



**THE  
POWER  
TO HEAL  
HANDS-ON  
SEXUAL THERAPIES**

**W**estern civilization has a bipolar relationship with sexuality. From an early age, children are often taught to be ashamed of “indecent” thoughts and punished for looking at porn. And whereas sex is omnipresent in advertising and entertainment, it’s shunned by religious institutions. In schools basic sex education has become a controversial topic. The result is that many people grow to maturity without a healthy link between their understanding of sexuality and their capacity to engage in it without shame.

To further complicate matters, sexual dysfunctions can develop from a variety of causes. Individuals may have trust issues stemming from their upbringing or because they have been cheated on in the past. They may be the victims of sexual violence. Their bodies may change in various ways as they age. In short, there are many reasons—internal and external, mental and physical—why people experience sexual dysfunction. Fortunately, there are instructors and healers available to help. Sexological bodywork and surrogate partner therapy are two distinct modalities that address a number of sexual issues using a hands-on approach. >>

**BY SCOTT FEINBLATT  
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THE INSTITUTE OF  
SOMATIC SEXOLOGY**

Basically, sexological bodyworkers work with their clients in a manner similar to that of a masseuse; they do all the touching and help their clients learn how to work through sexual issues by developing new neural pathways. Surrogate partners, on the other hand, work in tandem with a therapist, and the two coordinate with their client to help them develop or repair relationship skills, including stunted or damaged capacities for physical intimacy. In order to get the best perspective on each of these therapies, HUSTLER spoke with leading practitioners from these innovative fields to learn the specifics and the various ways these therapies benefit people.

First, to gain insight into who might benefit from sexological bodywork sessions, we asked Somatic Sex Educator and Intimacy and Relationship Coach Dolly Josette to share her experiences as a sexological bodyworker. “My specialty is people who are really nervous and afraid...I have a real specialty of helping people who are just like [whispering], ‘Can we talk about my privates?’ They’re so scared, and I think I just have a way about relaxing the nervous system. My personal clients are like 40s to 75.” Josette elaborates, “I had a couple who was in their mid-70s coming. They were in a newfound, committed relationship, and they wanted to learn new things. Because of colon cancer, his penis was not getting erect, so they wanted to learn other things to develop orgasmicity and give her pleasure so that they could continue loving on each other, even though they couldn’t have penetration. I get these older people, I think, because they’re ready to say what’s not working, they’re tired of tolerating bad sex, they’re empty nesters or they’re going through a divorce and they want to develop confidence—or a lot of couples who are together 30 years.”

When asked if she can get more specific about a case, Josette is happy to share. “With this one couple, she always had so much pain in her body. And he said, ‘She just kind of says [for me to do what I have to with her to experience pleasure], but she’s bleeding, and we’ve gone to doctors, and we can’t figure this out.’ And she was super old-fashioned, didn’t even want to administer any self-touch. So I taught him how to vulva-map her and to bring lots of healing and remediation. I mean, you could just barely [touch her], and her body would pull back. So we did lots of intimacy building, lots of holding, cupping the vulva, all of these things. And literally I said, ‘Do this to her three to five times a week for the next X amount of weeks.’ And they did. They called me six weeks later, and he said, ‘Pain has gone away. No bleeding. Pleasure has returned to her tissues. And we attempted penis in vagina. We cannot believe what has transformed.’ She was giddy. She’s like, ‘I didn’t know sex could be so fun. Me and my husband, we’re [having phone sex when] he’s traveling. We’re like teenagers.’”

While the work certainly involves a hands-on approach with regard to genitalia and the objectives are to make sexual behavior more accessible and pleasurable, Josette emphasizes the holistic nature of sexological bodywork. “The way I like to say it is that I’m more of an embodiment coach. We’re looking at the tools of embodiment: breath, touch, placement of awareness, movement and sound. And when you can start getting that into your body, the biggest question we always ask our clients is, ‘What are you noticing? Where is that landing in your body?’ You’re developing a somatic awareness to then develop the ability to have attunement for your body and the messages that your body’s giving you so that you can learn to see when you’re clenching and holding. Or if there’s a story or something under the tissue that can get moved out.” One of the ideas at the heart of sexological bodywork is that the body stores memories and emotions in its muscles and fascia (connective tissues), and through mindful focus and touch, mental blocks and physical pain can give way to feelings of liberation and pleasure.

Deej Juventin, a sexological bodyworker who is the Director at the Institute of Somatic Sexology, explains that of the various types of people who enroll in his seminars to learn about the methodology, many want to apply its principles to other areas of healing. “They come from all over the place. Three main groups of people come to the training: One is from the different psych professions—counselors, psychotherapists, psychologists, GPs, doctors, different healthcare professionals—and they’re not looking to work in our way of working. They take the training for professional development.

“The next group of people who come to the training,” Juventin continues, “tend to be the health and well-being people—yoga teachers, kinesiologists, aromatherapy people, meditation teachers. Then the third main group is people from the sex industry—either sex workers or different people working in the sex field already. And then we get the random, you know, occasional electrician or accountant [laughs].”

Juventin also identifies the three general categories of people who usually seek to work with a sexological bodyworker. “People who are really enjoying sex and their sex life, but they want to learn more; they want to expand. People who maybe aren’t really enjoying sex or maybe aren’t very connected with their bodies, and they want to learn about how to connect with their bodies and how to enjoy sex more. And then the third category of people are experiencing issues.” Of these issues, Juventin says, “Early ejaculation—it’s huge on the planet today. It’s really quite amazing how many people are experiencing that, and part of it, I think, is because people are moving too fast erotically and be-



cause people's awareness isn't necessarily in the body or in the connection; it's in fantasy."

Josette's clientele includes people with issues along those lines. "Some of the younger ones notice that they are liking porn better than physical interactions with people. And they're actually like, 'Wait a minute! Why am I going for this more than I am for partnered interactions?' or 'I'm really tired of the one-night stands...I don't feel much anymore.'" She explains, "These are people who are really addicted to the dopamine cycles. You know, it's the likes, the swipes, the quick easy access—it just creates this dopamine centric [association] more and more and more, but after a while it numbs you out. [The work teaches] them to expand what's possible in terms of their orgasmic potential. It's kind of like taking a technological detox and getting re-connected with your body."

This is not to disparage short-order sexual gratifications. There is value in quickies, nooners and porn. Moreover, sex workers who engage in more performative and entertaining capacities have vital vocations. The problem arises in cases where such fantastic associations cause sexual dysfunction. Juventin points out that when people fixate on external sources for arousal, like images on screens, there is a disconnect. He says, "If I'm sitting here, and my eroticism is on the screen, I'm teaching my body that my awareness is out there rather than in here, on what I'm feeling." The solution, he suggests, is that people need to learn how to "enjoy porn and bring it back to the body, so you can also feel the body at the same time as you're enjoying your porn." However, this does present a unique dilemma, especially given the rhythms of modern pornography.

"We're living in a time with unprecedented access to pornography," observes Juventin. "Most human beings on the planet are learning about sex through pornography. I've got a friend called Gala Vanting—she's a feminist porn director—and she...showed the difference between 1970s porn and modern porn. And there's a lot of difference in the narrative; a lot of difference in variety—variety of body shape, body hair, those kinds of things. But one big thing that changed was variety of tempo. The vast majority of modern porn is hard and fast, right? So people are learning [from this]... We used to have to exclusively learn sex through experimentation and exploration, but now there's information on our computers. And most of it is hard and fast, which is sympathetic; that's action-based.... [As a result] a lot of human beings are spending a lot of their erotic time by themselves and with other people in that sympathetic mode, right? Except that you're only using a part of your pleasure devices. You're only using a part of your nervous system. You're only using a part of the way that pleasure and sensation can flow through your body. So by teaching people how to also down-regulate—which is to relax, slow down, use your breath, use your movement, use your touch in slower, more mindful, more present ways—it shifts the body into parasympathetic functioning and variety. That way, when moving between tempos, if it's got variety in tempo and got curiosity in tempo, it feels good, and part of why it feels good is because you're activating more of your nervous system."

Given the holistic tenets of sexological bodywork, it is not surprising that the movement was founded by Dr. Joseph Kramer, who has backgrounds in Taoism and Tantra (as well as in massage, acupressure and rebirthing). While it was not originally referred to as sexological bodywork, Dr. Kramer essentially introduced the methodology in 1984, when he founded the Body Electric School of Massage and Rebirthing in Oakland, California. Currently the legal status of sexological bodywork re-

## THE BODY STORES MEMORIES AND EMOTIONS IN ITS MUSCLES AND FASCIA, AND THROUGH MINDFUL FOCUS AND TOUCH, MENTAL BLOCKS AND PHYSICAL PAIN CAN GIVE WAY TO FEELINGS OF LIBERATION AND PLEASURE.

mains in a gray area, and according to Josette, there are approximately 1,600 to 1,700 certified practitioners worldwide.

The second modality in our examination of therapeutic intimate practices has far fewer practitioners. International Professional Surrogates Association (IPSA) is the preeminent organization for surrogate partners, and according to Mark Shattuck, the IPSA Media Chair and IPSA-certified surrogate partner, there are only around 50 IPSA-certified practitioners in the world, with approximately 100 additional non-IPSA practitioners. Shattuck explains why the field is not very popular. "A lot of it has to do with most people just don't know it exists. And part of the issue is the fact that most of the surrogate partners who have been practicing in the last 40 to 50 years have been female, with clients who are male, middle-aged virgins or men with erectile dysfunction issues, whether it's early ejaculation or [other erectile] issues. It's only been in the last 20 or 30 years that there have been any men doing this work. So right now there are a couple of gay men doing it, and there are like five or six heterosexual men." Shattuck goes on to say that many would-be practitioners are turned off by the profession because it is not a particularly lucrative career path. Beyond that, practitioners are encouraged to have strong, romantic, personal relationships outside of work so that they can stay grounded and not become too emotionally involved with their clients. This, of course (as with sexual bodyworkers), requires that their life partners be trusting and understanding about the work so that it does not violate the boundaries of their own personal relationships.

The history of surrogate partner therapy goes back further than that of sexological bodywork and is more generally rooted in a treatment modality—as contrasted with the more educationally-focused sexological bodywork, which centers on training the clients about their own bodies and how to rewire them. In 1970, William H. Masters and >>

Virginia E. Johnson introduced the concept of surrogate partner therapy in their book *Human Sexual Inadequacy*. One of the principal ideas of the concept was that sexual dysfunction could be overcome with the help of a partner, who would work in tandem with a third-party therapist. Specifically, the client needs to see a therapist first, who will then refer a surrogate, and as the work progresses, the therapist will coordinate and confer with the surrogate. They will exchange notes; and the client will continue to see both. Thus, a healthy and safe system of checks and balances is established and remains in effect throughout the course of the treatment.

As with sexological bodywork, the focus is not strategically to target the genitals or to bring a client to orgasm, although that can be part of the process. “The goal is for them to get out in the world and pick a partner for themselves and be confident enough that they know what they’re doing,” Shattuck tells us. “And that’s why the majority of the surrogate work is about communication, relaxation, social skills training, how to date, what to do on a date. The actual touching and sex part is not the biggest part of the work. It certainly is in there, and we want you to be comfortable. And we certainly do end up getting naked at some point.” Shattuck then explains that a lot of the work he does with women begins with building up their self-confidence by teaching them that they are ultimately in control of their bodies and that it is okay to resist unwelcome advances.

“There are verbal exercises I do, especially with women, [because it’s] difficult to get them to say no. There are prescribed exercises, where I tell them, ‘Okay, I want you to say no to every question I ask you, regardless of how you feel about it. I just want you to practice saying no, like, ‘Can I give you a hug?’” Shattuck illustrates. “‘No.’ And then I’ll say, ‘Okay, thank you.’ I’ll ask, ‘Can I give you \$10,000?’ And they have to say, ‘No,’ and I’ll say, ‘Thank you.’ And I go through this litany of things. Some of them are personal; some of them aren’t. So many women have a hard time just saying ‘No,’ you’d be surprised. They say, ‘Oh, that sounds fun. Let’s do that.’ I’ll say, ‘Okay, can I give you a hug?’ And they’ll be a deer in headlights...some are super nervous. Just the idea in our society of women saying no to men is not normal most of the time...I mean, it’s kind of culturally ingrained for many women. That’s why a lot of women blame themselves for being raped or blame themselves for not having relationships. Because they don’t want to be in a situation where they have to say no, they don’t get into any situation at all. They just avoid dating at any time.” Depending upon the client’s particular needs, this initial phase—and the various phases of the therapy that follow—might take different amounts of time, but after trust is established, then the physical work can begin.

Dr. Vena Blanchard, DHS, IPSA President and Senior Trainer, provides a comprehensive explanation about the transitions and the four phases involved in surrogate >>

**YOU’RE ONLY USING A PART OF YOUR PLEASURE DEVICES. YOU’RE ONLY USING A PART OF YOUR NERVOUS SYSTEM. YOU’RE ONLY USING A PART OF THE WAY THAT PLEASURE AND SENSATION CAN FLOW THROUGH YOUR BODY.**



PHOTO BY CHLOÉ SOPHIA

**DEEJ JUVENTIN**

partner therapy. “We think of the first phase as trust-building, skill-building and nurturing. It’s like taking care of the [initial physical aspects] with hand holding and face touching and foot touching. And the second phase is using that emotional foundation and the skills foundation to move into a sensual phase, to deal with body image issues, nudity, whole body touching. [There’s] no sexual agenda in the first and second phase. It’s merely to feel the pleasure of a body caress, to feel the pleasure of touching and being touched.” Blanchard continues, “And then the third phase of the work is where specific sexual issues are dealt with, and if there’s going to be sexual activity as part of the work, that’s where that would take place, in the third phase. The fourth phase is a closure phase. That’s where we’re bringing the work to a close; for some people it’s one session. They’re not that attached; they’re ready to move on, no big deal. [For one of my clients] that I worked with for three and a half years, it was three or four months of bringing the work to a close, making sure he felt ready to be on his own, saying goodbye, expressing appreciation, seeing each other less often. And so he’s weaning off of the relationship—not because he was overly attached, but because we’d had an appropriate level of attachment, and it needed to be ended gently.”

The story of the client whom Dr. Blanchard said required such a long time for closure is an inspirational one and a powerful testament to the legitimacy and necessity for surrogate partner therapy. “This client had been molested for six years in childhood by a beloved uncle, and he’d been in therapy for about ten years before starting to work with me. He initially got into therapy to address the alcohol abuse that had been his way of trying to cope with the feelings of great distress internally. So he’d been in therapy; he’d been in AA; and then he came to work with me,” she recounts. “We ultimately worked together for about three and a half years. The first phase of the work was him [learning to experience] relaxation and focus on sensation, which was very difficult for him because sensations in his body of any kind were triggers for a dissociation or anxiety. The one place on his body where that wasn’t true was his feet. And the first exercise was hand touching; that wasn’t particularly difficult for him.”

Dr. Blanchard continues, “The second exercise was foot touching, and in touching his feet, he felt like enjoyment; after that, [for every progressive] exercise, he was in grave distress. And we didn’t take a stitch of clothing off for a year and a half. We worked for several months on his being able to say the words ‘I want.’ And what he ultimately asked for, when he could say it, was that he wanted me to put my hands on his back, so he could feel sensation on his shoulders and to feel my small hands on his adult back, which helped reinforce for him that he wasn’t a child anymore and that he wasn’t being overpowered by someone. The touching was nurturing touch, relaxing touch. Every session was a teeny tiny stretch from the previous session, either by being able to stay with touch for an extra 30 seconds or to be able to touch a new part of the body. So from the foot to the ankle, from the ankle up to the shin, from the fingers to the wrist, from the top of the head down into the face, little by little, until [I could touch him freely] and not have him dissociate. Ultimately, we were, after about a year and a half, able to begin to do some dis-

robing, so he could feel touch on the skin of his back. And the arc of the entire relationship was that toward the end of the work, he was able to have touch all over his body and to feel sexual feelings without dissociating, having terror or feeling ashamed, which were the consequences of having experienced all those touches when he was such a young child.”

When asked about the legality of surrogate partner therapy, Dr. Blanchard references a quote by U.S. Vice President Kamala Harris. In 1997, when Harris worked as a deputy district attorney for the Alameda County DA’s office, she told *San Jose Mercury News* her thoughts regarding surrogate partner therapy. “If it’s between consensual adults and referred by licensed therapists and doesn’t involve minors, then it’s not illegal.”

“There’s no statute that we’ve ever been able to discover that says surrogate partner therapy is illegal,” maintains Dr. Blanchard. “But because of the misunderstanding about what the work is, some therapists imagine that it’s either illegal or unethical for them to refer to surrogate partners. So one of the areas of difficulty can be finding a therapist who is comfortable working with a surrogate partner, being part of the surrogate partner therapy team, and that’s especially true outside of California, where it hasn’t been tested.”

Clearly the need exists for people to experience hands-on healing and education in order to achieve a healthy and empowering sense of their own sexuality. Sexological bodyworkers and surrogate partner therapy provide the means to satisfy that end. As the cases detailed by Dolly Josette and Dr. Vena Blanchard show, the damage caused by religion, shame, guilt and a patriarchal society can be remedied. However, in order for the therapies to best help those in need, the public must first learn the value of such services—the value of embracing and fostering the pursuit of healthy sexuality. **H**



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