The Technique of Coital Alignment and Its Relation to Female Orgasmic Response and Simultaneous Orgasm

Edward W. Eichel, Joanne De Simone Eichel, and Sheldon Kule

To enhance male-female sexual compatibility, principles of physical alignment were formulated to make clitoral contact possible in coitus. The Coital Alignment technique combines (a) the "riding high" variation of the "missionary" coital posture, with (b) genitally focused pressure-counterpressure stimulus applied in the coordination of sexual movement. It was hypothesized that the Alignment technique would correlate with high frequency of female orgasm and partner simultaneity. A questionnaire was given to a group of males and females ($n=43$) who had learned the Alignment technique, and to a volunteer group ($n=43$) who had no knowledge of the Alignment concept. The mean age for the experimental females ($n=22$) was 39.7, and for the control females ($n=22$) was 38.7. Analysis of variance and post-hoc LSD procedures conducted on the key dependent variables showed significant differences ($p<.05$, two-tailed) between experimental and control females, favoring experimental females on the orgasmic attainment criteria of coital orgasm, simultaneous orgasm, and orgasm experienced as "complete and satisfying." Pearson Product Correlations were conducted across all four groups, experimental and control males and females combined ($N=86$). Greater adherence to behaviors associated with the Coital Alignment technique—learned and incidental—had a significant positive correlation with the above and additional sexual satisfaction variables ($p<.01$). The Alignment technique may be an important option for a majority of women that have difficulty in attaining orgasm in coitus.

Special thanks to Sanford A. Weinstein, EdD. for his contribution to the design and preliminary report of this study, which was submitted by the first and second authors to the Department of Health Education, School of Education, Health, Nursing, and Arts Professions, New York University, in partial fulfillment of the requirements for the degree of Masters of Arts, and to Michael Fayne, PhD candidate and Adam Price, PhD candidate, who assisted as research consultants.

Edward W. Eichel, MA, is a Psychotherapist in private practice; Joanne De Simone Eichel, MA, is Senior Health Resource Coordinator, New York City Department of Health; Sheldon Kule, DO, is Medical Director and Director of Medical Education, Massapequa General Hospital, Seaford, NY. Address correspondence to Edward W. Eichel, MA, 463 West Street (A-1106), New York, NY 10014.

Journal of Sex & Marital Therapy, Vol. 14, No. 2, Summer 1988 © Brunner/Mazel, Inc.

The data on 1,844 women in a general survey of female sexuality conducted by Hite[1] indicated that only 30% of women orgasm regularly from intercourse. As observed by Kaplan,[2] "the failure to achieve orgasm on coitus by the woman who is otherwise fully responsive sexually is probably the most common sexual complaint currently encountered in sexual treatment centers" (p. 377). The problem of coital anorgasmia continues to perplex sex researchers in spite of the fact that modern day research appears to confirm the most idealistic concepts of the sex act posed by the early pioneers of sex research. The clinical perception of a "specific" and "adequate activity" leading to a complete release of sexual tension—basically the same for the male and female—was described before the turn of the century by Sigmund Freud.[3] The phenomenon of a "terminative" type of orgasm has more currently been documented in the experimentation of Fox and colleagues,[4,5] who utilized an intrauterine recording device to monitor female orgasmic response in coitus. Both Van de Velde[6] and Dickinson (in his Figure 127)[7] designated simultaneous orgasm as the response of "normal" coitus, apparently referring to the natural potential of the sex act rather than to the general norm of experience. Kinsey[8] made the observation that there are no appreciable differences in the timing of the female's and the male's sexual responses in masturbation, and logically concluded "there seems to be something in the coital technique which is responsible for her slower responses there" (p. 626).

It is paradoxical that strong instinctive precepts about the nature of sexual response have long preceded a pedagogy of effective coital technique. The issue of effective coital technique has been enigmatic for sexologists past and present. One particular anatomic factor appears to adversely affect orgasmic capacity and the timing of female sexual response, precluding the possibility of sexual gratification in coitus: the lack of penile-clitoral contact in the conventional "missionary" sexual position. The clitoral stimulation that is generally provided in coitus is hardly adequate to trigger orgasm for a majority of women.[2] The problem has been addressed by sexologists in diverse ways, resulting in contradictory theories about sexual function and in treatments as controversial as surgical procedures to restructure the vagina to facilitate clitoral contact in coitus.[9] Dickinson (in his Figure 147)[7] designated a coital posture that permitted direct clitoral contact, and he graphically illustrated a stimulative process—which he termed *clitoral excursion*—that could occur in that position. Masters and Johnson[10] investigated the same basic positioning, but discounted that possibility because of the likelihood of women's complaints about physical discomfort. Masters and Johnson further deduced that the retraction of the clitoris back under the clitoral hood in an advanced stage of arousal makes clitoral contact in coitus even a theoretical impossibility; they ultimately concluded that "significant indirect or secondary clitoral stimulation" occurs from a pull on the clitoral hood in active coital thrusting (pp. 58–59). Hite, however, considered the clitoral hood traction scheme a contrivance that creates an unrealistic

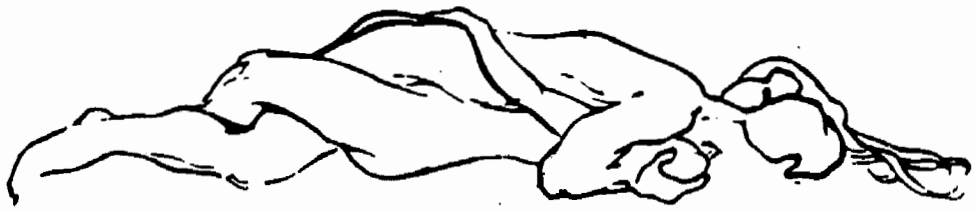

Figure 1. The position of coital alignment.

expectation in relation to female coital response. Her report on female sexuality did include women who were, in fact, orgasmic in coitus, and it presented personal statements by survey respondents about effective factors of technique.[1]

This paper presents a model of coital technique developed in a psychotherapy practice of monogamous couples with the aim of enhancing male-female sexual compatibility. The coital behavioral model that follows specifies factors of physical alignment that were formulated to facilitate female orgasm response. Particularly, it designates principles of positioning and movement that provide penile-clitoral contact in sexual intercourse.

THE COITAL ALIGNMENT TECHNIQUE

Positioning

To establish the basic position for the Coital Alignment technique (see Figure 1), the woman assumes the female supine posture. The man positions himself up forward on the woman, higher than in the conventional "missionary" position. He assumes the "riding high" coital posture with his pelvis overriding hers, and the shaft of his penis pressing up against the female mons veneris. The man rests the full weight of his body upon the woman—not propping his torso up on his elbows. The weight of his torso gravitates forward toward her shoulders and head; he should not slide backward, which causes his pelvis to slip down under hers. The woman's legs are wrapped around the man's thighs with her ankles resting on his calves. Her thighs are bent at an angle not to exceed 45 degrees, because her pelvis becomes immobilized if her knees are raised at an angle perpendicular to her torso.

Kinetic Principles

Certain kinetic principles of body movement govern the physical dynamics of partner interaction in the Alignment technique. Sexual movement in the position of Alignment is dependent upon spinal articulation —primarily pelvic mobility—without additional leverage from pushing, pulling, or bracing with the legs and arms. Physical movement cannot be critically focused in the upper body and lower body at the same time, and not outward in the limbs and inward along the spine at the same

time. Action involving the upper torso—particularly focused activity with the hands and arms—prohibits the 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.

Coordinated Sexual Movement

Partners must establish a rhythm of sexual movement which is identical for the man and woman in pattern and pace.

The woman leads in *the upward stroke* of sexual movement, forcing the pelvis of the man backward; he allows his pelvis to move backward while providing a resistant counterpressure against the woman's clitoris. As the woman's pelvis moves forward and upward, the vagina engulfs the male penis more deeply. In *the downward stroke* of sexual movement, the process reverses with the male forcing the female pelvis backward. The woman provides a resistant counterpressure by pressing her clitoris against the external base of the man's penis. As the woman's pelvis moves backward and downward, the penis shaft rocks forward against the female mons, sliding to a shallow position in the vagina.

The partner initiating the forward thrust of pelvic movement and the partner following in the backward gesture of sexual movement exert pressure and counterpressure simultaneously in approximately a 60% to 40% ratio, respectively. Partners extend in movement only the short distance prescribed by the natural pattern of motion established from the interplay between the male and female genitalia and pubic areas. In the Alignment technique the spine is extended (elongated rather than arched) with movement being directed genitally from the pelvis *in measured response to the partner's movement.* This differs from the more general patterns of coital thrusting in which partners move independent of each other, sometimes arching the spine and bending at the waist in extreme gestures that place strain on the lower back or abdominal muscles.

Complete Genital Contact

Penile-vaginal penetration in coitus *with* clitoral contact completes a basic genital "circuitry" and constitutes complete genital contact. This is achieved through positioning and the coordination of sexual movement. In the Alignment technique the male penis is positioned up against the "12 o'clock" segment of the vaginal introitus. The section of the penis shaft at the external base of the penis fits into the concave trough-like structure that is naturally formed by the juncture of the female pubic bones at the pubic symphysis. (Pressure against the female symphysis forces the male penis shaft to bend back in the vagina toward the female rectum at the angle approximated in Figure 2.) The male directs his movement from a focal point on the penis shaft that is a primary erogenous zone for the male—the dorsal (front) surface at the external base of the penis shaft. This point on the penis, which correlates *in kinetic function* to the female clitoris, is positioned up against the woman's clitoris.

Figure 2. Complete genital contact. X-ray-like detail approximates the juxtaposition of male and female genitalia in intercourse combining penile vaginal penetration and penil-clitoral contact.

This penile-clitoral contact is held steady during intercourse by means of *pressure and counterpressure* exerted simultaneously by partners throughout the sex act. The penile-clitoral "connection" is held intact and rocked upward and downward in a small, even-paced, lever-like motion in sexual movement. This *libratory movement* of the penis shaft on the clitoral body is similar in principle to the beam of a balance oscillating upon its pivot. This differs distinctly from the more conventional form of genital interplay in which the penis slides in and out of the vaginal barrel—with intermittent or no clitoral contact—making sensation dependent upon friction from the speed of coital thrusting. The frictional type of sensation associated with normal coital thrusting differs qualitatively from the electric-like vibratory type of sensation associated with pressure stimulus in the Alignment technique.

Orgasm

Both partners must be equally physically active in coital movement. If neither partner overextends or underextends in movement, it is possible for the man and woman to continue the rhythm of their motion throughout the sex act—with the timing of their responses naturally synchronized, and their bodies perfectly interlocked in undulating movements of the orgasm reflex. A most problematic syndrome in coital interaction is the instinctive and almost reflexive tendency for the man to move increasingly faster and harder, and for the woman to slow down and stop. It is crucial that partners maintain a steady even pace of movement, and do not respond to mounting sensation at the approach of climax by speeding up and "grasping" at orgasm—or by slowing down and tensing up. Uncoordinated sexual movement can inhibit or fragment the orgasmic process for partners, rather than facilitate it. Erratic movements at the point of orgasm can cause one body to interfere with the response mechanism and bodily reflexes of the other. If bodies are properly aligned and sexual movement is well coordinated, the transition to reflexive involuntary movement in orgasm can occur naturally, without a disruption in the pattern of motion. The pattern of movement may continue unbroken and deepen throughout orgasm.

A few other factors are of consequence: Individuals should make a conscious attempt not to hold their breath or repress natural sounds in

coitus, as those tendencies can adversely affect orgasmic facility and the intensity and timing of sexual response.

STUDY

This study on the Coital Alignment technique tests the hypothesis that the male pelvic-override coital position and specifically coordinated sexual movement, as defined in the Alignment model: 1) provide direct and constant penile-clitoral contact; 2) facilitate female orgasm; and 3) synchronize the timing of male and female sexual responses. The primary objective of this study was to validate the Alignment technique. An initial step in the procedure was to construct an instrument defining components of sexual technique associated with the Alignment model. An experimental group trained in the technique was compared with an untrained control group on adherence to the behaviors making up the model. The two groups and their male and female subgroups were compared on a number of criteria for orgasmic attainment. The hypothesis was tested that the trained experimental group would have greater adherence to the Coital Alignment model, and would score higher on orgasmic criteria. Also, the behaviors of all the individuals together—trained and untrained, male and female—were assessed to determine the correlation between sexual behaviors comprising the Coital Alignment model (learned or by personal inclination) and specified orgasmic criteria.

A theoretical presentation of the Alignment concept by Eichel and Eichel[11] and an instruction in the technique by Eichel[12] have been introduced elsewhere, and a film episode of a couple demonstrating the technique has been documented.[13] The newly formulated version of the Coital Alignment model presented here was developed in relation to the first empirical study assessing the experience of a group of individuals trained in the Alignment technique.

METHOD

Subjects

The experimental group consisted of 43 voluntary participants (21 males, 22 females) all of whom had in the past learned and practiced the Coital Alignment technique.

Of this group, 39 (19 males, 20 females) had learned the Alignment technique as participants in the couples program, which was conducted by one of the investigators in a private practice. (Four others, two males, two females, learned the technique from a psychotherapist team trained by the same investigator.) The program, which focused on relationship compatibility, was developed as a 2-year process for couples and was carried out in a group format. As part of the program, couples attended weekly psychotherapy sessions. In a private session, individual couples were taught the Coital Alignment technique. In this session a couple received didactic information and, while fully clothed, simulated the po-

sition and movement that characterize the technique. They also participated in monthly seminars in which couples discussed their actual experiences with the technique.

Individuals entered the program to enhance relationship compatibility in general rather than for problems specific to sexual dysfunction. The Alignment technique was introduced as an instruction, on the assumption that the enhancement of sexual compatibility would be an important factor in relationship stability. Consistent with objectives of the couples program, candidates were screened in an initial interview to determine that they were heterosexual, monogamous, and not substance abusers. At the time, the precepts implied appeared to be counterrevolutionary in relation to trends in lifestyle associated with sexual liberation.

The control group was made up of 43 volunteers who had at least 1 year of experience in a marriage or living together relationship and who reported a primary interest in heterosexual relating. No one had, as far as we could ascertain, specific knowledge of the Coital Alignment concept.

Procedures in this study were conducted in accordance with the ethical standards of the New York University Human Subjects Assurance policy.

Instruments

A questionnaire was used which included a cover letter, subscales of items requesting demographic information, an opinion survey, items on orgasmic attainment criteria, and a scale to determine the respondent's adherence to Coital Alignment behaviors during intercourse. A final section, given only to the experimental group, contained a series of items comparing orgasmic attainment prior to and after learning the Alignment technique.

The first scale on the questionnaire solicited demographic information and was followed by an opinion survey scale assessing the possible effects and relative importance of sexual satisfaction outcomes. The third part of the questionnaire, the orgasmic attainment criteria scale, solicited information about the respondent's experience with the man-above, face-to-face position in sexual intercourse without the use of manual or mechanical stimulation. Questions were included to assess the frequency with which females orgasm in that position and the frequency with which respondents experience orgasm simultaneously with their partners. This scale was formulated as a criterion measure for use in construct validation of the Coital Alignment model.

In the fourth part of the questionnaire, the Coital Alignment scale, participants were asked to respond on a rating scale of 1 to 5 from "Always/Almost always" to "Never" on 18 questions related to coital technique in the man-above, face-to-face position. Items were constructed so that their content represented behaviors which either conformed or failed to conform with the Alignment model. The items were reviewed by four experts, three of whom had received training in the technique and one who was involved in the initial formulation of the Alignment technique. Except for minor modifications in wording there was complete agreement

that the model items were representative of the technique. Split-half reliability for a 15-item scale (alpha .88) was achieved. The range of item to total correlation was .32 to .67. Analysis of the data, which is reported in the results section, was computed using the 15-item scale.

Procedure

Phone calls by one of the investigators were made to the 58 people who could be located from the records of the group therapy program. All those contacted agreed to receive a questionnaire and return it by mail. Reminder calls were made to those who had not returned their questionnaire within a 2-week period.

Control group volunteers were solicited with the same information in announcements made at a meeting of a family planning association, a men's organization, a college classroom, and an educational community center. Those who volunteered were given a questionnaire to be sent back by mail. In this way, the control group was enrolled until they matched the experimental group in number and gender.

Of the 58 questionnaires sent to potential experimental group participants, 49 were returned, a response rate of 84%. Of the 49 returned, six were excluded because the respondents indicated that they did not have sufficient experience with the Coital Alignment technique to respond adequately to the questionnaire.

Of the 75 questionnaires given to control volunteers, 53 were returned, a response rate of 71%. Of these 53, 10 were excluded because they did not meet the admission criteria already outlined.

RESULTS

The mean age for the males in the experimental condition was 41.6 (SD = 5.80), with a range of 35–51. The mean age for the control males was 44.3 (SD = 6.69), with a range of 31–57. The mean age for the experimental females was 39.7 (SD = 4.68), with a range of 33–50. The mean age for the control females was 38.7 (SD = 7.33), with a range of 28–55.

All 86 subjects were or had been involved in intimate relationships of some duration, married or living with a partner for a range of 1–35 years. The mean duration of this involvement was 13.1 years for the experimental males (SD = 6.20), 11.3 years for the control males (SD = 7.40), 11.7 years for the experimental females (SD = 5.56), and 11.5 years for the control females (SD = 7.40). Of the 21 experimental males, 15 were married or living with a partner, 4 were divorced, 1 was a widower, and 1 had at one time lived with a partner. Of the 21 control males, 12 were married or living with a partner, 8 were divorced or separated, and 1 had previously lived with a partner. Of the 22 experimental females, 14 were married or living with a partner, and 8 were divorced. Of the 22 control females, 13 were married, 5 were divorced or separated, 3 had

TABLE 1

Compliance to Coital Alignment Technique

	Experimental females	Control females
Compliance*	52.6818	40.7273

*The difference between the experimental and control females was significant at $p < .05$.
Note. $df = 3$.

previously lived with a partner, and 1 was widowed. The experimental group included 10 couples; the control group included 2.

As would be predictable, analysis of variance and post-hoc LSD procedures demonstrated that the trained experimental females were significantly more compliant with the Coital Alignment technique behaviors than untrained control females ($p<.05$, two-tailed, $df=3$), in spite of the fact that control women reported using some of the behaviors spontaneously on their own. Table 1 displays the means of the two female groups with a higher score denoting greater compliance with the Alignment technique.

Analysis of variance and post hoc LSD procedures conducted on the key dependent orgasmic attainment variables showed significant differences ($p <.05$, two-tailed, $df=3$) between the experimental females and control females in the male-above position with regard to frequency of:

TABLE 2

Reported Sexual Satisfaction among Experimental and Control Females

Man-above coital position*	Experimental females	Control females
*Orgasmic Attainment Criteria***		
Orgasm	1.9091	3.3636
Simultaneous orgasm	2.7273	4.1818
Build-up of orgasm physically connected to build-up of partner's orgasm	2.1818	3.5455
Orgasm triggered by partner's orgasm	3.0000	4.3182
Orgasm complete and satisfying without need for additional stimulation	1.5909	3.0000
Orgasm starts in clitoris and radiates throughout entire body and limbs	2.5000	3.5909

*Without additional manual or mechanical stimulation
**The differences between the experimental and control females were significant at $p < .05$. Lower score on mean (unlike in Table 1) denotes greater frequency of occurrence.
Note. $df = 3$.

TABLE 3

Reported Sexual Satisfaction across All Four Conditions When the Coital Alignment Technique Was Used as Instructed, or "by Chance."

*Orgasmic Attainment Criteria**	
Orgasm	.3156
Simultaneous orgasm	.5525
Build-up of orgasm physically connected to build-up of partner's	.5674
Orgasm triggered by partner's orgasm	.4469
Orgasm complete and satisfying without need for additional stimulation	.2964
Orgasm starts in clitoris or penis and radiates throughout entire body and limbs	.3008
Orgasm starts in cljtoris or penis and radiates throughout pelvis	.3459
Rhythm of sexual movement continues unbroken throughout orgasm	.4151
Orgasm experienced as a melting sensation in pelvis	.2885

*The correlation was significant at $p < .01$.

orgasm, simultaneous orgasm, orgasm experienced as "complete and satisfying," and, orgasmic sensation experienced as starting in the clitoris and radiating "throughout . . . entire body and limbs." Table 2 displays the means of the two female groups, with a lower score (unlike in Table 1) denoting greater frequency of occurrence.

In order to assess the direct correlation between Coital Alignment behaviors and orgasmic attainment criteria in a manner that would take into account the "natural" or "by chance" employment of aspects of the technique among untrained control subjects, Pearson Product Correlations were conducted for trained and untrained subjects combined. Reported usage of Alignment behaviors by experimental and control males and females (across all four groups) was significantly associated with greater frequency of all of the orgasmic attainment variables mentioned above, as well as with the following others: orgasm experienced as starting in the clitoris or penis and radiating "throughout . . . pelvis," "the rhythm of sexual movement continuing unbroken throughout orgasm," and, orgasm experienced as "a melting sensation in the pelvis." Table 3 displays these correlations.

DISCUSSION

The data from this study support the hypothesis that the Coital Alignment technique provides direct clitoral contact in coitus, facilitates female orgasm, and synchronizes the timing of male and female sexual responses. Women trained in the technique reported coital orgasm at a significantly higher rate of frequency than untrained women in the control group. Results of the study are striking because even "natural" or "by chance"

employment of Alignment behaviors among untrained subjects led to greater sexual satisfaction.

The coital posture identified in the Alignment model is consistent with the male pelvic override position for clitoral contact specified by Dickinson[7] and by Masters and Johnson.[10] This research supports Dickinson's contention that the position affords clitoral stimulation in coitus. The study refutes Masters and Johnson's assessment that the override position—the designated position of Coital Alignment—would make it difficult for the woman "to retain the penis" with the mounting of sexual tension, because of "vaginal outlet and rectal discomfort." That problem generally occurs if the rhythm of sexual movement is broken at the approach of climax—by the instinctive and almost reflexive tendency of the male to dramatically increase the speed and force of movement, and by the countertendency of the female to decrease or stop her movement completely. Pain from uncoordinated and erratic sexual movement would logically occur in the male pelvic override position because the penis is positioned shallow in the vaginal barrel, and is angled taut between the vaginal introitus and the female rectum. The physical discomfort has not occurred when partners have learned how to coordinate and maintain the pace and pattern of their sexual movement throughout the entire build-up and release of orgasm, without breaking the rhythm of their movement.

A second objection by Masters and Johnson is the fact that the clitoris retracts under the clitoral hood in later phase arousal, which in the conventional "missionary" position would pull it back away from the mouth of the vagina and out of proximity with the penis. However, the clitoris does not "disappear" or necessarily have a secondary role in the stimulative process when it is positioned under the clitoral hood. Its capacity for stimulation may be actually heightened in its retracted state. From this perspective it is possible to deduce the functional attributes of the clitoral retraction mechanism in the Coital Alignment position. With the base of penis positioned directly over the clitoral-mons area, the clitoral hood appears to serve to buffer the sensitive clitoris glans from direct and intensified penile pressure that develops in the advanced stages of arousal and orgasm.

The data indicate that greater adherence to the Alignment model behaviors—across all groups, trained and untrained males and females combined—had a significant positive correlation with subjective reports of orgasm starting in the penis or clitoris and radiating throughout the "pelvis" and the "entire body and limbs," and orgasm perceived as "complete and satisfying." These findings appear to be more consistent with the findings of Fox et al.,[5] who recorded direct intrauterine orgasmic responses in actual coitus, than with the type of female orgasmic response reported by Masters and Johnson based upon mechanical stimulation with "artificial coition" equipment.[10] Whereas Fox and Fox[4] alluded to female orgasm reflexively triggered by the response of the male partner, they did not report simultaneous orgasm.

The positive significance of the correlation between the Alignment

technique and simultaneous orgasm supports the view of simultaneity as a realistic potential of the sex act. Also significant were related perceptions of the build-up of orgasm "physically 'connected' to the build-up" of partner's orgasm, orgasm "triggered" by partner's orgasm, and movement continuing "unbroken" throughout orgasm. The Alignment technique appears to break the stereotypic pattern of the active male and the passive female in coitus. It seems logical that a synchronization of sexual responses occurred with the mutual and equally active role of partners.

In summation, the fundamental principles of technique making up the Coital Alignment model have been recurrent in the literature and continue to be substantiated. As reported by Hite,[1] women orgasmic in coitus specified the need to establish, recognizably, the basic male pelvic override position for clitoral contact, to exert pressure between the male and female pubic bones, and to coordinate the rhythm of sexual movement, and, crucial, *they emphasized the importance of partner cooperation.*

Most certainly the Alignment technique involves more than physical coordination. It involves a full range of emotional and attitudinal factors. While this study supports the premise of a basic physical alignment for coital relations, the frequency of orgasmic outcomes reported by the experimental group must be generalized to other populations with caution. The impact of the psychotherapy program with a couples support group, which complemented the Coital Alignment orientation, has not been assessed in relation to the sexual responsivity reported in the experimental group.

Sexologists have long recognized that sexual dysfunction, frustration, and confusion have alienated the sexes and contributed to marital discord, divorce, and family breakup. Today the issue of sexual compatibility takes on yet another dimension. The current AIDS epidemic and the dramatic increase of other sexually transmitted diseases have evoked a strong plea for, and advocacy of, monogamy by educators and health care professionals. The new findings on physical alignment in coitus may help couples to realize the potential for sexual fulfillment in committed relationships.

REFERENCES

1. Hite S: *The Hite report.* New York, Macmillan, 1976.
2. Kaplan HS: *The new sex therapy.* New York, Brunner/Mazel, 1974.
3. Freud S: *Collected papers,* vol 1. London, Hogarth, 1950, pp 97–98.
4. Fox CA, Fox B: Blood pressure and respiratory patterns during human coitus. *J Repro Fert 19*:405–415, 1969.
5. Fox CA, Wolff HS, Baker JA: Measurement of intra-vaginal and intra-uterine pressure during human coitus by radio-telemetry. *J Repro Fert 22*:243–251, 1970.
6. Van de Velde TH: *Ideal marriage: Its physiology and technique.* New York, Random House, 1965, p 165.
7. Dickinson RL: *Human sex anatomy.* Huntington, NY, Krieger, 1970.
8. Kinsey AC, Pomeroy WB, Martin CE, Gebhard PH: *Sexual behavior in the human female.* Philadelphia, Saunders, 1953.
9. Furor over vaginal surgery for anorgasmy: Operation to aid penile stimulation of

clitoris enrages sex therapists. (Surgical procedures of James C. Burt, M.D.) *Medical World News 19*:15–16, 1978.
10. Masters WH, Johnson VE: *Human sexual response*. Boston, Little, Brown, 1966.
11. Eichel EW, Eichel JD: The energies of interaction: A formulation of alignment principles for optimal relating. In R Forleo, W Pasini (eds), *Medical sexology: The third international congress*. Littleton, MA, PSG, 1980, pp 568–578.
12. Eichel EW: La compatibilita' psicosessuale. In A Peluso, A Minio (trans), *Elementi di counselling e terapia sessuale*. Albano Terme, Italy, Piovan, 1981, pp 207–229.
13. Eichel EW: *The coital alignment technique* (videotape). Presented at the 6th World Congress of Sexology, Washington DC, May 23, 1983.