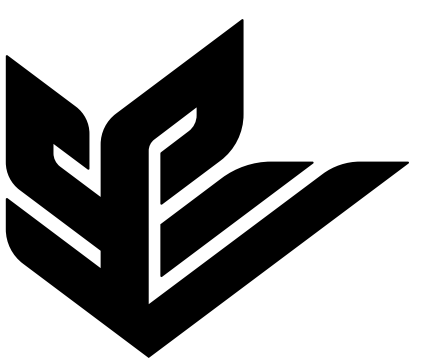


Treatment of Female Anorgasmia using Narrative Therapy and Therapeutic Masturbation – A Practice-Based Study



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ABSTRACT

This research study will use a practice-based model to explore orgasm and sexual pleasure with female clients who report that they are unable to experience an orgasm. By thickening their definitions and stories around orgasm and pleasure; and by engaging in therapeutic masturbation weekly between sessions, clients will experience increased pleasure and orgasm. The use of a guided therapeutic masturbation exercise is used from Emily Nagasaki's book *Come As You Are*. And quantitative data will be gathered using question 11 from an adapted version of the Female Sexual Functioning Inventory.

INTRODUCTION

Orgasms are important to women (Laan & Rellini, 2011)! And they come to therapy seeking relief from the distress that female orgasm disorder causes (APA, 2013). FOD is a complex issue involving intergenerational, individual, and relational factors (McCabe, 2009). Cognitive Behavioral Therapy, Mindfulness and sensorimotor exercises have been used for broad treatment of female sexual dysfunction but have not proven efficacious in anorgasmia specifically (Stephenson & Kerth, 2017).

The burden of anorgasmia reaches past the person them self and impacts current and potential romantic relationship satisfaction (Rowland & Kolba, 2018). The goal of this research is to find an approach that allows the client to define and experience orgasm – in a new way.

PRIMARY AIM AND HYPOTHESES

Research Question #1: Does narrative therapy increase the occurrence of orgasm in women with female orgasm disorder who also practice therapeutic masturbation?

Hypothesis #1: Each clients' ability to experience orgasm will increase over the course of treatment.

METHODS

Participants

Participants in the study will be referred to a private practice setting from Seattle-based therapists. Therapists conducting this research will be Licensed Marriage and Family Therapists familiar with narrative interventions used for these research purposes. They will also be certified by the American Association of Sexuality Educators, Counselors and Therapists. Participants will be seen on an individual basis for 12 weeks and will not be required to participate in partnered sex. This study will be all-inclusive, welcoming all who identify as female or feminine and are seeking sexual pleasure through orgasm.

Procedures

This study will implement the use of techniques of narrative therapy, including externalization, "thickening", and seeking unique outcomes during sessions 1-11 and the use of ceremony or letter writing in the final session. Clients will be asked to engage in therapeutic masturbation as outlined in pages 339 – 341 in the book *Come as You Are* at least one time between sessions.

MEASURES

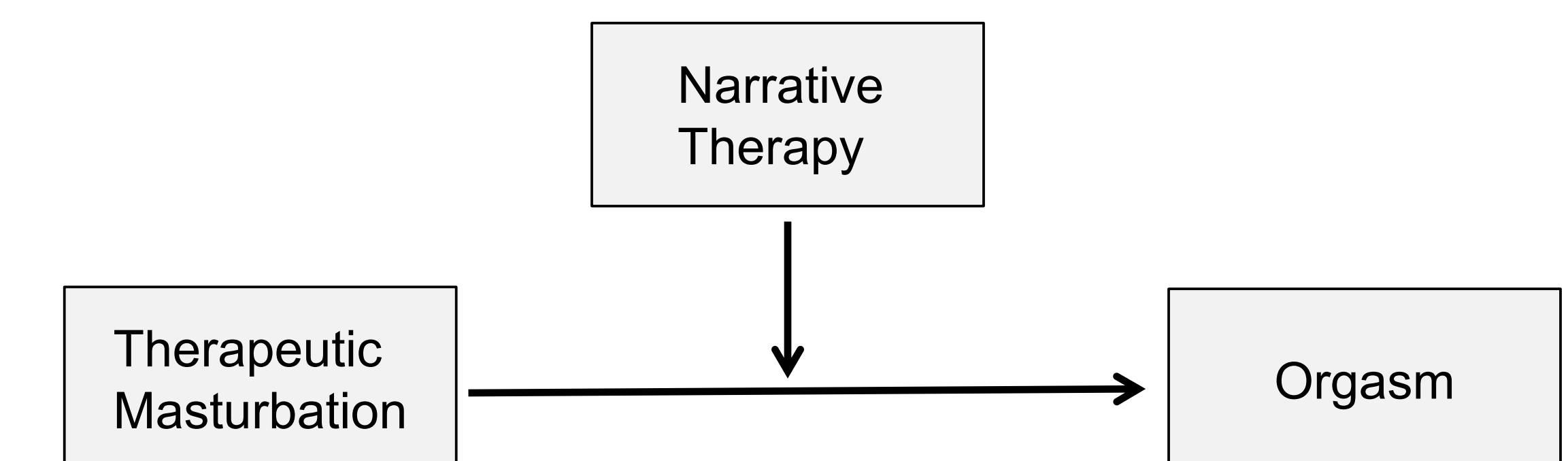
Increased Occurrence of Orgasm

One specific data point will be extracted from question 11 of the Female Sexual Functioning Inventory regarding how often they orgasmed when engaging in therapeutic masturbation. Benchmark assessments will be done weekly, starting at intake (prior to any treatment) using an adapted version of this inventory, changing the 4-week lookback period to 1-week and replacing "sexual activity or intercourse" with "therapeutic masturbation". When completing this inventory, participants will use the definition of "orgasm" taken from Emily Nagasaki's book *Come as You Are* – "sudden, involuntary release of sexual tension."

RESULTS

Efficacy of Narrative Therapy combined with Therapeutic Masturbation in Anorgasmia Treatment

This study will be using moderation analysis to determine whether narrative therapy strengthens of the relationship between therapeutic masturbation and experienced orgasms in women distressed by female orgasm disorder. Moderation analysis will be completed through ANOVA variables.



Discussion

Social Implications

Many approaches to women's sexuality insist that women should take on the full responsibility of their sexual pleasure. This study will help women address the intergenerational, individual and relational factors involved in their own female anorgasmia in the privacy of therapy sessions, which will prepare them to announce their new story and experience of orgasm to those who the client deems relevant.

Implications for Clinicians and Research

Clinicians and research should be ready to explore intergenerational and other systemic messages about orgasm with clients. The combination of therapeutic masturbation and narrative therapy will be efficacious in the treatment of individual women, however, the research will lack adaptations for within couples and relationships of all configurations.