WORK-IN-PROGRESS (APRIL 28, 2013) PARALLEL CHART FOR

Chapter 16 — Special Sex Problems

from the 1938 edition of *The Sex Life Before and After Marriage* (a.k.a. *Living a Sane Sex Life*)
by
William S. Sadler, M.D. and Lena K. Sadler, M.D.

Sources for Chapter 16, in the order in which they first appear

(1) Robert Latou Dickinson and Lura Beam, *A Thousand Marriages: A Medical Study of Sex Adjustment* (Baltimore: Williams & Wilkins, 1931)

(2) William J. Fielding, *Sex and the Love-life* (New York: Dodd, Mead & Company, 1927)

(3) Millard S. Everett, Ph.D., *The Hygiene of Marriage: A Detailed Consideration of Sex and Marriage* (New York: The Vanguard Press, 1932)

(4) Th. H. Van de Velde, M.D., *Ideal Marriage: Its Physiology and Technique*, Translated by Stella Browne (New York: Random House, 1926, 1930)

(5) Havelock Ellis, *Psychology of Sex: A Manual for Students* (New York: Emerson Books, Inc., 1933, 1938)

(6) Paul Popenoe, Sc.D., *Preparing for Marriage* (Los Angeles: The American Institute of Family Relations, 1938)

(7) Oliver M. Butterfield, Ph.D., *Marriage and Sexual Harmony* (New York: Emerson Books, Inc., 1938)

(8) G. V. Hamilton, M.D., *A Research in Marriage* (New York: Albert & Charles Boni, Inc., 1929)

(9) Helena Wright, M.B., B.S., *The Sex Factor in Marriage: A Book for Those Who Are or Are About to Be Married* (New York: The Vanguard Press, 1937

Key

(a) Green indicates where a source author (other than Sadler) first appears, or where he/she reappears.

(b) Magenta indicates an earlier Sadler book.

(c) Yellow highlights most parallelisms.

(d) Tan highlights parallelisms not occurring on the same row, or parallelisms separated by yellowed parallelisms.

(e) An underlined word or words indicates where the source and Sadler pointedly differ from each other.

(f) Pink indicates passages where the Sadlers specifically share their own experiences, opinions, advice, etc.

(g) Light blue indicates passages which strongly resemble something in the Urantia Book, or which allude to the Urantia phenomenon.

(h) Red indicates either an obvious error on the Sadlers' part, brought about, in some cases, by miscopying or misinterpreting their source, or an obvious inconsistency brought about by the Sadlers' use of an earlier Sadler text.

(i) Gold highlights key words or themes which will be discussed in the analysis of the chapter.

Matthew Block
28 April 2013

XX: SUMMARY (Dickinson 433)

IV. DETERRENTS TO SEXUAL ADJUSTMENT (Dickinson 442)

[contd] Complaints about relatives, money, work, management of the children and the home are here minimized in favor of the sexual story.

They appear only very early before the bride is used to marriage or very late after she has rejected the husband on other counts (D 442).

[contd] At the root of that difficulty in woman which can not break down resistance and freely enter into the life of another person there is much evidence of fear. Some impact upon the sex side of life to the child or to the little girl lasts forever.

Married women of all ages say that they can not get over the effect of first menses, first ugly news about sex; accident to friend, sister or mother;

the first departure from the cautions made on a religious or ethical basis;

XVI — SPECIAL SEX PROBLEMS

16:0.1 Although married couples find themselves beset with many problems having to do with relatives, money, and the management of children, the chief obstacle to marital happiness is still faulty sexual adjustment.

The major difficulties of sexual incompatibility arise either early in married life or after many years as the result of wives' turning against their husbands' love advances because of other disagreements or incompatibilities.

16:0.2 The real trouble with a very large percentage of wives who fail to make normal sex adjustments dates back to adolescence and even to girlhood and childhood.

Many women enter married life with *buried fears,* fear complexes which originated in some childhood experience accompanied by shocks and frights indirectly related to sex.

Many married women cannot overcome their adverse conditioning to marital sex life by these earlier *sex shocks.*

16:0.3 They are also affected because of infractions of their moral code before marriage,

even though these derelictions consisted in nothing more serious than masturbation or early childhood attempts at copulation.

Many wives establish a *reaction of disgust* and shame in their minds

the husband's first approach, first coitus, male genitals, semen, and knowledge of male sexuality (D 442).

at viewing their husbands' nude bodies or genitals or in connection with any type of physical familiarity during the sex relation.

[The woman who believes herself frigid or with an erotic constitution so weak that it is irresponsive, should make an effort to find out what wonders psychic re-education will perform (Fielding 126).]

16:0.4 Women who are thus conditioned are hardly able to enjoy marital sex life unless they are recon-ditioned or undergo some extensive course of re-educational psychic therapy.

Other women refuse to enter into normal sexual relations unless the environment is just so,

Sex is rated as esthetically or morally lower than the rest of life, manual contact lower than phallic contact, and coitus in the light, lower than in the dark (D 442).

and any number of wives are able to reciprocate their husbands' embraces only in the dark.

The shades must be drawn even to exclude the moonlight.

[contd] The effect of extensive educational and religious background, or rather of these influences together with their concomitants, is toward the cultural taboos of fear, withdrawal and isolation.

16:0.5 There is no question that both overmuch academic training and too strenuous religious education serve to disqualify an otherwise average woman for normal marital sex life.

A selection of one hundred and fourteen cases, college graduates, Jewish and Roman Catholic wives and wives of Protestant ministers, has 68 per cent of sexual maladjustment as compared to 34 per cent in their remaining nine hundred and eighty-four cases (D 442).

Dickinson, in a study of 114 college graduates who were Jewish and Roman Catholic wives, including a group of wives of Protestant clergymen, found that 68 per cent were sexually maladjusted as compared with 34 per cent of sexual incompatibilities in the remaining 984 women belonging to the entire group studied.

SOURCE

[See D 442-43.]

The characteristic reported experience [involving auto-erotism] has an accompanying play of the imagination, and is followed by and associated with a sense of shame (D 443).

Compensation for love impulses thwarted in marriage does not necessarily take the form of requiring physical satisfaction.

To atone for spiritual loneliness, compensation magnifies the personality by extraordinary egotism and by material acquisition.

Of these attempts, fear, girlish ways, gourmandism, the arts, religion, morals, culture, social and political "causes," the over-assumption of family responsibility, worry and financial extravagance are indications told in about 250 cases.

16: LIVING A SANE SEX LIFE

16:0.6 The marital sex life is unquestionably influenced by all the psychic and physical sex experiences of premarital years, such experiences ranging all the way from psychic sexual fantasies through masturbation to coitus.

In many of these cases there persists a sense of shame,

a loss of self-respect, even a downright *guilt complex* which carries over into married life to hamper and hinder the proper enjoyment of the sexual experience.

16:0.7 *Sexual disappointment* in married life does not always seek its compensation in other forms of physical gratification,

either as autoeroticism or illicit intercourse.

The sexual hunger, psychic isolation, and spiritual loneliness which come to be the experience of mismated married couples, may seek gratification by exaggeration of the ego or by overdrives in pursuit of wealth and honor.

Such disappointed husbands and wives throw themselves with unusual energy into business and into the overstrenuous pursuit of the arts or social activities.

16:0.8 Others seek to sublimate the sex drive by devoting themselves to religion, culture, and reform,

Illness in many forms, especially nervous preoccupation with the self, is an indication noted particularly 128 times (D 443).

while in other cases the sexual thwarting culminates in out-and-out neurosis.

CONCEPTION AND CHILDBIRTH

II: THE ANATOMY AND PHYSIOLOGY OF SEX (Everett 30)

CONCEPTION AND CHILDBIRTH (Everett 30)

[contd] From the description of the reproductive mechanism of man and woman given above, it can be seen that the following conditions are necessary for conception (the union of a spermatozoon and an ovum to form a new life):

16:1.1 The conditions necessary for conception are:

(1) that there be no defect in either the ova or the spermatozoa such as to produce sterility;

spermatozoa so free of defects as to be fertile;

(2) that the spermatozoa obtain access to the uterus and Fallopian tubes;

access by the spermatozoa to the uterus and tubes;

(3) that an ovum be present in one of the tubes at the same time at which spermatozoa are there, and at a time when the uterus is ready to receive the fertilized ovum (Ev 43-44).

the presence of an ovum in one of the tubes while the spermatozoa are there, and while the uterus is able to receive the fertilized ovum.

If spermatozoa or ova are defective, sterility cannot be corrected.

[See 9:0.3, 9:1.3, 18:4.5.]

While venereal disease is often the cause of this type of sterility, in many cases the cause is not known.

SOURCE	16: LIVING A SANE SEX LIFE
IX: CHILDBIRTH (Everett 131)	
VOLUNTARY EXAMINATION OF PROSPECTIVE PARENTS (Everett 137)	
Sometimes sterility is due to the peculiar angle which the cervix of the uterus has in relation to the vagina.	16:1.2 Prevention of the entrance of the spermatozoa to the uterus is generally caused by the *position of the cervix,* which in this condition rests in the vagina at an angle which interferes with direct insemination from the penis.
If it is inclined in such a way that the semen is not discharged directly upon the cervix, some degree of sterility is likely to exist (Ev 138).	It probably is not impossible for spermatozoa to make their way into the uterus from the vagina, but they usually enter it only when the penis discharges directly into the mouth of the uterus. Changing the position during intercourse so as to facilitate insemination will sometimes relieve this type of sterility. A competent gynecologist should be consulted.
In the case of the wife, it can be proved positively that one or both tubes are open, so that one may be sure that there is no obstruction which prevents the descent of the ova (Ev 138).	16:1.3 Sometimes descent of the ovum may be prevented by obstruction of the tubes.
VI: WOMAN'S SEXUAL NATURE (Fielding 69)	
Salpingectomy is a surgical operation for cutting away the whole or part of the Fallopian tube.	Sterilization of the female is accomplished by the operation on the Fallopian tubes known as *salpingectomy,* which produces this identical effect.
It corresponds to vasectomy (excision of a portion of the vas deferens), in the male (F 77-78).	This operation corresponds to vasectomy in the male.

SOURCE	16: LIVING A SANE SEX LIFE
[?]	16:1.4 Temporary sterility of the female is a regular occurrence depending on the menstrual cycles. The conclusion that conception is only possible between ovulation and menstruation implies that the life of a spermatozoon after entering the uterus and one of the tubes is very brief.
VII: ANATOMY AND PHYSIOLOGY OF MALE SEXUAL ORGANS (Van de Velde 115)	
Some authorities think it is only from twenty-four to thirty-six hours. Others assume eight or even fourteen days.	Authorities differ on this point, some believing that spermatozoa live no more than one or two days, while others contend that they live for ten days or two weeks.
Taking into consideration the analogy of various animal species and practical experience rather than experimental research, I am inclined to believe in a long continuance of seminal vitality (V 128).	The latter opinion is probably correct;
II: THE ANATOMY AND PHYSIOLOGY OF SEX (Everett 30)	
CONCEPTION AND CHILDBIRTH (Everett 30)	
	at least it explains why there appears to be no absolutely safe period during which conception never follows coitus.
Statistics indicate that the two weeks following menstruation are the most fertile, the third week less so, and that there is least likelihood of conception taking place in the week before menstruation. There is, however, a great deal of variability in human beings in this respect, and there is no certain “safe” period when conception cannot occur (Ev 42).	Statistics seem to indicate that intercourse during a few days just before menstruation results in the fewest pregnancies.

SOURCE	16: LIVING A SANE SEX LIFE
VII: ANATOMY AND PHYSIOLOGY OF MALE SEXUAL ORGANS (Van de Velde 115)	
[?]	It is thought that this is because the *corpus luteum* is already diminishing with the result that menstruation is certain to occur, thus preventing conception;
But in opposition to some authorities, I am of the opinion that spermatozoa received by the female organs during a coitus before a menstrual discharge have *not much* chance of surviving the menstruation, and remaining hidden in the tubes, to fertilise the product of the next ovulation (V 129).	the spermatozoa entering the uterus at this time are not likely to live until the next ovulation.
II: THE ANATOMY AND PHYSIOLOGY OF SEX (Everett 30)	
CONCEPTION AND CHILDBIRTH (Everett 30)	
[contd from 16:1.1] When conditions are satisfactory for conception, the ovum is carried along one of the Fallopian tubes by the capillary current (the motion of microscopic hairs in the tubes) and by the contractions of the tube,	16:1.5 If everything is favorable for conception, the capillary current carries the ovum along one of the Fallopian tubes
and at the same time spermatozoa are moving up the tubes in search of the ovum.	while spermatozoa move up the tubes against the current, seeking the ovum.
A spermatozoon, on encountering the ovum, unites with it and fertilization thus takes place.	The instant a spermatozoon comes in contact with the ovum, it dives into it, and *fertilization occurs.*
The physical and mental inheritance of the child is the resultant of the interaction of the units of heredity contributed by the two cells (Ev 44).	At this instant the sex and the physical and mental inheritance of the child are determined.

SOURCE	16: LIVING A SANE SEX LIFE
After fertilization has taken place, the cell formed by the union of the spermatozoon and the ovum begins to grow and descends into the uterus, where it is nourished if the uterus is prepared to perform this function.	16:1.6 Subsequent to fertilization, the cell thus formed starts growing and descends into the uterus, there to be nourished to full growth if the uterus can perform this function.
Once growth has begun, it usually goes on to the completion of a normally formed infant.	If growth once begins, it usually proceeds to completion.
Malformations or abnormalities of any sort may be due to:	Malformations and abnormalities are accounted for by:
(1) defect in the ovum or spermatozoon;	defective ovum or sperm;
(2) mechanical causes, such as interference with circulation in a limb by a fold or twist in the membranes surrounding the child's body;	such conditions as interference with circulation in a limb by a fold or twist in the membranes surrounding the embryo;
or (3) a venereal disease acquired in the uterus of the mother.	some venereal disease contracted in utero.
Birthmarks and other deformities are to be looked upon as accidents in the pre-natal growth of the infant. They are never due to any shock or perturbed mental state by the mother.	*Birth marks* and deformities are caused by accidents during prenatal growth; shocks or mental disturbances of the mother have nothing to do with them,
The belief that an experience undergone by the pregnant mother can "mark" her child is superstition (Ev 44).	popular belief to the contrary notwithstanding.
[contd] The process of the development of a child is very complex, and only a few stages can be mentioned here.	16:1.7 Among the stages of *embryo development* (this requires about eight weeks) are the following:
Once the single fertilized cell is formed, growth by cell division goes on until a microscopic hollow spherical mass of cells is formed.	After formation of the single fertilized cell, growth proceeds by cell division until a microscopic hollow spherical mass of cells is formed.

One side of this sphere now collapses against the other, as one side of a hollow rubber ball may be pushed against the other side, and thus a two-layered cell mass is formed.

One side of this "ball" of cells collapses against the other (just as happens when a small boy pushes one side of his rubber ball against the other side), forming a two-layered cell mass.

From parts of these two layers a third middle layer is formed, and from these three layers all parts of the body develop (Ev 45).

A third middle layer forms from parts of these two, and from the three layers of cells the entire body develops.

[contd] In the meantime, the spherical mass of cells has become embedded in the wall of the uterus.

16:1.8 While this formation of layers is going on, the spherical mass of cells has imbedded itself in the wall of the uterus.

From it there develop: (1) the *amnion* and *chorion*, two membranes which later surround the growing body and enclose the fluid by which it is covered;

From this mass there grows: the *amnion* and *chorion,* membranes which subsequently envelop the embryo and hold the fluid that surrounds it;

(2) the *placenta,* which is firmly attached to the wall of the uterus and provides a means by which the blood of the mother may communicate with the blood of the child;

the *placenta,* being firmly attached to the uterus wall, is the channel through which the needed elements in the mother's blood are transferred to that of the child;

and (3) the *umbilical cord,* which consists largely of vessels carrying blood to and from the body of the child and the placenta.

the *umbilical cord* is an organization of blood vessels which carry blood back and forth between the body of the child and the placenta.

It may be stated here that the blood of the child and the blood of the mother do not mix, but are separated by this permeable tissue through which food and oxygen diffuse from the mother's blood into the child's and wastes diffuse from the child's blood into the mother's (Ev 45).

The blood of the child does not mix with that of the mother, but through the permeable tissue of the placenta, food and oxygen find their way from the mother's blood into the child's and waste matter in the child's blood enters that of the mother.

[contd] During the time required for the fertilized ovum to develop into a completely formed miniature human being, the growing organism is known as an *embryo*.

16:1.9 The embryo stage is covered by the development of the fertilized ovum into a completely formed tiny human being and covers the first eight weeks after conception.

After this stage is reached—which requires about eight weeks—the organism is known as the *fetus*.

Subsequent to this, the growing body is called a *fetus*.

The fetus is readily recognized as a miniature human being. It lies within the uterus, usually with the head down,

This miniature human being is contained in the uterus,

attached to the placenta by the umbilical cord,

and is surrounded by a clear, somewhat viscous fluid enclosed within the amnion and chorion.

and surrounded by a clear, somewhat viscous fluid which is enclosed within the amnion and chorion.

The fetus goes on to complete development, which is reached about two hundred and eighty days after fertilization (Ev 45).

Complete development of the fetus, from fertilization to birth, requires about two hundred and eighty days.

16:1.10 *Labor* follows complete development of the fetus. The first signs of labor are infrequent, weak, and brief contractions of the involuntary muscle fibers of the uterus, which gradually increase in duration, frequency, and intensity. These contractions force the fetus, whose position is ordinarily head downward, into the neck of the slowly dilating uterus, then propel it along the vagina. During the final stages of labor the voluntary muscles of the abdomen are also brought into play. Ordinarily the amnion breaks early in labor.

16:1.11 The size of the pelvis and the position of the bones which form it largely determine the size of the outlet through which the fetus must pass, the ease and speed of childbirth depending in great measure on the size of the fetus as compared with that of the opening through which it comes into the world. The woman who is giving birth to her first child may be in labor for thirty-six hours or more. Sometimes the entire period of labor does not require over three hours.

16:1.12 When the baby is so suddenly forced from its warm, moist nest into the cooler air of the delivery room, it usually gasps reflexly but soon begins breathing regularly. After the establishment of respiration, the umbilical cord is tied close to the body and severed.

16:1.13 Contractions of the uterus which detach and expel the placenta (afterbirth) ordinarily occur within an hour or two after the completion of labor. Within a week or two the uterus contracts to about the size of a human heart. The cause of lactation, which occurs after labor, is not definitely known, but in some way pregnancy or the completion of labor so stimulates the mammary glands that milk is secreted.

IMPOTENCE AND FRIGIDITY

VI: MARRIAGE (Ellis 256)

Impotence and Frigidity (Sexual Hypoœsthesia and Sexual Hyperæsthesia) (Ellis 301)

[contd] The limits within which the sexual impulse may vary—both as regards strength and the age at its first appearance and final disappearance—are wide (E 301).

16:2.1 Even in normal individuals, both male and female, the sexual drive varies greatly,

and in all cases age has a determining influence upon the frequency and intensity of this urge.

In women, the menopause is not always, or even usually, accompanied by the disappearance of the sexual impulse,

The menopause (change of life) does not destroy this impulse in the female

or, in the average woman, even diminish it.

and in men sexual desire, and even sexual potency, are often found at an advanced age (E 302).

Sexual potency often persists in the male until a very advanced age.

[Sexual power in males is an accompaniment of good health and abundant energy. That it can and does continue is proved by the numerous examples of men becoming fathers at advanced ages (Wright 150).]

We frequently read of men who become fathers in the 80's, sometimes in the 90's.

16:2.2 It is difficult to define the limits of the sex function when the range is so great in married couples,

If, again, we seek to measure it by the frequency of coitus in those living in sexual relationship, it is found that while in some cases coitus takes place habitually every night during a long period of years without any obvious injury, in other cases even once a month is felt as the limit beyond which excess lies (E 302).

as shown in those who enjoy coitus every night and others who habitually have love feasts but once a month.

SOURCE	16: LIVING A SANE SEX LIFE
Complete sexual anæsthesia (or anhedonia, as Ziehen termed it) in men is, however extremely rare.	16:2.3 Complete *sexual anesthesia* (anhedonia) is very unusual in men.
Hypoæsthesia, or hyphedonia, that is a relative frigidity and indifference to sexual excitation is, however, common in men,	On the other hand, hypoesthesia—that is, relative frigidity—is common in both men and women.
much commoner than is sometimes supposed (E 302-03).	The literature has much to say about frigidity in women but has largely overlooked the fact that this condition is very commonly met in men.
[It is scarcely necessary to say that in the case of a chaste and refined man impotence with a prostitute proves nothing. Moll mentions the case of a man who, never having had sexual intercourse, visited a prostitute before marriage, on the advice of a friend, to ascertain if he was potent. He was quite impotent. But he married and was entirely potent with his wife (E 306, footnote).]	Man is a victim of psychic impotence in many distracting situations as is shown by the esthetic and idealistic individual who seeks to gratify his lust with prostitutes.
	16:2.4 In many other cases the guilty husband who is wholly potent with his mistress suddenly finds himself so dominated by the guilt complex that he becomes impotent in the presence of his wife.
In some cases, indeed, it is apparent rather than real, and is due to the concealed, or even merely latent and unconscious, existence of an abnormal direction of the sexual impulse, more especially to an unrealized homosexual impulse.	In the majority of the cases of male impotence there is probably an element of unrecognized homosexuality.
In many cases frigidity may be merely the result of the exhaustion of excessive masturbation.	In rare cases, male frigidity may result from excessive masturbation,
	or it may be produced temporarily by excessive venery.

SOURCE	16: LIVING A SANE SEX LIFE
In yet other cases it is the accompaniment of a strenuous development of other activities, psychic or physical, which use up all the superfluous energy of the organism, though in some of these we must probably admit that the sexual impulse was feeble at the outset (E 303).	There can be little doubt that long periods of driving effort to accomplish some undertaking
	or that great sorrow following disappointment or bereavement, may bring about temporary periods of impotence.
Hamilton found that only 55 per cent of his husbands and 38 per cent of his wives, all belonging to what we must regard as the most civilized stratum of the community, regarded their potency as normal ... (E 303).	16:2.5 Hamilton's investigation disclosed the rather surprising situation that, in a group of apparently normal married couples, only 55 per cent of the husbands and only 38 per cent of the wives regarded themselves as wholly normal as regards sexual potency;
It is also noteworthy that the number of husbands who thought their wives undersexed was about the same as of wives who thought their husbands undersexed (E 303).	the number of wives who thought their husbands undersexed and the husbands who thought their wives undersexed, were about equal.
	16:2.6 There is an enormous *psychic element* in most cases of male impotency.
A comparative absence of sexual power and sexual impulse, from one cause or another, is more common in men than is sometimes recognized (E 304).	These individuals in some peculiar circumstances have found themselves to be, as they suppose, "sexually weak,"
But the suspicion that he is impotent—although such sexual quiescence is a goal which others are vainly longing to attain—causes the average man extreme anxiety,	and then this fear of impotency so dominates their minds
	as enormously to add to the probability of their becoming victims of psychic impotence upon marriage.

SOURCE

so that he is prepared to adopt any course of treatment and often to resort to any of the quacks who are prepared to trade on these terrors (E 304).

In some cases, however, the defect of potency rests on an acquired habit of the nervous system, that is to say, we are confronted not by psychic impotence but by neurasthenic impotence (E 305).

[Not only heredity, but also alcohol, tobacco, and errors of diet contribute either directly or indirectly to this sort of semi-nervous exhaustion (*Race Decadence* 63).]

It seems equally doubtful whether complete sexual anæsthesia can exist in women.

There can indeed be no doubt as to the extreme frequency of hypoæsthesia, or, as it is usually termed, frigidity, which has indeed been estimated—I do not know by what method—as occurring in nearly seventy per cent of women. Such wild statements must be put aside.

Among his one hundred normal married women of the educated class Hamilton could only find one case of actual frigidity in the sense of persistent absence of sexual desire and sexual feeling; although a few women were only able to respond to auto-erotic or homosexual stimuli.

16: LIVING A SANE SEX LIFE

For generations, quack doctors have preyed upon these victims of sexual fears

with their alarming portraits and in a former generation with the gruesome museums of anatomy.

16:2.7 There is another form of male impotence which should be designated neurotic impotence.

This condition is very common in profound nervous exhaustion and is directly contributed to by the excessive use of alcohol and tobacco.

16:2.8 We doubt very much that any reasonably normal woman can be completely sexually frigid,

though we recognize that there are large numbers who are victims of hypoesthesia—that is, relative frigidity.

Among 100 normal married women, Hamilton found only one case of what appeared to be actual frigidity.

In *One Thousand Marriages* Dickinson points out that "frigidity" is not to be regarded as a fixed state or a definite congenital condition. Its causes are multiple: in physique, temperament, education, habit (including ignorance and auto-erotic practices), the husband's inadequacy, etc.

The factors which contribute to female frigidity pertain in part to the attitude of the woman toward her sex life and in part concern the husband's inartistic technics of love making.

The most consistently "frigid," he remarks, are the auto-erotic; yet, strictly speaking, the auto-erotic are not frigid at all, and may be highly sensitive to those sexual stimuli which appeal to them (E 308-09).

Again, let us record our opinion that masturbation has nothing whatever to do with causing female frigidity.

[contd] The chief reason why women are considered "frigid" lies less in themselves than in men. It is evident throughout that while in men the sexual impulse tends to develop spontaneously and actively, in women, however powerful it may be latently and more or less subconsciously, its active manifestations need in the first place to be called out.

16:2.9 Always it must be borne in mind that, while the *sex drive* tends to gather spontaneous momentum in the case of the male, with the female it is far more latent, if not subconscious, and its arousal requires much different and more persistent stimulation.

That, in our society, is normally the husband's function to effect. It is his part to educate his wife in the life of sex; it is he who will make sex demands a conscious desire to her (E 309).

The average woman must literally be "educated" in acquiring adequate ability to respond to the male sexual advance and satisfactorily to participate in the sex act.

XI: SEXUAL DISORDERS OF WOMEN (Fielding 213)

DISORDERS DUE TO ABSTINENCE (Fielding 221)

It is generally believed by sexologists and gynecologists, however, that a considerable proportion of cases of so-called frigidity is not organic or constitutional, but rather due to long-established repression, fear of pregnancy and false, prudish ideas of sex—considering it "nasty." These women are victims of miseducation.

16:2.10 The chief factors leading to *woman's frigidity* are failure of proper sex teaching before marriage, association of sex relations in the mind with everything which is low, degraded, filthy, dirty, obscene, and sinful.

Another not inconsiderable number have been improperly initiated by a blundering mate. Their first sexual experiences were rude, brutal awakenings which so revolted them that it established a chronic feeling of antipathy toward the sexual function (F 222).

Prudery, on the one hand, and inartistic male approach, on the other, both contribute to those psychic factors of disgust and revulsion which have conspired to ruin many an otherwise happy married life.

In others, under the influence of love and kindness, and with the later acquisition of insight into sexual problems,

If the woman is properly approached in her love life and has been patiently educated regarding sex relations,

and then, provided further, *if she really loves her mate,*

there is gradually established the normal sexual feeling (F 222).

she will become relatively sexually adequate in a very short time.

VI: MARRIAGE (Ellis 256)

Impotence and Frigidity (Sexual Hypoœsthesia and Sexual Hyperæsthesia) (Ellis 301)

The existence of sexual hyper-æsthesia in both sexes is, under the conditions of civilization, even commoner than hypoæsthesia.

16:2.11 Sexual *hyperesthesia* is frequently met with.

SOURCE	16: LIVING A SANE SEX LIFE
	Modern civilization, with the strong sex flavor of its literature and motion pictures, not overlooking woman's increased social freedom,
They tend to increase the excitations of sex while at the same time they impede the channels of its expression.	has tended greatly to increase sexual activity.
A certain degree of hyperæsthesia is normal in courtship; in animals this manifests itself in the extreme excitement they show at this period and in man by a constant brooding on the charms of the beloved (E 311).	It is probable that a certain degree of hypersexuality is common to normal courtship,
	especially in these times of "necking" and "petting" and even of greater liberties which so many modern lovers take with each other's persons.
Prudery is a form of sexual hyperæsthesia. The exaggerated horror of sexual things, as well as the exaggerated love of them, alike rest on a basis of sexual hyperæsthesia (E 312).	One writer has suggested that prudery is but a form of sexual hyperesthesia, a concealed reaction of horror to all things sexual.
	It may well be that many cases of sexual revulsion are after all but an over-compensation of the effort to repress an otherwise exaggerated desire for sexual gratification.
Sexual hyperæsthesia, while it is abnormal, and apt to be associated with neuropathic conditions, is by no means necessarily a manifestation of insanity; it can be restrained and concealed, and it is more or less under the control of the will.	The majority of the victims of sexual hyperesthesia are more or less neurotic.

In its more extreme degrees, however, when the motor and impulsive elements become pronounced, the power of control tends to be lost. In the extreme degree we may thus have what is termed satyriasis in men and nymphomania in women (E 312-13).

This condition, when manifesting itself in extreme form, is called *satyriasis* in men and *nymphomania* in women.

PREPARING FOR MARRIAGE (Popenoe)

SOME PROBLEMS OF MARRIED WOMEN (Popenoe 19)

If many women impair the happiness of married life, both for themselves and their husbands, by adopting a passive and indifferent attitude toward sexual relations on the false idea that such an attitude is the only "lady-like" one,

16:2.12 While it is true that the frigidity of many women who are deliberately passive and indifferent toward sexual relations because they consider this to be the *ladylike attitude,* mars the happiness of both themselves and their husbands,

some others impair the happiness of the mating by going too far to the other side and becoming too aggressive.

others go too far in the opposite direction.

The husband may enjoy such an attitude occasionally, but it is not in line with the respective roles of the two sexes throughout the animal kingdom; the man is no exception.

Wifely aggressiveness is occasionally enjoyed by the husband, but this is contrary to the accepted role of the female throughout the animal world, human beings not excepted.

It is quite proper for the wife to take the initiative, but by seductiveness, not by aggressiveness; and the husband who is antagonized by the latter will respond readily to the former.

The wife's initiative ordinarily should be seductive, not aggressive.

To recognize the difference between them and to develop the art of luring and enchanting the husband while at the same time leaving to him the aggressive role appropriate to the male is one of the finer phases of the art of love among women (P 22).

One of the finer phases of wifely love making is to become adept at luring and enchanting the husband but to leave him to play the appropriate aggressive male part.

16:2.13 If the married woman does not begin to experience orgasm by the end of the first six months of married life, she should consult a physician.

REMOVING FEARS (Butterfield 40)

Of course, the trouble may be purely psychologic.

"It may be that the woman is for the time being prevented from having an orgasm because as a child or an adolescent she was trained to think of sex as evil, or was attacked by a boy, or was otherwise shocked, and thus inwardly frozen or inhibited..." (B 41-42).

She may be suffering from some strong *sex inhibition* based on a childhood sexual shock,

or it may be merely the accumulated fear consequent upon long sexual inhibition.

Years of repression and the constant attitude of shame towards all sex manifestations make it difficult for many brides to experience any emotions other than shame and fear when contemplating matters of a sexual nature.

Again, it may be the persistence over into married life of the adolescent attitude of sex shame.

Scoldings and punishments for inquisitiveness concerning sex, for appearing naked and for handling of the sexual organs or permitting others to do so, very often result in the establishment of these tragic psychic complexes (B 41).

Many cases grow out of fears and threats associated with childhood memories concerning masturbation,

Another common fear in early married life is the fear of an immediate pregnancy (B 42).

but the greatest of all the psychic factors is the fear of pregnancy.

VAGINISMUS

PREPARING FOR MARRIAGE (Popenoe)

THE CONSERVATION OF ROMANCE (Popenoe 6)

Apart from the hymen, the principal physical obstacle to successful consummation of the marriage is the sphincter muscle around the vagina.

16:3.1 It sometimes develops that the obstacle to the successful beginning of the sex life of a newly married couple is not a resistant hymen or any other physical deformity, but rather an oversensitive vaginal sphincter muscle.

This musculature surrounds the vaginal opening, and in the case of some nervous and frightened women,

Here, even more than with the hymen, the wife's cooperation is necessary, and the first attempts at intercourse occasionally provoke a spasmodic contraction of this powerful muscle, quite beyond the wife's control, making entry impossible.

its spasmodic contractions are so severe at the first attempt at coitus that the whole proceeding becomes exceedingly painful, in fact, quite impossible.

The young wife often has a great deal of voluntary control over this contraction and can largely prevent this unfortunate reaction. In other cases, it is so fully a reflex action as to require medical attention.

This is avoided by patience and gentleness, which allows the wife to aid her lover by relaxing fully (P 6).

The husband, on the other hand, can do much to prevent this muscular spasm by carrying out an artistic and gentle preliminary sexual approach so as to aid in the nervous release of his partner.

XV: PRE-MARITAL, MARITAL, AND EXTRA-MARITAL SEX EXPERIENCES (Hamilton 345)

Table 301(Hamilton 370)

Card 27: Question 1: *"Did you have sex intercourse with your spouse the first night of your marriage? If not, why not?"* ...

28. Yes, they copulated the first night [*Men* 33, *Women* 31] (H 371).

16:3.2 Hamilton's inquiry disclosed that only 30 per cent of the married couples he studied copulated on the first night of the honeymoon.

2. No, imperforate hymen made it impossible [*Men* 4, *Women* 5].

3. No, he had premature orgasm [*Men* 1, *Women* 2]....

10. No, he thought that he ought to wait until later [*Men* 4, *Women* 1]....

12. No, her fear prevented it [*Men* 2, *Women* 3]....

15. No, they believed in copulation for procreation only [*Men* 3, *Women* 3]....

18. No, they were so happy to be together that it seemed unnecessary [*Men* 0, *Women* 2]....

21. No, they didn't know how to prevent pregnancy [*Men* 4, *Women* 0]....

25. No, she was menstruating [*Men* 5, *Women* 5]... (H 370-71).

The 70 per cent who did not, recited a score of reasons why the sexual consummation of their marriage was postponed from a day or two to even a week or two.

Table 302 (Hamilton 302)

Card 27: Question 2: *"Did you feel any reluctance or aversion to the act the first time you had sex intercourse with (your spouse)?"* ...

1. No [*Men* 79, *Women* 65] (H 372).

It was an encouraging finding that two-thirds of these brides felt no real aversion to the first sexual contact of the honeymoon.

XIII: BODILY HYGIENE (Van de Velde 255)

First Intercourse or Defloration.—Honeymoon (Van de Velde 255)

16:3.3 After having, before marriage, availed herself of all possible instruction and information regarding sex relations, the average young wife would do well to begin the honeymoon with the thought that

The honeymoon is—an apprenticeship.

she is going to pass through *sexual apprenticeship,*

There is a striking consensus of opinion among serious specialists (both men and women) that the average woman of our time and clime, must *learn* to develop specific sexual enjoyment, and only gradually attains to the orgasm in coitus (V 262).

that she will need to learn much the first few months about how to make a real success of, and how to make an adjustment to, the marital sex experience.

[The honeymoon is intended to give leisure, privacy, and quiet to make this transition. It should be spent in some secluded and restful place, free from interruptions, and not turned into a wearying, sight-seeing tour or a round of social affairs (Popenoe 4).]

16:3.4 The groom, in planning the honeymoon, should see to it that, if not the first night, then as soon as possible, he and his bride spend a few days in a quiet, restful place. It is a great mistake to plan for the first sex contact of the honeymoon during travel or after a day of strenuous sight-seeing.

The wedding should be early in the day, and it would be an excellent plan if the first night could be spent in some quiet spot away from friends and relatives rather than in beginning a long journey.

How much wiser, more intelligent and more sympathetic are the Orientals (in this as well as other matters of love!) than most of our Western men, who feel themselves entitled to ignore all real consideration and regard on their wedding nights, in the fear of seeming "impotent" and "no good"! (V 259)

16:3.5 Let every *young husband* banish from his mind the idea that coitus is a right which he can claim just as soon as the marriage ceremony is over;

on the other hand, if the husband has shown proper consideration and deference for his bride, she should avoid the mistake of unnecessarily tormenting him by unjustified delay of the initial sexual embrace;

newlyweds should take advantage of the opportunity afforded by the honeymoon to become *physically acquainted* with each other and to learn how to indulge and enjoy the endless variety of sexual play which is the privilege of all married couples.

16:3.6 The young bride who has been properly instructed by either her mother or her physician, or by both, will have little or no fear of the first sex act; especially will this be true if she has been properly dilated before marriage.

[PLATE I (V Appendix)]

16:3.7 Both husband and wife should understand the anatomy of the hymen, that is, they should know that the natural opening is on the upper side of this partition membrane,

We need only add here, that the phallos should advance from above and in front—in the case of a recumbent woman, in the "normal"position—

and in the first attempts at coitus, care should be taken to keep the male organ well up so as to avoid direct collision with the body of the hymen.

so that the *glans* slides along the vestibule and into the slight aperture that exists even in maidens.

In this way the penis can enter the natural opening

As the invading organ continues its pressure, the membrane stretches tensely, and then splits, generally in two places, on left and right, backwards. Of course this is to some extent painful, for the woman. But the pain is quite brief and bearable by a woman with a normally thin hymen and average nervous sensibility (V 258).

and proceed to its increasing dilatation with a minimum of pain on the part of the bride.

PREMATURE EJACULATION

VI: MARRIAGE (Ellis 256)

Impotence and Frigidity (Sexual Hypoæsthesis and Sexual Hyperæsthesia) (Ellis 301)

I agree with Freud and others that the frequency of premature ejaculation is very great,

though I do not agree with Löwenfeld in attributing this in 75 per cent cases to masturbation (E 305).

[See 8:4.1.]

Usually, it is probable, we must regard neurasthenic impotence as in part a special manifestation of the general tendency to quick and sensitive reactions which marks all urban life under modern conditions (manifested in women by the tendency for pregnancy to come to a termination before full term) ... (E 305).

In most cases there is only a relative defect of potency. Erection more or less completely occurs and is followed, though too rapidly, by ejaculation (E 306

16:4.1 Premature ejaculation is much more common in men than books dealing with sex would lead one to believe,

and though many writers have attributed this condition to masturbation, in our opinion autoeroticism has little or nothing to do with it.

The sexual apparatus of these men possess hair-trigger nervous mechanisms, and except for the few highly neurotic individuals, there is little to be done, though those who suffer from this condition because of lowered nerve tone can certainly be helped.

16:4.2 Someone has suggested that our high-strung, urban life has something to do, not only with augmenting premature ejaculation in the male, but in contributing to the tendency of the female to abort,

these conditions being thought by some writers to be somewhat analogous, at least as regards their causes.

In most men belonging to this group the erection is more or less complete—normal—but the entire difficulty consists in the ever-present and distressing tendency to immediate ejaculation, sometimes even before copulation can be completed.

SOURCE	16: LIVING A SANE SEX LIFE
[Compare E 306-07.]	16:4.3 The *proper treatment* of this disorder is to give the patient a full and frank explanation of both the psychology and physiology of his difficulty and to help the married man make such an adjustment as will enable his wife to secure reasonable satisfaction,
The patient should be forbidden to attempt coitus and should especially be discouraged from making such attempts with prostitutes (E 307).	and to discourage all unmarried men from futile experimentation with prostitutes.
A sensible and tactful wife is the physician's best assistant (E 307).	The physician should discuss the situation frankly with the wife;
	in the majority of cases a satisfactory solution will be found in the plan of repeated coitus.
[Compare E 307 and see 8:4.2.]	Anywhere from half an hour to an hour following the aborted attempt at intercourse, the premature ejaculator can be sexually aroused by suitable stimulation, and in the majority of cases this second copulation will continue a sufficient length of time to enable the female partner to secure more or less complete satisfaction.
It may also be recommended not to attempt intercourse on retiring to bed, but only after a period of rest and sleep, or in the early morning, a time which some authorities advise as generally the best (E 307-08).	In some cases it has been found best to refrain from all attempts at love making upon retiring, to indulge in intercourse only after rest and sleep.
	Many of these premature ejaculators are much more competent in the morning after a good night's rest.

SOURCE

This indicates that sexual incapacity is largely a matter of personal and social adaptation. In most cases if the subject had been from youth in a natural and wholesome relationship with individuals of the opposite sex the difficulty or incapacity for harmonious union with a congenial member of that sex would not arise ... (E 308).

We are justified in believing that sexual incompetence is, to a large extent, a special manifestation of incomplete social adaptation. We must not ignore the constitutional factors, which may, for instance, involve a homosexual tendency, nor physical defects or weakness which calls for the surgeon's aid (E 308).

FAVORABLE CONDITIONS (Butterfield 48)

3. *Movements:* (Butterfield 58)

This she can usually do even when her husband has finished first if she has been thoroughly stimulated before the entrance is made and has gradually increased her local sensations during the copulative movements.

By squeezing the penis as firmly as possible and making the necessary movement to continue the stimulation of her clitoris she will usually be able to complete her orgasm soon after her husband (B 60).

16: LIVING A SANE SEX LIFE

16:4.4 While some authorities claim that premature ejaculation is evidence of some form of social maladaptation,

some failure properly and fully to enter into the married-life situation,

and while we recognize the probability that such influences may be minor factors in some cases, we still believe the difficulty is at bottom a constitutional one.

16:4.5 If the wife is adept and interested in securing her orgasm,

she can usually achieve this end if, even after the husband has ejaculated,

she will hold him tightly in her arms with legs entwined about him

while she engages in such hip movements as will produce clitoris friction against the penis,

which is still in the vagina, and which remains considerably enlarged for some time following ejaculation.

FREQUENCY OF COITUS

VI: OTHER PRACTICAL ISSUES (Wright 101)

At the beginning of married life, one of the first questions to be asked is, "How often should we have sexual intercourse?"

16:5.1 Among the early queries of young married people is this: "How often should we have sexual intercourse?"

No strict rule can be formulated, but by certain indications each couple can find its own best habits.

While this cannot be answered categorically, there are reliable ways by which each couple can determine their own policy.

The sex-act is meant to be enjoyed, and to have an exhilarating effect on the persons who take part in it.

Basing their conclusions on the self-evident fact that the sex act is meant to be enjoyed and to exhilarate the participants in it,

It is safe to say that as long as both partners feel rested and refreshed as a result of sexual intercourse, they are doing rightly (W 101).

they need not worry if both husband and wife feel rested and refreshed following each sexual experience.

Hardly any two people desire and need sex intercourse at exactly the same times,

16:5.2 If the two neither desire nor need intercourse at the same time,

and it is therefore necessary that husbands and wives should be perfectly frank with each other, especially during the first few years of married life, when both are finding their way among new sensations and experiences.

they must discuss the matter frankly, particularly during the early years of married life when both are exploring new sensations and experiences.

Speaking generally, the sex-act is more tiring to men than to women. This is natural, considering that the seminal fluid is one of the most highly complex substances manufactured by the body.

Because of the very complex character of the seminal fluid, coitus is naturally more trying to men than to women.

SOURCE	16: LIVING A SANE SEX LIFE
Women differ enormously, according to race, climate, and temperament.	Race, climate, and temperament determine the reaction of women, who differ enormously.
Some are fully satisfied by one orgasm, some need more.	One orgasm satisfies some; others require more.
The important thing is for each woman to discover her own needs; it is fallacious and misleading to listen to other people's experience and use it as a guide.	Every woman must ascertain her individual requirements and not depend on other people's experience.
If either partner stays exhausted, or even tired, after intercourse, that is a sign that he or she is having too much.	Exhaustion, or even weariness, following intercourse indicates that it is being indulged in too frequently.
A short time of abstinence may be all that is needed to effect a cure (W 101-02).	In these cases temporary abstinence may be all the corrective needed.

VI: MARRIAGE (Ellis 256)

The Control of Procreation (Ellis 285)

Some persons consider it normal and necessary to have intercourse every night, and they continue this practice for many years with no obvious bad results.	16:5.3 Many perfectly normal married couples have intercourse every night they are together;
Others assert that intercourse should never be practiced except for the end of procreation,—which might mean only two or three times in a lifetime,—and they argue that such a practice is alone natural and moral.	on the other hand some fanatical persons look upon the sex relation as being for procreative purposes only, and they advocate that it should not be indulged except when a child is desired.
It is undoubtedly true that this is the only end in the intercourse of animals, but in determining what is natural for man we are not entitled to consider the practice of the animals belonging to remote genera (E 292).	It is true that procreation seems to be the purpose of sex contact among the animals,

We have to consider the general practice of the human species which by no means shows so narrowly exclusive an aim in procreation, although unspoiled uncivilized peoples are on the whole (contrary to a common assumption) much more sexually abstinent than civilized peoples (E 292).

but the sex act certainly has other purposes in the human species.

Fortunately there are but few who entertain these narrow views; within the limits of good taste and good judgment,

But if the individual can find joy and inspiration in using his organs for ends they were not made for, he is following a course of action which, whether or not we choose to call it "natural," is perfectly justifiable and moral (E 292).

man is certainly warranted in using the sexual mechanism for the enhancement of pleasure and as a contribution to the joy of living as well as the other physical senses and sensory sources of enjoyment.

Putting aside all dubious theories, it must be recognized, from a practical standpoint, that the natural range of variation as regards frequency of intercourse is very wide, and it is necessary to find out in each individual case what frequency best suits each of the partners, and how any discrepancy, if it exists, can be harmonized.

16:5.4 The *frequency of coitus* is a matter to be worked out by each married couple subsequent to their first year of married life.

It must be remembered that probably one-half of normally sexed married women do not get into the successful stride of sex enjoyment until well toward the end of the first year. The woman simply does not automatically and intuitively learn how to enjoy the sex act as does the man. It requires time to initiate her into the normal enjoyment of sex relations.

Luther's dictum of twice a week commends itself to many, but it seems best to lay stress on the advantages of chastity (a very different thing from sexual abstinence) and on the disadvantages of rendering sexual intercourse a frequent and spiritless routine (E 293).

16:5.5 There is no reason why all married couples should not practice some degree of *control of the sexual impulses,*

The cultivation of coitus as a frequent habit is also undesirable because it renders very difficult the long intermission which may be necessary during absence, illness of one of the partners,

else how will they behave themselves when they are compelled to be separated for periods of time or to practice abstinence as the result of sickness?

Many men who have given themselves over to unbridled sexual gratification find it difficult to control themselves at such necessary times as the few weeks before childbirth

or the period (a month or six weeks) following childbirth (E 293-94).

and for five or six weeks following it.

THE FREQUENCY OF SEXUAL INTERCOURSE (Butterfield 69)

Most healthy vigorous couples seem to find that coitus two or three times a week is sufficient for their needs (B 70).

16:5.6 It is our experience that the average married couple, normally intelligent and cultured, engage in sexual intercourse about twice a week.

It is probably true that sexual relations will be experienced more frequently during the early years of marriage (B 71).

True, indeed, it is usually indulged more than this during the first year of married life,

[Generally speaking—but exceptions must be allowed for—after forty, the sex relations may well be limited to once a week, and in later years, probably after fifty, to two or three times, or less, a month (Fielding 134).]

and after the age of 40 or 45 there may be a gradual reduction of this frequency to once a week,

though in many cases this does not take place until after 60, provided the partners are fairly near the same age.