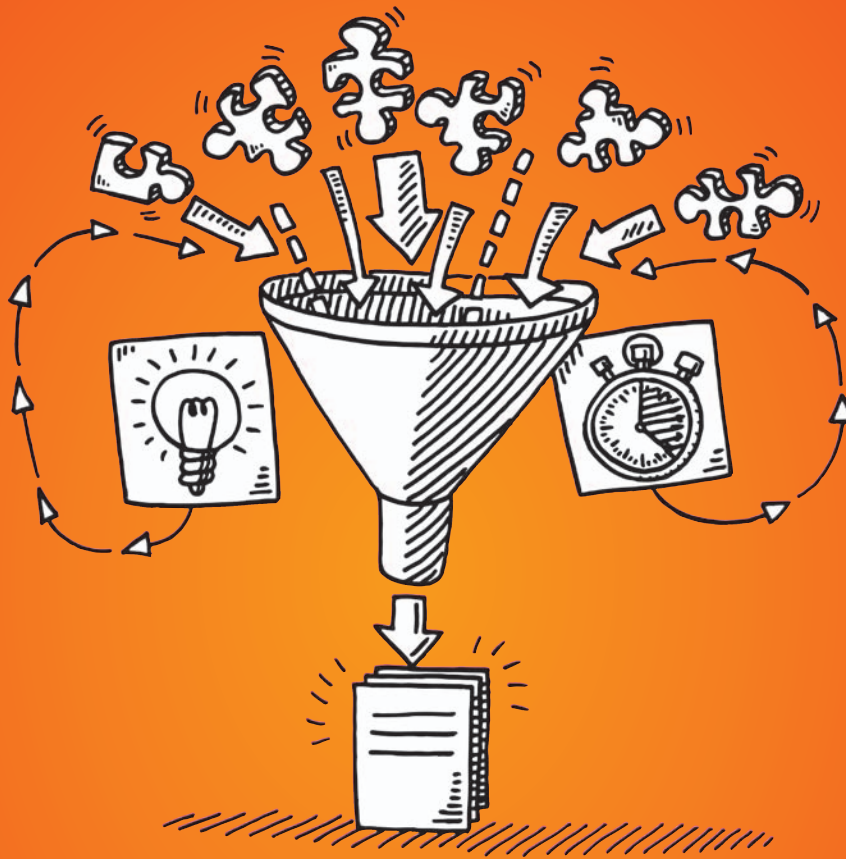


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Reclaiming the Lost Art of Sensate Focus: A Clinician's Guide

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Sensate Focus is a widely used, long-standing intervention strategy for treating a multitude of sexual and relationship difficulties. A recent study of sexologists found that more than 85 percent of 115 respondents utilize sensate focus in their practice today, in some fashion (Weiner & Stiritz, 2014). While Drs. William Masters and Virginia Johnson (Masters & Johnson, 1970) developed Sensate Focus, their publications have left many clinicians confused about the difference between Sensate Focus and erotic touch exercises.

What Is Sensate Focus?

Sensate Focus is a hierarchical series of touch exercises aimed in its initial phase at managing or eliminating performance expectations for any specific emotion, whether it be pleasure, relaxation, or arousal. These performance demands result in anxiety, or fears of performance, that interfere with sexual involvement (Weiner & Avery-Clark, 2014). The critical difference between Sensate Focus and erotic touch exercises is that Sensate Focus involves touching for one's own interest, curiosity, and exploration, not for one's pleasure or arousal, and not for one's partner's pleasure or arousal. When couples get distracted with anxious thoughts while engaged in Sensate Focus, they are taught to mindfully focus on and explore the concrete and reliably available aspects of touch, namely temperature, pressure, and texture (TPT).

How it works

Suggest that your clients:

- Dedicate one hour of uninterrupted time, two or three times a week, to Sensate Focus
- Disconnect from electronics, pets, children, or other distractions
- Take turns touching, and alternate who initiates the touch (although the more anxious client may initiate the early sessions)
- Make sure that:
 - There is some lighting in the room
 - There is comfortable temperature
- Remove as much clothing as possible, preferably all
- Use only non-verbal communication to maintain sensory focus
- Keep eyes opened or closed, whichever aids absorption
- Avoid alcohol or recreational drug use

Touch

The goal is for each of your clients to focus entirely on his or her own touch experience. Intentional sexual pleasuring, orgasmic release, and/or intercourse are strongly discouraged during the first stages of Sensate Focus. Instead, each is to turn his or her attention to TPT as often

as needed, focusing on: What is the temperature? Where is it cooler or warmer? Is the hair and skin texture smooth? Dry? Rough? What is harder or firmer? Where is it lighter or softer?

In order to emphasize the non-demand attitude of touching for one's own exploration, clients are encouraged at first to avoid breasts, chest, and genitals. If arousal occurs, let your clients know that this is completely natural. They should experience the aroused feeling without doing anything about it, and then return their focus to TPT. If orgasm occurs, they are encouraged to continue with the touching.

These points are continually reinforced by the clinician who emphasizes:

- Touch for your own interest and curiosity. Sensate Focus is not massage, it is not sex, and it is not intended to arouse you or your partner, although it may. If arousal occurs, just notice and refocus on TPT
- Touch using hands and fingers only; no kissing or full body contact
- Include all of the body in the contact, except for areas that are off limits
- Focus on sensations of TPT. If distracted by anything else, including anxieties, refocus on TPT and then move to a new part of the body once fully focused on sensations again
- Touch long enough to get over any initial awkwardness but not so long as to get tired or bored (if that happens, move to a new spot)
- Take turns touching and being touched in each session
- Protect your partner from doing anything physically uncomfortable by non-verbally redirecting his or her hand away from that area for the moment, or by practicing handdriving, the placement of the hand over or under the partner's to non-verbally

communicate, as needed. The toucher can always return to that area a little while later

Stage I: Body exploration without touching the breasts and genitals

In the initial phase, your clients are urged to choose any position that is comfortable. They touch avoiding breasts and genitals, focusing on TPT and refocusing when attention shifts. For variety, they can add hypoallergenic, water soluble, lanolin-free lotion once they have mastered touching for their own interest and as long as this does not promote a demand for pleasure, relaxation, or arousal.

Stage II: Body exploration with breast and genital touching

Next, clients are encouraged to build upon these first suggestions by assuming positions that include breast and genital contact. The person touching sits up against the headboard, pillows behind, with his or her legs out in front in a V, or slightly opened, shape. The partner lies face up, legs bent up and over the toucher's thighs with genitals close but not touching. The breasts and genitals can be included in the touching, excluding finger insertion. Breasts and genitals are included as any other part of the body, and not as the main focus. The focus continues to be on TPT.

Stage III: Mutual touching

Next, patients add mutual touching in any position they choose. Now there are sensations of touching and being touched simultaneously, complicating the focus. Clients move their attention back and forth.

Stage IV: Mutual touching with astride

The next step is for one partner to go astride the other, and engage in genital-to-genital contact. The genitals are used exactly like the hands, simply as a focal point for TPT.

Stage V: Mutual touching and astride with insertion

During Level 1 of astride with insertion, the astride partner can slowly insert the penis while maintaining focus on containment sensations, and with no thrusting movement. During Level 2, movement is gradually included as long as a non-demand attitude is maintained. These instructions can be modified as appropriate for couples who do not desire insertion and/or modified for partners interested in anal rather than vaginal insertion as part of their sexual expression.

Processing the touching sessions in therapy

During the therapy session, you, the clinician, may find these questions helpful:

- Can each of you tell me about the touching sessions from your perspective?
- How many times were you able to do the sessions?
- Who initiated each? How did you each initiate?
- Can you tell me in TPT terms the sensations on which you were able to focus when you were touching?
- When you were being touched, what touch sensations did you notice, and were there any differences from when you were touching?
- What were some distractions, and what did you do to handle these?
- Did you experience arousal and, if so, what did you do? What was that like?
- Did you need to move your partner's hand away from something uncomfortable?

Frequently asked questions by clinicians

Q: What do I as the clinician do if the clients have intercourse before they are supposed to?

perspectives

A: Help them process what was going on that led to their having intercourse instead of doing Sensate Focus. Then gently bring them back to the exercises.

Q: What do I do if they say they don't have time to do the exercises?

A: Explore whether this is really about time constraints or resistance to making progress: What would making progress mean?

Q: What if they say they are ticklish?

A: Being ticklish may be a result of anxiety. Encourage handdriving to help clients feel more in control.

Summary

Sensate Focus is an intervention that clinicians can use to teach people how to manage sexual anxieties, preoccupations, and distractions, thereby allowing their bodies to respond naturally. Focusing on temperature, pressure, and texture

can calm their apprehensions by directing their attention onto their own, dependable experience rather than onto their partner's unpredictable responses.



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