

Seven Weeks to Better Sex

Second Edition

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IT'S NOT ALWAYS EASY "DOING WHAT COMES NATURALLY..."

- "I'm too tired for sex."
- "My husband is the problem; fix him."
- "My wife is the problem; fix her."
- "We're always fighting; who wants to make love?"
- "He wants it five times a week. I'd be happy with five times a month."
- "We still enjoy sex, but our bodies aren't what they used to be."
- "I'm not feeling too sexy since the birth of our second child."
- "I don't know how to please my partner, and I'm afraid to ask."

Could any of these voices be yours? Whether you have a serious sexual concern or simply want to make your intimate relationship more rewarding, Dr. Domeena Renshaw, the founder and director of the Loyola Sex Therapy Clinic, has the solution in . . .

SEVEN WEEKS TO BETTER SEX

- A step-by-step method to liberate your sensual self
- The seven R's of a relationship - and how to build loving intimacy
- Loveplay exercises, real-case histories, revealing questionnaires, and more . . .

Acknowledgments

I would like to acknowledge and thank the following people whose work has inspired me and helped me shape the Loyola Sex Therapy Program: William Masters and Virginia Johnson; Frederick Perls, the father of Gestalt therapy; William Hartman; David D. Bums; Max Hamilton; and Marc Hollender, MD.

I also want to thank Elliot Levine, MD, and Dennis Krauss, MD, for reviewing the drafts of this book.

Finally, I wish to thank the many patients whose lives have touched mine and enriched my experience. Just as I have learned from my patients, the readers of this book will gain much from accounts of others who have experienced sexual problems and have found solutions through therapy and their own committed efforts.

I have made every effort to protect the privacy of our patients and to preserve the confidentiality of the physician/patient relationship. Some of the case histories in this book are based on real patients, to reflect genuine experience; these patients' identities have been thoroughly disguised to protect their privacy. Other case histories represent a composite of people and situations I have encountered in my work. I have constructed these composites to illustrate and clarify specific problems that are common to a great many people. None of the case histories in this book describes actual people or events; any resemblance to real people is purely coincidental. Likewise, none of the letters found throughout this book are the private correspondence of patients; they are based on feelings expressed by patients with whom we have worked.

DOMEENA RENSHAW, MD

Introduction

You Can Be Your Own Sex Therapist

How This Book Can Help You Have a Better Sex Life

“We’ve been married three years and I’ve never had an orgasm.”

“With two little kids, we’re too tired to have sex.”

“I don’t really enjoy sex; I just want to get it over with.”

“I’m too hurt and angry to make love.”

People with sexual problems don’t make news. We hear all about the people who are sexually active or who flaunt exotic sex, but nobody talks about the people who have problems with sex, or questions, or shame. Each time I’m interviewed on a TV talk show I get thousands of letters from people who are frustrated because they can’t find help for their sexual problems. I wrote this book for those people. And I wrote this book for you.

You may not have a sexual problem that is as serious as some of those presented in this book. In fact, you may not have a sexual problem at all. You may just want to enrich your sexual relationship. You can find that kind of help here too. Completing the questionnaires and exercises I’ve included will reveal many things about yourself that you and your partner may never have thought about or known. And doing the loveplay at home will bring you closer together.

This book is designed to help couples who are in a committed relationship overcome sexual roadblocks and understand their sexual problems. If you and your partner are having sex problems, you will take a big step toward resolving them by reading this book. But you can’t improve your sex life just by reading. You must also do the exercises I recommend. The good news is that sexual problems are treatable. You can overcome them. But the success of treatment depends

not on this book or on me, but on you. The more faithful you are in doing the exercises in this program, the more likely that your sexual problems will be resolved, provided there are no underlying physical causes for them.

Who Am I to Tell You How to Improve Your Sex Life?

I have directed the Loyola Sex Therapy Clinic for the last thirty-two years. In that time, my colleagues and I have helped more than twenty-five hundred couples overcome their sexual difficulties. You're probably wondering how I became an expert on sexual problems. It certainly was not by the direct route. Here's a brief biography. I was born and raised in South Africa. At age fifteen, I decided I wanted to become a doctor after my father and I witnessed a car accident. We found one of the passengers thrashing and groaning on the ground, complaining of a broken leg. But I could see that the man's leg was not broken because he was able to move it. So I began talking to him, assuring him that he was fine and trying to convince him that he could walk. After a while, the man sat up, stood, and then walked away from the scene of the accident.

I had never even heard the term "psychiatry," but that experience fascinated me. That man had gone from a state of panic and fear to one of calm, just by talking it out. I wanted to know more about the way the mind works. Boldly, I told my parents I wanted to go to medical school. But they would not hear of it-their daughter was supposed to stay at home. My parents threatened to disinherit me, said they'd never speak to me again, and declared I would be responsible for their early deaths from stroke. All this clamorous family opposition prepared me to become a calm and effective therapist.

Eleven years later, at age twenty-six, I had finally saved enough money to begin taking classes at the University of Cape Town Medical School. While I was there, I met Dr. Paul Dudley White, the renowned heart specialist, who asked me to do a residency in

pediatrics at Boston Children's Hospital. That's how I first came to the United States. I completed my residency in Boston and then, a week before I was about to leave for home, I met my future husband, Robert. He wrote to me every day while I was working in a missionary hospital in South Africa. Three years later, he came to Africa to marry me. We returned to the United States and, after completing my specialty training in psychiatry, I got a position in the psychiatry department at Loyola Medical School, just outside of Chicago.

How did the sex clinic get started? By geographic chance. But it also fulfilled an unmet need. In the early seventies, the psychiatry department was sandwiched between the gynecology and urology departments. The gynecology department began sending me women who couldn't have an orgasm and the urology department started referring men who couldn't get an erection. But sex education, it seemed, was a problem for both patients and doctors. My psychiatrists-in-training would say, "She couldn't have an orgasm, so I sent her home" or "He had premature ejaculation, so I sent him home." I said to the doctors, "What do you mean, you sent them home? Why didn't you treat them?" They answered, "We don't know how." As a full-time faculty member, I realized if I didn't teach the doctors, no one would. So I studied Masters and Johnson's newly published sex therapy techniques and adapted them for use in our program here at Loyola. Over the years, I have enlarged and refined the program to make it as meaningful as possible for couples who need help.

When I opened the Loyola Sex Therapy Clinic in 1972, I predicted that I would treat all the people in town who had sexual problems and train so many other therapists that I'd put myself out of business in two years. No such luck! Thirty-two years later there is still an eight month wait for couples to begin sex therapy at Loyola. And many more couples write to say they do not have access to sex therapy where they live. The need is strong. That's why I wrote this book. So I could help you help yourself at home.

What Is Sex Therapy?

In the Loyola sex therapy program, couples are paired with teams of two therapists. Each therapy team includes one man and one woman and at least one of the two is a medical doctor. Each couple and their therapist team meet once a week, in the evening, for seven weeks. I can't meet with every couple individually, but I supervise the therapists (I call them cotherapists) and talk directly to the couples in a lecture format every week. The therapists and I are not really the ones who perform magic in our clinic-the couples themselves are making miracles happen. That's why the therapy can work for you at home; this book will give you the right tools, but then it's up to you to work with them. If your partner is reluctant at first, don't wait for him or her to begin. Take the initiative yourself by reading this book and doing some of the solo exercises. Then get your partner involved.

Sex therapy combines sex education and relationship therapy with sexual activity at home (I call it home loveplay), which progresses weekly from caressing without touching the genitals all the way to intercourse. (All of the couples' sexual activity is done in the privacy of their own home. We *never* use sexual surrogates. I consider the practice unethical.) Many sexual problems arise from sexual misinformation - or no information at all. Sex education and home loveplay can help couples "unlearn" unsatisfying sexual behavior patterns in a brief period of seven weeks. These techniques can help you too. This book will show you how.

The home loveplay exercises are the key to success in sex therapy. In this book, you'll learn how to do the same home loveplay exercises done by the couples who go through our sex therapy clinic so you can duplicate the program at home.

You'll also complete the same questionnaires our couples use at the clinic. These can give you better insight into your sexuality and your relationship. You will also do the same exercises during the middle

weeks of sex therapy. These are designed to evoke your feelings about your relationship—feelings you may have forgotten from long ago. Using these techniques, sex therapy treats the whole person: body, mind, and feelings. Again I must stress that you both need to participate in the exercises and the home loveplay; just reading the book is a good start, but not enough to help you achieve the results you want.

That brings me to another point. Sex therapy is couple therapy. That means that both of you must “be your own sex therapists” together. In our clinic, we say that the relationship is the patient, not the individual partners. You may think “Jack is the one with the sex problem, not me” or “Cindy has a hang-up, so I don’t have to go through sex therapy.” Wrong! When a sexual problem exists, it affects both of you. Your *relationship* is what you are trying to improve. So both of you must do the exercises, the questionnaires, and the loveplay to benefit from the program. Sex therapy is a commitment, and both of you must be willing to set aside time for it.

Although the couples we treat in our sex therapy clinic are married, you don’t have to be married to benefit from this book. Single or married, young or old, heterosexual or homosexual—the important thing is that you and your partner are committed to each other and to your relationship.

An affair - whether sexual or emotional - is a major barrier to closeness. A relationship outside of your primary relationship betrays your commitment and destroys trust, which is difficult to regain. If you are sexually involved with someone other than your primary partner, you must break off this relationship before you can honestly begin sex therapy. That’s a basic rule for ethical conduct. Otherwise, you’re playing a dishonest game.

Being your own sex therapist will be different from going to our clinic because you are on your own. You won’t have two therapists to report to every week. No book can completely replicate the experience of attending our clinic. On the other hand, you will get much information in this book about sexual problems, their causes, and their treatments. And you won’t have to travel to Chicago to see me!

You will learn that large doses of humor can help you get through some of the more embarrassing or difficult parts of sex therapy at home. For example, if you are fumbling with a new sexual position, laughter can make the attempt fun instead of turning it into an uncomfortable moment or a blaming session. Humor helps take the edge of seriousness off your sexual encounters with your partner so you both can relax, feel better, and get closer.

Success Stories

Overall, sex therapy has an 80 percent success rate in reversing sexual problems, such as the inability to reach orgasm in women and erection problems and premature ejaculation in men. But there is no magic formula - couples must faithfully do the exercises I describe in this book to resolve their problems. If you and your partner struggle with a sexual problem, this book will show you that you are not alone. No matter what your problem is, help is available. Our approach works. Here are some success stories:

- Dennis, age thirty-nine, had had sporadic erection problems throughout his fifteen years of marriage to Marie. He worried constantly about his performance in bed, and it affected not only his sex life but their entire relationship. During the seven-week sex therapy program, he learned how to overcome his performance anxiety. Now his erection problems have vanished and the couple enjoys a regular sex life for the first time in their marriage. "It's been like a second courtship," says Dennis. "We wish we'd known about sex therapy ten years ago."
- Laura was a forty-two-year-old travel agent who had never experienced an orgasm. She had come from a sheltered environment in which her family never discussed sexuality. Although intelligent and successful, Laura knew very little about her own body and its sexual responses. During sex therapy, she got a thorough education

in sexual anatomy and learned how to explore her body to find out what she needed to become aroused. She also learned how to communicate her needs and desires to her husband. By the sixth week of therapy, she had reached orgasm for the first time in her life.

- Eric and Maggie entered sex therapy because they both had lost interest in sex. The couple had three-year-old twins and both worked full time. In addition, Eric was training for a half-marathon running race, something Maggie saw as an unnecessary intrusion on their already limited time together. Eric and Maggie were exhausted and irritable. Sex was always the last thing on their list of “must-dos.” In sex therapy, they discovered how fatigue and anger were affecting their sex drives. They learned to compromise in sharing the time they needed for each other, and their interest in sex blossomed as the weeks passed.

Before I close, I want to acknowledge and extend my gratitude to William Masters and Virginia Johnson, who risked their careers to scientifically study human sexuality in the 1960s. They developed many of the techniques I use in my sex therapy clinic-techniques you’ll find in this book-including sensate focus (which is the part of the program I’ve developed called home loveplay) and the squeeze technique. Without Masters and Johnson’s landmark studies, we would have far less information about human sexuality to work with than we do today.

DOMEENA RENSHAW, MD

Contents

Part 1: The Inside Facts About Sex Problems

- 1 - *What Causes Sex Problems?* 3
- 2 - *The Sex Education You Never Had* 26
- 3 - *The Six Most Common Sexual Problems* 52
- 4 - *Intimacy and Intercourse* 88

Part 2: Seven Weeks to a Better Sex Life

- 5 - *Week 1: Give Yourself a Joy Break* 111
- 6 - *Week 2: Erotic Surprise* 144
- 7 - *Week 3: Fantastic Voyage* 166
- 8 - *Week 4: Show Me* 201
- 9 - *Week 5: The Turning Point* 215
- 10 - *Week 6: The Light at the End of the Tunnel* 232
- 11 - *Week 7: Life After Therapy* 239

Part 3: Sex and Special Needs

- 12 - *Sex, Disability, and Long-Term Illness* 251

Addendum 273

Epilogue 279

Index 281

About The Author 290