

SENSATE FOCUS

At the beginning of therapy, each couple is asked to refrain from direct sexual interaction involving genital contact. This approach helps to remove performance pressures and provides a framework for breaking the fear-spectatoring-failure-fear cycle that is often deeply ingrained. To learn more effective ways of sexual interaction, the idea of sensate focus is introduced.

In the first stage of sensate focus exercises, the couple is told to have two sessions in which they will each have a turn touching their partner's body--with the breasts and genitals "off limits." The purpose of the touching is not to be sexual but to establish an awareness of touch sensations by noticing textures, contours, temperatures, and contrasts (while doing the touching) or to simply be aware of the sensations of being touched by their partner. The person doing the touching is told to do so on the basis of what interests him or her, not on any guesses about what his or her partner likes or doesn't like. It is emphasized that the touching should not be a massage or an attempt to arouse the partner sexually.

The initial sensate focus periods should be as silent as possible, since words can detract from the awareness of physical sensations. However, the person being touched must let his or her partner know--either nonverbally (by body language) or in words--if any touch is uncomfortable.

Although many people say, "Oh, we've touched lots of times before--can't we just skip this and go on to a more advanced level?" this first stage of sensate focus is critical in several ways. It allows the therapists to find out additional information about how a couple interacts that supplements their histories in important ways. This stage also has a specific treatment value of its own, as shown by the fact that many men who have not had erections for years in attempts at sex suddenly discover a king-size erection probably because the performance demand was removed. After all, they were told that sexual arousal was not expected but even if it occurred, it was not to be put into action. Finally, it provides an excellent means for reducing anxiety and teaching nonverbal communication skills.

In the next stage of sensate focus, touching is expanded to include the breasts and genitals. The person doing the touching is instructed to begin with general body touching and to not "dive" for the genitals. Again, the emphasis is on awareness of physical sensations and not on the expectation of a particular sexual response.

At this stage, the couple is usually asked to try a "hand-riding"

technique as a more direct means of nonverbal communication. The couple takes turns with this exercise. By placing one hand on top of her partner's hand while he touches her, the woman can indicate if she would like more pressure, a lighter touch a faster or slower type of stroking, or a change to a different spot. The male indicates his preferences when the situation is reversed. The trick is to integrate these nonverbal messages in such a way that the person being touched doesn't become a "traffic cop" but simply adds some additional input to the touching, which is still primarily done based on what interests the "toucher."

In the next phase of sensate focus, instead of taking turns touching each other, the couple is asked to try mutual touching. The purpose of this is two fold: first, it provides a more natural form of physical interaction (in "real-life" situations, people don't usually take turns touching and being touched); and second, it doubles the potential sources of sensual input. This is a very important step in overcoming spectatoring, since one thing the spectator can try is to shift attention to a portion of his or her partner's body (getting "lost" in the touch) and away from watching his or her own response. Couples are reminded that no matter how sexually aroused that may feel, intercourse is still "off limits."

The next stages of sensate focus are to continue the same activities but at some point to shift in the female-on-top position without attempting insertion. In this position the woman can play with the penis, rubbing it against her clitoris, vulva, and vaginal opening regardless of whether there is an erection or not. If there is an erection, and she feels like it, she can simply slip the tip of the penis a bit inside the vagina, all the while focusing on the physical sensations and stopping the action or moving back to simple non-genital touching or cuddling if she or her partner become goal-oriented or anxious. When comfort is developed at this level, full intercourse can usually occur without difficulty.

As simple as these techniques may sound, it is important to realize that they are use a part of a detailed program of psychotherapy, not just grabbag of "gimmicks." The remarkable thing is how dramatically and effectively these techniques work, even in cases where severe sexual dysfunctions have been present for 10, 20, or 30 years.