COITAL ORGASM DEFINED BY THE C.A.T. RESEARCH

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THE PROBLEM OF FAILED INTERCOURSE

Sigmund Freud (1912) defined the process of psychosexual integration essential in human development: «To ensure a fully normal attitude in love, two currents of feeling have to unite...the tender, affectionate feelings and the sensual feelings....» He prescribed a critical role for the sex act in that process. Freud (1894) described a terminative coital orgasm that functioned as a regulatory mechanism to stabilize the psyche, a form of sexual response that was fundamentally the same for a man and a woman. Although he alluded to «specific or adequate activity» necessary for the vaginal orgasm, Freud did not provide specific information about sexual technique; psychoanalysis did not remedy the chronic and universal problem of female coital anorgasmia (Maines, 1999). It was Freud's premise that each «failed» intercourse could be toxic to the psyche that motivated research on coital alignment.

THE COITAL ALIGNMENT RESEARCH

In a study introducing the Coital Alignment Technique (CAT), Eichel, De Simone Eichel and Kule (1988) reported high incidence of female orgasm and simultaneous orgasm. It was the only known study – a controlled study – to have assessed a sex therapy protocol by the criterion of coital orgasm («without additional manual or mechanical stimulation»). Based on their cursory personal trial of the CAT, Helen Singer Kaplan and the staff and trainees of the Human Sexuality Program at the New York Hospital-Cornell Medical Center (1992) reported the technique was «universally regarded as highly intimate and erotically stimulating.» In the first of a series of controlled studies responding to the Kaplan group's call for further testing of the CAT model, Hurlbert (1993) reported significant positive findings on sexual arousal and sexual satisfaction in women with hypoactive sexual desire (HSD). Edward Eichel (1997) – principal researcher in the original CAT study – has postulated that widespread HSD may be an inevitable result of the classic problem of female anorgasmia in coitus, a problem that has perpetuated the stigmatic labeling of women as «frigid» and men as «premature ejaculators.» Concurring with Kaplan (1974), Eichel concluded that coital anorgasmia for women is the consequence of inadequate genital stimulation in coitus, and is not rooted in psychogenic pathology for most women.

THE TECHNIQUE OF COITAL ORGASM

The Perfect Fit (Eichel & Nobile, 1992) provided an illustrated instruction in the technique of coital alignment. Briefly stated, the couple assumes the «riding high» variation of the missionary position. The base of the penis is pressed up against the female's pubic symphysis which forces the penis to a vertical position in the vagina (see Fig. 1, top drawing). The female pubic bone acts as the fulcrum in a coital-lever system activated by a specifically coordinated pattern of sexual movement. Contact between the clitoris and penis is maintained by partners simultaneously exerting pressure and counterpressure genitally during sexual movement. The pattern of movement, with full body-to-body contact, is fundamentally identical for the man and woman. The woman leads the upward stroke; the man leads the downward stroke.

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THE «NO-HANDS» COITAL ORGASM

Bipolar Mechanisms:

Relocation of the «G-spot»? At the XIIIth Congress of the World Association for Sexology, Eichel (1997) updated the CAT model. Consistent with the findings of Chung, McVary and McKenna (1988), Eichel identified the female urethra as a primary erogenous zone, particularly sensitive at the urethral meatus (Sevely, 1987). In an analysis of over 90 autopsies, Zaviacic (1987) found prostatic tissue in different sections of the female urethra, and in varied configurations along the urethra. In 65% of the autopsies «prostatic tissue was most rich in the segments of the urethra anterior immediately behind the urinary meatus,» an area which Zaviacic designated as an «anterior, 'meatal' type of...female prostate.» He reported that less than 10% had «prostatic tissue and localization of the G-spot on the anterior wall of the vagina,» the place designated by Ladas, Perry and Whipple (1982) as the usual location. Accordingly, the juxtaposition of the genitalia in coital alignment would place the female urethral meatus – a common locus of prostatic tissue – in traction between the base of the penis and female pubic bone during sexual movement.

Figure 1. Genital Alignment for Coital Orgasm.

Top drawing: Partners in position of coital alignment (Eichel, 1975).
Bottom drawing: Approximate juxtaposition of the male and female genitalia in coital alignment (Eichel, 1997).

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It is notable that all trained female subjects (n = 22) in the original CAT study attained the «no-hands» coital orgasm, and most with regularity. Coital orgasm was not a physical impossibility for anyone, irrespective of personal variations in anatomy. The effective stimulation for female coital orgasm required a basic position and a coordinated form of sexual movement that – in combination – provided simultaneous stimulation of the clitoris and the urethral meatus. Hence, the focus of stimulation on one erogenous zone independently – e.g., the clitoris or the G-spot – was not as critical as the integral process of coital alignment.

EFFECTIVE STIMULATION

The clitoris and the urethra are hypothesized to be polar mechanisms of coital orgasm. The designation of two basic sites of genital stimulation for a «no-hands» coital orgasm is consistent with Perry and Whipple's (1981) theory of bipolar innervation of the pelvis. Applied to the CAT model of female orgasm, the clitoral component of the orgasm – serviced predominately by a branch of the pudendal nerve – is characterized by a sharp pulsating type of sensation. The urethral-prostatic component of the orgasm – serviced predominately by a branch of the pelvic nerve – is characterized by a soft melting type of sensation. The combined stimulation of the clitoris and urethra results in the intense «blended» type orgasm alluded to by Van de Velde (1926) as «perfect and natural coitus», involving «supreme pleasure...and very rapid orgasm». Accordingly, the adjusting of positioning and sexual movement to heighten the intensity of genital sensation in coitus, has enabled some couples to arrive at the CAT technique spontaneously (Kaplan et al., 1992).

ALIGNED COITUS vs. UNALIGNED TECHNIQUES

Technically, the orgasmic responses that can be elicited by deep penile thrusting against the uterus (Singer and Singer, 1972), or, by «assisted» clitoral stimulation (with penile-vaginal penetration), are not the same as the orgasmic process associated with the «no-hands» orgasm in coital alignment. Eichel's (1995) premise of a fundamental genital «circuitry» may account for the finding (Hurlbert and Apt, 1995) that the CAT technique resulted in significantly higher frequency of orgasm than directed masturbation with vaginal penetration. The fact that the man's penis bridges the clitoris and female urethra in the stimulative process of coital alignment supports the hypothesis of an interdependent design to male-female anatomy that facilitates a unique «no-hands» coital orgasm. (See Fig. 1, bottom drawing.)

THE FAILURE OF MASTURBATION

Defining the unique character of coital orgasm is relevant to Wakefield's (1988) requirement that the criterion for diagnosing female anorgasmia be exacting, in accord with the standard set by the American Psychiatric Association (1987). He reasoned that «a diagnostician cannot know whether an inhibition exists unless the appropriate response-eliciting preconditions have occurred». Studies assessing masturbation training in pre-orgasmic women's groups have been criticized by Wakefield (1987; 1988) for reporting dramatic success rates of partner-related orgasm. His re-analysis of the data showed that masturbation exercises, per se, rarely or never resulted in women achieving a coital orgasm. The Eichel et al. (1988) findings clarify that masturbatory techniques fail because they obstruct the physiology of coital orgasm:

> Action involving the upper torso–particularly focused activity with the hands and arms–prohibits the [pelvic mobility and] genital focus that is essential in coitus. For a complete build-up and release of orgasmic tension, *a definite transition is necessary from the caressing of foreplay to the coordination of sexual movement* (Italics added).

A SYNERGIC RESPONSE

A significant correlation between the CAT technique and simultaneous orgasm reported by Eichel et al. (1988) suggests that bodies in coital alignment activate subtle neurobiological processes

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connecting the physiological systems of the man and woman. The steady rhythm of coordinated sexual movement appears to synchronize the sexual responses of a couple, if partners do not disrupt the process by erratic movements at the approach of climax. The orgasm evoked by coital alignment-related behaviors – in trained and untrained subjects (n = 86) – had a significant correlation with the following measures:

physically connected to build-up of partner's [orgasm]
triggered by partner's orgasm
rhythm of sexual movement continues unbroken throughout orgasm
radiates throughout entire body and limbs
complete and satisfying without need for additional stimulation

Sixty-seven percent of the trained subjects (n = 43) reported «orgasm in sexual intercourse more intense than orgasm with masturbation.» The type of orgasm induced by coital alignment behavior appears to be a biological optimum for sexual response. This orgasmic process has been illustrated in a video-taped live episode of a couple in coital alignment, combined with computer-generated animation depicting the genital traction process that interconnects the primary male and female erogenous zones (Eichel, 1999).

Stimulation = sensation = emotions. The CAT experience combines the elemental physical and emotional components of Freud's paradigm for the expression of normal love. The sharp, pulsating sensation associated with clitoral-penile stimulation evokes feelings of **assertiveness**, which is consistent with «the sensuous» component of the Freud model. The soft melting sensation associated with prostatic stimulation evokes feelings of **vulnerability**, and is consistent with Freud's polar component of «tender, affectionate feelings.» Hence, a range of emotions – stereotypically associated with «masculinity» **or** «femininity» – is evoked in coital alignment, which indicates that the sex act can be a natural conditioning process that opens the threshold of feelings for both the male and female.

«PRESCRIPTION FOR HUMAN DIGNITY»

In conclusion, the discovery of coital alignment calls for a new assessment of Freud's model of sexual development and challenges the diametrically opposed model advocated by Alfred C. Kinsey et al. (1948, 1953), and colleagues. The Kinsey model idealized the breakdown of sexual inhibitions as «sexual liberation,» a criterion being the willingness to engage in a diverse spectrum of sex acts (Jones, 1997). The Freud model (Stewart, 1967) advocates a process of psychosexual integration in which sexual intercourse is the fundamental sex act in an orgasmic process that is essential to stabilize the psyche. Psychoanalyst Erik H. Erikson (1950) alluded to Freud's «prescription for human dignity» (p. 229) making a distinction between a complete release of «genital libido» in coital orgasm, and «not just the sex products discharged in Kinsey's 'outlets'.» Erikson projected the «utopian» image of a soma-to-psyche chemistry that is «a supreme experience of the mutual regulation of two beings [that] in some way breaks the point off the hostilities and potential rages caused by the oppositeness of male and female...» (p. 230).

ACKNOWLEDGEMENT

Special thanks to J. Gordon Muir, M.D. and Joanne De Simone Eichel, M.A., for their contribution in the editing of this paper.

REFERENCES

American Psychiatric Association (1987). Diagnostic and Statistical Manual of Mental Disorders (3rd ed., rev.). Washington, D.C.

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Chung SK, McVary KT, McKenna KE (1988). Sexual reflexes in male and female rats. Neuroscience Letters. 94, 343-348.
Eichel EW, Eichel JD, Kule S (1988). The technique of coital alignment and its relation to female orgasmic response and simultaneous orgasm. Journal of Sex & Marital Therapy, 14(2), 129-141.
Eichel EW, Nobile P (1993). The Perfect Fit. New York: Penguin USA.
Eichel EW, Hurlbert DF, Apt C (1995). Clinical applications of the coital alignment technique (CAT) and orgasm consistency training (OCT). Presentation at the National Clinical Conference of the American Academy of Clinical Sexologists, Washington, D.C.
Eichel EW, (1997). Is C.A.T. the perfect formula for sexual compatibility?: Paper presented at the 13th World Congress of the World Association for Sexology, Valencia, Spain.
Eichel EW, (1999). The Coital Alignment Technique (videotape). Presented at American Association of Sex Educators, Counselors and Therapists New York Metro Section Conference, Fashion Institute of Technology, New York City, October 16.
Erikson EH (1950) Childhood and Society. New York: Norton & Norton (pp. 229-231).
Freud S (1894/1950) The justification for detaching from neurasthenia a particular syndrome: The anxiety neurosis. Collected Papers Vol. I. London: Hogarth Press, (pp. 97-98).
Freud S (1912/1950) Contributions to the psychology of love: The most prevalent form of degradation in erotic life. Collected Papers Vol. IV. London: Hogarth Press (p. 204).
Hurlbert DF, White LC, Powell RD, Apt C (1993) Orgasm consistency training in the treatment of women reporting hypoactive sexual desire: An outcome comparison of women-only groups and couples-only groups. Journal of Behavioral Therapy & Experimental Psychiatry, 24(1), 3-13.
Hurlbert DF, (1993) A comparative study using orgasm consistency training in the treatment of women reporting hypoactive sexual desire. Journal of Sex & Marital Therapy, 19(1), 41-55.
Hurlbert DF, Apt C (1995) The coital alignment technique and directed masturbation: A comparative study on female orgasm. Journal of Sex & Marital Therapy, 21(1), 21-29.
Jones JH (1997) Alfred C. Kinsey: A Public/Private Life. New York: W.W. Norton.
Kaplan HS (1974) The New Sex Therapy. New York: Brunner/Mazel (p. 399).
Kaplan HS and the staff and trainees of the Human Sexuality Program at New York Hospital-Cornell Medical Center (1992). Does the CAT technique enhance female orgasm? Journal of Sex & Marital Therapy, 18 (4), 285-291.
Kinsey AC, Pomeroy WB, Martin CE (1948) Sexual Behavior in the Human Male. Philadelphia: W.B. Saunders.
Kinsey AC, Pomery WB, Martin CE, Gebhard PH (1953). Sexual Behavior in the Human Female: Philadelphia: W.B. Saunders (p. 451).
Ladas AK, Whipple B, Perry JD (1982) The G-Spot. New York: Holt, Rinehart and Winston.
Maines RP, (1999) The Technology of Orgasm. Baltimore: Johns Hopkins University Press.
Perry JD, Whipple B (1981) Pelvic muscle strength of female ejaculators: Evidence in support of a new theory of orgasm. The Journal of Sex Research, 17(1), 22-39.
Sevely JL (1987) Eve's Secrets. New York: Random House.
Singer I, Singer J (1972) Types of female orgasm. Journal of Sex Research, 8(4), 255-267.
Stewart WA (1967) Psychoanalysis: The First Ten Years - 1888-1898. New York: Macmillan. See Chapter 3: Early Views on Sexuality - The Actual Neurosis.
Van de Velde Th H (1926/1965) Ideal Marriage. New York: Random House (p. 165).
Wakefield JC (1987) The semantics of success: do masturbation exercises lead to partner orgasm? Journal of Sex & Marital Therapy, 13(1), 3-14.
Wakefield JC (1988) Female primary orgasmic dysfunction: Masters and Johnson versus DSM-III-R on diagnosis and incidence. Journal of Sex Research, 24, 363-377.
Zaviacic M (1987) Letter to the Editor - The female prostate: Nonvestigial organ of the female. A reappraisal. Journal of Sex Research & Marital Therapy, 13(2), 148-152.

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