to assume a comfortable position. Either lie flat, recline in a comfortable chair, or lean against a pillow. Close your eyes, then breathe deeply and regularly. As you are doing so, try to visualize the air as it goes into your mouth, down the trachea, and into the lungs. When the lungs are filled, imagine the reverse process as you exhale. After doing this a number of times, imagine the air being taken into the fingertips of your right hand, up through the right arm and shoulder, into the lungs—then back out again, following the reverse path. As you imagine the warm air going through your arm, notice any areas of tension in

the arm and imagine the warm air gently relaxing those areas as it flows through. After you have inhaled and exhaled a number of times and your right arm is relaxed, repeat the process for your left arm, then the neck, torso, pelvic area, and each leg until the whole body is relaxed.

I suggest that the women practice relaxation during the group meetings to clarify the process so they can repeat it at home. After practicing this exercise a few times, the women often find that they need less time to attain the same results.

Body Viewing Exercise

After the woman is in a relaxed and sensual mood, she is to look at her nude body in the largest mirror she has, preferably a full-length one. Women in our society are taught that there is one standard of beauty, and inevitably they do not fit it. Whether they choose a Vogue model or a Playboy bunny, most women select for themselves an ideal of beauty that differs markedly from their own body type. If a woman is tall and broad-shouldered, she will envy petite women. If she has large breasts, she will wish they were smaller; if they are small, then larger ones are considered more sensuous. Women who feel good about and enjoy their bodies are by far the minority.

The body viewing exercise—incorporated from the Lobitz and LoPiccolo (1972) program—is a good way for a woman to begin to feel more comfortable with her body. A woman who is not comfortable with her body will probably feel awkward when she is nude with her partner. Accordingly, she may try to position herself so that her thighs appear less large, maneuver her lover's hand off her less than taut stomach, or refrain from trying certain positions that would make her breasts appear to sag. Such self-consciousness can easily inhibit one's ability to relax and focus on sexual sensations, whereas if a woman is more accepting of her body she may be more relaxed with a partner.

A woman's feelings about her body frequently reflect her feelings about herself. If we engineer a change that allows her to be more self-accepting physically, emotional self-acceptance can be expected to follow more easily. This is all part of the process of helping the woman to accept her uniqueness on a number of levels.

I ask each woman to look carefully at herself from every direction and to assume many different stances (e.g., lying down, sitting, looking backward between her legs) while nude. She is to examine her

body as if seeing it for the first time. I want her to start at the top of her head and slowly work down to the bottom of her feet, stopping every few inches to comment, aloud or silently, about the details she is noticing. Is her right eye rounder than her left? Are there any new wrinkles on her face? Is her right shoulder higher than the left? Slowing the process down and attending to details, even if it is boring to do so, may enable the woman to see her body in a new way. This exercise also paves the way for the masturbation assignments, which will require an even greater ability to focus her awareness.

Women who feel awkward and uncomfortable about their bodies resist doing this homework assignment. Consequently, I use a tactic that encourages completion of the exercise. After I have explained the assignment to the group, I ask each woman first to describe the part of her body she likes the least or is least comfortable with and then the part she likes best or is most comfortable with. I also want to know what it is about each part that makes her feel the way she does about it. If I neglect to say that some women may like all or none of their physical parts, a group norm of "I hate my body" may evolve, persuading women who like their bodies to search for faults in order not to appear in some way better than the others.

A number of things can happen as the women share their feelings about their bodies. Listening to another woman describe her "problem area" may allow a woman to feel better about herself if she likes that part of her own body. For example, she may feel better about her strong legs when she hears another complain about her weak knees. Learning that another woman is also self-conscious about big feet or an appendectomy scar will make her feel less alone with the problem. Hearing another woman's positive reaction to some part of her body may enable the listener to appreciate that area in herself. For example, if one woman says her face is her favorite part, another woman may silently compare her own face to the speaker's and conclude that perhaps it is not as bad as she thought since her nose is straighter, her complexion better, or her chin shapelier. She may walk out of the session feeling much better about herself.

Reality testing is another way of gaining greater self-acceptance. If, for instance, one woman mentions how much she detests a bump on her nose and two other women, unrehearsed blurt out, "Where?" she has to show them. The others have to lean forward to locate this terrible deformity. At this point many women realize that things they dislike about themselves are frequently not even noticed by

others.

Fran had had a mastectomy, which she felt made her ugly and sexually unattractive. Another woman in the group spontaneously asked whether she could see the scar since she had never seen a mastectomy scar and was curious. Fran hesitated for a minute, then lifted her sweater and prosthesis and let the other women come closer to look and touch. The group was not revolted. As a matter of fact, one woman commented that seeing the scar lessened her fear of breast cancer. Fran felt wonderful. She had taken a risk and found that it was worth it.

Once a woman tells the group about the part of her body she likes least, she tends to be relieved—the shameful secret is exposed yet the reasons for her shame are not confirmed by the reactions of other group members. This experience can enable her to be more comfortable with the body viewing assignment and, hence, more likely to complete it.

As the women go around the circle saying what physical feature they like least about themselves, I assign an exercise to exaggerate this area when they examine it at home. For example, I may suggest to a woman who does not like her stomach because she feels it is too big that she practice sticking her stomach out as far as possible and then sucking it in as far as she can while looking at herself in the mirror from different angles and positions. Similarly, I may ask a woman who feels she has fat thighs to jump up and down and jiggle the fat as much as possible. I ask a woman who feels she is hirsute to look at her hair through a magnifying glass. Of course, every time I make such a suggestion, I am careful to determine whether the woman is willing to give it a try. If she is not, I acknowledge her right not to do the exercise and reinforce her self-assertion. Ultimately, it is more important that the woman learn to stand up for herself than to carry out a particular assignment.

One object of the exaggeration exercise is to enable the women to face the reality of their situations. Many women avoid looking at the parts of their body that they dislike and mentally magnify their "defects" out of proportion. Having them carefully examine and exaggerate these areas can help give them perspective; for some women, the defects no longer seem as bad as imagined. For others, however, the exaggeration exercise confirms their negative feelings. But at least they can confront the problem honestly and directly. If the feature cannot be changed, they have to learn to live with it; if it can be

changed, they can choose whether or not to do so. (Some women go on diets or exercise regimes as the result of this assignment.) Exaggerating the areas also provides a light and playful touch. It breaks the deadly serious tone of the orgasmic problem and helps the women have fun and even laugh at themselves as they approach their sexuality. Furthermore, group members recall these assignments and question one another about them at the next session, which encourages group interaction.

Some women, particularly obese women, have such an aversion to their bodies that it may be necessary to break the body viewing assignment down into smaller steps. Such a woman may look first at only her face and arms or these areas plus her lower legs; then gradually add other sections, trying to look at some new areas each day.

Being part of a group of women who do not look like the ideal helps drive home the fact that there are really very few women who meet the standards this society sets for beauty and that everyone is attractive in her own way. The women can then ponder the absurdity of such a standard. Meanwhile, each woman can better accept her uniqueness.

Body Touching Exercise

The body looking exercise is assigned as the first night's homework. On the second night, after relaxing and getting into a sensual mood, the women are to experiment with touching their bodies all over. I ask them to approach this exercise from two perspectives. The first time they do it they are to concentrate on what their fingertips and hands feel while touching the body, as if touching someone else. How does the skin feel? Is it smooth in some places and rough in others? What do the fat, calluses, hair, bones, blemishes feel like? Frequently women find that the area least comfortable to look at feels best to the touch. Again, starting at the top of the head and slowly moving down the body while verbalizing (aloud or silently) what she notices helps the woman attend to the task.

During the same hour, I ask the women to touch themselves all over once again, but this time to see what it is like to be touched in different ways. Which parts of the body are sensitive to which types of touch? A woman may notice that her breasts respond to almost nothing except hard squeezing of the nipples, that her neck enjoys feather-light circular strokes, that her stomach finds similar strokes ticklish, and that her shoulder responds best to firm pressure. Again, beginning at the top of the head and

translating feelings into words helps keep the woman focused on the exercise.

If there are four nights between the first and second sessions I ask the women to alternate the exercises, spending two nights on the body looking assignment and two on the body touching assignment. If there are only three nights between the sessions, I may assign body looking the first night and body touching the second, repeating the two assignments on the third night but in half the usual amount of time for each. In general, I want the women to repeat each exercise at least once to notice whether any differences appear the second time. Sometimes women find the second attempt easier and less anxiety producing. This effect can illustrate that although the assignments may be uncomfortable initially, they become easier the more they are practiced. Generally, however, the women notice that the way they feel about their bodies is largely dependent upon their outlook on a particular day; in other words, although their appearance remains objectively unchanged, their subjective evaluation of themselves will vary with their mood.

Ban On Orgasm

The only other assignment I give in the first session is the paradoxical instruction to women who are not orgasmic at all or who are not orgasmic in partner sex deliberately not to have orgasms during sex with a partner. The rest of the group is instructed to have orgasms only during sexual activities in which they are reliably orgasmic. In other words, orgasm in any new way is forbidden at this point.

When I began running preorgasmic groups, banning intercourse was the first rule of sex therapy. But I feared that if I did so, I would have a number of angry partners on my hands. I knew the process would be threatening enough, and I did not want to encourage partner resistance. Consequently, I decided to tell the women to have sex with a partner as frequently or infrequently as they liked, but that during such activity they were to focus on which types of touch, which positions, and which activities produced greater or lesser sensations. They were to forget about orgasm while interacting with a partner, that would come later, during their homework hours.

To date, no preorgasmic women have started having orgasms as a result of this assignment; however, some situationally orgasmic women have. Women who have had orgasms sometimes experience them again simply by having the pressure to perform removed. For preorgasmic women,

however, the goal of this self-monitoring exercise is to relieve the pressure to perform when they are with a partner, which frees them to concentrate on what they are feeling. These feelings in turn provide valuable information for future self-stimulation and partner related exercises. If a woman desires a ban on intercourse in later sessions, she can give herself that assignment for reasons that make it appropriate.

Finally, after making sure that everyone understands the assignments, I ask the women how they feel about the first session in general. I like to save time to ask this question after every session. First, if the women keep me apprised of their feelings I am less likely to overlook important concerns that may develop into negative group norms. Second, it helps the group feel more responsible for the process and what they get out of it. If the women are unhappy about something they have the opportunity to change it. Having the women assume some responsibility for the 10-session process is a first step in teaching them to take responsibility for other areas of their lives.

Session Two

The second session is obviously the first one in which homework can be reported. From this session onward, homework advances and setbacks determine the major content of the meetings. To ignore the homework details by spending excessive group time on other issues conveys the message that the group process is more important than the homework. This can lead to the illusion that progress is being made when in fact progress can occur only as the result of confronting the anxiety by attempting to change the behavior.

Anxiety about doing the homework is to be expected, and resistance is the norm at this juncture. Common excuses include lack of time, unusual obligations, entertaining houseguests, fear of intrusion on the part of children, and forgetting. I have found that the best way to deal with resistance during the early sessions is to ignore it. I express agreement that being a mother does cut into personal time and space and suggest that the women think about how they can overcome whatever obstacles they face to get a little time for themselves since not finding the time would preclude a successful outcome. If they act especially apologetic and guilty in offering their excuses I may wonder aloud how they imagined I would punish them for failing to do the homework. Frequently members will reply, "You wouldn't do anything, I suppose. I know I have to do the assignments to get anywhere." It is far better for the women to make this

point and to take responsibility. If I make it, I place myself in the mother or teacher role, treating them like bad little girls.

Resistance can lead to insight if a woman is not made to feel defensive. One woman who had offered numerous excuses for not doing the homework finally volunteered at the end of the fourth session that she was anxious about doing the assignments and, although she wanted to do them, found it difficult to begin. After this admission she began completing the homework.

Remember, there is no way a group leader can make a woman do the homework; she does it only when she has decided that she wants the results it can bring. Consequently, I spend as little time as possible in the early sessions on women who are procrastinating but instead devote myself to reinforcing the women who do the homework by exploring their findings and feelings in detail. Women who gain something from the exercise will encourage the resisters more effectively than I could. In fact, the women who do not complete the first assignment generally reassign it to themselves at the end of the second session, when the new homework is being given. I also assign the Yes-and-No exercise (pp. 129-132) for women who do not feel they have a right to pleasure and are having difficulty taking time out of their busy lives for themselves.

HOMEWORK FEEDBACK

I want to know specifics when getting the homework feedback. Eliciting the details of when, where, and exactly how the women did the homework teaches them the kind of details they need to attend to while doing future homework assignments. I also need a picture of exactly what they are doing to determine what they should emphasize or vary in order to attain orgasm.

I want to know whether the women are having problems doing the Kegel exercises. I may ask them to try Kegeling during the group. If I cannot see them squeezing auxiliary muscles and they are fairly confident that they are doing the exercises correctly, I have no reason for concern. If they are experiencing tenderness or mild cramps I may reduce the number of contractions they complete daily.

I want to know specifically how the body looking and touching exercises went. What did they notice? Were any of their expectations or feelings about their bodies confirmed? Did they learn anything

new about their bodies or about any particular areas? Did anything surprise them?

I am less concerned about their liking all parts of their bodies than I am about their acceptance of reality. The purpose is to change from wishing for miracles to accepting reality so that they can make the most of the situation.

The following discussion presents a typical response to the body looking assignment.

Jenny: I found a dimple.

[Laughter]

Pamela: Where?

Jenny: Right on my tush. I had always felt it was unattractive, 'cause of the fact that my hips are wide. But I think it's been overemphasized by style and my family. It really is not that bad. And I saw this kind of crevice the first day, and I thought it was a crevice, you know—it was fat or something hanging over. I thought it was something disgusting. And, I guess it was last night, I realized it was a dimple.

[Laughter]

Yeah, it was a large one. It was a large dimple. And some of the muscles are starting to sag. I know I don't have the behind of a five year old.

Beverly: Or a 25 year old.

[Laughter]

Jenny: All right. Let's not get nasty about the whole thing. But it's true. And when I bent forward all the skin stretched out, and it looked very nice. I mean that the sagginess was gone and I bent forward and it was nice, round, big, you know, very round.

Maria: That was interesting about the hips because I went home and looked in the mirror, and I'm always trying to make my hips wider and larger 'cause I think it's very womanly and I just kept thinking about it. There are these people who have womanly hips and they don't like it. I was amazed. I'm doing these exercises to try and make my hips come out, you know. Doesn't work, but I like doing the exercises. I even went to sleep seeing my own image in my dreams. I really like looking at my body, and even my calves looked okay to me.

Beverly: I know.

Maria: It felt good. Everything felt great.

Beverly: The one part I think I mentioned last week that I didn't like was my stomach. But when I looked at myself and leaned completely over and looked under my legs, I thought, "My breasts are saggy." How could I have the nerve to say that? There's no muscle there. There really isn't. Then I looked at myself more. I could just remind

myself that I did life drawing and I used to like to do life drawing if somebody had a big bottom, so you could really get into it. And that's just exactly what I look like. I was big and full.

Therapist: Isn't it amazing? We've always gotten messages about how we ought to look, which is, of course, always the way we don't look. Because, I mean, if you have large breasts you should have small ones and if you have small ones you should have larger ones. We're all built differently and we're all unhappy.

B.J.: The grass isn't always greener on the other side.

[Laughter]

Jenny: It's like my friend telling me that the object of learning to dress is to get as close to Polly Perfect as possible. And this friend of mine is going on about Polly Perfect and how she knows she doesn't look like that. And I found myself thinking that I'm not Polly Perfect. I don't ever want to be. I just realized it—that this is the only body I've ever lived in and it's not perfect, but it's the one I'm familiar with and it's fine. I have other things that I can change. I can't change the fact that I am short and my body's shape went out with Rubens. And, also, probably in the time of Rubens, I would be considered skinny. But, I don't know, I guess I reached a point where I just thought that the things I'm gonna change are the things I have control over. There's some things I just don't have any control over and I'll just learn to live with them.

I also want to hear about the body touching assignment. Which areas felt sensitive to which types of touch? How did the women feel doing the exaggeration exercise? How did it affect their feelings about that area? Have they a new sense about how their partners may feel about their bodies?

The following transcript from a second session is indicative of responses to the body touching assignment. It also illustrates how the women begin learning from one another.

B.J.: I did it and, well, the first time was the best. There is something special about the first time. I can't look you in the eye.

Therapist: Isn't that all right? You don't tell a stranger every day about how your nipples and your breasts feel when you're being touched.

Jenny: This is not cocktail party conversation.

Therapist: Right. Did you like those feelings? Did you like the softness?

B.J.: Yeah, but.

Therapist: Can you say "and" instead of "but"? Because when you say "but" to something, it disqualifies it and you don't want to disqualify it. You did real good.

B.J.: It wasn't as good because I was doing it to myself.

Therapist: So you would have preferred to have someone else do it?

B.J.: Yeah.

Pamela: It occurred to me that while I was doing it, there were certain things that I could tell somebody that I liked.

B.J.: Yeah, but it's so hard.

Jenny: Oh, yes! But the next morning I may tell them. One of the things I found I really liked was having this part here touched, my shoulders. And that, I think, I could tell them easier—that I liked my shoulders touched—than where on my clitoris to touch. That might take me until the second episode in bed. But maybe when I first met him and if my dress was cut out or something, I could say, "Gee, it would feel nice if you would touch me on the arm." I think that's a pretty safe thing for me to do. The touching part. One of the things I found, and I had forgotten about it, is I like the feeling of my nails on my behind. Not digging in—not enough to leave a white mark. And it brought back something that happened once. I met this guy at a conference and I spent the night with him; at some point, I don't know how I got it across to him, I got him to pull my hair. It was at a pretty high point of excitement, and it really felt good. So a little later on, he tried hitting me with quite a bit of force, and I didn't like it. It was much too painful, and he said, "Oh, okay, I can tell the limits on how much pain you want." But, I guess I do enjoy a certain amount. It felt good. Last night I found myself standing in front of the mirror and noticed moles. Different skin markings. I also thought of my skin because it's oily and very soft, but parts of it are softer than others. I didn't find any of it that I would consider ugly or rough. I liked the touching part better than the looking part.

Pamela: I did, too. For me, just allowing, giving myself time. I turned the T.V. off, lit some incense, and just relaxed and allowed myself a half hour or so feeling myself all over. And I rather enjoyed it and I started to talk. I tried, you know, to imagine how I would like to be touched if somebody else was touching. I was thinking that. But also for myself, too. It was just nice as I did my whole body. And I tried at different times of the day; after a shower, before a shower, after I'd been active. And the best times were when I was feeling a bit sweaty and my body was oily. Right after a shower, there was no oil. I didn't like to touch myself after the shower. But before it was okay. And I also found through most of my body, just soft touching with my nails, lightly with my nails, felt good.

Therapist: Any place in particular?

Pamela: My stomach.

Therapist: Did you notice how your back felt to be touched?

Pamela: I didn't do that. I'm very rigid. I lie on my back, in bed, with a cover over me. So there's no way I can reach back there, and I didn't even think to turn over.

Therapist: You get one way to do something in your head and you don't think that there are alternative ways.

Pamela: Right. There are such dumb things that you don't think of.

Jenny: One of my ways of relaxing is a hot bath and I fill it up with bubbles and I take the bubbles and I smear them all over me and I feel great. Well, when I get out of it, I'm tired and very relaxed, but my skin, as you say, all the oil just washed off. It never occurred to me to try it before the bath or to relax in some other way. And I think tonight, I'm gonna try it.

Pamela: Or oil yourself afterwards.

ANATOMY AND PHYSIOLOGY

I save 45 minutes to an hour at the end of the second session to describe the anatomy of the female genitals and the physiology of sexual response. My goals in the didactic presentation are to supply good, solid information, to demystify the process of orgasm, and to stress individual differences. Chapter 5 of *For Yourself* (1975) and Chapter 1 of *The New Sex Therapy* by Kaplan (1974) contain most of the relevant physiological material.

I also show drawings of female genitals, followed by photographs or slides. I use the drawings in *Liberating Masturbation* (Dodson, 1974). (I point out, however, that some of the clitori in Dodson's drawings are unusually large so the women do not become upset when they compare their own.) The therapist can take her own photographs or slides of women's genitals or use the color photograph in *The Yes Book* (Ayres Rubenstein, and Smith, 1972) or those in *I Am My Lover* (Blank, 1978). Viewing pictures of women's genitals desensitizes the women to looking at their own and makes it clear that every woman's genitals are unique. The therapist should also explain that size and placement of each part has no effect on functioning, just as large eyes do not necessarily mean better vision or widely spaced eyes mean greater visual acuity.

I identify the inner and outer labia, the hood of the clitoris, the clitoral body, the glans of the clitoris, the urethra, the vagina, and the perineum. I note that the clitoris has the greatest density of nerve endings sensitive to touch and that consequently the majority of women find the clitoral area the most sexually responsive. Some women are most sensitive just above the clitoris; others feel the most sensation when the area next to or below the glans is touched. Many women enjoy direct stimulation of the glans whereas others find this contact uncomfortable and even irritating and enjoy a lighter touch or indirect stimulation.

Most of the nerve endings that are responsive to touch are in the first third of the vagina; those in the inner two-thirds respond mainly to pressure. Some women experience most of the sensation during intercourse at the opening of the vagina, and some get pleasure from deep thrusting. Many women feel very little sensation vaginally or seem to respond more to stimulation around the urethra. Numerous women report that they have similar feelings to those that accompany urination when they are aroused

during intercourse. Frequently this sensation is caused by the pressure of the penis against the urethra.

The analogous tissue development plate included in Netter (1965) does more to dispel the myth of the vaginal orgasm than do hours of rhetoric. The illustration shows that male and female embryos are identical until the sixth week of development. With the introduction of testosterone the embryo will develop into a male; otherwise it will continue to develop as a female. If the genitals of both sexes originate from the same tissue, it follows that there must be counterparts between them.

No one will ever know how it feels to a person of the opposite sex to be touched on the genitals. Even within each sex there is great variability in the sensitivity of different areas, but the origin of the tissues can give us some sense as to male and female genital counterparts. The same type of tissue that makes up the scrotum makes up the outer labia. The tissue that forms the hood over the clitoris and the clitoral shaft makes up the shaft of the penis. More sensitive is the tissue that forms the midline of the penis and the inner labia and opening to the vagina. Finally, the areas of greatest sensitivity are the glans of the penis and the glans of the clitoris.² Both these areas have about the same number of nerve endings, but the nerve endings are far more densely clustered in the clitoris than in the penis because of its smaller size. The diagram in Netter (1965) makes it clear why so many women do not have orgasms through the thrusting of the penis alone: during intercourse, the male's most sensitive area is being stimulated directly; the female's most sensitive area is being stimulated only indirectly. Hite (1976: 612) found that only 30 percent of the women in her sample were able to reach orgasm through the indirect stimulation of coitus alone. Moreover, many of these women had discovered intercourse positions that provided sufficient clitoral stimulation with a particular partner.

Even if the leaders have the best available information on female sexuality, the women will bring up concerns that have not yet been researched. I always enjoy these questions because they give me an opportunity to show that I do not have all the answers and thereby to give the authority back to the questioner. She can go home and experiment to determine the answer to her question or other group members can join the effort by collecting their own data.

It is important to describe the physiological process of sexual response as flowing rather than as occurring in fixed stages. Sexual arousal can begin with anything—a touch, a thought, a memory, an

image, a smell. Sexual arousal includes a variety of physiological reactions: neurological, muscular, vascular, and hormonal. The most dramatic of these changes involves the vasocongestion of the pelvic area and increased muscle tension: "Evidence suggests that the female orgasm reflex is usually elicited by the stimulation of special sensory nerve endings of the clitoris . . . [and] is expressed by motor spasm of the vaginal and circumvaginal muscles [Kaplan, 1974:30]." When vasocongestion and muscle tension reach a peak the process reverses and the accumulated blood flows out of the pelvic region. This reversal of blood flow occurs rapidly with orgasm. If no orgasm takes place, the blood will still flow out of the pelvic area, but the process may take a number of hours. I make certain to note that the arousal process is not linear. The level of excitement normally falls at various points in the arousal process particularly when nonsexual thoughts come to mind or outside noises interfere. This, however, is no cause for concern since excitement will generally rise again once attention is directed toward sexual thoughts and feelings and pleasurable stimulation is reinstated.

In describing the various physiological signs of sexual arousal I say, "Some women notice . . . ," "Some women find . . . but others don't," "It's possible that . . . ," thus emphasizing that every woman's reactions are unique. Differences in sexual response occur in the amount and consistency of lubrication; release of lubrication at orgasm; breast sensitivity; nipple erection; muscular tension; breathing patterns; body movement; sex flush; perspiration; intensity of orgasm; number of orgasms and, if more than one, amount of time between them; and presence or absence of vaginal muscle contractions with orgasm. Consequently, external physiological signs will give a woman less information about the process of arousal than will her subjective feelings. And, of course, her subjective feelings will be affected by fatigue, stress, psychological and relationship factors, and the menstrual cycle.

Fithian, Hartman, and Campbell (1978) measured various physiological processes during arousal and orgasm and found the pattern of these responses to be so specific to each individual that they labeled the phenomenon "orgasmic fingerprinting." According to Kinsey and his associates, "There is nothing more characteristic of sexual response than the fact that it is not the same in any two individuals [1953:594]." Not only will each woman have her own pattern, but this pattern will vary from one time to another.

It is important to reassure the women that first orgasms tend to be mild and are frequently not even

recognized as orgasms. Therefore, paying attention to small feelings is vital. I make this point for a couple of reasons. First, it is true: most women's initial orgasms are mild. This information helps to reduce the women's fears of experiencing something more intense than they feel they can handle. Second, it counteracts the myth of "you'd know it if you had one." I have heard a number of women describe an orgasm when reporting their masturbation homework without labeling it as such. Many women do not recognize the orgasm because they erroneously expect bells to ring and the earth to move.

HOMEWORK

The homework for the second session is assigned to all the group members unless it seems advisable to slow the process down for a particular woman who is feeling overwhelmed or very frightened. Again I emphasize relaxing and creating a comfortable, sensual, and private setting for the homework hour. I remind the women that they are to continue the Kegel exercises throughout the group program and preferably for the rest of their lives.

Genital Looking

As in the Lobitz and LoPiccolo (1972) program, the women are expected on the first night after the second session to examine their genitals in order to identify and locate all the relevant structures. This exercise is to be done slowly and carefully in good light and with the aid of a hand mirror.

Women who feel disgusted by looking at pictures of genitals or who feel that looking at their own genitals will be very difficult can be desensitized by dividing their hour into a number of mini-sessions. First they are to look for only a few seconds in dim light. Very gradually they are to increase the intensity of light and the length of time they look until they can comfortably observe their genitals for minutes in bright light. Some women may require a few sessions to complete this exercise comfortably.

To help the women attend to the assignment of looking at their genitals, I have them draw a picture of what they see. This task forces them to look carefully. They cannot help but notice all the details when they have to reproduce them on paper. The women also enjoy bringing the pictures to the group and sharing them.

The following transcript is from the third session of a group in which the members were asked to share their feelings about the genital looking and drawing homework assignments.

Abby: I had a lot of resistance to doing this and I saved it for today to do, knowing I had to do it. I wasn't going to come to class without a picture. And then I started drawing, and I drew one picture, and then I started looking and thought, "This isn't right." And then I started doing it again. I got absolutely intrigued, and I kept looking and looking, seeing more things to draw. And I forgot about being hung up on doing it. And, so, it was like I'd look again and see more folds or more this or that or it would change if I would move, which frustrated me 'cause then I'd have to draw it from a different angle. It was seeing and looking and looking and seeing in a more subtle way. Does that make sense?

Therapist: Yes. What was it that you had an aversion to doing in the beginning? Now, I understand what made you feel like you did want to do it, it was your own interest in what you saw. Do you have any sense of what it was initially that you didn't want to do?

Abby: Yeah. The aversion was mainly about it not being quite nice. When I was sitting there drawing I was thinking it was no different than drawing any other part of my body. I mean, if you had said, "Draw your nose," I would have drawn my nose. My imagination created a far worse situation than actually existed.

Pamela: I got into drawing, trying to draw me with my legs closed and then spread, with my vagina spread apart and just trying to get various angles on it. I was interested in where the clit was. Finding it took a lot. I wasn't exactly sure where it was. I had seen it before, but I never really studied it before. On top of the inner lips, but back a little bit, under the shaft. And the shaft is connected to the inner lips on the top. You know, you can talk about it all the time, but until you actually see it for yourself you know it's just words. And that's what I discovered. This was really a part of me.

Therapist: How did the other drawings go?

Maria: I did three of them because I had to do it a couple of times. I'll just pass around that one.

Abby: It looks wonderful.

Jenny: This is the outer lips and the other lips are kind of one pushed over the other.

Maria: Folded.

Pamela: Did you find folds?

Maria: Oh, lots of them. I was trying to draw them. That's what got me into doing a couple of models because I couldn't get them all.

Pamela: Yeah, mine have extra skin.

Jenny: Yeah, and crevices and.

Maria: Right.

Therapist: What was intriguing about this?

Maria: It's new. And I would look and it wouldn't stay the same. I would see deeper. I would just see more crevices, more contours, more space. Rather than just looking at it and going ho hum, I was looking again and again.

I ask the women, after they have finished drawing the picture, gently to explore their genitals with their fingers. The exercise is introduced as a clinical examination. Does the hood move freely back and forth over the clitoris? Can they feel the shaft of the clitoris above the glans? Is there somewhat more sensation above, below, to the right, or to the left of the clitoris? Is one inner lip more sensitive than the other when stroked? Do the sensations feel different if they use oil as compared to no lubrication? If they put a finger inside the vagina can they do the Kegel exercises and feel the muscle squeezing around the finger even faintly? With a finger inside the vagina do they notice any difference in sensation if they press the finger toward the perineum, toward the pubic bone, to the right, to the left, or toward the areas in between? How do their natural lubrications smell and taste?

I explicitly state that the intent of the genital looking and touching exercise is not to arouse them and that most women do not feel much, if any, sensation while doing this assignment. They are simply to notice any small differences they feel. By lowering their expectations, I make sure that they cannot fail. They need not be concerned if they feel very little, and if they feel more they have an unexpected, success.

During the second day's hour of homework I have the women repeat the genital looking and touching exercise but without drawing another picture. I want them to see whether they notice anything different from the previous day's session.

Breast Examination

In the second group meeting, I demonstrate a breast examination on myself, while wearing a blouse, and ask the women to do the exam on their own bare breasts as part of the second hour's homework. This assignment is not an essential part of the process of learning to have orgasms, but I feel strongly about a woman's responsibility for her own body and health and so I include this exercise in the groups I run. Women are generally reluctant to examine their breasts for fear of finding lumps. By learning to know her own breasts and their normal tissue masses, a woman can be more expert in

detecting abnormalities than a physician can in a yearly checkup. In the group we sometimes briefly talk about fears related to breast cancer.

Luxuriating

I assign an hour of deliberate luxuriating for the remaining day or two before the next session. Some women stroke their bodies with textured materials such as silk scarves, rose petals, leather, or burlap. Others lie in the sun, have a massage, or take a long bubble bath to fulfill this assignment.

This exercise encourages the women to begin taking time for themselves simply because they have a right to pleasure. The women who complete this assignment are on the road to accepting the positive aspects of the word "selfish." Women who cannot take the time, do not feel they have the right to it, feel that others need them, or do not remember where the time went, may find the road to enjoying sensual pleasure a bit harder and longer. But even some of these women fulfill the assignment after the following session, when they see that those who did the exercise felt better about themselves afterward. We are embarking on a process of counteracting the notion that it is better to give than to receive in all instances. We are saying that it is as important to take care of oneself as it is to take care of others. For some women this idea is revolutionary. Jenny's experience, as shown in the following transcript, is not unusual.

Jenny: I think I overdid it a little. Saturday, I decided I was going to eat spaghetti with my hands. Never tried it before. I did my grocery shopping and I bought spaghetti with a can of sauce and I made it. Of course, it was too hot at first, so I let it cool down. And I had a lot of fun. I was eating with my hands with a big glass of wine. This was in the middle of the day and the wine made me just sleepy enough that I curled up on the couch, wrapped up in an afghan, and listened to good classical music, which I love, and just really felt good. But, I finally had to get myself up to clean the house.

Therapist: How much time did you give yourself?

Jenny: A good hour and a half or two hours between the cooking, the eating, and the lying there enjoying myself. It was really very nice. It would have been great if I'd had a maid to come in and clean.

[Laughter]

Abby: I find your spaghetti weekend—I want to do it. It sounded really great. I'd like to try it sometime.

Jenny: Yeah, well. And then today, I went and had a facial. So, that's what I mean. I think I overdid it a little.

Therapist: Do you really think you overdid it? You feel too good?

Jenny: It feels too good and I'm geared more to do things for other people rather than to do things for me. I'm a social worker. I make a lot of money doing things for other people. I have a Yiddish mama who taught me very early to wait on my husband. About eight or ten years ago, I had a group of people over to my house and I was serving something and I picked up a coffee cup and handed it to the man sitting next to me. He said if I had lived in Japan, I would have made one hell of a geisha girl. I said, "What do you mean?" He said, "This is America. You serve the women first." I was just used to serving men first.

Talking to Mothers

This exercise, which is optional, was designed by Lowry (1975) for women who carry a lot of anger toward their mothers for not having given them the information or attitudes to help establish positive sexual growth, as well as for women who would feel tremendous guilt if they allowed themselves to be more sexual than their mothers. Each situation is different: the sexual tie between mother and daughter is highly varied and often quite convoluted. However, even when the dynamics are not completely understood, this exercise can free a group member from her mother's definition of sexuality.

The appropriate women are to ask their mothers about what they learned from their mothers about sex and contraception when they got married. If the mother is no longer alive, the conversation can be imagined. For some women nothing is gained from this assignment; for others the results are momentous. A woman generally finds it easier to forgive and to let go of her resentment once she realizes that her mother, too, received little or no sexual information while she was growing up. Some women understand for the first time why their mothers were so puritanical about sex.

Women who do not believe their mothers would ever participate in such a conversation are aided by this exercise regardless of how the mother responds. If she is willing to talk, this gives the daughter a new impression of her mother. If she refuses, she confirms her daughter's prediction, and in the group we can explore whether or not the woman is going to continue to allow her mother's discomfort to interfere with her own attainment of sexual satisfaction. She may have to give up the attempt to reform her mother, but this decision is easier to reach once the woman feels she has tried everything. Having given up on changing her mother, she is a little more free to surpass her mother's sexual limitations in her own life. As one woman described it, "My mother put me in a box not to feel sexual, but now I realize she doesn't have the key. I do."

Beverly: I was so positive that the way we were brought up, Mother had never had sex except when she conceived her children. So one day I took her out for a ride and I said, "Mother, I've always wanted to ask you about your sex

life with Pa. Did you and Papa have much sex?" And she said, "Of course." I said, "Did you really? I never thought you did." She said, "Yes, we did." I said, "Mother, do you know what an orgasm is?" And she said yes, and I didn't think she did. I said, "Are you sure you know?" And she said, "I think I do." And I said, "Well, what is it?" And she said, "Well, it's the climax of when you're having sexual intercourse." And I said, "How did you experience it?" And the way she described it to me— she did! And I tell you, I really cannot believe it. But I know she didn't make it up because she didn't read those books. I never came across those books in her room. But she said that there was a dragging sensation "between my legs and my thighs and a grip." And I said, "Are you sure?" She said, "Oh, yes. Lots of times when Pop used to go away on a business trip, and I always told you he wouldn't be home until 4 or 5 o'clock and you kids would stay out and play. Well, he always got home about noon. We wanted to be alone before you girls came home." The funny thing was that I was sitting there asking her those questions—and then her response. She was so calm. I've seen my mother get more excited about my not phoning her. She was completely calm and assured. My first thought was, "I don't believe you." But I had to believe her and I was shocked.

Other Exercises

Women who have completed the previous exercises may reassign them to themselves for any number of reasons—because they did not do an exercise as fully as they would have liked and can now see another approach to take, because they felt they benefited the first time and could benefit further if they repeated it, or because the reports of the homework experience by others gave them insight into how the exercise could be altered to meet their own needs better. Some women may have a particular problem related to sex or to the completion of the homework that lends itself to an individualized behavioral assignment (see pp. 126-134 and pp. 144-159).

Session Three

Session three, like all the other sessions after the initial meeting, revolves around the women's experiences with the homework assignments. In addition, exploration of negative feelings about assignments and discussion of the avoidance of the homework is useful now that a certain amount of trust has been established in the group.

GENITAL MODELING

Levine (1976), a therapist who has been running groups for some time, has the women sculpt their genitals out of modeling clay during this session. She feels that working with the clay facilitates the desensitization process. In the following sessions the clay models are used to demonstrate precisely how the genital stimulation is being done.

GOAL SETTING

In this session, I spend some time focusing on the goal each woman hopes to attain by the end of the group. Most of the preorgasmic women will have the goal of reliably experiencing orgasm through self-stimulation. Goal setting for the situationally orgasmic women is a bit more complex. To accomplish this task, I elicit two objectives from each woman—a maximum and a minimum goal. The maximum goal is her long-term sexual goal. The minimum goal is a reasonable goal that would justify to her the time and money spent in therapy. It is important to specify these goals in behavioral terms. If a woman's goal is "to be more turned on" I ask her to explain how she would know when she had attained her objective. Would she behave differently? "Feeling turned on" is too subjective a goal to evaluate accurately. However, if a woman states that she would initiate sex with her partner if she were more turned on, then we have an observable behavioral goal by which to evaluate her progress. Most women are realistic about what they expect to achieve in 10 sessions. And the explicit setting of goals helps therapist and client to keep focused on the essential issues for each woman.

MASTURBATION

The last 45 minutes to an hour of the third session are set aside for discussing myths about masturbation, showing a film of a woman masturbating to orgasm, and sharing the feelings the movie generates.

Masturbation is probably the most frequently practiced and least discussed sexual act engaged in by human beings. Eighty-two percent of the women polled for the Hite Report (Hite, 1976) masturbated. This figure is considerably higher than the 62 per cent found by Kinsey and his colleagues in the early 1940s (1953) and the 63 percent found by Hunt in the early 1970s (1974).

Until fairly recently, masturbation was blamed for numerous mental and physical problems such as warts, hairy palms, acne, failing eyesight, criminality and insanity. Some people feared that masturbation could transform an individual into a homosexual or a social isolate. The assumption was that masturbation would be so compellingly pleasurable that one would become addicted to it and either never leave the house or prefer only same-sex partners. Neither fear, of course, has any factual basis. Masturbation, like other physical and sexual activities, is self-limiting. A person can masturbate for only

so long before fatigue sets in.

The cultural taboos surrounding this innocent and pleasurable experience have caused many psychological problems.

Millions of females in the United States, and a larger number of males, have had their self-assurance, their social efficiency, and sometimes their sexual adjustment in marriage needlessly damaged—not by their masturbation, but by the conflict between their practice and the moral codes. There is no other type of sexual activity which has worried so many women [Kinsey et al., 1953:170].

Until recently, the numerous benefits of masturbation have gone untold. It is a pleasurable activity available to anyone of any age. It requires no money, academic degree, standard of physical beauty, intelligence, or particular personality characteristic. It can be enjoyed when one is too tired to meet the needs of another—quietly, noisily, gently, vigorously. Masturbation enables one to be sexually active without having to be involved in an unsatisfactory relationship. We are now seeing women orgasmic with intercourse who want to learn to masturbate to orgasm because they feel this ability will give them greater independence and self-sufficiency. They do not want to have casual sexual relationships in order to enjoy sexual release.

The tide is changing; not only is masturbation becoming acceptable but it is beginning to be viewed as a healthy aspect of sexuality. After all, masturbation is the way most men and many women learn about orgasm. And it is the simplest, easiest, and most direct approach to learning about orgasm for preorgasmic women since the feedback is unobstructed by another's presence and the woman can clearly ascertain the best location, pressure, and rhythm of the stimulation. The fact that no other person is present during masturbation minimizes potential distractions and eliminates pleasure-inhibiting concerns about looking ugly, taking too long, or satisfying one's partner.

Kinsey's data also seem to indicate that masturbation is a positive way for women to learn to have orgasms reliably. He found that women who were orgasmic with masturbation could attain orgasm this way 95 percent of the time (1953:132) and that having orgasms with masturbation facilitates rather than inhibits the ability to experience orgasm with a partner. As has been noted earlier, women who had experienced orgasm by any means prior to marriage were two to three times more likely to experience orgasm in sex with their husbands than were women who had no prior experience of orgasm (p. 385).

(Of course, it may be that women uninhibited enough to masturbate or pet to orgasm prior to marriage were predisposed to having less difficulty with orgasm than were women who had not previously felt free to experiment.)

Masters and Johnson found that women generally experienced their most intense orgasms with masturbation. Consequently, since I have found that first orgasms typically are quite mild, those experienced through masturbation are more likely to be identifiable. In addition, the absence of distractions associated with partner sex makes it more likely that the orgasmic sensations experienced in masturbation will be recognized.

Most women in preorgasmic groups have never masturbated and those who have done so have rarely used their hands. A majority of them have been given either overt or covert negative messages about self-stimulation. Receiving permission to masturbate from a knowledgeable authority, a therapist, may be sufficient to persuade some women to try it, but merely debunking the myths about masturbation and touting its benefits may not convince women with inhibitions. For these women desensitization occurs slowly by actually engaging in the behavior and by dealing with negative feelings as they arise.

FILM

The next step in the desensitization process is most easily accomplished by showing a film of a woman masturbating to orgasm. I generally introduce the film by asking for the women's experiences with and feelings about masturbation—sometimes supplying an anecdote from my own life to overcome their inhibitions.

Jenny: The first time I ever did it, I didn't know what it was. That's how little I knew about it.

Therapist: How old were you?

Jenny: 19.

Therapist: How did you do it?

Jenny: You know, I really don't know. I can remember I was in bed. I was in college, but I don't know what got me started. And I remember lying there. "Oh, my roommate's going to hear me." I knew it was terrible right away. I don't ever remember getting information, but I knew it was sinful.

Therapist: I thought it made me sick. I just happened upon it. I just sort of did it and I thought I was the only person in the world who had that feeling. Nobody else had it. It wasn't sexual. I mean, I didn't think of it as having to do with sex. I was 18 years old, and I had taken a nap in the middle of the day. I had masturbated before I took a nap, and I woke up throwing up because I had the flu. I was convinced that masturbation had caused it. I don't know where I got those messages.

Abby: I got the message that if you masturbated, you weren't going to be sexually potent. It was going to take away your sexual energy. You'd waste it. It would go away. You just wouldn't be able to enjoy sex with a partner. If you masturbated with your boyfriend, then you would never be able to have sex.

Maria: I think sometimes I felt more sexy when I was in grade school—before I got to junior high. Then I didn't after that because that's when I started thinking that that was wrong to do. And I just didn't do anything. Didn't masturbate, just waited for the right guy to come along and marry me and then it would be all right.

Therapist: There's one woman who was in sex therapy and the therapist told her to masturbate. So she went home and she did what she thought masturbation was. And the next session he said, "How did it go?" And she said "nothing much happened." He dropped the whole thing. And it wasn't until she saw this movie that she said, "Oh, that's what masturbation is." He hadn't even asked her enough details to find out what she was actually doing.

The importance of an explicit female masturbation film at this point in therapy cannot be exaggerated. On one occasion, the group leaders were unable to show the film until the eighth session because of mechanical problems. Delaying the presentation not only retarded the group members' progress but also kept the leaders from comprehending the extent of the phobic reaction of one member toward sex and masturbation. Until the film was shown, she had reported wonderful but vague experiences with the masturbation homework. During the film, she found it necessary to leave the room to vomit. Afterward she was able to share with the group how uncomfortable she had been with the assignments and how terrified she was of stimulating herself. Had the leaders been aware of her feelings earlier, they could have reduced the pressure and enabled her to confront these feelings more gradually.

A number of female masturbation films are available.³ The film should fulfill several criteria. (1) The model should not be a beautiful actress. A nondescript or even overweight woman is generally easier for most group members to identify with. (2) The model should masturbate to orgasm using her hands rather than a vibrator. Some women who are orgasmic with a vibrator join groups to learn how to masturbate manually. (3) The model should spend considerable time masturbating. Thus, women who become aroused slowly will not get discouraged by what might appear to be a quick and effortless process.

In preparing the group for the film it is important to stress that the woman shown masturbates in

her own way, which may or may not be pleasurable for other women. She also has an orgasm that may or may not resemble theirs. It is also important to acknowledge that responses to the film vary. This caution enables each woman to accept her response as normal. The film turns some women on, others are repulsed, and some feel neutral.

Women who are excited by watching another woman masturbate generally fear that they have "latent homosexual" tendencies. I approach this issue by saying that it does not make sense that only men should feel excited by women's bodies and that only women should be excited by men's bodies, just as it does not make sense that a married woman should never find any man other than her husband attractive. Many of us have learned to turn off our sexual feelings when we think they are not appropriate. It is important to emphasize that it is natural to feel sexually stimulated by many things. Whether or not one chooses to act on these feelings is up to the individual. A woman may prefer a partner of a certain age, religion, height, hair color, body build, and gender. If she is attracted to someone who does not fit this pattern, she must decide whether or not to act on her feelings. It seems a shame to ward off the good feelings. The message I give is that a woman is free to feel whatever she feels because she has control over whether or not she acts in accordance with her feelings. If the woman does not wish to act on the sexual feelings they can be enjoyed in fantasy and no one need ever know unless the individual chooses to discuss them.

It is essential to set aside at least 15 minutes after showing the film to deal with any discomfort it generates. As always, it is better for the women to talk about their negative feelings in the group than carry the feelings home with them, where they are bound to interfere with the homework.

If no one volunteers any negative reactions to the film during this discussion, I actively encourage the members to express some. Most women do not want to appear shocked by the film. Others are afraid to say it made them feel disgusted or turned them off because they do not want to appear different or unusually inhibited. Many women assume that the leader showed the film to get a positive, not a negative, response. Women in this culture are trained to do, think, and feel what they believe is expected of them, and many lack the self-confidence to express feelings not voiced by others. I usually say, "I'm surprised no one has any negative feelings about the film. This is the first group that hasn't expressed any. Are you sure there are none?" Generally, such permission is sufficient to elicit the negative reactions.

Therapist: What did you think of the film?

Pamela: My heart's beating fast.

[Laughter]

Jenny: I'm thinking of leaving the room

B.J.: I had that feeling, too.

Jenny: Somehow, for me to do the same thing is okay, but to watch her doing it—I mean, if she wants to do it behind a door without me watching, that's fine, but to be watching her do it. The point at which she was exploring everything—it was sort of like, I hate to use the word, it was almost dirty. In the sense of dirt, not in the sense of taboo.

Maria: I don't really feel she cared about herself.

Jenny: That's it. Just the touching and poking into her body. It wasn't exploring: it was poking. That was what I felt.

Maria: And you're saying when you touch yourself you feel dirty?

Jenny: Yeah, and there are times when I avoid poking inside. I'll stay outside. She did a lot of exploring and spreading with her legs apart and really looking up inside her. I mean that it just never occurred to me.

Pamela: What bothered me, one of the scenes—after she finishes touching herself—they switched it, and her hands are all over her face.

[Laughter]

Abby: Wait a minute, now, hang on. If somebody's down there having oral sex with you, you figure you damn well better taste good.

Jenny: Now, it doesn't bother me to have oral sex and then to kiss him. That's fine. It's part of the whole bag. But the idea to stick my finger and give a lick. Yehhhh!

B.J.: This film was supposed to give you permission to do it. That's what I felt.

Pamela: I liked watching her touch herself and I kind of wished she was touching me. Because she was just lying there and she's really getting into it. She seems very free with her hands, just moving back and forth, and she used both hands, and just getting the feel of it, and touching her breasts. I feel inhibited.

Therapist: So you don't touch yourself that way?

Pamela: I don't think I do. I think I may use one finger because I have one finger down there. So, like using all fingers might be something to try, too.

Abby: What was most valuable to me was the thing about the leg muscles tensing up because as soon as I start feeling that, that's when I get scared.

Therapist: And what did you come away thinking it was like?

Abby: Well, it's fine. The leg muscles tense up.

The expression of the negative feelings produced by the film has a freeing effect on the women. In the first group I ran, I showed Shirley,⁴ and the members' responses were so negative I feared the film represented a permanent setback. The women thought the model was too hairy, too angular, and too unfeminine in her strong grimaces and orgasmic spasms. As they shared their negative reactions, I silently vowed never to show the movie again. Much to my surprise, the women returned two sessions later and responded that they felt like the woman in the film when doing their homework. Having verbalized their negative reactions they had transformed her into a positive role model. It may be that the woman in the movie freed them to be more sexually expressive: if she is a model of sexuality, they compare favorably. In any case, Shirley facilitated rather than inhibited the process.

The film is also instructional. Many women who have never masturbated do not understand how to do so. Women who try masturbation on their own after they have experienced intercourse often assume that they should be stimulating themselves in the vaginal area even though they know the clitoral area is considered the most sensitive. They may not quite understand how one does the touching. Showing the film is an attempt explicitly to provide the information they need without producing the anxiety that might be generated by having a live model or a group leader demonstrate masturbation.⁵

Another function of the film is to demystify orgasm. Many women expect to scream, thrash about wildly or lose consciousness when they have an orgasm. Even though they may understand intellectually that orgasm is a normal and safe bodily response and realize that many women around them are orgasmic and still alive, observing the process helps to alleviate their anxiety and make them feel more secure.

HOMEWORK

In the third session, the women are directed to masturbate for an hour a day using oil, saliva, or vaginal secretions as lubricants. I generally ask them to buy some oil, alone or with a partner. They may use anything from peanut oil to expensive massage oil⁶ but should be warned against products that contain alcohol or any other sub-stance that can irritate the mucous membranes. Some women may be or

may become allergic to a particular oil. Complaints of soreness or genital irritation after masturbation are more likely to be related to an adverse reaction to the oil than to the assignment itself. Changing the lubricant while continuing the daily homework generally solves the problem.

It is essential when giving the first masturbation assignment to instruct the group members not to have an orgasm. They are to concentrate on whatever small feelings they have. Some women feel nothing the first few times they masturbate. If by chance a group member should experience intense feelings or should become uncomfortable while doing the assignment, she is to stop stimulating herself immediately resuming only when the strong sensation or the discomfort subsides.

This caution is important for several reasons. For women who are very fearful, the permission to stop stimulation when they become uncomfortable provides a sense of safety in uncharted territory. It also teaches them that they have control over the stimulation they receive. In situations where the partner is providing manual or oral stimulation the woman who wants to experience orgasm but is afraid of the intensity of the sensations she is beginning to feel will unintentionally tense her muscles and in other ways block off the physical sensations rather than learn to relax and go with them. If, however, she can allow the feelings to build at a manageable pace, with full knowledge that she has the power to stop them whenever she wants to, she will be more free to relax and grow accustomed to increasing sexual intensity. With time, she can develop sufficient comfort with sexual excitement to allow herself to continue the stimulation to the point of orgasm.

The instruction prohibiting orgasm also provides a dictum to be resisted by those women who would resist anything they were told to do anyway. Such women have no sense of positive power but only the negative power of withholding. The paradoxical injunction to do exactly what they are already doing allows them to express their negativism against the leader by having an orgasm—a no-lose situation!

In my second group, a woman who had received the instruction not to have an orgasm reported an orgasm in the fourth session. Unfortunately, I responded enthusiastically, and she did not have another orgasm until the eighth session. It took me four sessions to disentangle myself from a power struggle I could have avoided simply by not responding with praise and enthusiasm. To make up for my initial

error in strategy I had to withdraw totally from the struggle. I accomplished this by meeting each of her unsuccessful homework attempts with perplexity: "The first orgasm must have been a fluke— perhaps it's the only one you'll ever have. But maybe since you figured out how to have an orgasm that time, you can do so again." (See Chapter 6 for more details on handling resistance.)

Session Four

The fourth group meeting is the last session in which any formal didactic information is given and the first session in which the bulk of the homework is individualized. From this point on, each homework assignment will build on the individual woman's success or lack thereof in the previous assignment.

The educational material covered in the fourth session deals with the erotic component of sexual arousal. Merely touching the right areas long enough is generally insufficient to produce orgasm without accompanying mental arousal. Mental arousal is particularly important with regard to self-stimulation because the women are not accustomed to providing the cues themselves; they are used to having a partner provide the cues for arousal.

DISTRACTIBILITY

Women have a tendency to be easily distracted during sex. They find themselves attending to outside noises, thinking about uncompleted chores, and wondering whether they are performing well sexually and whether their partner is receiving sufficient pleasure.

Some women who are distracted to an unusual degree by outside sounds find that white noise helps cut out the interference. White noise is any constant drone such as that provided by a fan, hair dryer, air conditioner, running water, or vibrator. White noise machines are sold commercially as are records of Seashore or forest sounds. One sex therapist I knew was convinced that vibrators are addictive and in support of this view told of a woman who was so habituated to the vibrator that she needed to have it turned on during lovemaking with her husband even though she did not actually use it. It seems far more likely that her addiction was to the humming noise emitted by the vibrator, which helped her tune out intrusive sounds and focus better on the stimulation she was receiving from her husband.

The techniques of erotic arousal discussed in the fourth session are intended to keep the woman's mind focused and in tune with the physical stimulation being applied. These erotic enhancements, which are fairly easy to manipulate, fall under the categories of visual, kinesthetic, and auditory stimulation.

VISUAL STIMULATION

Fantasy

Fantasy is a tool available to everyone, but some women fantasize more readily than others. Daydreams with sexual content span a tremendous range from fleeting visual images or series of images all the way to full-blown movies with plot and dialogue.

Fantasies keep the mind focused on erotic stimuli and away from distractions and pressuring thoughts of orgasm. Telling a woman not to think of orgasm is like telling her not to think about pink elephants. It simply does not work. The best way to eliminate the thought is by replacing it with another. And fantasy provides an involving substitute.

The greatest problem with fantasy is the feeling that particular subjects are unacceptable. But since sexual titillation is often associated with the illicit, it is only reasonable that sexual acts that would not be enjoyed or even tolerated in real life often are pleasurable when explored in the imagination. Yet many women fear that if they fantasize about a particular activity, they must really want to do it. Thus, fantasies concerning rape, sex with women, group sex, incest, or sex with children may be threatening and indicative of abnormality in the minds of some women. I worked with a group of feminist therapists who argued that it is sexist to derive pleasure from rape fantasies or fantasies that portray male domination. It was difficult for them to separate the sexual pleasure the fantasy provided from its political interpretation. I also knew a lesbian therapist who nearly panicked when she found herself having heterosexual fantasies, fearing that she might be a "latent heterosexual." Whatever their content, fantasies should be treated as always harmless and sometimes helpful mental meanderings.

From a study of women's fantasies during intercourse, Hariton and Singer concluded that "clinicians must be careful to avoid interpreting a given patient's reports of fantasies as indicative of

sexual dysfunction, gross pathology, or profound masochism to the fantasizers [1974:321].”

It is beneficial when talking about women’s fantasies to take a permission giving approach rather than an analytic one. Accepting fantasies is a far more sensible stance than attempting to change them. Fantasies easily change of their own accord when the negative charge of unacceptability is removed. Indeed, once a formerly unacceptable fantasy becomes acceptable, other fantasies become more prevalent and the originally unacceptable fantasy tends to occur with less frequency.

If a woman feels a certain fantasy is unacceptable, it is unlikely to lose its negative charge merely because the therapist indicates that it is perfectly normal. If the woman is really disturbed about a given fantasy, I will ask her to exaggerate it as part of her homework, elaborating and embellishing the story and carrying it out further and further. This exercise brings the fantasy under the woman’s control. As she gains confidence that she will not act out the fantasy, it loses some of its frightening aspects.

A number of trials with the same fantasy generally will make it seem less interesting. One woman reported that her father kept appearing in her sexual fantasies. This so distressed her that she would immediately stop the fantasy, and her arousal level would drop dramatically. She thought I was crazy when I told her to keep her father in her fantasies and to exaggerate his participation in the sexual activity, but she agreed to try. She allowed herself to imagine having sex with her father in many different positions and under varying circumstances. After two or three trials with this fantasy she found herself losing interest in it and was able to respond to other fantasies. Another woman in one of my groups was disturbed by sexual fantasies that included her four-year-old daughter. She kept exaggerating the fantasy until she imagined actually having a sexual interaction with the child. Although at first she could not verbalize her fear, once she exaggerated her fantasy and realized that she was not going to lose control over her impulses and actually seduce her daughter, she felt very relieved; thereafter, the fantasy occurred less frequently and with less anxiety attached to it.

If the therapist agrees to the client’s request for help in changing her fantasies, the therapist is giving the woman the message that there is something wrong with the fantasies. Regardless of what the therapist says, trying to help a client change her fantasizing may make the woman feel even worse about herself when she cannot suppress her imagination. Meanwhile, all the attention on the fantasy acts as a

bellows put to an already existing flame—it makes the concern burn more strongly.

Erotica

Women who do not readily fantasize should be encouraged to obtain written, graphic, or photographic erotica to use while masturbating. Sometimes I suggest that a woman read a compilation of female masturbation fantasies such as Friday's *My Secret Garden* (1973) or *Forbidden Flowers* (1975) to get an idea of what women's sexual fantasies are like. She may use these stories as a jumping off place from which to create her own fantasies. Such classic erotica as *The Pearl* (1968), an anthology by an anonymous author, *Fanny Hill* by John Cleland (1963), and *Delta of Venus* by Anais Nin (1977) also may prove helpful. And, of course, adult bookstores usually carry a large selection of both written and graphic erotica. The erotic materials are assigned to increase the women's arousal while doing the homework, to keep them focused on erotic thoughts other than orgasm, and at the same time to provide subject matter for future fantasies.

Some women prefer written erotica; others, visual erotica. Both types differ in style, subject matter, and explicitness, so the women may have to explore a number of examples before they find sources they like.

Since women have been socialized not to find erotica stimulating, many initially report not being aroused by it. Research by Heiman (1975) indicated that 42 percent of her subjects who showed the largest physiological change in vaginal blood volume while listening to erotic tapes reported not feeling any physical response. However, there are few women who, once they have received permission from the therapists and other group members to enjoy erotica, continue not to find some such stimuli exciting.

The only drawback with erotica is that it can prove a distraction. The woman may become interested in the story and find the logistics of turning pages while stimulating herself frustrating, or the nonsexual details may interfere with her mood. Thus, many women prefer to read a few pages of a particularly erotic section, then put the book aside and fantasize a bit or focus on physical sensations while masturbating, and pick the book up again only when arousal level decreases.

KINESTHETIC STIMULATION

Learning to focus on pleasurable feelings in an almost meditative way is an approach that works for many women. The idea is to concentrate totally on the tactile and sensual feelings so as to learn to be less and less distracted by extraneous thoughts or outside noises. One woman said that she was so tuned into her genitals that when she had her first orgasm, she felt as though her clitoris was at her chin. Most women who begin to masturbate at a very young age learn to do so by focusing on the feelings generated by the physical stimulation and frequently keep this as their major source of arousal.

AUDITORY STIMULATION

Some women find that auditory stimuli enhance their sexual arousal. Those who do may play music they find particularly arousing (strongly rhythmic selections such as Ravel's Bolero are popular). Some women make tapes of sexual experiences with a partner or of a partner or themselves reading pornography, telling erotic stories, or saying words that turn them on. These tapes can then be played during masturbation.

HOMEWORK

The homework for the fourth session is to have the women continue to masturbate while experimenting with each of the different erotic enhancements to see which are the most comfortable and effective for them.

Important Issues in the Early Sessions

During the first few sessions certain critical issues tend to arise. Anger, lesbian sexuality, strong feelings of disgust, sexual trauma, and inability to accept pleasure must be dealt with as early as possible.

ANGER

Though the expression of anger is not very acceptable in this society, anger is a powerful emotion felt by most preorgasmic women in relation to sex, and it is perhaps the central emotion to tap in

attempting to mobilize group members toward experiencing orgasm. They may be angry at their mothers for never having explained sex properly or for not providing a healthy sexual role model; they may be angry at a boyfriend who called them frigid, who put them down sexually, or who was not aroused by them; they may be angry at a current partner for getting enjoyment out of sex while they do not; or they may be angry at themselves for not being more sexually responsive.

Because these women do not feel that their anger is acceptable it remains bottled up inside, resulting in depression, guilt, or sadness. Delving beneath the surface within the group situation, where the woman feels supported by her peers, almost always helps to release some of the anger. Any therapeutic techniques that facilitate the expression of anger, such as role-playing or pillow pounding, are useful. I have found time and time again that groups in which one or two women get in touch with their anger early in the process move much more quickly than groups that avoid dealing with these feelings. Consequently, I actively elicit the anger, even to the extent of provoking the women into directing it toward me.

One woman related a recent experience with her partner that left her feeling furious. She had finally allowed herself to overcome her inhibitions and make noises during sex. Her partner responded by asking her to be quiet as she was distracting him. Her worst fear had come true. She immediately shut up and shut off. She arrived at the next group meeting seething. We gave her a pillow and told her to imagine the pillow was her lover. She beat it with her fists while shouting aloud everything she wanted to say to him. She felt better and resolved to express her anger more directly the next time. Meanwhile, another woman wanted a turn with the pillow to deal with some of her angry feelings toward a partner. She, however, merely hit the pillow and whined for a while, stopped and whined a bit more, and never really released her anger. I grabbed the pillow away mid-beating and said, "Well, I guess she's finished." A stunned silence filled the room. I then asked how people were feeling; one member said she wanted to take the pillow away from me and give it back to the other woman. I asked why she did not. She said, "You're supposed to be the therapist—you know best," to which I replied, "Would you jump off a bridge if I told you to?" Everyone realized that she was responsible for herself everywhere, even in a therapy session. This was a turning point for the group. At the end of the session, when I gave out the assignment to be totally selfless and accommodating (see pp. 132-134) one woman organized the others to resist doing this exercise. Thus, the group members for the first time realized their own power. My provoking

them helped them to understand both the power they had and how they tended to give it up.⁷

Expressing anger can be the first step a woman takes toward assuming responsibility for changing her sexual life. After she has expressed her rage toward her parents or partner, I ask whether she likes the situation as it is. Of course she does not. Then I want to know what she plans to do or whether she derives satisfaction from helplessness and suffering. The usual response, "I'm tired of waiting," ultimately gives way to "I guess I'll just have to change things myself." In this way, the anger, once acknowledged, is free to mobilize the woman to take a more active role in deciding the quality of her sexual life. Hence, it may motivate her to complete the homework assignments more conscientiously.

The nice thing about a group is that not every woman has to deal with her anger individually. If one or two women who are most in touch with these feelings are encouraged to vent them, all the group members will benefit vicariously.

LESBIAN SEXUALITY

Some lesbians prefer to join an all-lesbian group. Others, however, are willing or even prefer to participate in a group with heterosexual women. When there is a gay or bisexual woman in the group, the issue of women loving women needs to be addressed. It is necessary first to find out how the group members feel about homosexuality. Usually, at least one woman is very uncomfortable with this kind of discussion.

If the group includes a gay or bisexual woman it is important to ask her if she wants to know how the others in the group feel about her sexual orientation. She can then ask for feedback from those women she is concerned about. After she has elicited responses from the other members I point out, once again, that what turns people on and how they actually express their sexual feelings can be very different things and that the latter is more a matter of choice.

In the group each woman's individuality merits the utmost respect. The intent is not to encourage the women to conform to a particular lifestyle but to help each individual to discover her own personal and sexual needs and develop them in the most satisfactory way. Whatever her sexual orientation, every woman to be orgasmic will have to learn about her own responses first and then find out how to

communicate what she has learned about herself to her partner, male or female.

SEXUAL TRAUMA

Not all women who have been raped or molested as children or who have had sexual relations with a family member experience sexual problems in later life, but some do. No therapy can erase the trauma, yet it can help make the experience a less painful one. If a woman believes that a traumatic sexual event has some bearing on her inability to reach orgasm, it is important to explore this possibility. The exploration is pursued with the intent of disconnecting the negative experience from the woman's current sexuality so that it no longer has a hold on it.

A woman who has experienced sexual trauma will generally bring up the subject in one of the early group sessions. If I think the experience is somehow related to the woman's lack of orgasm I want to obtain the details as soon as I feel the woman has developed sufficient trust in the group to be comfortable providing them. At that point, I may ask the woman to close her eyes and experience the event again while she describes it aloud. This retelling is generally very emotional. Then I want to find out how she feels about having shared her experience with the group. One woman who had recounted such an episode told the group after she finished that she felt as if she had just shown everyone her wooden leg. She needed to know how they felt about her, given this terrible and shameful deformity. The group members are nearly always sympathetic, reassuring, and caring. After the woman receives sufficient feedback to feel supported I make it clear that there is no way we can make the memory disappear. However, she can either allow the negative experience to influence her sexuality for the rest of her life or she can attempt to get beyond it. To date, I have not found that sexual trauma prevents women from becoming orgasmic.

DISGUST AND AVERSION

One of the most effective ways to work with disgust and aversion to one or another type of sexual activity is to give the woman permission to have such feelings and even to encourage her to exaggerate them. I always acknowledge and accept the feelings as normal, given our society or the attitudes of her parents, and reassure the woman that the intensity of her feelings will decrease over

time. Meanwhile, I encourage her to follow through with the homework assignments while fully experiencing the aversion.

A woman who recently completed a group called me to tell me how helpful the program had been for her. She especially wanted me to know, because she felt it would help me to help other women, that my telling her to let herself experience her feelings of disgust when she masturbated helped her more than anything else. She could now masturbate comfortably and even though the negative feelings appeared from time to time, she could accept them and still allow herself the pleasure of the experience.

Some women find that certain negative thoughts tend to appear while masturbating or making love with a partner. These thoughts or images not only distract the woman from the pleasure she is experiencing but frequently change her mood from arousal to revulsion. In these cases also, the woman is asked deliberately to exaggerate the negative thought or image. For example, one woman was repulsed when her husband sucked on her nipples. The image of farm animals suckling flashed before her. She did not understand why this thought should disgust her and could recall no negative experiences involving animals or animals suckling. She was given the assignment of exaggerating the image whenever her husband kissed her breasts. After imagining one farm animal suckling, she was to imagine others, then to imagine the animals fornicating while suckling or performing whatever act came to mind. Thought-stopping was the next part of the procedure: when the image of suckling animals flashed, she was told to redirect her attention consciously to the pleasure she was experiencing in another part of her body, her genitals, for example. With some practice at exaggerating and refocusing, she found that negative thoughts only minimally intruded on her sexual pleasure and that when they did, she had sufficient control to refocus on something pleasurable, thereby restoring her sexual arousal.

THE RIGHT TO PLEASURE

The greatest single problem in the initial sessions of the group is helping the women feel justified in spending time on the homework exercises. These are women who are well socialized in the female role. Giving is more important than receiving. Others like you better if you fulfill their needs first, and to be liked by everyone is one of the most common measures of self-worth for the American woman. The result is that women either do not even recognize their needs or, if they do, refuse to acknowledge and

fulfill them. At the same time, they feel growing resentment, which cannot be expressed at all or can be expressed only indirectly so as not to threaten their sense of security.

Many women feel they are worth less than others. And without a sense of self-worth, how can a woman feel justified in asking for more time for lovemaking, more body massage before genital stimulation, specific types of genital touching, or other prerequisites for orgasm?

Beverly: When I get way up there, I feel stimulated the rest of the day.

Therapist: And that's why you should do your homework the next day or later on that day again. You didn't get a vibrator.

Beverly: I'll have to. I want to feel this release aside from feeling that I'm close to it.

Therapist: Who's going to give you the answer?

Beverly: Nobody.

Therapist: Because I have a feeling—and I could be wrong—I have a feeling that you think the answer is somewhere outside. Either you will have to have a partner, it's going to be in a book, a therapist will give you the answer to it, if you just breathe deeply, if you read the right book, and what you are not quite doing enough of is spending this time with yourself. When you do it, when you spend the time with yourself, you really do move somewhere. And then you wait a whole other week before you really do it again.

Abby: I was observing the same thing. What I wanted to say is that you've got the answer. Nobody else has the answer. I have a feeling that there are a lot of ways you expect other people to give you the answer, the leadership.

Beverly: Maybe in this particular thing, yes, but ordinarily, no.

Therapist: I have a question. Do you really think you have a right to this?

Beverly: It's not having a right. I don't deserve things. I put myself last.

Therapist: Right. You put yourself last.

Beverly: I know that. With people I've gone to as therapists, they've said part of what you're saying. They just haven't seen, or been exposed to, someone who puts herself at the last, first taking care of her husband and mother and the children, and always the big rescuer. Which I realize I have been all my life, never speaking up for myself.

Therapist: You're still not thinking of yourself. We have to realize that you're hard-core so when you're making changes, part of you is looking at how difficult it is and how many more changes there are still left to make.

Beverly: The release would make me feel good, wouldn't it?

Therapist: You don't do anything that makes you feel good. That's the basis of this whole thing. Putting yourself at the

bottom in a lot of things. What's not an easy thing for you to do is to make yourself feel good. You don't have much practice at it—in a lot of areas.

Beverly: The goal—isn't it to make me feel better?

Therapist: Yeah, but how are you doing that in other parts of your life? I'm wondering how you can let yourself feel good sexually if you don't let yourself feel good in a lot of other ways. Also, you have a kind of goal orientation. Like, if I have my orgasm I will do better. The orgasm is pure pleasure. That's all the orgasm is, letting yourself build up and enjoying the pleasure and taking the time to do that. And in order to do that, you have to start feeling that somehow you have a right to take this time, relaxing with yourself, feeling good with yourself, saying no to other people because they are taking up all of your time when you need some for yourself. It's not like, "Okay, I have two hours to get to that goal." How are you feeling now?

Beverly: No, I think, my first thought was that nobody really will like me. It's hard for me to ask for something from them. [Starts to cry]

Therapist: Try asking. Stay with your feelings.

Beverly: I'd like a hug. Abby?

[They hug]

Therapist: Is there anybody else you want a hug from?

Beverly: Each of you.

[She gets a hug from each woman]

Therapist: How are you feeling right now?

Beverly: I feel good.

Therapist: What you just did here was take care of yourself. I just want you to think about that because that's what you did by asking for hugging and some caring and that's one way to get it. The other way is to relax and spend some time with yourself.

In teaching women to be orgasmic, these groups give them a new sense of their right to be respected and to have pleasure and a feeling of internal strength and security that enables them to disagree with others and still feel worthy of being loved. Possibly these dramatic changes occur with such rapidity because the group process rides on the coattails of a natural developmental process. The majority of women attending the groups range from their late twenties to their mid-forties. According to Sheehy, "The passage to the thirties stimulates a subtle psychological shift on all fronts. 'Me' is just starting to take on as much value as 'others' [1974:140]." The groups support this internal shift by giving the women

permission to place themselves and their needs first.

Yes-and-No Exercise

The assignment that is most helpful in effecting this change is the Yes-and-No exercise. It is the single most useful exercise I have found for psychotherapy clients with low self-esteem.

The no's were developed to overcome the difficulty many women had in finding time to do the homework. The exercise requires the women to say no to three things they do not want to do but would ordinarily agree to do. They can say no to themselves about something they feel they should do as well as no to someone else when a request is made of them.

In this assignment, I am giving the women permission to do what they really want to do anyway. Many women have reported at the next session that the only reason they were able to say no was because it was an assignment. If the experiment did not turn out well, they could always put the blame on me—after all, they were just following directions. But the results almost invariably surprise the women. They are delighted with the free time they gain by not being encumbered with unacceptable and unnecessary responsibilities. They also end up feeling really good about being able to say no and having their stance respected. Their worst fears are not realized. The people they turn down do not shun them; their husbands do not leave them. Most of the time, their response is accepted immediately with no argument at all. This result encourages them to try the exercise again—and slowly produces a new sense of self-worth and power. To help insure that the experience will turn out favorably, I encourage the women to say no to small things and to people who are good friends: refusing to admit a babysitter who always arrives an hour early and has to be entertained; saying no to a relative who wants to be taken shopping on the woman's only free afternoon; not doing the dishes when the woman would rather go to sleep and clean up in the morning. I discourage applying the exercise to major issues for the first few trials. Nonetheless, one woman told a co-worker that she would no longer do extra typing because it was not part of her job, a task she had been resenting for months. Another returned a used automobile to the dealer after discovering that her request for a new transmission had somehow been "overlooked." Soon the women begin to realize that they have rights and they start to stand up for themselves.

The Yes exercise is the opposite side of the same coin. The women are to ask for or let themselves

have three things they would like but ordinarily would not seek or accept. Again, I am providing permission for them to do what they really want to do. The yes task is difficult for those women who have an intense fear of rejection. Soon they begin to realize that if they never ask for anything, they never get rejected, but they never get what they want either. One therapist I trained is fond of saying that if she is not turned down three times a day, she has not asked for enough. The more she asks for, the more she is likely to receive. This exercise helps to sever the connection between being refused something and being rejected personally, an important distinction.

Again, in assigning the Yes task I stress the importance of small requests at the beginning: asking their husbands to make dinner or get them a glass of water; treating themselves to something they want but have denied themselves. The result of saying yes is similar to that of saying no. The women are amazed when their partners are willing to help them out, if their partners refuse, they are amazed that they are not devastated. And refusal gives them stronger permission to refuse requests in turn when they feel so inclined. The women soon see the extent to which they have been depriving themselves, and this realization mobilizes them to take charge and get more for themselves.

By the third or fourth session I assign the No exercise to aid women who are having difficulty setting aside time to do the homework. Although the assignment is prompted by one or two women who are finding that outside demands are interfering with their homework time, I usually ask all the group members to complete it. Sometimes I assign both parts of the exercise together; sometimes I assign the No task at one meeting and the Yes task at the following session, depending upon how much other homework has been assigned. It is not uncommon for group members or for myself to reassign the Yes-and-No exercise when it has been of benefit.

Jenny: It's the business of saying yes. And I'm really having a hard time. Friday night something happened that really showed me how difficult it was for me. I came home late and I was going to the theater that evening. So I called the couple I was going with and I said, "I just got in. I have to change and eat something. Why don't you drive around and pick me up. It will give me a couple of minutes." So I was racing around the house madly and the phone rang, and she said, "Barry is not leaving the house for five minutes," by way of telling me that I had more time and I could slow down. But I heard, "Well, since you have more time, why don't you walk around the corner." And this is all of a three-second hop. I said, "I still would rather you pick me up." And she says, "Oh, no. I'll still pick you up. I just wanted you to know that you had a couple more minutes. You could slow down so as to not get indigestion." And I said, "Oh, thanks." So, I did ask for something, which I normally don't do—and then the bit of threat that it was being taken away from me. And I haven't asked for anything since. So asking for things I need is still very difficult.

Maria: I did something. We were going to sleep at night, and I felt really turned on, and I wanted to have sex with him. Usually I just think he's so tired and I turn over and go to sleep sadly. This night, I was so turned on, I wasn't going to let him sleep. So I went straight for him, for that beautiful penis, and he said, "Please massage me first. You make me feel like a sex object." It was so funny. I started laughing and I started massaging him.

Josephine: I did something at work. I asked if I could work a Wednesday night and not a Saturday night. I've been working weekends for two years. And he said, "No, we can't do it." So I came back later and asked again. He said, "Well, no. I can't take the night away from the other waitresses." But he said I could have Saturday off anyway. I thought about it and even though I really can't afford it, called him up and said, "Okay, I'm taking Saturday night off."

The Yes-and-No exercise not only affects the women's self-esteem and sense of power but also paves the way for necessary sexual changes. If a woman feels she has no right to say no to sex and must participate whenever her partner so desires, she will view sex with resentment. She may fulfill his needs, but she will not enjoy herself. Only when she can say no to sex without feeling guilt is she free really to enjoy sex and even to initiate it. This dynamic is particularly apparent in women who claim they have little or no interest in sex.

Learning to ask for things outside the bedroom and not feel devastated when a request is refused or when results prove disappointing paves the way for being able to ask for things inside the bedroom. A woman must make specific requests of a partner regarding the kinds of touching she likes if she is to find sexual interactions fulfilling.

Totally Accommodating and Selfless Exercise

Most women are so well socialized into the role of caretaker that they frequently anticipate the needs of others. Often they end up anticipating needs which don't actually exist. This habit leaves the woman feeling short-changed and resentful. She believes that her favors are never returned to the degree to which they are given. She then blames those around her for being insufficiently responsive when the problem generally lies in her own over-responsiveness to others and lack of self-caretaking.

To make the women more aware of this automatic process so that they can gain conscious control over it I ask them to set aside one to four hours one evening or afternoon in which to be totally accommodating and selfless: they are to be the perfect caricature of a wife who not only fulfills her partner's every wish but even satisfies those he has not yet thought of. The woman is not to tell the

partner about the exercise ahead of time to insure that he does not abuse the opportunity, though I encourage the women to tell their partners about the assignment after they have completed it. Remarkably, most partners notice no difference in the women's behavior, a result that emphasizes, the excessive degree to which the women usually are accommodating and selfless.

Frequently, group members resist doing the exercise, claiming that they are trying to eliminate this particular form of behavior. In such cases I make it clear that they are doing many things unconsciously and that the exercise will make them more aware of their behavior so that they can begin to control it. For example, one woman carried out the exercise for an hour. After she decided to stop, she experimented by telling her husband she was thirsty. He merely replied "Uh-huh." She was furious at the next group session, saying that if he had said he was thirsty she immediately would have gotten him some water or tea. After some group discussion the woman realized that her response was inappropriate and that her husband had acted quite reasonably: she never actually asked him for a drink; she only mentioned that she was thirsty. She began to understand that she was over accommodating and that her husband's lack of appreciation might stem in part from the fact that he may not have wanted some of the things she had been providing. Consequently, the woman stopped being so accommodating. She felt less resentful, and her husband was happier because she was not angry with him all the time.

This exercise had an unexpected result for another woman. She was often upset with her husband because she felt that although they both worked he failed to do his fair share of household chores. One night when he arrived home from work she told him to sit and relax while she fixed him a drink and dinner. In a few minutes he was in the kitchen insisting upon helping her. The next time she tried this tactic, the same thing happened. Finally she realized that she would usually criticize her husband for not helping before he had an opportunity to offer his assistance. As she complained less, he helped more.

Other women discover different things about themselves, but few have not benefited considerably, in awareness if not in behavioral change, from the exercise in being totally selfless and accommodating.

Notes

- 1 Members are free to discuss general subjects brought up during group meetings, but they are not to divulge any identifying characteristics of other members or their partners.

- 2 It is important to remember that the sensitivity of specific areas of the genitals varies from individual to individual. For example, many circumcised males report that the area of greatest sensitivity is located at the intersection of the midline and the circumcision scar.
- 3 I prefer the film *Reaching Orgasm*, produced by C.O.R.T. at the University of California Medical Center, San Francisco. Other films are available from the Multi-Media Resource Center in San Francisco.
- 4 Produced by Multi-Media Resource Center, San Francisco.
- 5 Betty Dodson, however, uses a live demonstration in her *Bodysex* workshops for sexual enrichment and this approach seems to work well for many of her clients.
- 6 Women have recommended coconut oil, mineral oil with vanilla or almond extract added, and various commercial products such as Albolene, Johnson's Baby Oil, and Physician's Emollient.
- 7 Not every therapist would feel comfortable with such a provocative stance; however, the importance lies not in the style but in the ability to utilize the women's anger as a mobilizing force.