

## Sensate Focus: clarifying the Masters and Johnson's model

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While Masters and Johnson will be remembered for creating Sensate Focus as the foundation of sex therapy, confusion still abounds about its implementation and about the conceptualization of sex as a natural function that underlies it. Sensate Focus and sex as a natural function are clarified and explored. The crucial difference between the intended aim of non-demand touching for one's own interest and the misleading interpretation of non-demand pleasuring of the partner is emphasized. By mindfully being present to sensations in the moment, and refraining from forcing pleasure and arousal, clients can move towards the optimal intimacy they desire.

**Keywords:** sex therapy; Sensate Focus; sexual function; Masters and Johnson; sexual psychology

### Introduction

Masters and Johnson (1966, 1970) will be remembered for their landmark successes identifying and cataloging scientific data on the human sexual response, and pioneering the first short-term treatment program for sexual dysfunctions. However, their most significant contributions to the field of sex therapy may be the creation and development of Sensate Focus exercises for *in vivo* diagnosis and resolution of sexual difficulties, and the definition and understanding of sex as a natural function that underlies these exercises.

Following the publication of *Human Sexual Inadequacy* (1970), the sex therapy field grew richer as a variety of talented clinicians trained with Masters and Johnson. They expanded the medically based, psycho-educational approach that served as Masters and Johnson's original therapeutic model. While these sexologists contributed to the field, much of what Masters and Johnson originally conceptualized and implemented, and much of what they developed subsequent to 1970, was either poorly communicated in their publications or never formally published at all. A significant amount of information on what they intended sex therapy to be, and a significant amount of information on what evolved from 25 years of experience, was communicated almost exclusively to participants at professional conferences, to attendees at the Institute's workshops, and to the clinical staff at Masters & Johnson Institute that included the authors (Weiner & Avery-Clark, personal communication, 29 April 2011). This dearth of well-formulated publications, correcting misinterpretations of Sensate Focus and elaborating on the evolved thinking, has resulted in misinformation about polished conceptualization and implementation. This confusion is particularly true with the *initial* Sensate Focus client suggestions, and it is not surprising because, as David Schnarch notes,

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The actual clinical and conceptual processes of the leaders in the sex therapy field have been available only to the small group of clinicians who interact directly with them on an ongoing basis. For example, William Masters has said on many occasions that *Human Sexual Inadequacy* does not accurately depict the Masters and Johnson treatment approach. However, interpretation of this publication constitutes the sum total of most therapists' knowledge of their clinical work. (Schnarch, 1991, p. 145)

The goal of this paper is to identify, clarify, and promulgate Masters and Johnson's application of the initial phase of Sensate Focus, as well as their conceptualization of sex as a natural function that underlies Sensate Focus, in a way that more accurately depicts both their treatment as it was practiced at the Institute and also the potential power of Sensate Focus to promote meaningful intimacy. Both authors are graduates of the Institute's six-month intensive training program and subsequently served as Research and Clinical Associates for five years.

## **Confusions over the definitions and implementation of Sensate Focus**

### ***Origin and use***

Sensate Focus is a hierarchy of invariant, structured touching and discovery suggestions created by Virginia Johnson as she reflected on the memory of "facial tracing" by her mother during her childhood (Maier, 2009, p. 182). It is a diagnostic and a therapeutic tool for identifying psychological and relationship factors that contribute to sexual difficulties, and for teaching new skills to overcome these problems and to foster more meaningful sexual intimacy. Sensate Focus is the centerpiece of Masters and Johnson's therapeutic work, and continues to be utilized by sex therapy professionals. The preliminary results of an ongoing investigation being conducted through SurveyMonkey and involving 94 sexologists to date indicate that 41.54% of clinicians surveyed often use Sensate Focus with a multitude of clients, and an additional 43.08% use the techniques sometimes, with a total of 84.62% of respondents using Sensate Focus in some fashion (Weiner & Stiritz, 2014). However, misconceptions about its purpose and use abound, particularly when it comes to initial Sensate Focus and the way this is implemented.

### ***Masters and Johnson's concepts and techniques***

Confusion about Masters and Johnson's conceptualization and implementation of Sensate Focus, and their precept of sex as a natural function that is its underpinning, developed almost immediately after the publication of *Human Sexual Inadequacy*. Perturbation was twofold: the significance of emotions (such as sexual arousal and pleasure) as natural functions; and emphasis on the partner's experience. We will define what Masters and Johnson meant by sex as a natural function as the foundation of Sensate Focus. We will then delineate both what they intended the initial Sensate Focus attitude to be and also how they implemented it. We will follow this with some of the concerns that other professionals in the field have expressed with regard to Masters and Johnson's medically based approach to sex as a natural function and to the implementation of Sensate Focus. This will provide a baseline for understanding the conceptual and practical confusion that developed as compared to the way Masters and Johnson intended the concept of sexual function, and the associated implementation of Sensate Focus, to be understood.

*Conceptualization: natural functions*

An appreciation for what Masters and Johnson meant by sex as a natural function is critical for understanding the purpose of Sensate Focus. They posited a medically based approach, and are famous for their assertion that *sex is a natural function*: “Sexual functioning is a natural physiological process...[like] respiratory, bladder, or bowel function” (Masters & Johnson, 1970, p. 9). “This precept has become the cornerstone of sex therapy in spite of long-continued opposition from the medical community” (Masters & Johnson, 1986, p. 2). Masters and Johnson define natural functions as neurophysiological processes: (1) *with which one is born*; (2) that *cannot be taught*; and (3) that *are not under immediate voluntary control*. Natural functions are part and parcel of the autonomic nervous system, and while they can be somewhat influenced by conscious direction with disciplined practice over time, they are essentially never under instant control.

Natural functions include vegetative processes (e.g., breathing, sleeping, etc.) and emotional responses (sexual responsiveness, pleasure; rage, fear). Emotions differ from sensations and feelings as follows: sensations are descriptive data *informing* us about developments inside and outside of our bodies to which we need to attend; emotions are involuntary physiological responses to these data, *motivating* us towards (e.g., eat, mate, fight) or away from (e.g., sleep, flee) the developments; and feelings are qualitative analyses that assist our *judging* these emotions (e.g., right, good; wrong, bad) usually according to socially constructed values. Feelings are closely connected with learning, and consciously controllable to a much greater degree than emotions, because they involve higher, voluntary brain processes in larger measure. Emotions and other natural functions can be influenced by voluntary factors but only over a lengthy period of time of disciplined training (e.g., meditation) and only to a limited degree because they involve neurochemical activation originating in lower, limbic substrates of the brain not under voluntary direction. The natural processes of sexual arousal include erection, lubrication, orgasm, and, ultimately, desire. One cannot make these happen any more than one can, on demand, keep them from happening. Trying to consciously control them is a major psychological source of sexual difficulties.

*Implementation: initial Sensate Focus (Sensate Focus Phase 1) suggestions*

Because their original research focused on discovering the natural, physiological aspects of sexual responsiveness, Masters and Johnson naturally emphasized treatment for disturbances of natural functions including erection, lubrication, orgasm, and, eventually, desire. Clients suffering from sexual problems were trying to make sex happen, or trying to keep it from happening, by touching for their and/or their partners' arousal or pleasure and, therefore, generating performance anxieties. The initial goal of treatment is to neutralize these untenable pressures. Clients have to learn to focus on that over which they do have voluntary control. These include activities involving higher, neocortical brain functions such as redirecting attention onto sensory experience and engaging in voluntary behaviors, thereby allowing the natural functions to occur on their own.

Masters and Johnson discovered this sensory redirection approach while working with their laboratory subjects. Subjects who responded with sexual ease reported doing three things: (1) they touched for their own involvement as opposed to their partner's; (2) they defined touching as focusing on sensations, especially tactile sensations, rather than on trying to make themselves or their partners aroused; and (3) they redirected attention

back to sensations when their mind was distracted. When engaged in these activities, cultivating an attitude of *touching for one's own interest*, or *touching for one's self*, their bodies were much more likely to respond.

Touching for one's interest is what we refer to as Sensate Focus Phase 1 (Weiner, 2011; Weiner & Avery-Clark, 2013). It is not so much any behavior as it is a focusing attention attitude: Are clients able to zero in on their own sensory experience? Are they more concerned with the partners' experience? The advantage of this attitude is that when clients are having difficulty responding sexually, they are provided with something reliable on which they can focus (sensations) as well as an activity over which they have direct control (redirection of attention), rather than depending on something unreliable (emotions) and trying to force a response over which they do not have direct voluntary control (sexual arousal). Paradoxically, the most likely way to experience sexual arousal and pleasure is secondarily, through redirection of voluntary attention away from trying to make the involuntary response happen, and onto sensory experience. Therefore, initial Sensate Focus suggestions stress descriptive, sensory involvement to neutralize evaluative expectations that create anxiety and that, in turn, interfere with sexual functioning.

Although being present to immediate sensory experience allows natural emotional responsiveness to occur, the tendency for attention to shift to neocortical, analytical processes (e.g., evaluations such as "I hope it feels pleasurable for my partner," "I wonder if I'm doing this right") is almost irresistible. This is particularly the case for clients early in therapy and with higher levels anxiety levels. Unfortunately, shifting from sensory experience to evaluative interpretation works against the expression of natural functions because clients try to voluntarily force the natural function they judge as "nice," "right," or "good." Thus, the initial instructions encourage clients to focus in the short-run on the sensory level of experience that is the gateway to their long-term goals of sexual arousal, pleasure, and intimacy.

### *Mindfulness*

The attitude of Sensate Focus Phase 1 is what is currently referred to as mindfulness. "Mindfulness practice is an ancient tradition in Eastern philosophy that forms the basis for meditation, and it is increasingly making its way into Western approaches to health care" (Brotto & Heiman, 2007, p. 3). When mindful instructions for Sensate Focus are followed, focusing on sensations becomes the avenue into arousal and pleasure because the autonomic nervous system is allowed to do its job, and these natural experiences are *no longer the primary, conscious goal*.

### *The confusions*

As noted, confusion about Masters and Johnson's conceptualization of sex as a natural function, and of Sensate Focus as the sensorial redirection of attention, began almost immediately after the publication of *Human Sexual Inadequacy*. It manifests as both misinterpretation of the conceptualization of sexual difficulties and also as misunderstanding about the implementation of treatment for these difficulties. This is particularly the case with the *initial* patient suggestions that are the focus of this paper. The confusion over initial suggestions is twofold and includes failure to appreciate emotions (such as sexual arousal and pleasure) as natural functions, and emphasis on the partner's experience.

*Conceptualization confusion: sex as a natural function*

One of the primary points of confusion has been the conceptualization of sex as a natural function. Tiefer (1991), associated with the *New View* of sexuality, suggests that sex is not so much a natural function as a socially constructed phenomenon, and also contends that characterizing sex as a natural function is an oversimplified inaccuracy excluding this social constructionist perspective. The first sexologists who would agree would be Masters and Johnson, confirming that sexuality is more than anatomy, biochemistry, physiology, neurology, and endocrinology. Their assertion that sex is a natural function does not exclude other aspects of sexuality including interrelated social, psychological, interpersonal, and metaphysical processes. Sex is not a modernistic, either/or dichotomy, but rather a post-modernistic, both/and complexity.

What Masters and Johnson did emphasize is that it is all too easy to forget that the bedrock of sex is natural functioning that includes anatomy, biochemistry, physiology, and other such processes. They noted in their 25th anniversary address that their first precept was

That it would be easier to develop far more effective therapeutic techniques to deal with sexual dysfunctions or disorders, if prior investigative effort had separated the physiologic verities of sexual function from the myths and misconceptions that had been accepted as dogma by both the culture and the medical community. Thus, the Institute's research program was initially geared to follow the long-established medical dictum that when you know little of the anatomy, biochemistry, physiology, neurology, or endocrinology of a natural function, the investigators should move first to the basic science laboratories. (Masters and Masters-Johnson, 1986, p. 1)

Natural functioning, much like the foundation of Maslow's (1954) hierarchy of needs, must be addressed in therapy and in life *before* the social, psychological, and spiritual levels of human experience can be attended to and realized.

*Implementation confusion: initial Sensate Focus (Sensate Focus Phase 1) suggestions*

The most significant confusion pertains to the aim of Sensate Focus suggestions, particularly the initial ones. Apfelbaum notes, "Masters and Johnson's (1970) sensate focus assignments have been widely misunderstood as practice in focusing on the sensations that please one's partner. . . . It actually refers to exactly the opposite: avoiding any effort to please one's partner" (Apfelbaum, 2012, p. 6) and, we would add, avoiding any effort to please one's self.

It is not so much any misunderstanding about focusing on conscious demands for *sexual arousal* that has contributed to the confusion. Professionals have correctly understood that initial Sensate Focus suggestions are aimed at moving away from anxiety-producing expectations about sexual responsiveness. Kaplan notes that the primary attitude of the initial suggestions is to shift

the couple's objective away from the achievement of a [sexual] response to the giving and receiving of pleasure. [Clients'] attention is diverted from erection and orgasm and focused instead on the experience of erotic feeling. . . . the famous "sensate focus" and mutual non-demand pleasuring experiences. (Kaplan, 1974, p. 202)

Despite her understanding of the need to redirect pressure for sexual excitation, Kaplan promulgates the interpretation that initial Sensate Focus instructions are aimed at

generating pleasure. It is this *emphasis on pleasure*, particularly when it comes to *the partner's pleasure* that represents *the primary difficulty*. Apfelbaum (2012) correctly describes how many professionals have interpreted the first phase of Sensate Focus as *non-demand pleasuring of the partner*. The confusion is most likely due to Masters and Johnson's own misleading description of the intention of initial Sensate Focus procedures:

The partner who is pleasuring is committed first to do just that: give pleasure. At a second level in the experience, the giver is to explore his or her own component of personal pleasure in doing the touching-to experience and appreciate the sensuous dimensions of hard and soft, smooth and rough, warm and cool, qualities of texture and, finally, the somewhat indescribable aura of physical receptivity expressed by the partner being pleased. After a reasonable time. . . the marital partners are to exchange roles of pleasuring (giving) and being pleased (getting). (Masters & Johnson, 1970, p. 68).

Experts immediately seized upon, and continue to use, the notion of non-demand pleasuring and focusing on the partner. This pleasuring and partner language can be subtle, signaled only by a word such as *relax* or *enjoy*: “Alternating, lovers take turns giving and receiving touch to enjoy the physical contact” (De Villers & Turgeon, 2005, p. ii). It can be more overt where clients are instructed to

Take turns touching each other in a sensual manner. The touch can resemble a gentle massage. . . . You will succeed to the extent that you are able to give each other and yourself pleasurable sensual feelings. . . . The intent is to help the couple enjoy sexual stimulation as a goal in itself within an anxiety-free environment. (Weeks & Gambescia, 2008, pp. 357, 359)

Masters and Johnson recognized that their originally circulated Sensate Focus suggestions included the misleading, impossible, and ostensibly unintended suggestions to produce personal and partner pleasure antithetical to the fundamental intention of the therapeutic opportunities. They refined their instructions as reflected in 1980s training materials in which they stipulated two critical alterations reflecting not so much changes their original thinking but in the wording they used to convey their thinking. One involved shifting from an attitude of pleasuring to touching, and the other from attending to the partner's experience to one's own experience. By 21 February 1983, Robert Kolodny, Masters and Johnson's esteemed associate and third author on many publications, outlined the following during the Institute's post-graduate training program:

#### I. Purpose of Sensate Focus/Process of Sensate Focus

- to get in touch with senses
- to reduce spectating → goal orientation – i.e., to get at neutrality. . . .
- to get at self – representation and responsibility
- to get at the neutrality – staying in here and now. (Kolodny, 1983)

The aims of Sensate Focus were clearly delineated as “the toucher is to touch for themselves [*sic*] – trace. . .with intention of taking in sensations. Don't evaluate – just experience – stay in neutrality,” and “Encourage exploration, experimentation,” “Touching for self – focus on your partner's body for your own self, own interest, what's going on with you – not a massage to please them, not a turn on to please them,” and

“Touching for Self. . . . It’s not something you do – it’s an attitude.” This emphasis on the initial part of Sensate Focus’s being a psychological attitude rather than a specific behavior is very important. Masters and Johnson’s conceptualization and implementation had been reconsidered in attitudinal terms we summarize as follows: “Each partner touches *for self* and focuses on his or her own sensual experience *without regard for the partner’s or one’s own pleasure*. In later phases information about pleasure is shared between partners” (Weiner & Avery-Clark, 2013). This crucial shift moves Sensate Focus from non-demand partner pleasuring to *non-demand touching for self*.

By the time Masters and Johnson disseminated the corrected wording for the initial Sensate Focus suggestions, the damage had been done with regard to the suggestions’ being interpreted as non-demand pleasuring and partner pleasuring. Even as they revised their misleading published material, they continued to train professionals using a mixture of the old and the reassessed suggestions. In the outline for “Sensate Focus Strategies: General Purposes and Principles” at the Postgraduate Workshop on Human Sexual Function and Dysfunction, Sensate Focus was defined as the “use of the dimension of touch to provide sensory experiences in reconstituting natural responsiveness to sexual stimuli” (Meyners, 1981). This reflected the reconsidered perspective. However, in the same outline, the goals of Sensate Focus were additionally described as non-demand, non-goal-oriented teasing, supporting, *pleasuring*, playing, and touching. During their presentation at the 25th anniversary celebration, while they were clear that the aim of Sensate Focus was each person’s focus on his or her own experience, they asserted, “the individual touches his or her undressed partner for the individual’s, not the partner’s, interest or *pleasure*” (Masters & Johnson, 1986, p. 8, italics ours). Professionals exposed to the amended suggestions have been interweaving non-demand touching for self with non-demand self and partner pleasuring ever since.

The individual partners are directed to focus on their own pleasurable sensual experience. . . . By taking turns you will be able to focus on either what you are feeling or what the person would like to receive from you. . . . During the initial steps or progressions of sensual pleasuring, the giver chooses the type of touch while the receiver takes in as much pleasurable sensation as possible and concentrates on what is feeling good. Then the receiver becomes an active participant directing the giver by communicating what is enjoyable to maintain pleasurable sensations. . . . The receiver is not to worry about the giver but to focus on the self when on the receiving end. (Weeks & Gambescia, 2008, pp. 357, 359)

Clients are thus confronted with two untenable conflicts possibly raising, rather than lowering, their anxiety: the impossible demand to create pleasure and eroticism at will for themselves and their partners; and the impossible demand to make pleasure happen and simultaneously focus away from making pleasure happen. The initial Sensate Focus non-demand attitude of touching for self is combined with the premature inclusion of suggestions more appropriate for later aspects of Sensate Focus, namely, focusing on responding to partner communication about pleasurable and erotic emotional experiences.

#### *The problem with non-demand pleasuring of the partner*

The problem with cultivating an attitude of non-demand pleasuring of the partner and/or one’s self, often misunderstood as the purpose of the initial Sensate Focus instructions, is that it does not honor the fact that pleasure, like all emotions, is a natural function. As has been suggested previously, and as will be discussed in more detail subsequently, natural

functions are not under direct voluntary control. The significance of this with regard to initial Sensate Focus suggestions is that defining Sensate Focus as *non-demand pleasuring* is both oxymoronic and impossible: if one is positing the goal of pleasuring, one is not only making a conscious demand but one is also making a conscious demand for something that is impossible to achieve through conscious demand, namely, the generation of an involuntary natural function. Additionally, defining Sensate Focus as *non-demand pleasuring of the partner* is doubly impossible: if one cannot order up pleasure or any other emotion at will for one's self, one most certainly cannot order it up for another person.

### *Sensate Focus Phase 2*

As suggested, Masters and Johnson have been criticized for over emphasizing neurophysiology at the expense of the relational, communicational, and even spiritual aspects of sexuality. Because of their accentuation of the often neglected medical underpinnings of sex, and because of their accentuation of the touching-for-self attitude that aims at alleviating disturbances of these underpinnings, they did not emphasize in the initial Sensate Focus implementation an attitude of receptivity to partner feedback and to emotional experiences of arousal and pleasure. While they did honor communicational significance in the initial Sensate Focus suggestions, as will be described in greater detail in the discussion on non-verbal feedback, this was still with the intention of fostering the Sensate Focus Phase 1 attitude of touching for one's self.

Nonetheless, just as sex as a natural function is not all there is to sexuality, the initial Sensate Focus suggestions are not all there is to treating sexual concerns. Not only have other sexologists made rich, therapeutic contributions, but Masters and Johnson evolved their own thinking. For example, in their 25th anniversary address, they note

The fifth precept [of sex therapy is] that mutually satisfactory sexual interaction in a committed relationship is one of the better, if not the best means of nonverbal communication. It was also presumed that if there is lack of effective nonverbal communication in the bedrooms of sexually dysfunctional couples, there probably are difficulties with verbal communication outside of the bedroom. Therefore it was deemed incumbent upon sex therapists to teach the arts of verbal and nonverbal communication to sexually dysfunctional couples as an integral part of the therapeutic format. (Masters & Johnson, 1986, p. 7)

Masters and Johnson expanded their treatment approach to increasingly cultivate an attitude of partner and emotional sensitivity, interweaving the attitude of touching for self with what we distinguish as the Sensate Focus Phase 2 attitude of greater responsiveness to partner feedback and to emotional experience. Sensate Focus Phase 2 more actively accentuates partner communication about emotional experiences, and these are obviously critical to the longer-term goals of intimacy and optimal sexuality.

However, the focus of this paper is on Sensate Focus Phase 1 because the concepts and techniques are easily overlooked, much as it is easy to overlook the ground stage of Maslow's hierarchy of needs. Most therapists already emphasize the Sensate Focus Phase 2 attitude of sensitivity to partner and emotional experience. The significance of this Phase 1 attitude of touching for self, and the need for mastering Phase 1 skills prior to moving on to cultivating the Phase 2 attitude that emphasizes partner, pleasuring, and communication, may impede positive outcome because clients have not yet learned the foundational skills to manage distractions and anxieties that affect natural sexual functioning by redirecting their attention back to sensations. We will be addressing issues of Sensate Focus Phase 2 in subsequent articles.

## Resolving the confusion over Sensate Focus

### *Sensate Focus instructions: non-demand touching for one's own interest*

One way to illustrate how Sensate Focus Phase 1 operates to put natural responses and voluntary behaviors in their proper perspective and relationship by stressing touching for one's interest is to detail initial Sensate Focus suggestions implemented at Masters & Johnson Institute. To the best of our knowledge, and after a thorough review of the literature, these suggestions do not appear to have been formally or widely published.

### *Preliminaries*

Many therapists emphasize creating a relaxing and intimate atmosphere before engaging in Sensate Focus. However, this can inadvertently contribute to avoidance of the exercises: "We were too stressed this week. I just didn't feel like it." Clients need to be assured they do not have to experience any particular emotion in order to engage in Sensate Focus. Again, this is because it is not possible to create any specific emotion or atmosphere at will. Clients can be encouraged to arrange the Sensate Focus setting so they might *increase the possibility* of feeling relaxed, but insisting that they be relaxed may place undue expectations that are contrary to the non-demand goals of Sensate Focus Phase 1.

The touching opportunities should be as simple as possible in terms of the sensations on which the clients focus and the behaviors in which they engage. This is to avert any concern participants may have that they will fail. They do not have to want to do it and they do not have to like it, but they need to believe that they are capable of following the suggestions. This is possible and, in fact, they more likely to succeed, if evaluative expectations for specific emotions are removed from therapeutic suggestions. Participants are also instructed that they can always stop an activity or do less than has been suggested. However, they are encouraged *not* to proceed beyond the instructions to avert a goal-oriented mindset antithetical to the non-demand purpose of Sensate Focus. This is the paradox of being present to immediate sensations rather than trying to make happen or keep from happening any particular emotion: clients can only succeed.

### *Specific suggestions*

Sensate Focus is most effective if sessions take place on the average of every 48 to 72 hours. This keeps the physiology associated with sexual arousal percolating. An hour is set aside during which partners are least likely to be disturbed (i.e., all electronic devices turned off, no pets in the room, etc.). Clients are also encouraged to: have a comfortable room temperature; have some light on; preferably remove all their own clothing or as much as they feel comfortable removing; open or close their eyes depending on which helps them focus; avoid talking or music to exclude auditory stimulation; and refrain from using candles, lotions, or other accouterments that reinforce the expectation of pleasure or relaxation in these initial stages.

Participants begin by assuming any physically comfortable position together. The person touching (the toucher) focuses on touching the partner head to toe, front to back, avoiding the breast, chest, and genital areas. This is referred to as *breasts and genitals off limits*. This non-verbal touching involves only the use of hands and fingers but not full body contact or kissing. These suggestions are aimed at reducing any expectation that this is a romantic encounter.

The toucher focuses on two things. The first are tactile sensations descriptively defined as *temperature* (cool or warm), *pressure* (hard or soft), and *texture* (smooth or rough). The toucher focuses on managing distractions that are defined as anything other than that on which the toucher is to be focused (i.e., the tactile sensations). Distractions include but are not limited to: emotions, including pleasure, enjoyment, relaxation, arousal, etc.; feelings, or the evaluations of emotions as good or bad; the partner's responses; and/or outside disturbances. Participants manage these by refocusing onto tactile sensations.

The person being touched (the touchee) focuses on two things: the temperature, pressure, and texture wherever he/she is being touched; and non-verbally communicating by moving the toucher's hand away if some area is experienced as physically uncomfortable or ticklish. Moving the toucher's hand away eliminates common distractions such as protecting or pleasuring the touchee. The toucher is then free to touch for his or her own interest, trusting that the touchee will convey any discomfort.

The toucher touches long enough to become adept at refocusing on sensations, but not so long that he/she gets bored or tired. Initially, no specific time is suggested because the length of time clients touch is diagnostic. If participants touch for only a few minutes or more than 30, they can be encouraged to lengthen or shorten the time, but they are discouraged from watching the clock.

Once the toucher is finished, he/she says, "Switch," partners exchange positions, the second partner touches as the first has already done, and the first partner becomes the touchee. The second partner completes his or her touching exercise by saying, "Stop." Participants are encouraged to get up, get dressed, and write down what they have experienced in terms of: the sensations on which they focused; whether they were able to return the focus of their attention to these sensations; and the nature of any distractions. All this information is diagnostic of both the individual and also the couple dynamics, and offers opportunities for teaching therapeutic skills and interventions.

At Masters & Johnson Institute, we saw couples daily for two consecutive weeks. Not only did they benefit from the accrual of neurophysiological tension associated with frequent tactile contact, but they could more easily refrain from sexual activity until suggested since the time in treatment was so concentrated. Although it is not the purpose of this paper to focus on modifications of the original Masters and Johnson's model, many therapists have adapted their suggestions around weekly sessions. A recent study (Weiner & Stiritz, 2014) suggests that clinicians' increasingly tailor their approaches in other ways as well, for example, who initiates the session, and the sequence and pacing of suggestions. Althof offers one illustration of modifications when noting, "in designing sensate focus exercises...it may be necessary to have couples begin the exercises at a rudimentary level, such as holding hands in the dark, in bed, with both partners dressed in pajamas" (Althof, 2000, p. 242).

### *Hierarchy*

Sensate Focus Phase 1 moves through an invariant and structured hierarchy of behavioral activities designed to foster the attitude of touching for one's self. It begins with breasts and genitals off limits and progresses to *breasts and genitals on limits*, *mutual touching lying together*, *partner astride*, and *insertion* as therapeutically appropriate. Sensate Focus Phase 1 serves as a means for diagnosing difficulties as well as for practicing touching for one's own interest, and this, in turn, systematically desensitizes participants' anxiety and neutralizes their evaluating their experiences as successful or otherwise. As

progress is made, additional sensations and behaviors can be included. In the later Sensate Focus Phase 2 of therapy, where partner communication is stressed, participants exchange non-verbal and verbal information about emotional desires, and respond to feedback from the partner. This often renders them more vulnerable, exploratory, spontaneous, and intimate in their touching. However, this is not the goal of the initial phases because, at the beginning of therapy, patients have too much difficulty slipping into the aforementioned goal-oriented mindset of trying to make erotic connection happen.

### *The paradox of powerful presence*

In Masters and Johnson's clarified instructions, the toucher is not only no longer required to experience pleasure, increase sexual responsiveness, or prevent these natural responses, but is also directed away from emotions altogether. Clients allow the emotional responses to occur on their own rather than forcing them. The toucher is encouraged to focus on tasks that *are* under his or her voluntary control, namely, engaging in touching exercises and refocusing on sensations. Additionally, the toucher touches for himself or herself.

The reason tactile sensations are emphasized is twofold. First, "the sense of touch is the special sense most used in sexual interchange" (Masters & Johnson, 1986, p. 8). Temperature, texture, and pressure are particularly powerful potential portals into neurochemical activation of the longed for emotions of pleasure and arousal. Second, tactile sensations are reliable. One can always turn one's focus to temperature, pressure, and texture. The same cannot be said about a specific emotion like sexual arousal or pleasure. As noted, the paradox is that the only way to experience desired emotions like arousal or pleasure is indirectly by voluntarily redirecting attention away from consciously forcing these emotions.

The profundity of this shift from trying to control sexual and pleasurable responses to honoring them as natural functions by redirecting attention in a mindful way onto present sensations for one's own interest cannot be overstated. It represents moving away from conceptualizing and implementing Sensate Focus in a manner antithetical to patient progress, and moving towards conceptualizing and implementing so as to alleviate pressure and expectations. This increases the likelihood of resolving psychologically induced sexual difficulties, and ultimately may foster optimal intimacy.

### **Conclusion: what Sensate Focus is and is not**

Sensate Focus in its initial phase is a set of clinical exercises intended to cultivate an attitude of non-demand touching for one's own interest. Its aim for the clinician is providing invaluable diagnostic and therapeutic information about the clients. Its aim for the clients is learning about their physical responses by tuning into sensations and refocusing away from evaluation expectations of the experience. Clients simply do not have conscious control over making pleasure and sexual arousal happen even though these are their long-term goals. What they do have short-term control over is redirecting their attention onto tactile sensations while engaging in touching activities. This gets consciousness out of the way of natural functions that is the primary goal of Sensate Focus Phase 1.

Sensate Focus in its initial phases is *not* an attitude of non-demand pleasuring for the partner or for one's self. It is not aimed at enjoyment or relaxation. It is not aimed at being a massage or an erotic encounter. Sensate Focus is not touching for the other person. Sensate Focus is not touching to sexually arouse one's self or one's partner. It is "is intended to be an experience in itself, not a prelude to 'sex' or a form of foreplay" (De Villers &

Turgeon, 2005, p. i). It is the paradox of pleasure and sexual responsiveness that being present to conscious sensory experience, rather than trying to make these natural emotions happen, is what promotes them.

If the attentional redirection and behavioral engagements that are the initial components of Sensate Focus are practiced, they may serve as powerful portals into the subsequent, Phase 2, segments associated with the very emotions that patients are yearning to experience but cannot make happen. These include the deep connection to which Kleinplatz refers as “optimal sexual experience” (Kleinplatz & Menard, 2007, p. 74) during which “sexual energy mixes with the sacred, one having the potential for activating the other. The effect can be numinous.” (Avery-Clark, 2012, p. 90). If couples initiate their engagement in Sensate Focus in the non-demand touching manner that Masters and Johnson intended, they increase the likelihood of having the opportunity to experience how intimate connection can arise spontaneously and meaningfully so as to optimize the erotic closeness they so desire.

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