

INVESTIGATION OF THE DÉSILETS METHOD AND ITS  
EFFECT ON THE PSYCHOSEXUAL HEALTH OF WOMEN

by

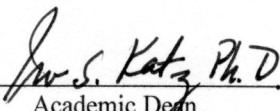
Saida Elisabeth Désilets

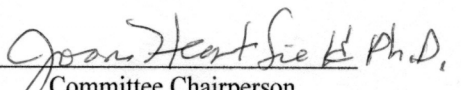
A Dissertation  
Submitted in Partial Fulfillment  
of the Requirements for the Degree  
Doctor of Philosophy in Transpersonal Psychology  
International University of Professional Studies

Maui, 2008

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This dissertation is dedicated to the women of the world, whose struggle and strengths serve to fuel and inspire this work; to Andréa Désilets, whom represents the future generations of women, may she always have access to empowering truths; and to Joan Heartfield for recognizing my passion for feminine sexuality and encouraging me to give voice to this passion.

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I also acknowledge each woman who generously contributed to this project through her questionnaire answers and personal notes. Each woman assisted me in experiencing the living pulse of feminine wisdom and revealing what is at the heart of a woman's deepest desire both of which became the essence of this project.

*"It is not through the current medical, psychological, or religious lenses that I have discovered the beauty and power of the Feminine. It is through my living experience of witnessing each woman's struggle to allow what is innately hers to find a home within her most intimate self that has shown me the profound value of heart-centered sexuality."*

Abstract of Dissertation Presented to  
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THE DEVELOPMENT OF TOOLS FOR ENHANCING  
THE PSYCHOSEXUAL HEALTH OF WOMEN

By

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Chair: Joan Heartfield

Major Department: Transpersonal Psychology

This research paper will present a critical appraisal of existing tools used for facilitating the psychosexual health of women and support the urgent need for an effective method for improving current therapeutic understanding of the psychological and sexual health of women.

Improved methods of facilitating greater understanding and harmony with a woman's psychology and sexual wellbeing are needed to better enable women to express improved self-esteem and confidence as well as both physical and emotional health without having the established medical, psychological, and religious ideas imposed upon them.

Some specific topics to be explored are: conceptual issues in qualitative inquiry,

qualitative findings, examples of qualitative research, themes of qualitative research, validity and generalizability, and considerations using questionnaire qualitative approaches. Likert scales and open-ended questions are used in combination to discover consistencies and allow space for invaluable real life feedback. Three of the sixty-one completed questionnaires are presented.

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## CHAPTER 1 PROBLEM FORMULATION

### **1.0 Introduction**

Sexuality and the role of the Feminine within sexuality has been and continues to be a subject of great controversy and discomfort for western society. The exploitation and mis-education about sexuality permeate our Western culture as seen through the powerful influence of the media who often either misrepresent the views of the medical and psychological establishments, or are given access to research which are funded by the pharmaceutical industry. It is evident that both men and women are impacted by societal views on sexuality; however, this project focuses solely on women's issues. Information on disease and dysfunction are the main form of acceptable sexual education. However, in the case of proper education designed to assist women in engaging in preventative care for sexual health, we often see this information labeled as explicit and therefore unworthy of proper publication.

The misunderstanding and exploitation of sexuality can be a detriment to a woman's psychosexual health, and since most of the authoritative experts women have access to share the same misunderstanding, we can see that that is often difficult for women to access information that is both accurate and empowering about their sexual and sensual nature. Social conditioning and beliefs about women's sexuality is so ingrained and



unquestioned that it is often difficult for women to understand the conflict between the wisdom of their inner knowing and the authoritative voice of experts.

Over the past century, psychology has evolved and gained acceptance as a valid field of study. In attempts to maintain its status quo, psychology today adheres to firm therapeutic guidelines that serve to protect the practitioner and the client; however, they equally impose a rigidity of therapy that acts as a limitation when dealing with the subject of sexuality. Tiefer (1995) stresses the following:

In the past ten years, scholarship on human sexuality has been undergoing a radical transformation, but only in some disciplines. Psychology seems not to have noticed that new theories have been proposed that are "potentially explosive in their implications for our future understanding and behavior in regard to sex" (Vicunus, 1982, p. 137). Yet there is an urgent need for new ideas and research in the psychology of sexuality. (p. 17)

Within the field of psychology, transpersonal psychology is the first branch of psychology to regard spirituality as a valid human experience and one that is inseparable from the person. The inclusion of the spiritual as an intrinsic part of the psychology of a human is the strength of transpersonal psychology. Its weakness, however, resides in the obvious lack understanding, and therefore, inclusion of the energetic, somatic, and spiritual nature of sexuality. As transpersonal psychology begins to validate and acknowledge the essential role that sexual energy plays in the development of consciousness, there will be a natural and much needed evolution in the field of psychology. This evolution is necessary for more effective therapies to be developed and practiced with regard to sexual issues that arise in a therapeutic setting.

Researcher Ogden (2000) speaks to this issue:

This kind of altruistic thinking expands the meaning of both sexuality and spirituality. It challenges longstanding cultural beliefs, especially about control and ownership. It broadens the discourse on sex beyond violence, AIDS, or the

latest medical technology. It broadens the discourse on spirituality to include the physical body as well as the energetic bodies. It broadens the discourse on healing beyond the potential narcissism of endless personal growth. Combining sexuality and spirituality in this way implies an intrinsic connection with the planet as well as with one's self and others—perhaps updating the spiritual message of those generously endowed Goddesses and their sacred consorts who for so many centuries embodied the sexual mysteries of creation. (p. 17)

Expanding the current view on sexuality and its presence in therapeutic sessions enhances an open-minded atmosphere that encourages women to both define and self-validate their sexual/sensual experiences. This is crucial for providing the best possible therapy for women's psychosexual health and well-being. In order for a therapist to be able to provide this type of atmosphere, they would need to develop their own psychosexual nature through in-depth exploration and growth in the area of the area of sexuality and spirituality.

Effectively understanding a client's sexual issues, discoveries, and awakenings is directly in proportion with the degree to which the therapist is exposed to and embodies healthy constructs that are beyond the accepted medical, psychological, and religious models. Often awakenings, such as a kundalini awakening, can be confusing and can demand that a person reorient their own psyche in order to more fully understand the impact of this experience has on their identity and well-being. Wade (2000) describes:

*Kundalini.* Kundalini experiences were defined as nonordinary percepts of energy fields in the absence of any discernible stimulus, especially sensations of heat, subtle force fields, light, and liquefaction, congruent with descriptions in various mystical traditions. These experiences occur in the here and now without significant alteration in the usual sense of self. (p. 273)

A therapist who is not aware of awakenings and how they relate to both sexuality and the spirit could possibly misdiagnose and provide therapy that may enhance the confusion rather than assist in the proper integration of this powerful human experience.

Battista, Chinen, and Scotton (1996) write on this:

Western clinicians who have become aware of the kundalini phenomena have begun to see it clinically. My colleagues and I have treated more than a half dozen cases of difficult kundalini experiences and have found that supportive treatment is best, with the least invasive physiological measures possible. Fear and anxiety are common, particularly amongst persons with no previous knowledge of kundalini. These states respond well to information, reassurance, and advice to take a few days off from other responsibilities. It helps for the clinician to see the person at least weekly during the height of the experience and to be available by phone on an as-needed basis. When the person is capable of containing the experience, the clinician should support the sense of significance that accompanies it.

If possible, the person should be in touch with a yogic teacher familiar with the phenomena. If the clinician must manage the kundalini episode alone, knowledge of the chakra map will allow understanding of many of the experiences. Naming of phenomena and knowing that they are an expected part of the kundalini experience often helps reassure the person. For clients who wish to read descriptions of kundalini, Gopi Krishna's book is a good first reference.

It is not unusual for kundalini experiences to lead to spontaneous experiences of transcendent states of consciousness. In fact, that is considered the normal outcome of the rising of the kundalini energy along the spine. The clinician should have some knowledge of these states and help the subject integrate them with her life. The subject has been in the realm of the numinous. Failure to recognize and respond accordingly may undo the therapeutic alliance and hinder spiritual growth. (pp. 263–264)

Without both questioning and expanding upon the societal norm on sexuality, there remains an obvious lack of understanding and ability to assist women in finding a healthy psychosexual ground for their sexual experiences. Embracing sexuality as a natural and integral part of spirituality, and also as a vehicle towards enlightenment, transpersonal psychologists will be poised to offer their clients therapy that is not only grounded in the expansion of consciousness, but also inclusive of the development of a key human attribute: sexuality.

### **1.1 Background Of The Study**

“Insanity: doing the same thing over and over again and expecting different results.”

— Albert Einstein

What follows is a brief summary highlighting current research on women's psychosexual health and the need for a paradigm shift in our view on female sexuality. Additional literature will be reviewed in Chapter Two.

Defining female sexuality according to a feminine model is now being investigated and incorporated into current studies. Tiefer (2001) highlights the importance of shifting how women's sexual problems are viewed:

As part of this movement, the "new view" of women's sexual problems (see Appendix) advocates for sexuality theory, research, education, and practice that are meaning-centered rather than function-centered, consciously political rather than passively apolitical, and grounded in humanistic rather than in biological foundations. (Connell & Dowsett, 1992; Evans, 1993; Weeks, 1995). (p. 89)

This movement has been called a "New View" on female sexuality and covers concepts of great importance such as creating a non-male model for female sexuality as well as expanding female sexual functioning beyond its current bio-medical model into a more mind-body-spirit model.

Wood, Koch, and Mansfield (2006) share Tiefer's viewpoint with regards to the importance of continued research in this area of study:

Tiefer (2000, p. 102) explained ... too often in the sexological model of sexuality the normative standard has been man's sexual experience ... The idea that heterosexual impulses are the norm, that sexuality exists in individuals, that biological factors are the prime source of desire, that the best way to see sex is as a material series of physical changes in specific activities---assumptions in the sexological model---seem more in accordance with men's experience (or maybe we should say with the phallogocentric experience). (p. 236)

Wood, Koch, and Mansfield (2006) critically look at the standardized classifications used in the field of psychology:

In fact, the Diagnostic and Statistical Manual of Mental Disorders, considered the "bible" of sexual classification of disorders and dysfunctions, continues to be

based on Kaplan's model (Leiblum, 2001). Irvine (1990) observed that many sex therapists have adopted these traditional views of sexual desire and view it as "a surging energy that can be switched on or off" (p. 213). In summarizing the ambiguity in defining sexual desire, Tolman and Diamond (2001) opinioned that "according to the default view, sexual desires are discrete, easily identifiable experiences of lust (i.e., you know them when you feel them)" (p. 35). (p. 236)

This inquiry is essential for understanding how our standardized models may in fact be a detriment to providing proper therapeutic care for women's psychosexual wellbeing.

There are existing surveys that also assist in establishing a new awareness of our traditional model of sexuality. One such survey, The Sexual Excitement Survey, was designed by psychologist and sex therapist, Dr. Jack Morin. In a review of Dr. Morin's book, *The Erotic Mind*, Joseph Kramer (2002) writes:

Dr. Jack Morin, influenced by visionary psychologist Abraham Maslow, believes more transformation can be had by identifying what constitutes a peak erotic experience than by focusing on dysfunction and pathology. The main tool of this erotic self exploration is The Sexual Excitement Survey, available at the end of the book. The central elements of this survey are descriptions by individuals of "memorable encounters," of "favorite fantasies" and of "the most intense point of excitement."

...

This workbook then offers Morin's explanation of the role of emotion in sexual encounters. He says that "emotions are the energizers. Feelings make sex better." (p. 110) Morin's emphasis on the therapeutic nature of high erotic states could and should transform contemporary sex therapy which has been suffocated by psychotherapy and the primitive Masters and Johnson techniques. Morin's foundational thesis, that we can learn more about our sexuality by examining our peak sexual experiences and fantasies than by looking at our failures seems novel in a erotophobic culture that stigmatizes pleasure and satisfaction. (§ 5 & § 10)

The importance of this survey lies in revealing how peak sexual experiences can serve to transform a person's psychology as well as it draws a link between different emotional states that occur with different sexual excitation and experience.

The I.S.I.S. (Integrating Sexuality and Spirituality) is a more current survey created by researcher Gina Ogden (2000) who identifies the value of expanding the

definition of sexuality to include the spirit. This survey serves to bridge the world of sexology and transpersonal psychology as well as pointing out how the very nature of research and the viewpoints held by the researcher with regards to sexuality can influence unquestioned bias amongst lay people. Ogden (2000) shares on the history and impact of sex surveys:

Since the 1930s, an insidious means of controlling how we think about the sexual experience of American women has been sex surveys. These have created scientific evidence to support mainstream belief systems, advancing and substantiating the idea that women have less interest and experience in sex than men do (Eriksen, 1999). Even the most methodologically revered sex surveys, such as Kinsey, et al. (1953) and Laumann, et al. (1994), have made almost no attempt to explore emotional and spiritual issues such as love, commitment, and intimacy that contemporary clinical evidence shows are crucial to women's sexual satisfaction (Tiefer, 1991, Ogden, 1994, 1998a, 1999, 2000, Daniluk, 1998). (p. 3)

Ogden (2000) points out that from the very beginning of sex surveys there has been an indication of the spiritual link to sexuality. A study conducted by Clelia Mosher in the Victorian Era found women possessed healthy sexual appetites and that they not only enjoyed sex and experienced great orgasmic and emotional satisfaction, they also experienced and reported on their sexually related spiritual experiences. This study, though subject to criticism, does point out that our assumptions that Victorian women were sexually repressed may not be accurate. Reiss and Reiss (1990) reveal:

Later in her career, when she was sixty-three years old, Dr. Mosher taught a class in Personal Hygiene at Stanford University. It was the 1920s and "the times they were a-changin'." The premarital sexual escapades of this generation far exceeded the moderate pursuit of marital sexual pleasure by her nineteenth century sample of women. This new generation was born in the first decade of the twentieth century and came to maturity in the 1920s. She sensed the difference and wrote in her notes:

These lectures in Personal Hygiene are exhausting me.... . . . . Where should I draw the line? My Victorian sense of decent reticence is constantly shocked although my secretary says I have given no sign . . . it is a new age, new thinking, new ideals ... 1 (p. 84)

Dr. Mosher's survey is evidence that a different picture of female sexuality was already present in the past and yet this was not regarded as valid enough to be included in the development of our understanding of female sexuality. Corn, DeFries, and Friedman (1985) write:

It began to be publicly stated that women had sexual desires, but it was thought that these desires had to be evoked by men. In 1914 two male authors stated: "Men's sexual appetites are on the average far keener and more insistent than those of a normal woman. Women's desire for sexual gratification often needs clamant awakening" (16: p. 67). The extent to which a male-dominated culture inhibited women's sexuality was ignored, even by Ellis and Freud. (p. 315)

Looking to the past, it is important to consider research and studies that were not conventionally accepted due to possible social standards and biases.

The issue of gender imbalance is still alive today and has become recognized as an important facet of redefining female sexuality globally. Pillai and Wang (1999) share:

Finally, gender equality emerges as the single most important component in the model of women's reproductive fights in developing countries. Gender equality has a positive and strong effect on reproductive rights. The finding supports Dixon-Mueller's argument that the crucial factor to affect reproductive choice is the structure of opportunities that are provided to women. (p. 270)

Another consideration is the influence of sexual attitude and behavior based on personal beliefs adopted from familial and societal influences. In his book, *Human Sexuality*, David A. Schulz (1984) affirms:

How we behave sexually is influenced by what we believe about sex--particularly what we take for granted about it. As we have seen, similar commonsense attitudes and beliefs help define the group of people with whom we feel most comfortable. These beliefs and attitudes are not merely modern. They have a history that can be traced back over the centuries. Looking backward we can find them in myths, scientific theories, and accounts of historical events. In myths they continue to exert a powerful influence on us today, because they are not--as is sometimes thought--false accounts of historical events or mere flights of imagination, but preserved wisdom pertaining to our own inner experience. Myths preserve particularly poignant sexual themes, as Freud and Jung well understood. (p. 18)

There is a current need for research that includes redefining female sexuality in such a way that the voices of women—real and mythological—from both the past and present, are taken into consideration to ensure that all future voices of women have the freedom to honestly express the truth of their sexual experiences.

In Jenny Wade's book, *Transcendent Sex – When Lovemaking Opens the Veil*, Ken Wilber (2004) states that research on transcendent sex revealed that a surprising 80% of the research subjects had never revealed their out-of-the-norm sexual experience to anyone (including their partners). Wade (2004) points out the necessity of further research insofar as to balance the equation between what is an acceptable sexual experience and thus socially validated, and what is an unexplainable sexual experience and thus demands self-validation.

Wade's (2000) study suggests that an expanded view on sexuality is needed in order to include the potent and innately natural transcendent sexual experiences which function to open individuals to their transpersonal selves:

*Sacralized sex.* Twelve people (13%; 9 women [18% of women], 3 men [8% of men]) said that their experiences had convinced them that the act of sex was holy in and of itself. This finding was usually associated with people who said their enculturation about sex had been repressive and negative, but it also included those with previously promiscuous attitudes about sex who determined to limit their relationships out of respect for what the act came to represent to them. (pp. 279–280)

Another study by psychologists Barbara Baumgartner and John K. Rempel (2003) looked at the important relationship between a woman and her natural menstrual cycles and if there was a connection between her attitude towards menstruation and sexual pleasure. This study brings to light how defining a natural female sexual function as dirty or gross may have significant impact on how a woman experiences both her menstrual



cycle and sex. Baumgartner and Rempel (2003) explain this perspective:

Therefore, a full understanding of the relationship between menstruation and sexuality will require cross-cultural analysis. Finally, our research was entirely correlational, making it impossible to determine if beliefs and experiences regarding sexuality have any causal impact on corresponding menstrual attitudes and behavior, or whether menstrual beliefs and experiences pre-date sexual expression. Longitudinal studies, perhaps beginning at puberty, will be needed if we are to gather evidence relevant to the existence and direction of causal influence. (p. 155)

## **1.2 Statement Of The Problem**

**What is the core of women's psychosexual healing?** Heart-centered sexuality is at the core of healing a woman's psychosexual nature. When a woman reconnects her feeling nature and intelligence with her energetic and somatic connection to her sexuality, she begins a journey back to wholeness, back to her self. Though this idea may seem rather simplistic, it is worthy of investigation. With recent studies linking the capacity for sexual functioning with a woman's emotional and mental wellbeing, it is evident that there is a need to step beyond the compartmentalization of the medical, psychological and religious paradigms and return to a more holistic model. Studies also show that sexuality is being both directly influenced by emotions as well as assisting people in connecting with a transcendent or spiritual aspect of themselves. It is clear to this investigator that research conducted without a holistic model can result in misleading the public and thus, creating more impediment rather than support towards greater psychosexual health and wellbeing.

It is of vital importance not only to begin to study women's sexuality from a more whole body-mind-spirit perspective, it is equally of value to determine if there are existing methodologies that can serve in therapeutic settings for assisting women in discovering and cultivating psychosexual health.

### 1.3 PURPOSE OF THE STUDY

**The contribution of this dissertation.** The primary purpose of the current dissertation is to bring attention to the often missing, yet integral components of women's sexuality, such as its emotional, somatic, energetic, and spiritual aspects, and how this affects current licensed therapies. There is a systematic overview and analysis of the issues; there is a specific focus on the general skills and methodology of assisting women to utilize a heart-centered sexuality model to enhance their health and wellbeing; there is the qualitative evaluation of the questionnaire responses obtained from 61 women who participated in the Désilets Method seminars; there is a simple statistical review of the Likert scale responses also obtained by the same 61 women who participated in the study in order to establish if further quantitative studies are necessary; and finally there are some concluding recommendations for the next steps regarding improved conceptual and theoretical considerations for better assisting women to understand the importance of heart-centered sexuality. A simple model of a therapeutic process for enabling women to discover and nurture heart-centered sexuality is included.

Chapter One explores the importance of the study. Both limitations for the study and key terms are identified and defined. Chapter Two provides a review of the literature and theory base for medical and emotional issues pertinent to women's psychosexual health. Chapter Three explores guidelines, suggestions, and the methodology relating to assisting women in discovering and utilizing heart-centered sexuality concepts and explore the effects of these concepts in comparison to current methodologies. Chapter Four identifies some of the most frequently used methods

assisting women in healing their psychosexual nature. Strengths and limitations of each approach are also identified. Also included is a trial model, developed by the author, for implementing heart-centered sexuality in a therapeutic setting. Chapter Five summarizes the data relative to the current theory and techniques under investigation.

Recommendations for future research and improved therapeutic approach to sexuality issues conclude this study.

### **1.4 Research Questions**

Both a woman's sexual and emotional nature are part of her whole person and affect her psychological health. Thus, sexuality and emotional health are psychologically linked through virtue of their powerful effect both on the physiological and psychological aspects of a woman. Heart-centered sexuality, however new as a conceptual framework, is ancient in the understanding of the Feminine. Eight questions shaped the inquiry of investigating a possible new paradigm for female sexuality:

**Question 1:** Does having a positive, respectful, and honoring attitude towards the yoni assist women in having a positive experience of their own sexuality?

**Question 2:** Is there a link between having a heart-centered perspective on sexuality and experiencing healthier self-esteem, self-love, and self-confidence?

**Question 3:** Do women who take time to cultivate a deeper relationship with themselves experience a proportional increase in orgasmic pleasure?

**Question 4:** Do women who have more connection between their heart (emotional) and genitals (sexual) more likely to have greater access to their sexual pleasure?

**Question 5:** Are women who are exposed to the concepts of heart-centered

sexuality and sacredness of sexuality more likely to have greater self-regard and connection to their own sexual and sensual nature?

**Question 6:** Do women who apply simple heart-centered sexuality practices on a regular basis experience noticeable improvements in their sexual health and emotional well-being?

**Question 7:** Do women who value the heart-centered aspect of sexuality find that their relationship to both men and women change?

**Question 8:** Do women who have been exposed to heart-centered sexuality have a more respectful connection to other women, whether or not they know each other?

A full understanding of the relationship between a woman's heart (emotions) and genitals (sexuality) will require cross-cultural analysis. Finally, our research was entirely co- relational, making it impossible to determine if beliefs and experiences regarding sexuality have any causal impact on corresponding emotional well-being and behavior or whether emotional responses to beliefs about sexuality determine sexual experiences. Longitudinal studies, perhaps beginning at puberty, will be needed if we are to gather evidence relevant to the existence and direction of causal influence.

### **1.5 Importance Of The Study**

This study looks at the initial and long-term effects of heart-centered sexuality and the predominant assumptions on women's sexuality in the fields of medicine and psychology. Most current psychological and sexual studies of women focus on physical sexual expressions such as orgasm/non-orgasm, dysfunction, dissatisfaction, disease, and the need for drugs to assist in improving these conditions. To counter the immense

influence of the pharmaceutical industry whose purpose is invested in the research and verification of the dysfunctional aspects of female sexuality, it is of great importance to broaden our definition of sexual response and function to include the somatic, energetic, and spiritual aspects of sexuality.

Studying the long-term effects of women who self-define their sexuality according to positive self-image, self-respect, and self-awareness is of utmost importance to begin to understand what it truly means to be a sexually alive and integrated woman.

Lack of healthy definitions have shaped and continue to shape our current view of female sexuality. Redefining female sexuality and educating both professionals and lay people alike will impact therapeutic approaches to issues associated with sexuality. Instilling a new understanding will furthermore impact the youth and how they relate to sexuality and their own experience of it.

Providing therapists with a broader understanding of sexuality will serve to make them more effective in dealing with sexual issues as they surface within a therapy session. Giving therapists an option that includes the somatic, energetic, and spiritual aspects of sexuality while respecting the limitations of their licensing will also contribute to the success of their therapy when sexuality issues are in focus, whether the information of this study is shared within the context of a therapy session or simply given as a referral to the client as part of supporting their healing outside of the therapy session.

### **1.6 Scope Of The Study**

The review of the literature will focus on pertinent research from 1982 – 2008. The author's ten plus years of experience in the field will also be part of the scope of the

study. The subjects of this study include women from the American, Canadian, and Western European population with the age range of 18 – 65. All the women have experienced one or more seminars in The Désilets Method spanning over the years of 2002-2007. The women were asked if they would participate in this study through answering a questionnaire. Of 120 women who agreed to fill out the questionnaire, 63 responded and 61 of those responses were used for evaluation. The questionnaire was designed to obtain qualitative information on the impact of The Désilets Method on their lives. Likert scaled questions were also included in the questionnaire to be able to measure any significant changes that may have been experienced and reported by the women in the study.

The study focuses on the impact of The Désilets Method as such that it introduces the concept of heart-centered sexuality. The intention is to examine both how the concept of heart-centered sexuality and The Désilets Method practices impact the psychosexual health of a woman.

### **1.7 Limitations Of The Study**

1. The study will be limited to research reported relative to a North American and European population.
2. This study will be limited to research on women's sexuality and understands that sexuality is not limited to women, but also includes men and trans-genders.
3. This study will be limited by focusing solely on a small percentage of sexual experience and will focus on the connection between the heart (emotional) and sexual (physical) aspects of sexuality.
4. The dissertation will be a qualitative rather than a quantitative study. Potential

subjectivity and author bias are always part of such research.

5. Statistical analysis of the included Likert scales potentially is inaccurate due to the qualitative focus. Quantitative approaches were not enforced and were seen as beyond the scope of this study.

6. The geographical region of the research included both the east and west coast of North America, the countries of Holland, Belgium and France in Europe, and London, England. Generalizability to other regions of the world is a potential limitation.

7. What is currently licensed and acceptable in the field of psychology is viewed itself as a limitation as there is very little research done on the somatic, energetic, and spiritual aspects of sexuality in relation to psychology.

8. Only one questionnaire was used and only participants of the Désilets method were included in the study. For quantitative research, it would be necessary to have a test and control group to verify the results.

### **1.8 Definition of Terms**

For the definition of terms, I sourced psychological manuals and the literature of practicing psychologists, whereas the Eastern terms are from known authors of the Taoist and Tantric traditions. Western Terms are listed numerically while Eastern terms are listed alphabetically. Terms which had no previous definition both in the Western and Eastern traditions are marked with the double asterisks (\*\*).

#### **Western Terms**

##### **1. Bias**

Bias, an attitude that prevents adequate perception of a given communication or

action. As a rule, people either do not realise that they are biased, or are reluctant to do so, and regard their attitudes towards an object of B. as the result of objective and independent assessments of certain facts. B. may result from hasty and unfounded conclusions based on personal experience (see Stereotype, Social), and also from uncritical assimilation of standardised judgements that have been accepted in a given social group (prejudice). People often use B. to justify unseemly actions. (Petrovsky & Yaroshevsky, 1987, p. 38)

## 2. Emotions

Emotions, a psychic reflection in the form of immediate affective experience of the vital significance of phenomena and situations caused by the relationship of their objective properties to the subject's needs. In the course of evolution, E. [*sic*] developed as a means for allowing living creatures to determine the biological significance of the states of their organisms and of environmental effects. Human E. are the product of socio-historical development and belong to processes of internal regulation of behaviour. Subjectively manifesting various needs, E. motivate and direct all activity designed to satisfy them. The supreme product of human E. are stable sentiments towards objects that correspond to supreme human needs. A strong, absolutely dominant feeling is called passion. Besides specific E., events signalling possible changes in an individual's life may also cause variations in the general emotional background--so-called moods. Human emotional life is highly variegated: E. manifest the axiological attitude to specific conditions that either facilitate or block activity, e.g. fear or anger; to concrete achievements, e.g. joy or sorrow; to existing or possible future situations, and so on. The nature and dynamics of situational E. are determined both by objective events and the feelings from which they stem (for example, a feeling of pride about a loved one, or a feeling of sorrow about his failures, jealousy, and so on). An attitude towards reflected phenomena--the main property of E.--is represented in their qualitative characteristics (valence-positive, negative; and modality--surprise, joy, repugnance, indignation, anxiety, sorrow, etc.); the dynamics of E. per se involves duration, intensity, etc., and their external manifestation (emotional expression) in mimicry, speech, and pantomime. Human E. vary in degree of awareness. A conflict between realised and unrealised (see The Unconscious) E. is most often the underlying cause of neuroses. The development of E. in ontogenesis is reflected in differentiation of E. qualities; in complication of the objects that cause emotional responses; and in the development of abilities to regulate E. and their outward manifestations. Human emotional experience would change and grow as a given personality would develop owing to joint emotional experiences (see Empathy) arising in communication (1) with other people, in perceiving works of art, or under the influence of the mass media. E. play the role of regulators of human communication by influencing the choice of communication partners and by determining specific means and ways of communication. Expressive movements are also a means of communication for signalling some socially meaningful event. Though characterised by some common features, they essentially differ depending on the historical time and



culture in question. (Petrovsky & Yaroshevsky, 1987, pp. 86–87)

### **3. Erotophobic**

Research indicates that people react differently to sexual cues based on individual characteristics. One of these characteristics is the level of erotophobia or erotophilia. Erotophobia is a general negative reaction to sexual stimuli (Fisher, Byrne, & White, 1983). In contrast to erotophobia, erotophilia is described as generally positive feelings toward sexual stimuli. (Helweg-Larsen & Howell, 2000, p. 111)

### **4. Exercise**

Exercise, repetition of some action in order to learn it. In different training conditions, E. [*sic*] is either the only procedure within whose framework the individual would actualise all learned elements by comprehending and consolidating the knowledge obtained and by generalising and automatising the action in question, or one of the procedures, in addition to explanation and memorising, which precede E. to secure initial understanding and preliminary consolidation of knowledge relating to the action to be performed. In this case, E. would make comprehension and consolidation, and also generalisation and automatism of the action practices complete, and in the final account this would lead to complete mastery by the individual of that action, and to its transformation (depending on the extent of automatism achieved) into capability or skill. E. may also be performed immediately after the action is explained, i.e. without preliminary memorising; in this case, consolidation of knowledge would fully take place during E. (Petrovsky & Yaroshevsky, 1987, p. 94)

### **5. Heart-Centered Sexuality\*\***

The intentional connection created and/or experienced between a person's heart (emotions) and their genitals (sexuality).

### **6. Phallocentric**

Luce Irigaray warns us of the failure to resist this phallocentric system that Culler describes as the consolidation of "an interest in patriarchal authority, unity of meaning, and certainty of origin." <sup>40</sup> Women, she argues, will simply tell each other the same story that men have told or told about them for centuries. <sup>41</sup> Phallocentrism, like any system, is driven by the desire to perpetuate itself. By fulfilling its prescription, by speaking as we are required to speak, we contribute to our own oppression. (Meese, 1986, p. 17)

## 7. Psychosexual<sup>1</sup>

Psychosexual stages (Freud) Specific periods through which every child's personality develops, each of which is characterized by a particular erotogenic zone that serves as the primary source of pleasure (Ewen, 2003, p. 26).

## 8. Self-Education

Self-education, control by the subject of his own activity in order to change his own personality in conformity with his consciously set goals and established ideals and beliefs. S. [*sic*] implies a definite level of personality development and of self-consciousness, and also the individual's ability to analyse by consciously comparing his own actions with those of other people; S. also assumes a stable attitude towards perpetual self-perfection. The individual's attitude to his potential abilities, correct self-appraisal, and the ability to see his shortcomings characterise his maturity, and turn into premises for organising S. When the ideals, norms and principles of Communist ethics become major components in the individual's consciousness, the latter's desire to follow them would acquire profound personalised meaning and they become constant incentives for continued socially valuable development of the individual, prompting him to further S. S. involves the use of such techniques as self-commitment (voluntary setting oneself goals and tasks for self-perfection; decision to cultivate certain qualities); self-account (retrospection of one's past over a definite period of time); comprehension and assessment of one's own activity and behaviour (by revealing the causes of one's own successes and failures); and self-control (systematic fixation of one's state and behaviour so as to prevent undesirable consequences). (Petrovsky & Yaroshevsky, 1987, pp. 277–278)

## 9. Self-Esteem

Three definitions: Sullivan, Rogers, and Allport (Ewen, 2003, pp. 157, 210, & 267).

(Sullivan) How favorably an individual's self-personification compares to personifications of important people in his or her life. Very low self-esteem occurs when most or all personifications of other people seem superior to one's self-personification, and is similar to the Adlerian inferiority complex. (p. 157)

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<sup>1</sup> Psychosexual is not commonly used amongst the therapists I interviewed. Of those who were aware of the term, they defined it generally as: the psychology of sexuality; the relationship between the psychology of a person and their sexuality.

(Rogers) How favorably or unfavorably a person evaluates his or her self-concept. (p. 210)

(Allport) How favorably or unfavorably a person evaluates his or her self-concept. Also called ego-enhancement. (p. 267)

## 10. Self-Observation

Self-observation, observation by an individual of the inner side of his own mental life, a process that permits him to fixate its manifestations (emotional experiences, thoughts, feelings, etc.). S. [*sic*] arises in the course of communication (1) with other people and assimilation of social experience and means for its comprehension. S. plays an important role in forming the individual's self-awareness and selfcontrol. In modern psychology, the results of S. are not taken on trust; they are factors which require scientific explanation. The results of S. may be recorded in various documents, e.g. letters, autobiographies, questionnaires, etc. S. should not be confounded with the subjective method of introspection (see Introspective Psychology). In some cases, the result of S. is self-account, i.e. description by an individual of himself in a totality of his own mental and personal manifestations. Sometimes, self-account is characterised by systematic mistakes, the most important one being that, in giving self-account, a significant number of subjects are apt to present themselves in a maximally favourable light. (Petrovsky & Yaroshevsky, 1987, p. 278)

## 11. Somatic

I work with the whole person with a focus on the body as a means of getting deeper, faster. I generally go to the level of process through direct experience, not talk (Rand, 2002, p. 31).

## 12. Spiritual

The word “spiritual” comes from the Latin *spirare*, which means “to breathe”—a process that’s central to our bodies, our vitality and our life force (Ogden, 2006, p. 81).

Rather than attempt a comprehensive definition of spiritual, which I am sure cannot be adequately defined in ordinary words or ordinary consensus consciousness anyway (Tart, 1972, 1998), let me give an example of what I consider archetypal spiritual experience: the Cosmic Consciousness experience of Richard Maurice Bucke, a Canadian physician who had this spontaneous experience in 1867.

Presence, that the soul of man is immortal, that the universe is so built and ordered that without any peradventure all things work together for the good of

each and all, that the foundation principle of the world is what we call love and that the happiness of every one is in the long run absolutely certain. He claims that he learned more within the few seconds during which the illumination lasted than in previous months or even years of study, and that he learned much that no study could ever have taught. (Bucke, 1961, pp. 7–8).

That is an example of the kind of experience I mean by spiritual. (Tart, 2002, p. 31)

### 13. Volunteer Participants

**Volunteer Participants.** People who volunteer for research differ on a number of characteristics from those who do not volunteer (see chap. 5, this volume), potentially limiting the generalizability of results to people with similar characteristics. Even when people are required to participate in research, as are many introductory psychology students, elements of volunteerism remain. People are generally allowed to choose from several experiments, and certain types of people are attracted to certain types of studies. For example, men are more likely to volunteer for studies on masculine topics such as power and competition, and women for feminine topics such as revealing feelings and moods (Signorella & Vegega, 1984). People who volunteer for sex research are more sexually experienced and have more liberal sexual attitudes than nonvolunteers (e.g., Strassberg & Lowe, 1995). Because participants can withdraw from research after they learn about the procedures to be used, they can devolunteer. Wolchik, Braver, and Jensen (1985), for example, found that volunteer rates for sex research dropped from 67% to 30% for men and from 38% to 13% for women when the procedures required some undressing. These problems point out the importance of reporting participant refusal and dropout rates and of taking the characteristics of survivors into account when interpreting the results of a study. Those results may only apply to people with certain characteristics. (Whitley, Jr. & Wiederman, 2002, pp. 74–75)

### Eastern Terms

#### A. Chi

The concept of qi [chi] is pervasive in Chinese medical and philosophical thought.

Porkert suggests that the term qi is nearly equivalent to the English word “energy” (Jarret, 1998, p. 300).

Perhaps the most basic and general principle of Taoist thought is the concept of Chi. Its status in Chinese philosophy is developed in the popular works of Lao Tzu (604-511 B.C.) and Chuang Tzu (399-295 B.C.), but its origins go back much further. The word Chi has many translations, such as *energy*, *air*, *breath*, *wind*,

*vital breath, vital essence*, and so forth. Although difficult to define, it can be thought of as the activating energy of the universe. (Chia, 1993, p. 31)

## **B. Energetic: i) moving energy**

Just as our body has a circulatory system for the transportation of blood, it also has a Chi or Energy circulatory system. Chi moves through the body in what are known as channels or meridians. These channels were mapped out long ago by the Chinese medical community and are an integral part of traditional and modern Chinese medicine. What we are talking about here is simply the flow of energy through the body. (Yudelove, 1997, p. 7)

### **Energetic ii) sexual**

Taoists realized that Sexual Energy is the only form of energy in the body that increases in force when it is activated. In addition, Sexual Essence brought up the spine by a technique called Seminal or Ovarian Breathing is used to revitalize the brain.

(Yudelove, 1997, p. 21)

## **C. Kundalini**

The word “kundalini” comes from the Sanskrit *kunda*, which literally means “a lock of the beloved’s hair.” In energetic terms kundalini means creative potential. According to legend, this energy lies coiled like a serpent in the first chakra at the base of the spine. When the “energy serpent” is awakened, it uncoils upward through all the charkas and rises to activate the third eye and crown. In essence, this is an ISIS journey that connects the earthy roots of sexual desired with the sacred, loving, universal mind. It carries with it great strength, including the strength of prayer. (Ogden, 2006, p. 143)

## **D. Sexual Energy**

More recently, Wilhelm Reich, an early disciple of Sigmund Freud, became intrigued with something he called “orgone,” a form of primordial cosmic energy (Chi), which he related to sexual energy<sup>2</sup> (Chia, 1993, p. 35).

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<sup>2</sup> Sexual energy is an eastern concept often thought of as Jing or Life Force Energy.

**E. Yoni**

(Sanskrit) The female sexual organ. The original source. The doorway into this world. A fountain, receptacle, or container worthy of veneration. (Douglas & Slinger, 2000, p. 313)

**1.9 Summary**

This chapter has included an introduction to women's psychosexual issues and a background statement of the purpose of the study. Eight research questions are identified. The importance, scope, and limitations of the study are identified. Specific terms are also defined. Chapter two presents an overview to the salient research relative to women's sexuality.

## **CHAPTER 2 REVIEW OF THE LITERATURE**

### **2.0 Introduction**

This Chapter reviews some of the relevant research and literature related to women's psychosexual health and the need for a therapeutically acceptable method that includes the somatic, energetic, and spiritual aspects of sexuality. The literature and field of sexuality is vast and for the sake of distilling the aspects that are relevant to this study, I will limit my literature review and field research to the following three topics:

1. A New View on Female Sexuality – Beyond Medicalization of Sexuality
2. The Sexual-Spiritual Link – Is there one?
3. Somatic and Energetic Aspects of Sexuality

### **2.1 Medicalization Of Female Sexual Function**

According to Tiefer (2001) there is a strong need to develop new perspectives on female sexuality in the areas of theory, research, education, and practice. Current views on female sexuality represent the medical perspective and much of what is currently understood remains under the influence of the Victorian Era. Mason (1995) states:

For which is the progressive side in a controversy such as the ovariectomy debate of 1886? To decouple a woman's sexuality from her reproductive capacities, as Imlach, Tait, and others were doing in their physiological theory, tends to grant her right to sexual pleasure for its own sake. But it may also be argued that in their practices these gynecological surgeons were assuming quite illegitimate powers over a woman's physical being (as indeed the opponents of ovariectomy argued throughout the tortured history of this technically momentous innovation).<sup>5</sup> Lawson Tait seems not to have consulted his patients about their

sexual responses, but only their husbands. Feminists of the day could have seen evidence here to support their conviction that affirmative attitudes towards female pleasure really served the sexual interests of men. (p. 178)

Currently, female sexual function is still validated through a masculine model and thus, to properly advocate for effective therapy, it would seem necessary for our model to be created from the feminine model of sexuality.

In order to evolve the current perspectives of female sexuality, there are several factors to consider when developing a new view on feminine sexuality. Some of the factors Tiefer (1995) brings to attention are:

- A. The medical perspective on sexuality has both political and socioeconomic support and thus, influence on the direction that research is developed.
- B. Sexual rights, diverse cultural meanings, and humanistic therapies are equally valid.
- C. Meaning-centered sexual perspectives rather than functional-centered sexual perspectives are of value and necessary if we are to develop a new view on female sexuality.

The following section is a review of these three categories, beginning with the medical perspective and influence on female sexuality.

#### **A. The Medical Perspective: Political and Socioeconomic Influence**

Tiefer is a feminist researcher who advocates questioning the accepted paradigms for defining female sexuality. Her research takes a look at what has come to pass with research, practice, and education on female sexuality and is supportive of the new movement of creating a feminine model for sexuality. McHugh (2006) reveals:

Following the financial success of Viagra, the pharmaceutical industry instigated a search for a new market for their drug---women. Moynihan (2001), Tiefer (2001a, 2001b)



have revealed the drug industry's attempt to repeat the medicalization process with regard to female sexuality. Tiefer (2001b) sounded an alarm over the construction of the new diagnosis, Female Sexual Dysfunction (FSD). She exposed this process as a rush to medicalize women's sexual problems in order to turn women's sexual problems into drug company profit. In order to obtain approval for a female version of Viagra, there needed to be a disorder for which the pill would be prescribed. (§ 3)

The consequences of the medical model for female sexuality are numerous and affect how current psychotherapies deal with this influence. The feminist request for redefining female sexuality is now a global concern as the age of pharmaceuticals is now at hand. According to this investigator, how women's sexuality is understood, managed, and validated will determine the quality of the psychosexual health for all women.

Kramarae and Spender (2000) stress:

Consequently, anatomy, like biology and the biomedical sciences in general, is no longer considered a realm closed to feminist scrutiny but is regarded instead as a domain where critical analysis is urgent. This urgency is produced by a growing awareness that current medical practices, combined with the growing transformative powers generated by rapidly proliferating biomedical technologies, may affect women's lives profoundly. (p. 52)

Although Tiefer represents a strong feminist perspective, it is evident that the issue of medicalization of female sexuality is not only a feminist issue, but one of global concern for the impact on women's health. The implications of historical and religious influence on both the medical and psychological fields must also be examined carefully and issues of morality will also need to be addressed. Corn, DeFries, and Friedman (1985) bring to light:

This is perhaps an appropriate place to say a word about the relationship between a moral position and a religious one. The need to do so is evident, for it is scarcely possible for most people in our society to think about sex in nonreligious terms, so strongly have Western conventional attitudes in this area been influenced by Christian teaching. The sexual norms of the Christian tradition constitute the dominant conception of sexual relations in the West and usually serve as the point of departure for discussions of sexual morality. Moreover, this tradition has had a powerful effect on our conception of morality. In the post-Christian world, sex is

not merely a but the moral issue; that is, acting morally is commonly regarded as a matter of behaving in accordance with the sexual customs of the Christian tradition. Outside the specialized discussions of philosophical ethics, the language of morality is largely used to comment on some aspect of a person's sexual activity, while the rest of that person's character is ignored. (p. 333)

It is impossible to see a situation clearly when the lens of perception is already colored with inaccuracy and is influenced by religious and medical paradigms. Therefore, it is vital that a new view is created in which all angles of the situation can be regarded with renewed objectivity and clarity.

Taylor (2006) suggests that the development of biomedical classification has dominated how we view the sexual function of women. To facilitate global awareness, there is a need for creating a new research model that is inclusive of all aspects of sexuality—from the physical to the spiritual. Taylor discusses the need and value to consider a variety of perspectives from other disciplines, especially those who are influenced by women themselves. The Society for Menstrual Cycle Research (SMCR) has significantly shifted the way in which the menstrual cycle is viewed by including an interdisciplinary model of research that includes the idea of moving beyond the syndrome of menstruation into its natural place in a woman's life. Tiefer (2000) explains:

The search for aphrodisiacs to stimulate sexuality and potions to resist sexual decline is age-old, but it entered a new chapter at the end of the twentieth century with official federal Food and Drug Administration approval of sex-enhancing drugs. Sex researchers are playing a growing role in the development and distribution of the new sex drugs. Is sexology on its way to becoming a subsidiary of the pharmaceutical industry? I hope not, but the recent history of psychiatry shows how an entire field can be taken over by pro-pharmaceutical thinking and practice, and this example should make us very worried (Healy, 1998). (p. 273). (¶ 3)

Irvine (1990) explores the value of the demystification of sex that the field of sexology has provided. Insofar as sex has been normalized as a natural function of the

body, it has maintained its status of “special” in the behaviors of the public. The potential that sexologists believe and behave under the understanding of providing a demystification to sexuality has again created an incorrect lens of perception. By reducing sexuality to a biological and somewhat psychological function has in turn eliminated one of the greatest aspects of sexuality: its mystery. Behaving as though we fully understand sex eliminates our spontaneous experience of radically different orgasms, especially ones which can be defined as transcendent.

The Ladas-Perry-Whipple book, *The G-Spot and Other Discoveries About Human Sexuality*, reveals useful and powerful information on the function of a woman’s sexual anatomy. However, Ladas, Perry, and Whipple (1982) write in their book:

This is not a book about love. It is not about the problems people have in relating to one another. It is not about resolving emotional problems, although some of them may vanish as the facts described are applied to people’s lives. Above all, this book is not a panacea for all of the sexual problems faced by humankind. (p. 1)

As revolutionary and valuable this research has been, it remains today a subject of great controversy.

Not only are women faced with the general feeling that their genitals may or may not function according to the latest research, the very research they have accessed in order to define themselves sexuality does not include or mention any energetic or spiritual aspect of sexuality. Henderson (1986) explains:

We all experience limits on the amount of pleasure we can feel in being, in touching, in being touched. We also limit our wanting, our reaching, our excitement, our loving. Most of those limits are learned and chosen. Certainly, we aren’t usually aware of the choices our culture makes for us or even those of our own choices we made long ago as children about what was possible and appropriate. Our society teaches us that it is “right” or “appropriate” to love or want someone who is beautiful or rich or powerful; then it tells us what *beautiful* is, what *rich* is, what *powerful* is. Such definitions limit our love and our pleasure.

(p. 78)

The need to move beyond the current medicalized version of sexuality is crucial to the continuation for accurate research and professional practice. Medical doctors, researchers, and therapists are beginning to recognize this urgent need and are turning to other sources in order to broaden their definition of sexuality. Northrup (1994) highlights the importance of this need:

Regardless of where a woman begins to reclaim and explore her sexuality, it's helpful to know that female sexuality, by its very nature, is a total sensory experience involving the whole body (not just the genitals). A woman's sexuality may include actual genital contact with someone, or it may not. She does *not* need a partner or a significant one-to-one relationship to be in touch with her sexuality. She may not even require orgasm or physical touching. Each woman's bodily wisdom dictates what is right for her sexually. In today's society the prevalence of sex and relationship addiction, the lack of self-esteem, and the fear of abandonment all seem to impede women's ability to listen to their body's wisdom and messages. Sometimes what a woman desires sexually may be far removed from what our culture considers normal for women—it may even mimic what is considered culturally normal for a man. The functioning of our sexual organs and our sexual response is determined in large part by our cultural conditioning concerning sexuality. (pp. 243–244)

This search most often leads to spirituality and its relationship to sexuality. Though spiritual sexuality is an ancient concept, its consideration and assimilation into the protocol of formal therapy and research remain in its infancy.

## **B. The Validity of Sexual Rights and the Need for Humanistic Therapy**

The vastness of this subject is beyond the scope of this project; however, it is worth mentioning the importance of sexual rights and its place in the evolution of redefining female sexuality. I will review the following three categories of female sexuality:

- i. Reproductive rights
- ii. Episiotomies as a medicalization of the birth process

### iii. Genital mutilation

#### i. Reproductive rights

The right of women to be able to choose how to regulate her fertility is not just a reproductive right, it is a basic human right. The need for women to be autonomous with their sexuality is urgent and immediate as a global issue. Mirsky, Radlett, and Sloss (1998) bring to light this urgent issue:

10 December 1998 is the 50th anniversary of the Universal Declaration of Human Rights (UDHR). “International human rights law has been guilty of ‘gender-blindness’,” says Pierre Sané, Secretary General of Amnesty International. “For too long it focused on the ‘public’ arena largely populated by men and neglected the so-called ‘private’ sphere of home, family and community in which women are traditionally enclosed.”

International and regional human rights treaties entitle women to precisely the same protection as men when they suffer the same abuses as men. Men, however, do not get pregnant or have babies. Nor do they face the same range of views about how their lives should be shaped by their biological capacities. Only during this decade has women’s reproductive health, and the factors which determine it throughout their life cycle, begun to be viewed and monitored through the lens of human rights. (p. i)

Research and education are the best ways in which to ensure that the basic human right to sexual autonomy is addressed in an immediate and inclusive manner.

It is evident that this education process must be beyond the limited view of both the medical and political establishments. Mirsky, Radlett, and Sloss (1998) stress this point:

In terms of reproductive health and rights, however, much progress depends on the work carried out by non-governmental players. As Katherine Hall Martinez, a staff attorney at the Centre for Reproductive Law and Policy, points out: “CEDAW is the sole UN body charged with overseeing implementation of the Women’s Convention. But its role does not include a binding enforcement mechanism to ensure compliance with its criticisms. Thus the ability of CEDAW’s recommendations to effect real changes in women’s lives depends on outside actors, such as women’s organizations and the media publicizing the recommendations. Governments must be shamed into taking action to end discrimination against women by the bright light of public scrutiny.” (p. 20)

The reorientation of how female sexuality is viewed impacts how research and education of the public and private sectors occurs. Important issues that are part of the concern for the birthrights of women are abortion rights and eugenics (which is considered a medical intervention). Levine (2002) highlights this point:

What feminists mean by "choice"--the ability to control fertility with safe and legal birth control and abortion--is far more concrete. It confers existential equality on the female half of the human race, which is why women worldwide have sought it for centuries. But genetic engineering designs in inequality: it will artificially confer heritable advantages only on those who can afford to buy them. Performed prenatally, moreover, it affects the new person without that person's prior consent and possibly to her physical or emotional detriment. "Ending an unwanted pregnancy is apples, and mucking around with genes is oranges," says Marcy Darnovsky of the Center for Genetics and Society. "We support abortion rights because we support a right to not have a child--or to have one. But we don't support a woman's right to do anything to that child once it's alive, like abuse it or kill it." Ironically, as Lisa Handwerker of the National Women's Health Network has pointed out, anti-choice, anti-GE forces share with G E's proponents an obsessive focus on the embryo as an independent entity, while they both virtually ignore the pregnant woman and the child she may bear. (§ 14)

Legislation of laws impact women's birthrights. Better education and research are needed in order to properly inform those who influence and create laws. Levine (2002) brings to light this need:

When proposals to ban human cloning were introduced in the U.S. House of Representatives a year ago, progressive opponents of genetic engineering were only partly pleased. The problem was, the legislation did not come from other progressives, or their friends. Rather, the bills were all sponsored by hard-right Republicans like Florida Congressman David Weldon and Pennsylvania's James Greenwood, and the bills' loudest supporters were anti-abortion fundamentalists. (§ 25)

Governments also play a key role in the radical transformation needed with regards to female sexuality. The United States of America prides itself in being associated with freedom, yet female sexuality is not considered as an essential part of this freedom. Bernstein and Schaffner (2005) review this issue:

The United States government presents itself as a guiding light in promoting freedom, a freedom ensured and protected by human rights, but the U.S. has at best a contradictory record with regard to human rights, particularly in relation to issues of gender and sexuality. For example, in its role of promoting freedom and protecting human rights, the U.S. has recently granted asylum in a number of cases, some promoted with a particularly high profile, in which those applying for asylum did so on the basis of threats against their person in the form of “genital mutilation” or “gender violence.”<sup>2</sup> Without the same high profile, the U.S. has also begun granting asylum in some cases based on the persecution of sexual minorities. At the same time, the U.S. maintains a number of regressive policies on these same issues. The U.S. refuses to ratify the United Nations treaty on women's rights and continues to have trouble fighting domestic violence against women, trouble that was certainly not alleviated by the 2000 Supreme Court decision vitiating part of the Violence Against Women Act (see U.S. v. Morrison, “Supreme Court Strikes Down Violence Against Women Act” 2000). (p. 247)

Improved research and therapy for the psychosexual health of women becomes possible when the status of female sexuality is recognized, valued, and respected by government agencies.

## **ii. Episiotomies as a medicalization of the birth process**

Removing the birthing process out of the privacy of a woman's home and moving it into the hospital environment is a result of the medicalization of the birthing process. Giving birth is both a sacred and profound experience for women, yet most do not experience it in this way. Studies have shown that disturbances to the birthing process can lead to developmental problems such as excessive aggression. Rodrigues (2006) speaks strongly on this issue:

According to Odent (2001), most our cultures have cultivated a ritual disturbance of the birth process through denying our “mammalian need for privacy” and disturbing the early process of bonding. Such disturbance produces later aggressive behaviour as it damages the biology of love. Though probably adaptive in the past, today it endangers our species and our planet. Odent even asks at the end of his book (op. cit.): “can humanity survive obstetrics?” and observes that the social need for aggression and the ability to destroy life is connected to the intensity of the intrusive rituals and beliefs in the period surrounding birth. (¶ 7)

Not only is the medicalization of the birthing process conducive to disrupting the biology of love, the surgical procedures that are acceptable and endorsed affect a woman's sexual function. An episiotomy (cutting through the perineum with the purpose to enlarge the vagina) is a procedure that often leaves a woman sexually numb and in some cases, anatomically deformed such as cases as recto-vaginal fistula (a channel that is formed between the rectum and the vagina and can lead to faecal matter leaking into the vagina). Mirsky (2001) reports:

In addition to the epidemic of caesarean sections, "there are signs of a worldwide epidemic of other obstetrical interventions," according to US Professor Pierre Bueckens. High episiotomy rates have been reported in many countries of Latin America and Africa. Hospitals in Argentina have reported rates of 91 per cent and in Nigeria up to 87 per cent among women having their first babies. An editorial in the British Medical Journal has stressed the need to decrease episiotomy rates in developing countries. (p. 34)

It is essential to continue to research new ways to assist women with the birthing process that honor the female sexual organs as being valuable enough to consider non-surgical procedures that can eliminate post-birth problems such as lack of sensation and/or pain.

Although the information may be new to most, many of the ancient practices such as midwifery contain powerful information that can not only assist in nurturing the biology of love, but provide non-surgical ways to assist women in having more pleasant birth experiences. Bonaro (2008) shares the words of Marina Alzogaray, a midwife:

Orgasmic births are powerful, juicy and full of love, spiritual and unforgettable-an endless moment beyond words. It is more than lovemaking because it is releasing, loving and being stimulated by the passion of life itself. It is the gift of humankind to discover divine pleasure in birthing. (¶ 9)

Incorporating the vast resource of ancient feminine wisdom for healthy and empowering birthing options will contribute to establishing a new model of female sexuality.



### **iii. Genital mutilation**

No talk of reproductive rights could be complete without mentioning the ancient and still current practice of female genital mutilation (FGM). There are several forms of FGM ranging from accepted and endorsed episiotomy procedures (not normally recognized as FGM) to that of the traditional ritual of cutting the female genitalia. No matter whether the FGM is recognized as such or not, any procedure that involves cutting of a woman's genitalia results in psychosexual damage, leaving a woman sexually and emotionally scarred. Mangan (2006) brings to light this wide-spread issue:

A recurring attribute of female genital mutilation is its plurality. It is not a single practice, ranging in form from the ritual scraping or cutting of the clitoris, to infibulation, the custom's most extreme variety. (4) Nor does genital mutilation belong exclusively to any one tradition: although located primarily in Africa, forms of female genital mutilation are known to have been performed medically and ritually in diverse regions and cultures. These include indigenous North America, Asia and even among 'middle-class white Americans in the late nineteenth century and ... early twentieth century' as a perceived cure for 'hysteria, nymphomania, lesbianism and "excessive" masturbation'. (5) A 1997 study estimated that 130 million girls and women in Africa 'have undergone some form of female genital mutilation.' (6) Within Africa, Hanny Lightfoot-Klein locates it as being practised 'in a broad, triangular east-west band that stretches from Egypt in the northeast and Tanzania in the southeast to Senegal in the west.' (7) The custom tends to occur within traditions determined by tribe, whereby groups that practice the custom often live among those who do not. Thus female genital mutilation can represent an important signifier of cultural identity. (¶ 9)

Prevention of FGM resides in redefining female sexuality and encouraging this new view to be both part of research studies and the education of the public.

## **C. Meaning-Centered Versus Functional-Centered Sexual Perspectives**

### **i. Functional-Centered Perspective**

The functional-centered perspective focuses on the biological and physiological functions of sexuality. This old paradigm is both disempowering to women and impacts how new research is approached. An example of a "functional-centered focused" study is

a recent scientific discovery that implies that not all women have G-spots. Here Jannini (2008) designed his study to find a feasible method to establish whether or not women have a G-spot. The nature in which the study was formulated lead to results that are inconclusive and yet these same results powerfully influence the media and the mainstream.

While I was on my teaching tour I had a direct experience of this negative impact. A woman came to class with printed “evidence” indicating scientists had just proven that not all women have a g-spot (see appendix E for media article). The women in the seminar immediately began to question the validity of their personal experience as well as their own sexual anatomy. A discussion then issued on the importance of questioning what is accepted as proof as well as the importance of considering that experts such as doctors and scientists may not always be representing the complete picture.

I investigated Jannini’s research and found that his study had not yet been released publicly which implies that the results of his study were given prematurely to the media. I also discovered Jannini’s focus has been on the function of men’s sexuality and so it made sense that he would create a study for women with a masculine orientation. This incidence brought to my attention several key questions:

- 1) How does the perspective of the researcher influence the results of their study?
- 2) How often are studies prematurely given to the media?
- 3) How much of what is reported on by the media proven fact?
- 4) What is the impact of this form of sexual education?

It was alarming how quickly Jannini’s study reached the mainstream and the degree to which his study has impacted our view of sexuality is still to be determined.

Jannini's and his colleagues, Gravina, Brandetti, Martini, Carosa, Di Stasi, Morano, et al (2008) share:

To date, there are no pharmacological agents trials proven to be beneficial beyond placebo in enhancing orgasmic function in women diagnosed with the not uncommon female orgasmic disorder [43]. More research is needed in understanding physiology of female orgasm. Although we present herein anatomical evidences, our data should be considered as preliminary and interpreted cautiously, given the small sample size. Additionally, accurate placement of the measuring cursor was more difficult when structural borders were indistinct, even if inter-observer agreement was excellent. Furthermore, the structural measurements made in this study were for comparative purposes and not intended to establish standard values. (p. 616)

Jannini's study is a functional-centered model and does not take into account important factors such as the degree in which a woman is comfortable with her own body and how much vaginal exercise she does. The research itself takes into consideration the "not uncommon female orgasmic disorder" which, according to Tiefer's (2005) studies, FSD (Female Sexual Dysfunction) is a recently endorsed diagnosis. It is important to look at what has been accepted and written as a formal disease and see if there is in a valid, justifiable reason for mislabeling women's sexual functioning. Having a new view on female sexuality could support research and education as well as practice to have a more accurate understanding of a complex matter and therefore eliminating misleading research and practice.

## **ii. Meaning-centered perspective**

The functional-centered perspective focuses on the biological and physiological functions of sexuality. Changing the habitual way of perceiving sexuality through shifting out of the functional-centered perspective and adopting a meaning-centered perspective may come across as revolutionary. The meaning-centered perspective focuses on the deeper, individually created meaning of sexuality. Shifting from a phallocentric paradigm

to one that is inclusive of the feminine perspective of sexuality is not only necessary, it is already happening. Chalker (2000) brings attention to this much needed shift:

Clearly a revolution is in order. As I see it, this revolution must provide women with accurate and comprehensive information about their bodies and sexual response. Sexuality education and sex advice literature must offer a broader definition of what constitutes “sex,” and promote a wider range of sexually pleasurable activities that enable women to have an equitable share of the physically and emotionally rewarding sex. We must empower women to develop a stronger sense of self as social and sexual beings so that we may all be free to act assertively on our sexual desires. And finally, we must investigate the many social and psychological facets of sexuality to better understand their place and value in our lives. (p. 23)

Broadening the definition of sexuality beyond its biological function implies the inclusion of both the energetic and spiritual facets of sexuality. Wade (2004) writes:

“There is no question Spirit can visit us with more force and power through sex than perhaps through any other venue. What authority do we need to interpret the value or validity of the miraculous things that have happened to them?” (p. 260). Wade’s research denotes that regular, untrained people can have sexual experiences that are beyond the simple physiological orgasm. Through broadening the definition of sexuality beyond the medical and psychological paradigms begins the process of softening the rigidity of sexuality into its life-enhancing potential.

As the definition of sexuality expands and pioneers a new understanding, looking to the past may assist in this transition. Avinasha and Saraswati (1987) share the viewpoint of Tantra:

To expand consciousness, to liberate us from the physical level of our being, we use the five senses to their limit and then go beyond that limit. Tantra teaches you to explore every aspect of your consciousness. You first open the consciousness of the brain, awakening countless dormant brain cells, which expands the five senses and then transforms every other aspect of your body/mind. The truth is that spiritual and sexual energy are two sides of the same coin – the upward flowing spiritual energy “becomes” sexual when it turns down. (p. 20)

There are historical records of different lineages which had an expanded view of sexuality, such as the Taoist and Tantric lineages. Neotantra reveals the use of ancient wisdom for the modern awakening of spiritual-sexual consciousness.

## 2.2 The Sexual-Spiritual Link – Is There One?

“What I seek is to set bounds to the rampant terminology of sex which vitiates all discussion of the human psyche, and to put sexuality itself in its proper place. . . . Eros is certainly always and everywhere present . . . but the psyche is not *just* [that]. . . “ — Carl Jung

Neotantra, the modern version of the ancient Tantric lineage, maintains its ancient message of spiritual sex and has arisen from the need of the modern person to experience something greater than their own conditioned idea of sexuality. Muir and Muir (1989) give voice to neotantric wisdom:

Unfortunately, and contrary to what we would like to believe, we are not born naturally good at sex or relationships. Few of us have benefited from a formal education in sexuality or sexual love. Even though we are children of the sexual revolution, we are still largely conditioned by belief systems that may have instilled in us guilt or fear or insecurity or shame. Such negative imprints, although they may reside quietly in the subconscious and cause only minor or occasional disturbances, rarely allow us to journey into the spiritual potential of sexual love. Tantra can help us do just that because a spiritual goal is as important to the tantric couple as their love. (p. ix)

Understanding that sexuality includes the genitals as well as the rest of the body, the emotions, the mind, the spirit, and the energetic aspects of a human being is crucial to being able to provide accurate and successful therapy as well as to be able to formulate research that is grounded in a clear, holistic understanding of sexuality.

Looking at the evolution of sexuality in the field of psychology during the past one hundred years, psychology clearly has evolved from Freud’s sexuality dominated viewpoint to a place where sexuality has been toned down and given its separate therapy known as sexology. Sexologists today are mainly talk therapists who do not normally

involved the body, let alone the spiritual aspect of sexuality. However, there are many studies and professionals alike who do recognize the need to acknowledge the somatic and energetic aspect of sexuality. Sharan (1994) illuminates this point:

Lifting the power of sexuality is one of the challenges of spirituality. Moving from personal sexuality to cosmic sexuality is an expansion of consciousness that not only improves physical sexuality but also utilizes the energies for spiritual growth. Instead of limiting sexuality to our personal experiences, programming and expectations, sexuality is transmuted to the divine dance of the male and female opposites of the universe. (p. 105)

More and more research studies are being developed to be able to have a statistical look at what has been an ancient practice: Spiritual Sexuality. Gina Ogden is a pioneering researcher who presented her work at the University of Harvard, encouraging the worthiness of studying the spiritual aspects of sexuality. In her talk, *The Spiritual Dimensions of Women's Sexuality* and her ISIS (Integrating Sexuality and Spirituality survey) research, Ogden (2000) highlights the importance of continued research on the connection of sexuality and spirituality:

Next, it would gather information that might broaden definitions of human sexual response by assessing some of its emotional and spiritual aspects, such as love, oneness, and transcendence, rather than simply its physical aspects, such as intercourse and orgasm. Since emotional and spiritual aspects tend to reflect women's experience and interests, the focus of this survey would differ from that of any sex survey that had preceded it. (p. 4)

Over 3800 people participated in the survey and analysis of the study concluded that there is a link between sexuality and spirituality. This spiritual-sexual connection is not new information. In our history there are many incidents of ritual and ceremony that honored sexuality as a part of spirituality. The return of this perceptive is timely as it assists in the movement of defining a new view on sexuality.

The reemergence of the Sacred Feminine is evident in the Transpersonal

Psychology field. EUROTAS, the European Association of Transpersonal Psychology, called an international forum to discuss the “Divine Feminine” and the need for her presence in both therapy and research. Discussions to expand the current Transpersonal Psychology version of the Feminine involved looking clearly at what is considered academically verifiable information on the ancient Feminine myths and history as most of what we currently know about the Feminine and matriarchal based cultures. The value of recreating the image of the Feminine was equally recognized as long as care is taken with false claims of what was truly the Feminine of the past. Bishop (2006) speaks on this:

We are here to celebrate the return of the Divine Feminine from her long exile. But before we do so, we need to ask just how and why and on what grounds she had been banished for so long from our individual and collective existence. There is more at stake here than just the repression and neglect of the feminine principle, because the principle cannot be separated from its manifestations: the human body, Nature, and above all women themselves, all three of which have also long been repressed, abused and exploited. (p. 1)

Bishop (2006) brought forward suggestions such as finding ways in which to implement more spiritual sexual concepts such as Tantra into current transpersonal psychology practices.

An attribute that is traditionally associated with the Feminine is that of love.

Strong arguments were put forward that reconnecting to love was essential for effective therapy and healing. Rodrigues (2006) stresses the importance of love:

According to Post (quoted by Neimark, 2003), research shows that loving acts neutralize the kind of negative emotions that adversely affect immune, endocrine and cardiovascular function. The same author (who recently published a major review on literature: see Post, Johnson, McCullough & Schloss, 2003) believes altruism and caring for others increases happiness, health and self-esteem. Carter (1998) underlines the idea that love and social attachments can facilitate reproduction, provide a sense of safety and reduce stress or anxiety. Stefano (2006) pinpoints that loving activities may activate areas in the brain responsible

for emotion, attention, motivation and memory (i.e., limbic structures) and can serve to control the autonomic nervous system. Love can thus activate central nervous system areas that appear to exert protective effects even on the brain itself. (p. 5)

Bringing the Feminine back into sexuality means including the feeling of love. The connection of the heart (love) with sexuality (orgasm) essentially holds a key to rebuilding a woman's sense of self and self-esteem and this connection is at the core of heart-centered sexuality.

Dean Ornish, M.D., author of *Love and Survival: The Scientific Basis for the Healing Power of Intimacy* and keynote speaker at a medical conference attended by Liberman (personal communication, March, 2008) who paraphrases Ornish: "I am not aware of any other factor in medicine—not diet, not smoking, not exercise, not stress, not genetics, not drugs, not surgery—that has a greater impact on our quality of life, incidence of illness and pre-mature death from all causes, than love and intimacy." Love and our capacity to know ourselves intimately as well as sharing ourselves from this deep place of self-love and respect with our partner and loved ones increases our ability to heal and reconstruct ourselves. Love and intimacy are a necessary and integral part of the human experience.

Wade (personal communication, January 31, 2008) suggests that Transpersonal Psychology does not hold a unified view on sexuality and proposes that some view sex as something worthy of making sacred while other view sex as already sacred and therefore there is no need to give it special attention. Sex is seen as a normal part of the human experience and that it holds the potential for spiritual uplifting.

Wade posits that the greatest limitation for licensed therapists is their own lack of a wider range of sexual experience. Having a greater range of sexual experience leads to



having more tolerance and understanding of the many variances of sexual preferences and experience that clients may bring into a therapy session. Due to how traditional therapists are educated it is possible that they cannot provide the atmosphere or context for clients who have spiritual-sexual experiences. People who experience altered states of consciousness through sexuality do not often share this experience with their therapists, let alone their partners. Having therapists understand and be aware of the importance of spiritually opening sexual experiences could possibly assist them in providing an atmosphere for the client in which they may feel comfortable to share and process an experience that can possibly be life transforming.

Wade's book, *Transcendent Sex*, explores the idea that transcendent sexual experiences are a birthright of every human being. Her study looked at individuals who had no previous training in meditation or sexual techniques, such as the Tantric, Taoist, and Native American sexual practices. Results of this study showed that transcendent sexual states were achieved by uninitiated (untrained) persons that led them to experiencing transformation in their physical, emotional, psychological, and spiritual wellbeing. Furthermore, both the uninitiated and initiated alike can use sexual experience as a means for connecting with the spiritual. Wade's (2004) study revealed six different ways that that transcendental sexual experiences can impact and affect the individuals who experience them:

- 1) Spiritual Awakening
- 2) Personal Growth
- 3) Enhanced Relationships
- 4) Comprehending a greater reality

## 5) Sacralized Sex

## 6) Healing

Spiritual awakening was the most commonly shared experience for Wade's subjects and such findings are worthy of consideration when looking at ways to improve therapeutic effectiveness.

Licensed practitioners are faced with an either/or reality when desiring to expand their skills and therapeutic technique: either practice within the restrictions of licensing or give up the license. S. Phocas (personal communication, February 1, 2008) left her formal position as a practicing psychiatrist in order to pursue shamanic work. She shares how talk therapy is just that, talk, and how the energetic aspect of a person's nature could not be acknowledged. As a doctor and psychiatrist, her education emphasized the pathology of sexuality such as sexual function and dysfunction, pain, degree of interest, and the inability to orgasm. No attention was given to the deeper aspects of sexuality, but rather determining what a patient's issue is and what lies beneath that issue in order to be able to prescribe the appropriate medication. Nowhere in her education were the words psychosexual used to describe the integrated nature of a person's psychology with their sexuality. Through walking away from an acceptable career, Phocas says she is able to work with clients from a perspective of wholeness versus separation and that sexuality and sensuality become part of and are connected to the spirit of a person.

Not only is the energetic aspect of a person not part of the current therapeutic paradigm, the somatic or body-oriented touch therapy that is a much needed part of sexual healing is also regarded as an illegal activity. K. Allen (personal communication, January 25, 2008) confirms that sex therapy is strictly a hands-off therapy where there

therapists at most will use some breathing techniques, but most of the time focuses on talk therapy to guide clients into a deeper understanding and relationship with their sexuality. She feels it is of the utmost importance to integrate the heart and genitals and suggests the couples explore silence and delicate non-movements or stillness versus friction sex as a means to reconnect with each other. Allen believes it is important to create the space within a therapy session wherein the client explores defining sexuality for themselves.

C. Auman (personal communication, February 3, 2008) is a spiritual psychologist who is familiar with the psychosexual nature of women and deals with sexuality through referring clients to a sexologist. One of her contributions is the writing of *Virgo, Sacred Sexuality and the Sacred Prostitute*, where Auman (2002) shares:

The difference for Virgo is that sex must serve a higher purpose. As Virgo sifts the wheat, separating the chaff from the life-giving grain, so it sifts its human relationships to be nurturing. Virgo sexuality must be dedicated to something higher than itself. It must be for the sacred—honoring the goddess principle. We have lost the image of the strong woman, standing proud in her sexuality, who uses sex to serve the divine by sharing its bounty with others, teaching them through her bliss and ecstasy. When this image is lost to us as a culture, many people lose their definition of themselves; this hurts us all by limiting our perceptions of our sexuality and its higher purpose. (p. 19–20)

She does not see that sacred sexuality is at all part of licensing and believes that anyone who does hold this to be true would be forced to work in secret. She shared that the majority of her clients were unwilling to go deeper with their talk therapy.

Sexuality is an integral part of a person and therefore an essential aspect to be included in effective psychosexual therapy. Wilhelm Reich (1973) writes in his book, *The Function of the Orgasm*:

The severity of every form of psychic illness is directly related to the severity of the genital disturbance. The prospects of cure and the success of the cure are

directly dependent upon the possibility of establishing the capacity for full genital gratification. The disturbance of the ability to experience genital gratification, to experience, that is the most natural of what is natural, proved to be a symptom which was always present in women and seldom absent in men. (p. 96)

J. Wikoff (personal communication, January 25, 2008) practices a version of Reichian Therapy and she states Reich's work is very important as it is a body-oriented psychology. In her 40 years of clinical practice, Wikoff feels that therapy that uses slow, deep diaphragmic breathing is a very powerful tool for by-passing the mind and getting a client into their body where they can begin to experience themselves as essence. She believes that the breath lubricates the orgasmic energy and carries it through the body and that the more present a client becomes aware of their breathing, the more they grow to understand the breath as a vehicle to explore their patterns.

Another Reichian therapist, M. Newmark (personal communication, February 4, 2008) posits that "without the breath, nothing is going to work" and suggests that breathing needs to be the primary mode of therapy, especially when dealing with sexuality. Once a person can breathe properly, they have access to their emotions and therefore have access to their orgasmic potential. Although breathing is considered a natural function of a human being, it is not currently viewed as an acceptable form of therapy with talk therapists.

The breath becomes an important instrument for creating a bridge between the psyche and the physical/sexual nature of the person. Breathing provides a relationship to the body and assists in effectively accessing and shifting sexual issues within a therapeutic session. Once a connection to the breath is established, the next step would then be to provide a safe context in which the body itself is addressed through therapeutic touch.

Stubbs (personal communication, February 4, 2008) states that one of the greatest limitations facing licensed therapists today has to do with the lack of somatic and energetic focus in sessions that deal with sexuality. Since sexuality directly involves the body, it is important to be able to use both a somatic (touch) and energetic approach in combination with the cognitive (symbolic) and affective (emotive) modalities in psychotherapy. Stubbs suggests that the use of sex surrogates, though recognized as an important option, is still one that is not openly discussed or used in traditional therapy. The use of massage and hands-on healing for the body and especially to the genitals is currently illegal. The institute for Advanced Study of Human Sexuality is the only state-approved school that provides a certification program for sexual bodywork (massage), yet it is still currently illegal to practice hands-on sexual therapy. This drives the practice of therapeutic sexual healing underground where it cannot be regulated and standardized.

In Stubbs' (2004) documentary, *The Magdalene Unveiled – The Ancient and Modern Sacred Prostitute*, he and various licensed and unlicensed therapists examine the need and power of the somatic and energetic modalities of therapy to address sexual issues. They explore the political and religious reasons that sexual healing was made illegal. The documentary suggests the people who wish to heal their sexual issues could be served by both receiving hands on healing from a professional as well as through learning energetic practices. One of the featured speakers, ZaChoeje Rinpoche, a reincarnated Tibetan Lama shares that orgasm is the beginning taste of enlightenment and explains the Tantric Buddhist view on sexuality, "We don't look at sex as a negative. It is a natural thing. When Buddha first taught he didn't say that sex is bad and he didn't say that sex is sin. Sex is not sin. Buddha's advice to the mainstream people: It is natural and

use it wisely.”

### **2.3 Somatic And Energetic Aspects Of Sexuality**

“Western psychology looks almost exclusively at the brain as the control center of our emotions. The Taoists have known for thousands of years that our internal organs play a key role as well.” — Eric Yudelove

As more medical doctors become aware of the potency of sexual energy and learn to think beyond their medical training to include other useful and complimentary information, the options for assisting women in becoming more comfortable with their bodies and their sexual energy increase. The remembering of the wholeness of a human being can only be of great value and this must include the body, sexuality, and the capacity to have a direct experience of its multi-faceted aspects. Abrams (2005) speaks as a medical doctor on her awareness of the Taoist sexual practices:

In my personal and professional experience, Taoist sexual practices are the most powerful techniques for sexual healing and transformation that I have encountered. These simple practices will teach you how to use your body's own energetic resources to enhance your sexual pleasure and profoundly heal your body. Once I established my practice as a family physician specializing in women's health, my interest in Taoist sexuality became professional as well as personal. As I witnessed the enormous suffering and frustration that so many women experience in their sexual lives, I saw the need for healthier and more holistic understanding of women's sexual energy and sexual pleasure. (p. xi)

Western psychology today does not understand the full spectrum of the energetic aspect of sexuality and therefore does not consider its importance in healing the psycho-sexual nature of people. Northrup (1994) shares about the current understanding of the body-mind:

The mind and the body are intimately linked via the immune, endocrine, and central nervous systems. Today, mind/body research is confirming what ancient healing traditions have always known: that the body and the mind are a unity. There is no disease that isn't mental and emotional as well as physical. (p. 25)

Greater understanding of the energetic nature of sexuality can be gained through examining and exploring the ancient wisdom of the Taoist tradition.

In this tradition sexuality is inseparable from spirituality and all other aspects of a human being. Instead sexuality and the practice of consciously accessing its energetic aspect is seen as a necessary part of human development and maturity. Chia and Chia (1986) reveal the Eastern perspective of sexual energy:

Jing is the most refined substance a person is born with. It is also referred to as the “Principal Energy” as it is essential for carrying out the functions of the body. All other energies in the body are depend on Jing. Jing is transformed into Chi or life force as it interacts with the vital organs. The conservation and nurturing of Jing energy is the basis for the Taoist Internal practices. Jing is stored in all living tissue, especially the kidneys, sperm and ova. Sexual energy (creative energy) is the only energy that can be doubled, tripled or increased even more. Therefore, if we want to conserve or restore the lost principal energy, sexual energy provides the means to create that extra power; if we conserve recycle and transform it back into principal energy. We then will have more energy available to transform into CHI, which in turn becomes transformed into another type of energy called “Shen.”. The word “Shen” means spiritual energy. (p. 28)

The ancient Taoists developed a powerful and practical system with the understanding that sexual energy was a resource for developing spiritual energy. This system is available in modern times providing individuals the opportunity to become more aware and masterful of the energetic nature of their sexual energy. This practice includes the concept that through the development of sexual energy a person will naturally develop and access their spiritual energy.

Chang (1986) states “Unknown to most people, sex is vital to mankind’s spiritual elevation” (p. 11). He suggests that through proper education and practice individuals can learn to access their sexual energy as a means to grow spiritually. Deida (2004) expands on the concept of using sexual energy for rejuvenating the spirit:

When sexual energy emanates from its spiritual source, your cells are enlivened and your spirit rejuvenated by the same force that might otherwise have been thrown off in more trivial shivers and shakes. When you meld sexual intensity with open-hearted depth, your bliss grows spontaneously, fertilized by the forces of your fears, hopes, and anxieties.

You can allow the light of your soul to shine through the sexual play of your body, as long as you know how to deal with the habits that would otherwise prevent your enlightened loving. (pp. 1–2)

A side effect for practitioners who are partnered is a strengthening of the bond of the couple whereas a general side effect for all practitioners is a greater sense of wellbeing not only on a sexual level, but also including emotional, mental, and spiritual wellbeing. Northrup (1994) share more on this idea:

We know from quantum physics that at the subatomic level, matter and energy—which can also be called spirit—are interchangeable. The best expression of this that I have heard is that matter is the densest form of spirit and that spirit is the lightest form of matter. We can view our bodies as manifestations of spiritual energy. Our mind and daily thoughts are part of this energy, and they have a well-documented effect on matter and our bodies.

Psychological and emotional factors influence our physical health greatly because our emotions and thoughts are always accompanied by biochemical reactions in our body. The mind/body continuum can be adequately understood only when we appreciate ourselves as an ever-changing energy system that is affected by, and also affects, the energy surrounding it. (pp. 25–26)

Having access to paradigms that expand our current Western definition of sexuality into the energetic and spiritual is of great value to the field of sexuality as we need to be able to think beyond what is acceptable into what is possible. Taylor (2002) posits:

What if we've simply been asking the wrong questions about orgasm? What if there is another realm of orgasmic experience available, in which the pleasure is far greater, in which the orgasmic feeling is spread all over your body, rather than just localized in your genitals? What if you could have this powerful, all-over feeling for as long as you desired? What if this orgasmic state could have beneficial effects on your mind, your emotions, your intimate relationships—in short, on the rest of your life? (p. 2)



## **2.4 What Is The Contribution Of This Dissertation To The Field?**

The introduction of transpersonal concepts into sexuality is both new and ancient. Evidence of the ancient understanding of spiritual sexuality can be found through recorded Taoist lineages such as that of the writings of the Yellow Emperor. The new is evidenced by the growing development of studies that look at the naturalness and commonality of transcendent sexual experiences. The weaving of modern research into the wisdom of ancient practices is giving birth to a new paradigm for sexuality, especially that of female sexuality.

### **A. The Ancient Evidence of the Transpersonal in Sexuality**

6000 years ago, a man known as the Yellow Emperor desired to have longevity to extend the length of his rule. After his extensive training and education from three female Taoist sages, the Yellow Emperor wrote a famous text, known as the Shu Nu Ching or Tao of Sex Wisdom, which uses the wisdom of the feminine to attain great health and harmony through cultivating sexuality.

Modern Taoist teachers have taken this ancient wisdom of the Yellow Emperor's text and translated it into systems that are more conducive to the needs of today. Such a system was created by Taoist Master Mantak Chia called the Healing Tao. Chia and Chia (1993) share:

In the Healing Tao system, the main applications of Ching Chi [sexual energy] are improving physical and mental health, harmonizing and enhancing sexual relationships, and nourishing spiritual growth.

...

This multiplying ability can transform individual love into love for all creation. With practice, we can raise our virtues from an ordinary level to the transcendent level of those of a saint or an immortal. This is the highest purpose to which we can direct our sexual energy—the goal of enlightenment. (pp. 369, 379)

## **B. The Recent Rise of the Transpersonal in Sexual Research**

A presence of the transpersonal within the lives of everyday people can be researched. Evidence of this transpersonal connection to spirituality is seen with both the creation of Odgen's (2000) ISIS survey, in which close to 4000 individuals participated and reported a link between their sexuality and their spirituality, and Wade's (2004) research on transcendental sex peering into the question of whether or not our sexuality is linked to the transpersonal. These studies point in the direction of not only linking the spiritual with the sexual, but also that the connection between spirit and orgasm is both natural and more common than we think. In the forward of Wade's book, *Transcendent Sex*, Ken Wilber (2004) addresses sexuality and spirituality:

The first is that, despite what some religious authorities maintain, sex and spirit are not opposites but more like two dimensions of a single reality. Or perhaps different colors in the same rainbow of the miracle of existence. Sex might not be conducive to certain religious *beliefs*, but it is definitely conducive to religious *experience*, spiritual experience, direct apprehensions of a living, luminous, radiant, unqualifiable reality that is what there is and all there is, a reality that can be—and is—often elicited in sexual activity. (p. ix)

## **C. The Weaving of the Old and New to Create a New Paradigm**

Successful sexual energy recycling is the result of self-awareness, sensitivity and positive mental attitudes. Our experience has taught us that *how* we have our orgasms largely determines the potential aftereffects, such as fatigue or energization, irritability or inner peace, dullness or inspiration. (Ramsdale & Ramsdale, 1985, p. 121)

It is clear that there is a new movement towards expanding the current definition of female sexuality beyond the existing medical and psychological models. Although research and literature points us in a positive direction, there is still much that needs to be done with regards to re-assimilating the psychosexual health of women into a more holistic model that includes not only a new definition of the physical, but also that of the

emotional, mental, and spiritual aspects of female sexuality. Ardagh (2006) explains:

The one cannot exist without the other, since these are aspects of one whole, and we now have the opportunity to bring the masculine and the feminine into balance in our own lives. I believe that although this has to happen within men and women, the journey to reclaim the depths of the feminine realms has to be made first by women, since we are the ones who feel the loss of the feminine most urgently. (p. 7)

Assisting women in redefining the feminine for themselves as well as bringing back the sacred into sexuality is essential for successful therapy. Our current view of the feminine has not always been the viewpoint, Walker (1996) reveals:

Even today it is hardly possible for anyone brought up in one of the western nations to comprehend the ancient world's opinion of sex as an experience of divine pleasure or a preview of heaven, without deliberate, laborious intellectual progress toward such an opinion. (p. 912)

Creating new perspectives in academia requires a shift in how information is viewed and experienced. Understanding sexuality and its many aspects requires moving beyond the intellectual concepts into having direct experiences with these different qualities. Gnosis, or true understanding or knowing of something is not possible from a purely intellectual perspective. Freke and Gandy (2001) point out:

Academics have often failed lamentably to understand the spirituality of the original Christians because they have lacked mystical insight. The Gnosis is not an intellectual theory. It is a state of being. It is an inner 'Knowledge' which can never be truly understood from the outside. (p. 5)

The millennia old practices such as the Tantric and Taoist techniques and philosophies offer the modern therapist and researcher a wealth of valuable information that can be effectively used to broaden the energetic, somatic, and spiritual aspects of sexuality. The test of pioneering a new view on female sexuality that exists beyond the current religious, medical, and psychological views will determine which of the ancient practices are applicable to modern therapy as well as which practices can be

changed and adapted to be more acceptable and accessible to the modern person. Tiefer (2000) stresses:

The trend towards oversimplifying sexuality by ignoring or minimizing the psychosocial aspects is abetted by a dearth of sophisticated sexological research methods, a legacy of the shortage of funding and academic legitimacy discussed earlier. Survey methods are perhaps most advanced, driven by policy interests in sexually transmitted diseases and adolescent pregnancy (Bancroft, 1999). But even highly quantitative methods can explore sexuality as a part of social life, as shown in the important Chicago study (Laumann, Gagnon, et al., 1994). Also, numerous qualitative methods are emerging that will allow better research on relational factors in sexuality. For example, Clement (1999) recently described efforts to analyze and code narratives of sexual interactions as a new way to study sexual scripts, and Gavey and McPhillips (1999) used discourse analysis to examine women's contradictory feelings about condoms. Feminist research, with its emphasis on methods that allow individuals to use their own language and frameworks, will offer insights into sexuality in real life. Phenomenological and narrative research on sex therapy, for example, would make more visible the complexities of sexual relationships and allow sexologists to defend the complexity and range of sexual experience, as well as the central importance of meaning to the experience of sexuality. (§ 61)

Without the capacity to first consider new definitions for viewing female sexuality and the weaving into current research methods the wisdom of the East with West, past with present, qualitative with quantitative studies, we limit the impact we can have not only with our own growth and spiritual awakening, but with that of the clients we serve.

## 2.5 SUMMARY

The rise of global awareness of women's rights points sharply to the need for creating a new approach to female sexuality that is empowering to women, life-enhancing in its choices, and supportive of not only external reeducation, but also of encouraging internal sourcing for wisdom and truth. This need opens the door to heart-centered sexuality and its potential for healing the psychosexual wounds of women.

## **CHAPTER 3 RESEARCH METHODS**

### **3.0 Introduction**

This Dissertation is a heuristic study into the mystery of female sexuality. This inquiry began for me at a very young age when all accessible information on sexuality left me feeling unsatisfied and remarkably curious. The question, “Am I willing to validate my own orgasmic experiences and their impact on my body-mind-spirit even if there is no proof of my experience?” has been at the core of all my investigations into my own psychosexual nature. Carter (2002) explains the importance of a heuristic inquiry:

Moustakas (1961, 1972, 1975) used the word "heuristics" more than 30 years ago to describe the methods in his classic studies of loneliness. Nevertheless, heuristic inquiry remains a relatively new qualitative method in the strand of social science research that studies human experience (Douglass & Moustakas, 1985; Patton, 1990). The term originates from the Greek word *heuriskein*, meaning to find or discover, and Craig (1978) claims that it is closely related to the Greek word for *eureka*. Similar to the phenomenological approach from which it is derived, heuristic inquiry explores the inner meaning of experience from the subjective perspectives of study participants. However, unlike phenomenological studies, the topic of heuristic inquiry always emanates from the autobiographical experience of the researcher. As Moustakas (1990) notes, however, for virtually every question that matters personally, there is also a social, and perhaps universal, significance (p. 15). While heuristic methods depend upon a researcher's passion for self-understanding (Patton, 1990), the primary goal of heuristic inquiry is to provide a better understanding of a critical human experience shared by many (Moustakas, 1990, p. 11). (¶ 24)

My question—“Am I willing to validate my own orgasmic experiences and their impact on my body-mind-spirit even if there is no proof of my experience?”—essentially led me to teach the Désilets Method from the heuristic perspective of encouraging

women to discover for themselves their own answers and solutions to their psychosexual healing. This form of teaching wherein the mystery of feminine sexuality is equally validated and considered in relation to proven medical and psychological viewpoints impacted this study of the psychosexual nature of women.

The beginning of this study started with my own intense and life-transforming experience of learning and practicing the art of conscious sexual energy cultivation. Through my own in-depth search and inquiry, I experienced many different transcendent states and discovered powerful insights that led me to create seminars known as the Jade Goddess (renamed the Désilets Method). Through observing the changes in the psychosexual wellbeing of over a thousand women in both seminar and private sessions, I was able apply their invaluable feedback and continue to be to refine the techniques and seminar content.

This process led me to write my book, *Emergence of the Sensual Woman – Awakening Our Erotic Innocence*. Here I began taking a look at a new paradigm for women, one that harmonized the polar extremes of female sexual expression—from frigidity to prostitute/tramp. This new paradigm involves being a succulent woman and what this means in this day and age.

I began this dissertation with the idea of creating a pilot study that would investigate the Désilets Method and look at its impact on the psychosexual health of women. Since integrating the energetic, somatic, and spiritual aspects of sexuality into psychotherapy is still in its infancy, I was not able to find any pre-established questionnaires designed to collect information on the impact of heart-centered sexuality.

Hosking, Martin, Mason, and O'Malley (2005) suggest:

THE EVALUATION of a new therapy for the treatment of disease in humans can rarely be based on the results of a single study. Before embarking on a definitive efficacy study, each key element of the study protocol must be decided and an evaluation made as to whether sufficient information is available on which to justify those decisions. Such decisions can extend to questions related to safety, efficacy, measurement, feasibility and training, among others.

When planning a trial to evaluate the efficacy of a new therapy, much of the information should already be available from the research literature. However, more often than not some aspect requires additional preliminary work in the form of a pilot study. (§ 1)

Seeing as there were no existing sex research questionnaires that looked specifically at the ancient Taoist system of sexual energy cultivation for holistic psychosexual healing for women, I had to design my own questionnaire. I included open-ended questions as I felt there would be great value in hearing directly, in lay language, the impact of the practice. Banyard and Miller (1998) share:

Research methods such as open-ended interviews and focus groups, which have historically been part of a more qualitative research tradition, permit research to be a tool not only for gathering information but for individual and group empowerment as well as action and social change. For example, qualitative techniques can provide a vehicle for participants to tell their story in their own words. This can be empowering on an individual level. In a recent study of homeless mothers (Banyard, 1995), the women interviewed often seemed to feel that the open-ended nature of the interviews allowed them more room to craft their own interpretations and answers rather than the forced-choice questionnaires they had also completed. (§ 23)

The questionnaire used for this pilot study is included in appendix B. I did not use any hypothesis as I wanted to see which patterns would emerge from the open-ended questions. I trusted that the answers would lead to the appropriate questions.

I contributed my own heuristic investigation of the Taoist practices while comparing the results of my pilot study with what is currently being practiced in the field of psychology in order to open this inquiry to future research.

In this chapter, I will review my research methods and address them in the following order:

3.1 Research Approach

3.2 Research Design

3.3 Research Hypothesis/Questions

3.4 Subjects

3.5 Instrumentation

3.6 Data Collection Procedures

3.7 Data Analyses Procedures

### **3.1 Research Approach**

I did not originally intend to use a heuristic approach to my research, yet with hindsight I see that I have experienced the three phases of heuristic inquiry. Haggerson Jr., (2000) details:

That meaning is attributable to Douglass and Moustakas (1985); it is associated with their notion of Heuristic Inquiry, which takes the meaning of heuristic beyond mere stimulation: it includes three phases of inquiry. The first phase is immersion, that aspect of inquiry in which the inquirer is immersed in solving his/her own dilemma, searching for meaning to personal problems, concerns or curiosities. The second phase is acquisition, that is acquiring information, broader and deeper perspectives. The acquisition may include texts, experiences, interpretations, and analyses. The acquisition phase expands horizons, understandings, and meanings. The third phase of heuristic inquiry is realization. That is conclusion drawing, generalizing, summarizing, developing a written document, a construal, a visual image, a piece of music, a poem, or a letter/ essay. (p. 140)

First, I started the search with my own curiosities about sexuality and its connection with my health. Then, I began an earnest study of sexuality ranging from still meditations of inner alchemy to speaking at BDSM conferences, being exposed to every



mode of thinking and practice around sexuality whether through direct experience, through listening in confidentiality to clients, or through reading the multitude of text ranging from ancient traditions to modern research studies. It is through this wide range of life experiences I have come to new perceptions about female sexuality.

In Martyn Denscombe's book, *The Good Research Guide for Small-Scale Social Research Projects*, the two patterns of qualitative inquiry are identified.

Denscombe (1998) states:

1. A concern with meanings and the way people understand things.
2. A concern with patterns of behavior. (p. 207)

Denscombe (1998) explains that what distinguishes qualitative research resides in the approach to the collection and analysis of data and that the outcome of such a study is always the researcher's interpretation. He further writes, "One justification for non-probability sampling techniques stems from the idea that the research process is one of 'discovery' rather than testing of hypotheses" (p. 25).

In order to determine which method I was going to use to do my research, I looked at the advantages and disadvantages of both quantitative and qualitative approaches. I recognized that my limitation of funding and time determined going in the qualitative route. A pilot study, as a qualitative research project through the use of a questionnaire, seemed most appropriate for being able to assess the usefulness of my Désilets Method and its impact on the psychosexual health of women. Maykut and Morehouse (1994) highlight a feminine approach to research:

For good or ill, the human sciences, as seen by the positivists, have often taken

their lead from physics and chemistry. This connection to the natural sciences, from at least the time of Newton, has been dominated by a belief in objective observation, quantifiable data and verifiable truths. Evelyn Fox Keller in *Reflections on Gender and Science* (1985) argues that this way of doing science is related to a patriarchal view of the world. We support Fox's position that the patriarchal view of science has marginalized all ways of doing science which are not like the ways that natural science has been traditionally done, that is, any non-experimental, non-objective ways of doing science. Recently, this newer view of science has been challenged by new ways of doing natural science (especially physics), feminist theory, and post-modern sensibilities (Habermas, 1989; Heisenberg, 1958; Keller, 1985; West, 1989). These alternate voices have contributed to making qualitative research an acceptable way of doing science. At the same time that these perspectives were beginning to be articulated, other challenges were mounted on the traditional methods within educational research (Campbell, 1975; Stake, 1978). (p. 7)

I wanted to approach researching on the topic of female sexuality from more of a feminine discovery perspective instead of using the more traditional, masculine, test-and-prove approach. Most studies on female sexuality have been done in a quantitative fashion, such as the Ogden's (2000) ISIS survey and Jannini's (2008) G-spot experiment. Statistical validity was not the purpose of this study, but rather to discover if there existed a common thread amongst the voices of women which called to be heard and validated by the heart and not only statistics.

### **3.2 Research Design**

A qualitative questionnaire is a research method suitable for a pilot study that investigates women's relationship to sexuality and how they feel it is connected with their emotional wellbeing. As a research method, the strengths inherent in a questionnaire balance out the inherent weaknesses. Strengths of a questionnaire include the types of information questionnaires can uncover that are elusive to other methods, such as learning what affects each individual woman when learning methods to enhance her psychosexual

nature, her thoughts and associations. Methodological strengths include both privacy and relaxed time factor for filling out the questionnaire. Methodological weaknesses include how dependent the study is on the honesty and thoroughness of each woman's answer as well as the researcher as the instrument of data collection and analysis. Questionnaires can also be affected by the length of time between exposure to the material and answering the questionnaire, the woman's relationship to the researcher, what is occurring in her life (if there is additional stress, etc), and the capacity to answer in the English language (which is a second or third language for some of the Europeans).

From a quantitative perspective, some weaknesses inherent in questionnaires as a research method include the notion that different perspectives can be equally valid, frequent unreliability in the data, and the fact that researchers are not able to make absolute causal inferences or generalizations from interview studies. Of course from a qualitative perspective, these same things are considered strengths, the very qualities that allow interview studies to gain an understanding of details of human interactions and experiences, subtleties, conflicting feelings, meanings, fluctuations, and qualities that other methods cannot address. Thus, with research methods, what can be considered strength if looked at in one way can be considered weakness if looked at in another way.

My inquiry into female sexuality was based upon looking at the question: "Is heart-centered sexuality a useful model for assisting women in enhancing their psychosexual health?" Maykut and Morehouse (1994) point out:

The questions we ask will always to some degree determine the answers we find. This point is important in designing a qualitative study. The research questions that guide a qualitative study reflect the researcher's goal of discovering what is

important to know about some topic of interest. A qualitative study has a focus but that focus is initially broad and open-ended, allowing for important meanings to be discovered. (p. 43)

I determined that the use of a questionnaire format would be a valuable way to receive candid information about my inquiry.

I consulted a colleague, Dr. Jessica Schafer of the Ottawa University, whose expertise included designing questionnaires for university studies. She assisted me in creating a questionnaire and cover letter and provided me the following guidelines:

Schafer (personal communication, February 2, 2007) shared that I had two possible approaches to the data I wanted to gather:

1. If you want this to be an exploratory study, where you provide general descriptive information as the results of the study, then you can keep it the way it is. What you will get out of it is a summary of responses that might indicate possible correlations between doing the Jade Goddess course and changes in certain areas of their lives. Your qualitative data will help you to form ideas about why they think that Jade Goddess made an impact on the various aspects of their lives you are interested in (self esteem, sexual health etc.)
2. If you want this to be a more conclusive study using quantitative statistics, you will need to make some changes to the design. First, you would ideally have a treatment group and a control group, that is, a group of women who do the Jade Goddess training and a group who are similar to the first in all (relevant) ways except that they don't do the training. Second, you would probably use existing psychological instruments designed to measure some of the dependent variables you believe to be important. For example, there are existing questionnaires that measure levels of self-esteem etc. So, you would administer these questionnaires to both groups in the first instance, and then again after the treatment (and the same interval of time has passed for the control group). That way, you can see whether there are statistically significant changes in the treatment group in levels of self-esteem, sexual health etc., and you can conclude more strongly that if the only difference between the two groups was the Jade Goddess practice, then Jade Goddess can be said to be responsible for the changes.

I chose option one because as it was more cost effective and I already had women who were willing to fill out a questionnaire to assist me in my research. Dr. Schafer (personal communication, February 2, 2007) then provided further guidance with

reference to the questionnaire I put together:

The questionnaires as they stand are good if you are going for option 1 (with a few minor adjustments, which I have suggested in the documents). You might want to add a question about whether the person has done any other training intended to improve their sexual health, and how the Jade Goddess compared with that training. It would be worth indicating where your definitions came from. The best thing is to use standard, accepted definitions of these terms as you would find them in other questionnaires about the same concepts (probably psychology questionnaires).

I have included the list of terms defined for the questionnaire in appendix B. I reviewed the definitions provided by the *Rosenborg Scale of Self-Esteem* by Robinson and Shaver (1973) as well as I used the on-line encyclopedia Encarta to provide known definitions of terms. Some terms I adapted to mean what I meant in the questionnaire so that my foreign (English as a second or third language) subject would understand what I meant by each term used in the questionnaire.

Dr. Schafer also assisted me in writing both an accurate cover letter to accompany the questionnaire (see appendix) as well as a proper consent form (see appendix). She mentioned that I needed to be clear on what I was looking for at the beginning of creating the questionnaire so that I could ensure I was asking the correct questions (see appendix). Maykut and Morehouse (1994) speak on sampling:

Purposive sampling increases the likelihood that variability common in any social phenomenon will be represented in the data, in contrast to random sampling which tries to achieve variation through the use of random selection and large sample size. (p. 45)

I chose a purposive sampling by approaching women who had been already exposed to my work in order to discover the impact that my work had on the lives of the subjects.

The questionnaire was designed over a period of one month and then sent to the 120

women who had agreed to fill out the questionnaire. Over the period of one year, February 2007 until February 2008, I collected 61 questionnaires that were either sent through email and printed out or received through the post already printed.

### **3.3 Research Questions**

The following research questions were developed initially and refined with the process of doing research:

**Question 1:** Does having a positive, respectful, and honoring attitude towards the yoni assist women in having a positive experience of their own sexuality?

**Question 2:** Is there a link between having a heart-centered perspective on sexuality and experiencing healthier self-esteem, self-love, and self-confidence?

**Question 3:** Do women who take time to cultivate a deeper relationship with themselves experience a proportional increase in orgasmic pleasure?

**Question 4:** Do women who have more connection between their heart (emotional) and genitals (sexual) more likely to have greater access to their sexual pleasure?

**Question 5:** Are women who are exposed to the concepts of heart-centered sexuality and sacredness of sexuality more likely to have greater self-regard and connection to their own sexual and sensual nature?

**Question 6:** Do women who apply simple heart-centered sexuality practices on a regular basis experience noticeable improvements in their sexual health and emotional wellbeing?

**Question 7:** Do women who value the heart-centered aspect of sexuality find that their relationship to both men and women change?

**Question 8:** Do women who have been exposed to heart-centered sexuality have a more respectful connection to other women, whether or not they know each other?

### **3.4 Subjects**

All 61 women in the study are from the Western culture. Geographically, the study group included women from North America—the Hawaiian islands and mainland of the USA as well as the west coast of Canada—and the United Kingdom and Europe: England, Holland and Belgium. The age range of the group was between 18 and 65 years of age.

All the women had previously experienced one or more seminars with me. Their level of experience with the practice with heart-centered sexuality ranged from novice to instructor level. Approximately half the women were in relationship, whereas the other half was of single status. The subjects were all selected on a volunteer basis.

### **3.5 Instrumentation**

Due to the nature of my inquiry and the uniqueness of the actual practice of heart-centered sexuality through the Désilets Method, I had to create my own questionnaire as I found no pre-established questionnaires that dealt with heart-centered sexuality and the Désilets Method practices (see appendix B for sample of questionnaire). Likert scales were developed in order to assist in the data collection and are unique to this study. I had the questionnaire and scales reviewed by Dr. Jessica Schafer who affirmed them for the purpose of this study. Some of the vocabulary is of eastern origin and foreign to western psychology, and all of those terms are accounted for in Chapter 1.

### **3.6 Data Collection Procedures**

All questionnaires were received by the volunteer women either through email as a word document and thus printed out for proper analysis or mailed directly to me already in print. Some women completed the questionnaires immediately, whereas others required one to three email reminders in order to complete their questionnaires. Samples of the emails sent to participants can be found in appendix A.

Each questionnaire was assigned a number for the purpose of making analysis easier (see appendix D). Once the questionnaires were reviewed, some subjects were contacted due to missing data in their questionnaire.

### **3.7 Data Analyses Procedures**

Statistical validity was not the goal of this pilot study. However, I did use Likert tests and simple statistics of finding the mean, mode and median to look at any emerging patterns that may be of value for suggesting further studies. Maykut and Morehouse (1994) clarify qualitative analysis:

The characteristics of qualitative research described so far point to two important characteristics of qualitative data analysis: (a) it is an ongoing research activity, in contrast to an end stage, when the design is emergent; (b) it is primarily inductive. Analysis begins when one has accumulated a subset of the data, providing an opportunity for the salient aspects of the phenomenon under study to begin to emerge. These initial leads are followed by pursuing the relevant persons, settings, or documents that will help illuminate the phenomenon of interest. In other words, there is a broadening or narrowing of the focus of inquiry as the data suggest it. What is important is not predetermined by the researcher. Within the broad boundaries of the researcher's focus of inquiry, the data are studied for what is meaningful to the participants in the study, or what Bogdan and Biklen (1982) refer to as 'participant perspectives'. The outcomes of the research study evolve from the systematic building of homogeneous categories of meaning inductively derived from the data. (p. 46)

Open-ended questions were also part of this pilot study to be able to honor the individual voice of each woman. Basic qualitative evaluation was used to find any recurring themes



that may also be of value for future studies to consider.

I hired three different people to assist me with my data analysis. The first was Jeannie Stewart, who assisted me with coding my data and organizing it in the EXCEL program so that it would be available for analysis. Together we did some preliminary analysis through the use of basic graph formulas. It became quickly evident that I would need to consult a professional in math and statistics to assist me with the Likert portion of the questionnaire results to ensure accuracy.

Bojan Mandic was the next person I consulted for statistical advice. He created a statistical analysis based on my request to observe any change in phenomenon that may have been present in the study. I only wanted him to analyze the quantitative aspect of this study found in the Likert test results of this study. The Likert tests that I used for this study were designed with the help of Dr. Jessica Schafer (see appendix B to view all five Likert tests used in this study).

Mandic (personal communication, March 31, 2008) advised:

**Sample size.** Important factor that often limits the applicability of tests based on the assumption that the sampling distribution is normal is the size of the sample of data available for the analysis (*sample size*;  $n$ ). We can assume that the sampling distribution is normal even if we are not sure that the distribution of the variable in the population is normal, as long as our sample is large enough (e.g., 100 or more observations). However, if our sample is very small, then those tests can be used only if we are sure that the variable is normally distributed, and there is no way to test this assumption if the sample is small

Unfortunately, I am unable to assume normal distribution, since the sample size is too small. (Interesting aside: using the “Central Limit Theorem” which says that averages taken from virtually ANY population shape, no matter how weird, very quickly become normally distributed. So averages are always normally distributed, and that is almost always what we are dealing with. Therefore, the thousands of populations can be ignored for most purposes, because the normal distribution always occurs when we sample them).

Note that when using normal distribution:  
68% of the population lies within the 1 standard deviation from the mean  
95% of the population lies within 2 standard deviations from the mean

99.8% of the population lies within 3 standard deviations from the mean

However, for our analysis, we will apply *Chebyshev's Theorem* to analyse the data. Chebyshev's Theorem The proportion of the values that fall within  $k$

$$1 - \frac{1}{k^2}$$

standard deviations of the mean is at least where  $k > 1$ .

Chebyshev's theorem can be applied to any distribution regardless of its shape. Therefore, applying Chebyshev's Theorem:

75% of the population falls within 2 standard deviations from the mean

89% of the population falls within 3 standard deviations from the mean

Based on this conversation and the fact that I did not need statistical validation,

Bojan (personal communication, March 31, 2008) shared:

The analysis of the data gathered for the *Investigation of the Désilets Method and its Effect on the Psychosexual Health of Women* by Saida Désilets was conducted using basic statistical tools. The data was grouped in the following manner:

- by age (age of the attendees)
  - o the age is divided into 6 categories, and each Likert was analyzed as per category.
- by repeats (number of times the course was attended)
- by partner (whether the attendee had a partner or not)
- by same partner (whether the attendee had the same partner or not)

Data was gathered by sampling the participants of the courses, asking them to provide the feedback on their experiences. Data is both quantitative and qualitative. The statistical analysis is performed on the quantitative part only.

The basic analysis was performed on each Likert according to the grouping. The analysis involved finding out the mode, mean and the standard deviation for each practice (or method, or experience, as applicable to the Likert), and analyzing those stats.

For the qualitative analysis aspect of this study, I drew upon the sharp skills of

Amrita Grace who provided a less biased review and organization of the written answers.

Feedback was organized from the most common to the least common themes:

- 1) Deeper connection to sexuality/yoni/self/femininity
- 2) Improved health of yoni
- 3) Awareness of divinity
- 4) Improved general health

- 5) Less guilt and shame
- 6) Better connection with men (single women)
- 7) More connected to women
- 8) Better connections with partners
- 9) Improvement of menopause
- 10) More grounded
- 11) Sexual energy management
- 12) Taking sexual health into own hands
- 13) Less need/craving for a partner/lover
- 14) More awareness of being versus doing
- 15) Menstrual difficulties improved
- 16) Giving birth to self
- 17) Listening to her yoni
- 18) Cleansing and illness after workshop

### **3.8 Summary**

This chapter described the specific components of the research study itself.

Chapter 4 presents an in-depth review of the Désilets Method, a heuristic inquiry of each practice, the statistical results, and an analysis of the eight research questions.

## CHAPTER 4 RESULTS AND ANALYSIS

### 4.0 Introduction

Before this study was conducted, I had already begun the process of examining the value of heart-centered sexuality in my book: *Emergence of the Sensual Woman – Awakening Our Erotic Innocence*. This book speaks directly to a new paradigm of the feminine and the voice of that paradigm emerged from my practice of teaching thousands of women to reconnect with both their hearts and genitals. Investigating and validating this new paradigm requires an innovative look at feminine sexuality. Banyard and Miller (1998) examine current research methods:

However, we have remained quite traditional in terms of the methodologies we utilize to study the phenomena that interest us. It might be said that we are studying new things in old ways, and have yet to seriously consider whether the addition of nonquantitative methods might provide new and valuable ways of seeing the problems and issues at hand, and might perhaps lead to more effective solutions as well. (§ 4)

This study brings to light new views in regards to assisting women in experiencing psychosexual wellbeing and invites a deepening of the understanding of what it means to self-validate what we innately know is true beyond what any external expert has claimed for truth. Ogden (2006) emphasizes:

The truth is, our sexual energy is always with us, whether or not we choose to act on it in a genital way. It's not just about intercourse and orgasm. It's about receptiveness and movement. It's about our most profound emotions and how we reach out to touch others. It's about how we think and feel and love. It affects every aspect of our lives and it's potentially there until we cease to inhabit this planet. As an ISIS woman wisely said, "Sex isn't everything, but it is a *part* of

everything.” (p. xi)

This study addresses the innate weakness of my book: it stands solely on the voice of my own inner wisdom, personal knowledge, and experience in witnessing the emerging of women in their sexual power and integrity. The desire to pursue this study began with examining if there was any validity to my observations and if there were any others who may be also postulating about sacred sexuality in the field of psychology and sex therapy. Dilley (2004) states:

Rather than view this as a deficit, Rubin and Rubin contend that applying positivistic values and goals upon qualitative research is an improper imposition.

Qualitative research is not looking for principles that are true all the time and in all conditions, like laws of physics; rather, the goal is understanding of specific circumstances, how and why things actually happen in a complex world. Knowledge in qualitative interviewing is situational and conditional. (Rubin & Rubin, 1995, pp. 38-39).

Comprehension and understanding--key components of qualitative research--are conditional, philosophical considerations that are necessarily individualistic. Steinar Kvale, in *InterViews* (1996), states more plainly than either Seidman or the Rubins that qualitative research interviewing is not formulaic, not a process that will generate or guarantee replicable results or investigations among any group of researchers. (¶10, ¶11, ¶ 12)

This chapter will review the strengths and limitations of current licensed methods used for assisting women with their psychosexual health. In-depth documentation of the Désilets Method with regards to which of its aspects were examined through the questionnaire will be provided through extensive excerpts from my book, *The Emergence of The Sensual Woman – Awakening our Erotic Innocence*. This chapter also will look at the results of this study and the analysis of those results with regard to its impact both in my own life and in the greater the field of transpersonal psychology. The eight thesis questions will be answered with regard to the questionnaire results. A trial model for implementing heart-centered sexuality within therapeutic settings will be introduced. The

structure of this chapter is as follows:

- 1) Current Therapeutic Methods for Improving Psychosexual Health
- 2) The Désilets Method
- 3) Eight Thesis Questions Answered
- 4) Heuristic Look at the Impact of This Study on the Author and the Field
- 5) Trial Model

#### **4.1 Current Therapeutic Methods**

The following methods represent what is currently available to assist women with their psychosexual health. Each method is defined, while its strengths and limitations are clarified. The methods are organized into the following categories:

- A. Licensed Therapies for Women's Psychosexual Health
- B. Non-Licensed Therapies for Women's Psychosexual Health
- C. Kegal Exercises

##### **A. Licensed Therapies for Women's Psychosexual Health**

Licensed therapies are any therapy that requires a certification or degree as well as a state approved license in order to practice. The therapies that address the psychosexual aspect of a person include:

- i. Talk therapy
- ii. Reichian therapy
- iii. Somatic therapy
- iv. Dance therapy

##### **i. Talk therapy**

Talk therapy includes all forms of psychotherapy and psychiatry wherein talking

is an essential aspect of the therapy. The strength of talk therapy is the global awareness and acceptance of it as a resource for assisting individuals and couples with their psychological needs. However, when it comes to sexuality and the body, talk therapy lacks in its ability to provide a safe way to explore the physicality and spirituality of sexuality.

Sex therapy is essentially talk therapy with the therapists specializing in sexual issues. One aspect of somatic information that sex therapists can provide is the Kegal exercises. However, sex therapists cannot provide hands-on healing nor do most understand the energetic or spiritual aspects of sexuality.

## **ii. Reichian therapy**

Founded initially by Wilhelm Reich and developed by followers of Reich, this therapy acknowledges the connection of the mind and the body as well as the presence of life force energy. This therapy is also known Bio-psychology or Orgonomic Therapy.

It is only biological pleasure, accompanied by the sensation of current and sensualness, that produces an increase in the bioelectric charge. All other excitations, pain, fright, anxiety, pressure, vexation, depression, are accompanied by a reduction of surface change of the organism. (Reich, 1942, p. 376)

Modern Reichian therapists use talk therapy combined with deep breathing therapy to assist clients in discovering and shifting any armoring that they may have created to protect themselves from different emotional states.

The strength of Reichian therapy lies in its willingness to include sexuality and the experience of orgasm as a natural aspect of therapy as well as the use of the breath to connect the body with the psychology of a person. Due to Wilhelm Reich spending the end of his days in a federal penitentiary, Reichian therapy is not well recognized and accepted. Another weakness resides in it being a therapist-guided practice that can either

encourage the client to become dependent on the therapist or the therapy itself.

### **iii. Somatic therapy**

Somatic therapy unites the body, mind, emotion, and spirit of a person through assisting individuals to become accurately aware and perceptive of how they are experiencing themselves in their body.

The integration of the whole person reflects the strength of this therapy as a tool for assisting with the psychosexual health of women. Awareness of the body and how it is interconnected with an individual's emotional-mental-spiritual aspects is one thing, learning how to use that awareness for growth and healing in the arena of sexuality is another and not a traditional component to somatic therapy.

Another form of somatic therapy would be hands-on work, such as massage; however, touching a client is not part of traditional somatic therapy.

### **iv. Dance therapy**

Dance therapy or Dance Movement Psychotherapy is the use of movement as a form of expressive therapy. The strength of this therapy resides in the acknowledgement of the body-mind continuum and the understanding that through reconnecting with the body, a person can shift their state of consciousness. The weakness lies in that it is not yet a fully recognized therapy and that its focus is not on sexuality, although sexuality is considered a natural part of a person.

## **B. Non-Licensed Therapies for Women's Psychosexual Health**

Non-licensed therapies are any therapy that may or may not require a certification or degree; however, it would not be a state recognized therapy and therefore, would not be a candidate for licensing. Another significant factor to note for non-licensed therapies



lies in the freedom to be more creative with therapeutic modalities as well as having the inclusion of touch and energetic practice. The following headings cover the therapies which address the psychosexual aspect of a person:

- i. Shamanic therapy
- ii. Tantric therapy
- iii. Sexual bodywork therapy

#### **i. Shamanic therapy**

A shaman is a person who works with the spiritual aspects of a person through connecting with the Earth, ancestors, and all living things. The basis of shamanic experience is to facilitate healing for the physical, emotional, mental, and spiritual aspects of a person, normally done through a form of a guided journey.

The strength of shamanism is to bring back the holistic and sacred connection of all aspects of a person along with their connection with the Earth and all living things. The weaknesses lie in a person needing a shaman or plant medicines for creating a shift, and in general, a lack of focus on sexuality. The exception to this is the Quodoshka or Native American sexual energy training. There are few standards in place for these practitioners and this can be a problem for a client that does not know the difference between a true or fraudulent practitioner.

#### **ii. Tantric therapy**

Tantra is an ancient practice from India in which sexuality is used to attain enlightenment. Modern or neo-tantra has evolved to include sexuality as an essential part of a spiritual path. Tantra includes the whole body-mind-emotion-spirit and utilizes orgasmic states as a way to holistically transform a person. The importance of this

therapy is the inclusion of the genitals as well as the energetic system, whether an individual learns to touch themselves or are touched by another in a conscious sexual way. The weakness of Tantra as a therapy is that most practitioners do not fully understand how to manage the energetic aspect of the practice and therefore cannot accurately share this knowledge with clients. Lack of certification standards also leaves a client potentially victim to practitioners that are not experienced or grounded enough in both the practice and in the client-therapist relationship.

### **iii. Sexual bodywork therapy**

Sexual bodywork therapy is a loose term used to describe any massage modality that is inclusive of the genitals. The key difference between sexual massage therapy and prostitution lies in the intention of the practitioner. All therapists who work under this label have the intention to bring healing to their clients through safe, sacred touch and most of these therapists have studied extensively in the field of spiritual sexuality.

The strength of this therapy is found in the actual safe, conscious touch given to the genitals. Most sexual issues stem from unsafe, unconscious touch to the genitals and no amount of talk therapy or breathing can truly unwind what is stored in the tissues as sexual memory. The weakness of this therapy resides in both the lack of standards or regulations for certification along with the possible lack of experience of the practitioner in assisting a person through often traumatic memories stored in the genitals.

### **C. Kegal Exercises**

A recognized somatic therapy that is used by therapists to promote sexual health are the Kegal exercises. Dr. Arnold Kegal developed the Kegal exercises to strengthen the pelvic floor in order to counter what he believed to be unnecessary surgery. Hullet

and Perry (1988) suggests that what is commonly known as the Kegal exercises is based on misinformation and states:

In popular literature, Kegel's exercises are most frequently described as those which have to do with the "stopping and starting the flow of urine". As a simple means of pubococcygeus muscle identification, this test is educational-but only for those who already have strong muscles. It was never intended to be the "instructional tool" that it has become in women's magazines. Indeed, Elizabeth Noble even warns against this practice, which often leads only to "anxiety, stress and loss of control"<sup>3</sup>. Failing to interrupt the stream, many women conclude that their own muscles are already beyond self-help, and readily submit to the surgeon's confident invitation. And the surgeon becomes more firmly convinced of the futility of Kegel's exercise when one after another patient claims that they "tried them" but "they didn't work." Since the patient is now incontinent, that is obviously true. (§ 3)

Kegal exercises were originally designed as ways for the physician to determine the health of the pubococcygeus muscle and were meant to precede a set of exercises that used Dr. Kegal's Perineometer biofeedback device. Hullet and Perry (1988) posit that without using this device, women are not actually doing the correct Kegal exercises.

Originally, the Kegal exercises were a three step process in which five to ten vaginal contractions were recommended. Hullet and Perry (1988) share:

Kegel's Three Steps. Kegel clearly stated that there were three steps to his method. "The first step is external observation, with the patient in the lithotomy position."<sup>6</sup> Kegel first observed the patient's ability to visibly draw up the perineal structures. "The second step is vaginal examination, performed gently with one finger."<sup>7</sup> The digital exam served a double purpose: first, it enabled the physician to assess the development of the pubococcygeus muscle at various depths, and second, it enabled the physician to verify that the patient was able to identify the correct muscle and contract it. Thus identification of the muscle, and not its exercise, was the purpose of Kegel's digital exam. The third stage follows quickly: "after [only] 5 to 10 correct contractions the Perineometer is inserted, and both physician and patient watch the manometer to note the results of her efforts"<sup>8</sup> (emphasis added). In several articles, the insertion of the Perineometer biofeedback device marks the beginning of the third and primary step in Dr. Kegel's exercise program. (§ 7)

Having access to accurate information about the original Kegal exercises is important.

Hullet and Perry (1988) suggest that doing the Kegal exercises incorrectly can actually lead to further complications of the pelvic region.

Improper use of the Kegal exercises is only one issue that therapists have to contend with. The emotional and energetic relationship to the pelvic region is essential for creating successful pelvic healing and must be taken into consideration. Hemmingway (2007) informs:

Although Dr. Kegel contemporized and popularized this practice, it is by no means new. The Taoists of ancient China developed a number of different sexual practices to strengthen and tone these same muscles for health, longevity, sexual gratification, and spiritual development. Directly akin to the Kegel exercise is the Taoist practice of the Deer Exercise. The Yogis of India also had a similar practice in Hatha Yoga known as Aswini Mudra (the horse gesture) which is taught and practiced to this day. (¶ 3)

This heart-centered approach to pelvic health is what the ancient Taoists and Yogis cultivated in their respected sexual energy practices.

#### **4.2 The Désilets Method**

The Désilets Method contains within it ancient Taoist practices that were used for cultivating sexual energy. This practice was described and preserved in the ancient Shu Nu Ching text (Tao of Sex Wisdom), which was kept secret until very recently. Chia and Chia (1986) share:

Ovarian energy is the energy used for development of one's higher consciousness. These practices that transform the sexual energy into CHI provide the foundation for the spiritual exercises that transform sexual and CHI energy into Shen, a sheer spiritual energy. The process of cleansing the internal organs of negative emotions described previously is called "inner alchemy" by Taoists, and it is this inner alchemy that restores to the organs their birthright of love, joy, gentleness, kindness, respect, honesty, fairness and righteousness. (p. 39)

My own journey with studying the Taoist practices began with a profound sense of "I know this". These ancient practices appealed to me for several reasons:

- 1) Taoists believe we are autonomous and thus our own Master, Guru, or Teacher
- 2) The practices were simple and required only regular practice to be effective
- 3) The impact on my physical health and emotional well-being was immediate and long lasting

The result of doing the ancient practices was noticeable enough to attract to me an abundance of clients who desired to learn the practice even when I had not yet chosen to publicly teach. The strength of this form of Taoist qi gong practice resides in its simplicity and its understanding of the interconnectedness of our body-mind-spirit. The weakness of this tradition is that most lineage holders were/are male and therefore, the feminine perspective naturally could not be present.

Through speaking directly with my teacher and the lineage holder of such a tradition, Mantak Chia (personal communication, June 2001), I received his blessing and encouragement to further develop the female practice from a feminine perspective. The following practices were taught to me by both Mantak Chia and his senior instructors, some of which I have adapted to suit the western, feminine psyche. I practiced all of the adaptations extensively as well as developed a few additional to new practices. These same practices were then tried and tested through teaching thousands of women globally, and minor refinements evolved through receiving direct feedback from the women.

One profound insight I learned through both my own personal practice as well as through observing the women, was that of a great need for guidance once a woman began to experience the changes that occur with doing the practices. Through investigation I found plenty of benefits that were listed either as direct physical/sexual benefits or as

indirect possibility of emotional well-being and spiritual attainment. I did not find anything relevant to modern life or for women who may not wish to dedicate their lives to spiritual practice. Also, I could not find any written or oral guidance for the natural maturation process of the sexual and emotional energy. I trusted my own life to act as a source of information and developed a guiding philosophy called The Art of Succulent Living.

This philosophy became equally important to the practical techniques as it seemed to act as an important transitional aid. A core understanding of this approach resides in the focus it uses. While most available therapies are goal-oriented, that is, they are seeking a result, the Désilets Method is process-oriented. Here is an excerpt from my book, *Emergence of the Sensual Woman – Awakening our Erotic Innocence*:

**Process versus goal-oriented practice.** The Art of Succulent Living and the secret teachings of the Jade Goddess are considered to be a process-oriented path. This means that on this path our focus is on where we are right now rather than on where we should be. When exploring the following practices, a light-hearted, fun attitude will lead us to success. Rather than attaining any specific goal, this practice is geared towards the gentle unfolding of our inner wisdom and innate succulence as women.

Process-oriented practice indulges in the moment, in the sensations currently being experienced, instead of focusing on a desired sensation (which is goal-oriented). Like walking up a mountain towards the peak, the goal-oriented focus plows forward, keeping our attention firmly locked on the idea that the peak is our goal. On the other hand, the process-oriented focus takes in all the sights along the way, loving them and enjoying them and perhaps deriving so much joy from them that reaching the peak is of little importance. Sex is not meant to simply be about attaining our biggest and best orgasm, which is a goal. It is about exploring our creative life force while playing in the realm of ecstatic adventure, which is an unfolding process. (p. 139)

Another key of idea of the Art of Succulent Living philosophy came from my own life experience and was affirmed by Kaufman (1977), “In that process, each of us is our own expert . . . . . There is no one who knows more about who you are and what you

believe than . . . you” (p. 38). Akin to this philosophy is the Rogerian client-centered perspective that came from Rogers own exploration of Asian philosophies. Moss (1999) shares, “In his later years Rogers reported how he found certain Asian philosophies such as Zen and Taoism to be pertinent to the development of clientcentered therapy (Rogers, 1980, 1983)” (pp. 388–389). The idea is that as we start to become more self-sourcing and self-validating, we are able to truly establish our autonomy as mature female adults.

Therefore, when sharing this method with others it is important to recognize that maturation process or journey that each woman will go through with both her sexuality and her emotional-mental-spiritual nature. In essence, her psychosexual self blossoms into its full potential. This maturity process can only occur for those who are willing to address not only their emotional and mental self, but also become aware and in tune with the energetic, somatic, and spiritual aspects. Sexuality is often treated as something separate from other therapies. Often therapists, when sexual issues emerge in a session, will refer their client to a sex therapist. When sexuality is included in the therapy session in ways that address it as an integral part of the whole, there is more room for successful therapy.

The following section is an in-depth review of the specific practices that are part of the Désilets Method. A pertinent poem may precede a definition of a practice. Each practice is given its own section and the details of the practices are directly quoted from my book, *Emergence of the Sensual Woman – Awakening Our Erotic Innocence*. I use an inclusive language in the book and this is found in all quotes taken directly from the book. Since the nature of this practice is not common knowledge, I have included extensive quotes that can be up to several pages long in order to ensure that the technical

aspect of this practice can be replicated. Some quotes are shortened and are continued in the indicated appendixes. After each detailed description, I share the insights I gained from doing the practices myself as I feel my experience of the practices is essential to understanding this study. Hansen (2006) informs:

In contrast, researched working with methodologies derived from certain feminist or postmodern perspectives may choose to use language styles that aim to shock to give a particular and highly personal insight into the thoughts or physical sensations of either the researcher(s) or the research participants (Ronai 1992; Ellis & Bochner 1992). (p. 166)

The same practices were taught to the woman who participated in this study and are part of this study's questionnaire. The intention of this pilot study was to see which of the practices, if any, that women maintained after a seminar and of those practices maintained, which were most effective and in what way were they effective. The results of the analysis follow the description of my personal experience and are included for each section.

This review will be organized into sections that will follow this format:

- A. Pertinent Poems
- B. Definition of Practice; excerpts from my book
- C. A Heuristic Look; how the particular practice impacted my life
- D. The Results of Analysis

### **A.1 Pertinent Poem**

The journey begins  
with one small step  
that's all it takes to create  
a new resonance  
Along the way  
each step so precious  
so huge and perfect  
Mindfully I walk



stepping lightly upon the Earth  
 leaving no mark  
 other than a gentle sigh  
 as my toes massage  
 the skin of our Mother  
 All too soon  
 the steps shall transform  
 into the beats  
 of my wings  
 as I lift off  
 into the wild expanse  
 of the boundless heavens

### **B.1 Definition of Practice – Microcosmic Orbit**

This section begins with the foundational aspect of the Désilets Method. Désilets (2006) explains the basis for the foundation practices:

The foundation practices embody a combination of meditation and conscious movements that serve as tools for sensual women. Whether we are seeking better health and a balanced lifestyle or a more profound activation and experience of our own sexual energy these practices, while seemingly simple, are in fact very powerful.

A common misunderstanding that people sometimes have about sexual teachings is that explicit sexual acts equate sexual cultivation. An average person with little or no formal sexual education and a desire to understand sexuality quickly will often jump right to the obvious juicy stuff (aroused practice) and may have little patience or knowledge of the non-juicy stuff (un-aroused practice). As sensual women, we understand that sexual energy is an innate part of our being. By the simple practice of moving energy in a non-sexual manner, we can experience profound positive shifts in our sexual experiences.

Why practice something non-sexual if sexual enhancement is desired? From my experiences of teaching the Art of Succulent Living, I have observed that those who do not have a foundation tend to have less success with sexual practices. Of course, this is not the case for everyone. But I have observed that women who are very ecstatic with their sexual energy yet do not have a strong foundation tend to experience a pattern of imbalance that manifests itself in a variety of forms, from physical illness to premature aging to psychological and spiritual issues. Often, we can reduce or eliminate these symptoms by strengthening the body and its energy systems using the following basic foundation practices. (pp. 91–92)

Often sexual and emotional imbalances can be harmonized through the use of the foundation practices only. In fact, I normally prescribe the foundation practices prior to

giving any sexual practice to ensure that the person is energetically and emotionally stable prior to engaging in the conscious cultivation of their sexual energy.

The foundation practices consist of 1) The Microcosmic Orbit meditation, 2) The Inner Smile, and 3) The Six Healing Sounds. Désilets (2006) explains:

Initially, these practices focus on cleansing, purifying and strengthening the body by releasing trapped heat and gases, transforming negative emotions, and literally reprogramming the way our nervous system receives input. The foundation practices also energize and revitalize our body by helping it to digest large amounts of sexual and other energy, circulating this potent energy throughout the rest of our body (not just our genitals) and storing this energy so it doesn't get lost. The Taoist masters view chi as the key to attaining good health and believe that good health enables us to condense and transfer more chi to a higher grade of energy. (p. 92)

When working with women who want to heal and embrace their psychosexual nature, the foundation practices become essential. While there are current, successful therapies to assist women with maturing emotionally, there are no concrete therapies that assist women to mature their sexual energy. In fact, there is little mentioned about the maturation process of sexuality with the exception of physical maturation into fertile adulthood followed by a second maturation known as menopause. Désilets (2006) explains the first level of psychosexual maturation involves energetically preparing the body-mind-spirit:

For those of us interested in living succulently, these practices will give us the foundation we need to handle higher volumes of orgasmic energy/chi. Practicing with sexual energy without the foundation practices is like building a house without grounding wires and a solid foundation. It leaves us vulnerable to short circuits and electrical fires, and if we add more floors (higher inner alchemy practices), the whole structure may even collapse. These basic foundation practices rewire our body and clear both potential and existing blockages so that we can enjoy the fruits of our practice. (p. 93)

The first and foremost practice given to prepare and harmonize the body-mind-spirit is the Microcosmic Orbit Meditation. Chia and Chia (1993) reveal:

All people are born with the Microcosmic Orbit route open and flowing. Even in the mother's womb, the Chi of a fetus flows through its own Microcosmic Orbit (Figure 2-18). After birth, this route usually stays clear and open until the onset of puberty, when the body experiences the stress of hormonal change and rapid growth and the emotions run strong during the awkward phase of adolescence. Stress is one of the major factors behind Chi blockages that occur in the channels of the body during adulthood. By consciously reopening the Microcosmic Orbit, we can increase the efficiency of our energy consumption and begin to replenish any losses of Chi. (p. 53)

Désilets (2006) describes, in detail, how opening the microcosmic orbit works:

**The microcosmic orbit theory.** The first foundation practice is called the microcosmic orbit. The microcosmic orbit is the major path through which energy moves in our body. We all have this orbit; however, it is not fully activated in most of us. Consider our orbit like a super highway and our sexual chi as a fancy sports car. If the highway is covered with roadblocks and debris, we can still get to where we are going, but only if we slow down and take side roads. Before opening our microcosmic orbit, however, we will not be able to use our energy (car) to its full potential, and we will not be able to benefit fully from this pathway. When we open and clear this orbit or super highway, we can move our chi (fancy sports car) a lot more efficiently and effectively. In essence, the microcosmic orbit practice is simply placing the tip of our tongue on the roof of our mouth. There are a few different points along the palate where we can place our tongue. I recommend starting with the place that feels the most comfortable. As a result of this practice, we may notice a shift in our energy. In general, the entire body may experience a harmonizing effect. (p. 95–96)

The microcosmic orbit is a safe practice that can be given for any imbalance and is especially useful for treating kundalini awakenings. Therapists often do not recognize when their clients are suffering from a kundalini awakening, however, once they do identify that the imbalance present in their client is due to the improper activation of their sexual energy, therapists can recommend the use of the microcosmic orbit to assist in re-harmonizing their clients energetic system. Désilets (2006) suggests:

By using the microcosmic orbit to circulate our aroused sexual energy through our body, we not only rejuvenate our body, we also prevent possible imbalances known as the Kundalini syndrome. The Universal Tao (Mantak Chia's organization) describes Kundalini syndrome through its symptoms: "Symptoms of Kundalini syndrome: complications that arise because of energy congestion in the head include: sudden baldness, headaches, ringing in the ears, seeing flashing lights, and

psychosis.” Important note: We can prevent Kundalini syndrome by practicing the foundation practices described in this book. (p. 97)

Désilets (2006) gives a detailed description on how to do the microcosmic orbit correctly:

**The microcosmic orbit practice.** Now that we understand why the microcosmic orbit is an essential part of sexual practice, let’s do this practice. We will begin with a pre-meditation warm-up: Shake your body and release any tension you might have. Loosen your clothing and do some spinal cord warm-ups (page 93-94).

We begin by sitting comfortably on the edge of a chair—planting our sit-bones firmly on the seat, rooting our feet into the Earth (touching the floor)—and by bringing our awareness to our perineum. Our perineum is located between our genitals and our anus, and we activate it when we squeeze the muscles to stop our flow of urine. We imagine a golden ball of light forming there, and we breathe into this ball of light for a few moments until we feel our perineum grow warm. If we want to create more sensation, we can squeeze and release our perineum.

Then we inhale and bring this ball of light up to our tailbone and leave it there, holding our breath for just a moment. Then we exhale and bring it back down to our perineum. We can do this several times until we feel comfortable with this movement of our attention and energy. We continue by inhaling again to our tailbone, bringing the ball to our sacrum and holding it there, then exhaling, we bring it back down to our perineum.

By continuing with this pattern, we can activate and open each point along our microcosmic orbit, using the pattern of inhaling the ball up, holding it for a moment, then returning the ball to your perineum. Inhale to each of the following points along the yang or back channel:

- tailbone
- sacrum
- door of life or meng mein (across from our belly button, in the back)
- T-11 (across from our solar plexus in the back)
- wing point (between our shoulder blades)
- C-7 (the big bone that sticks out at the bottom of our neck when we bend our head forward)
- jade pillow (occipital ridge)
- crown (bai hui point: we can find this point by placing our thumbs in our ears and letting our middle fingers touch on our crown)
- mid-eyebrow (ajna)
- palate

(See Figure 4.1, p. 86).

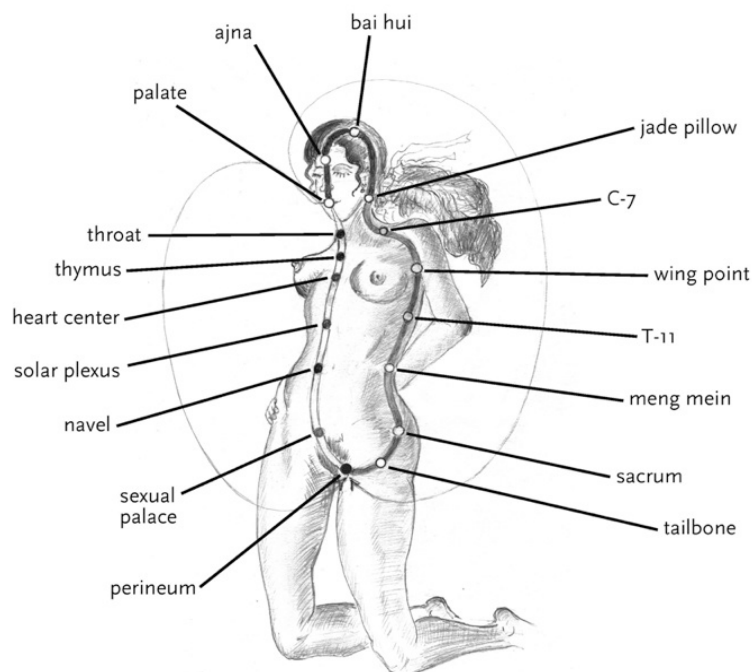


Fig. 7.10  
Micro-cosmic orbit points

Figure 4.1: Microcosmic orbit

Once we have opened each point on our yang channel, we make sure the tip of our tongue is on the roof of the mouth, and this time, instead of exhaling back down the spine to the perineum, exhale down the front or yin channel. We do this by bringing the ball of light from our mid-eyebrow to our palate, then from our tip of the tongue. Then we move it into the throat and each of the points along our yin channel. Exhale down through each of the following points along the yin or front channel:

- throat (thyroid and parathyroid glands)
- thymus gland
- heart center
- solar plexus
- navel
- sexual palace
- perineum or hui yin (found between the vaginal opening and the anus)

When we reach our navel point, we can continue down to our sexual palace and return the ball back to our perineum, or we can stop at the navel and collect the chi. (p. 98–100)

### C.1 A Heuristic Look

When I was first introduced to this practice I did not experience much sensation at all. I practiced this meditation twice daily for 20 minutes sessions. By the night of the

14<sup>th</sup> day I had an incredible experience once I went to bed after another ‘non-spectacular’ practice. As I lay in bed, I suddenly became aware of my entire body tingling, as though a soft, yet highly charged mist was lightly falling all over me. I felt like I was floating and experienced profound peace and expanded awareness. This was a sign that my orbit had finally opened.

The microcosmic orbit became a regular, twice per day practice. I experienced many expanded states of consciousness with my practice some of which felt as though I was bi-locating (experiencing myself in two different places/times simultaneously). The greatest benefit I derived from this practice was to break my extreme type-A/burn-out habit. Another wonderful side effect I experienced was a refinement in my sexual energy as well as a dramatic change in my sexual habits. I attribute this to the natural maturation process that occurs when the microcosmic orbit is used in conjunction with sexual practice.

I sense the orbit also works to constantly upgrade my nervous system so that I can handle greater and more powerful kundalini awakenings without any detriment to my wellbeing.

### **D.1 The Results of Analysis**

From sample, we see that 15% (n=9) never practice the microcosmic orbit, and of the 85% (n=52) who do practice, we find that 8% (n=5) practice once/month, 8% (n=5) practice twice/month, 30% (n=18) practice weekly and 39% (n=24) practice daily. The microcosmic orbit is the most practiced of all techniques tested in this pilot study. Further studies are needed to determine if the microcosmic orbit has significant impact on the improvement of the psychosexual health of women.

## B.2 Definition of Practice – Inner Smile

This section covers the second foundation practice known as the inner smile meditation. This practice assists women in creating a loving, respectful and mindful relationship with their body-mind-spirit and enhances their psychosexual health.

Although this practice appears rather simplistic in nature, the results of smiling inwardly are both rewarding and enriching. Désilets (2006) elaborates:

**The inner Smile Theory.** The inner smile meditation is the second of the foundation practices and is equally important for the exploration of our sexual potential. As women we typically know more about the outer world than our own body, and often trust experts (such as doctors, therapists and scientists) to tell us what is going on internally after only a five to ten minute examination. How can these professionals really know what is going on inside of us? They can only give a professional and intuitive guess. By relying on these experts, we have come to lack the ability to know ourselves from the inside out. The Jade Goddess teachings help us to get back in touch with our inner wisdom. From this place of knowing our innermost selves, we can collaborate with health professionals in the goal of maintaining our vibrant health. (p. 102)

The inner smile enables women to access their internal world with greater ease and teaches women how to turn inwardly in order to understand and relate to their psychosexual nature. This resembles, in essence, the work of Carl Rogers as Demorest (2005) points out:

Carl Rogers was a pioneer of yet a third paradigm within psychology, the phenomenological. In this perspective, humans are not seen as helplessly buffeted about by forces beyond their control, whether these forces be from their unconscious minds or from their environments. An essential fact of humanness in the view of theorists from the phenomenological approach is that individual persons have free will to determine their own course in life, and that this course will be based on their own subjective experiences. (p. 3)

Désilets (2006) explains how the inner smile works:

The inner smile helps us to build a strong relationship with our physical body and increases our ability to understand its language. This simple practice of smiling inwardly to ourselves is actually designed to create a mind-body connection to our internal organs and chi. The inner smile also cultivates our ability to redirect our

senses inwardly which increases sensitivity and awareness of the subtle movements of energy within our body. In turn, this helps us to develop an ultra-sensitivity to our body's orgasmic activity. The ability to direct chi enables us as sensual women to move our orgasm from our genitals to any part of our body that needs healing or activation. That said, just smiling inwardly is one of the simplest and most powerful meditations I've come across. The ability to internally transform energy is one of the most important skills for cultivating renewed aliveness in our lives. By making a regular practice of converting external stimulus into internal vitality, we will be well on our way to emerging as vibrant, sensual women.

*The inner smile makes us more receptive, more aware, and thus more capable of expanding our experiences. The more relaxed and receptive we are, the greater our pleasure and experience will be. (p. 103)*

Désilets (2006) details how to do the inner smile meditation correctly:

**The inner smile practice.** Our power to deepen our capacity for intimacy through the practice of the inner smile is an essential part of our sexual cultivation. There are a few different stages to this practice that can be done either separately or together.

Activating our glands: We begin the inner smile meditation by closing our eyes and imagining a person we love, or ourselves, grinning at us. Feeling the warmth of this smiling energy touch our face, we relax our face fully. We draw in more smiling warmth into our ajna. Allowing our mouth to curve into a soft smile, we feel the smile enter the center of our brain and light up our crystal palace (master glands). Letting the smile continue down into our mouth, we swoosh it around with our saliva and swallow the mixture, following it with our mind as it goes down into our throat.

We continue smiling into our thyroid and parathyroid glands and we imagine them growing warm, soft and bright. Smiling down into our thymus gland, we watch this gland drink in our smiling light, then open and blossom like a beautiful flower. We can stay here for a moment until we really sense the thymus smiling back at us.

Activating our organs: We continue our inner smile meditation by smiling down from our thymus into our heart. We feel our *heart* soften and relax as the warmth of our smile beams into it. Sensing if there is any tension, *hastiness or apathy* in our heart, we then send the warm, bright light of our smile into those places and observe them transforming into *love* and *joy*.

We then move down to the left, lower rib cage and smile into our *spleen*. Sensing for any *stress* or *anxiety*, we beam the warm, bright smiling light into those places and transform them into *openness* and *centeredness*.

We then continue smiling, moving into our *lungs* and smiling into any areas of *sadness* or *depression*, transforming them into *courage* and *self-confidence*.

By bringing our warm smiling light down into our *kidneys*, we warm them up, transforming any *fear* or *mistrust* into *gentleness* and *calmness*. We can spend



some extra time here really making sure the kidneys are warm and smiling.

Finally, we move into our *liver* (located in the lower right rib cage) and sense for any *anger* and *greed*, allowing the warm, smiling light to transform those places into *kindness* and *generosity*.

Returning once again to our *heart*, we feel all the virtues mix in our heart with more smiling light (love, joy, openness, centeredness, courage, self-confidence, gentleness, calmness, kindness and generosity). Transforming all the virtues into the super virtue of *compassion*.

Feeling the bright gold-pink light of compassion growing in our heart, we then spiral it down to our *genitals* and wrap every part of them with the bright light of compassion. If we sense any *resentment*, *frustration*, *hurt* or *scars* of any kind in our genitals, we can smile into those places. Beaming the healing light of compassion into all those places, we watch them transform into *vibrant, creative energy*. Stay here and smiling softly, we feel our genitals become warm and open.

Activating the rest of our body: At this point, we may either choose to end the meditation or we continue on through the entire digestive system (the mouth, throat, stomach, small and large intestines, rectum and anus) and the entire nervous system (the entire brain, brain stem/spinal cord, and all the nerves throughout the whole body). To do this, we simply smile into each part until we feel them relax and grow warm.

Ending the inner smile: Feeling our whole body alive and open, we can bring that smiling light into our microcosmic orbit and circulate the smiling energy. It is important to store the chi at the end of our practice. (p. 103)

## C.2 A Heuristic Look

Initially, this practice felt superficial and fake. I had no idea how to really smile into myself, let alone into my organs. However, I made the inner smile an integral part of my first year of training. I would prepare for my microcosmic orbit meditation by first doing an inner smile meditation.

When I finally did get the beauty of this practice, I quickly learned how to transform my state of being by redirecting my energy inwardly and shifting my experience through smiling into myself. I found that this was not an act of avoidance, it was an act of moving towards my negative emotional state with acceptance and allowing. As I simply allowed myself to be in whatever mood I was in, I noticed that it would take a lot less time to shift back to a state of harmony and peace.

I grew to see the essential aspect of practicing this inner smile as a means for deepening my own relationship to myself as well as starting to master the ability to redirect my orgasmic sensation/experience into whatever part of my body I chose to smile into.

## **D.2 The Results of Analysis**

From sample, we see that 11% (n=7) never practice the inner smile, and of the 89% (n=54) who do practice, we find that 8% (n=5) practice once/month, 7% (n=4) practice twice/month, 28% (n=17) practice weekly and 46% (n=28) practice daily. Further studies are needed to determine if the inner smile has significant impact on the improvement of the psychosexual health of women.

## **B.3 Definition of Practice – Six Healing Sounds**

This section describes the final of three foundational practices: The six healing sounds. This practice strengthens women's participation in healing their psychosexual nature through the use of visualization, the application of the inner smile, and the release of specific sounds. Désilets (2006) describes:

**The six healing sounds theory.** The third of the foundation practices is the six healing sounds. This practice uses sound vibration and visualization to eliminate stagnant chi (negative emotions) and excess heat from our organs. Just as an overheated car will start to malfunction or breakdown, the same happens to our organs. If our heart is overworked or overheats regularly, after time it will cook itself and be unable to properly perform its function. In addition to treating this problem, the six healing sounds are also a very powerful way for us as sensual women to reclaim the power we have lost through emotional imbalances. (p. 106)

The Désilets Method takes into consideration the journey of emotional maturation and the impact that negative emotions can have on women progressing with healing their psychosexual nature. Désilets (2004) reveals:

**Roadblocks to enlightenment and bliss.** Any person on the path of higher sexual

alchemy and enlightenment may encounter a few roadblocks. For men, it is usually their ego, but for us women, it is usually our emotions. Innately, we feel that it is our right to feel the entire range of our emotions, and we are absolutely correct. However, when the feeling (which is actually a pure message) turns into an emotion (or a distorted message) and we hang on to the emotion instead of acknowledging it as a message, we get stuck. It would be like walking down the road of life and not only stopping to read every single sign along the way, but also pulling it out of the ground and placing it on our back. The load gets heavy fast. The six healing sounds enable us to simultaneously feel the message from our body and release it.

One of the best ways to clear negative emotions is by first doing the six healing sounds (or the one or two healing sounds that relate to the current emotion or emotions we are feeling), then transforming whatever isn't cleared by the sounds by doing the inner smile. Once we are centered, it is easier to examine the situation from a more detached point of view of a witness rather than from an emotionally overwhelmed state of being. This allows us to see where it was that we forgot to love ourselves.

We will be surprised at how much faster we are able to come back to feeling centered and free, full of life and enthusiasm. Often the root of stress is caused by emotions that are felt but suppressed. This type of experience is especially common now at a time when we are more aware of our heads than our bodies. Stress causes our internal organs to overheat. But prolonged over-heating can lead to the degeneration of the organs and our emotional natures. The six healing sounds release the excess heat and return our organs to a natural state of balance. (p. 106)

Désilets (2006) guides how to do the six healing sounds:

**The six healing sounds practice.** The six healing sounds perform the vital function of clearing stagnant chi/ negative emotions from our organs to prepare our body for the amplifying power of sexual energy. The most important part of this practice is the sound itself. The vibration (sound) gently releases trapped heat in the corresponding organs. The postures enhance the release of the chi while the visualization of the colors and virtues further deepen the practice.

We begin the six healing sounds by first doing just the sound while visualizing its corresponding organ. Once we are comfortable with that, we may add the posture, colors, and virtues. Below, I present the sounds in the order of the creation cycle. Doing them in this cycle enables our organs to support and enhance each other. However, the sounds can be done in any order.

Lungs – the Hssssssssssssssssssss sound

Posture: arms above head, palms turned up, looking up.

Breathe in: visualize a brilliant white light; feel courage and self-confidence.

Breathe out: Hssssssssssssssssssss, visualize the color gray; releasing depression and sadness.

Kidneys – the Choooooooooooooooooooo sound

Posture: hands on knees, back rounded in C-shape looking straight ahead.

Breathe in: visualize the color blue; feel gentleness/calmness.

Breathe out: Chooooo, visualize the color black, with fear and cold.

Liver – the Shhhhhhhhhhhhh sound

Posture: Clasp hands overhead, palms away, lean left, stretch out the right side, look up.

Breathe in: visualize the color green; feel kindness and generosity.

Breathe out: Shhhhhh, visualize the color brown; release anger and greed.

Heart – the Hahhhhhhhhhhhhh sound

Posture: same as liver, only lean to the right, stretch out the left side, look up

Breathe in: visualize a red color; feel love, joy and compassion

Breathe out: Haaaaaaah, visualize rusty red; release hastiness, impatience and apathy.

Spleen – the Hoooooooooooooooooooo sound

Posture: with both hands, fingers inward, press under the front left ribcage; lean forward into fingers.

Breath in: visualize bright gold; feel openness and fairness.

Breathe out: Hohhhhhh (guttural), visualize a dirty yellow color; anxiety and worry.

Triple Warmer – the (S)heeeeeeeeeeeee sound

Posture: press straight down with palms from head to hips, point fingers down.

Breathe in: visualize a clear color; feel all virtues and compassion

Breathe out: Shheeeee, visual no color; release excess heat.

After practicing the foundation practices, we find ourselves feeling more balanced and filled with vitality. We can either do practices separately or as a set. If we do them as a set, the best combination is to start with our warm-ups, then cleanse ourselves with the six healing sounds and inner smile. To finish, we do our microcosmicorbit meditation. Just as little as five minutes per day can change the quality of our lives for the better. Harmonizing and opening our bodies using these powerful techniques gives us a solid foundation for the cultivation of our sexual energy. (pp. 107–108)

### **C.3 A Heuristic Look**

I learned the six healing sounds very slowly, only one sound per week over a 6 week period. At first, I did not understand their relationship to my sexual energy, however, over time this relationship did become apparent.

I did not truly believe that doing mere sounds could actually change my physiology. This perception changed after two very clear incidents with the sounds. One, I was driving and felt suicidal (very depressed) and chose to doing the sound for the lungs for ten minutes. I felt balanced and happy at the end of that time. Two, I was at home and woke in the middle of the night to find myself experiencing intense stomach pain that was associated with the start of a two week flu. I got up and did the sounds for the heart/small intestines, spleen/stomach, and lungs/large intestines. After only 30 minutes of doing the sounds, I felt healthy and able to sleep. I did not get the flu.

I continue to see the value of releasing excess emotion/trapped heat as a way to manage emotional states. Once the excess is cleared, I can turn my attention inwardly with my smile and be able to learn from my experiences. Sexually, this is very important because I do not want to bring my past into my new experiences.

### **D.3 The Results of Analysis**

From sample, we see that 28% (n=17) never practice the six healing sounds, and of the 72% (n=44) who do practice, we find that 18% (n=11) practice once/month, 8% (n=5) practice twice/month, 26% (n=16) practice weekly and 20% (n=12) practice daily. Further studies are needed to determine if the six healing sounds has significant impact on the improvement of the psychosexual health of women.

### **A.4 Pertinent Poem**

The dance  
goes  
on and on  
around and over  
and upside down  
I crave such stillness  
sometimes the yearning pulls at my yoni  
“Yes, lover, please do take me now!”

sometimes it explodes in my soul  
 “Let me go so I may feel the wind under my wings!”  
 Most times I sit  
 in the middle  
 of these  
 two  
 and just  
 smile

#### **B.4 Definition of Practice – Kidney Breathing**

This section moves into the sexual foundation practices. These are done as a way to promote healthy psychosexual awareness as well as for increasing hormonal and sexual organ health. Désilets (2006) introduces the sexual foundation practices:

As we prepare ourselves for the core practices using the Jade Egg, we first must turn our attention to the sexual foundation practices. These techniques are specific for working with our un-aroused sexual energy and are sometimes referred to as the fountain of youth practices as they help us connect with, increase, and circulate our ovarian energy. (p. 115)

The sexual foundation practices assist women to identify the difference between un-aroused and aroused sexual energy. In Western terms, there is only aroused sexual energy, however, the Eastern understanding views all non-typically orgasmic energies that are related to sexuality as un-aroused energy.

The sexual foundation practices consist of 1) Kidney Breathing, 2) Kidney Packing, 3) Ovarian Breathing, 4) Sexual Reflexology with the Six Healing Sounds and 5) Breast Massage. These practices are considered fountain of youth practices due to their capacity to rejuvenate the endocrine glands along with the rejuvenation of other glands that facilitate sexual health.

The first of the sexual foundation practices included in this study is a practice of breathing to the kidneys. Désilets (2006) gives instructions:

**Kidney breathing.** Breathing into our feet (through our K-1 point) we connect to the Earth's chi, by first squeezing our perineum on the inhale, then holding our breath as we rub our hands together to create heat. When we exhale, we place our right hand on right kidney. Using the fingers of our left hand, we massage our liver (tucked under the lower right portion of our ribcage). With chi fingers (imaginary energy fingers), we imagine reaching and massaging our right kidney while continuing to inhale and exhale, releasing any stuck chi into the Earth. Resting our left hand over our liver, we feel the chi/heat grow warm between our hands. Then we focus on expanding our kidney into the right hand as we inhale and penetrate our kidney with chi on our exhale. We do this for awhile until we feel our kidneys are warm and relaxed. Dropping our hands at our sides, we pause to sense the difference between the two sides of our body, and then we repeat the entire exercise on the other side, this time focusing on the spleen and the left kidney.

*This is a very important practice to do this when we menstruate, as it will help us to replenish the chi lost through bleeding. This is also great to do if our adrenals are taxed (over-active) and when we are cold or tired. (pp. 116–117)*

#### **C.4 A Heuristic Look**

This practice has been instrumental for my sexual health. When I menstruate, I often feel cold and feel sore in my lower back. Doing kidney breathing assists me in lessening the feeling of depletion, coldness, and soreness.

The sensation I experience while doing this practice is two-fold. One, I feel a warm, tingling sensation spreading in the region in and around my kidneys, and two, I feel a deep sense of calm, peace, and tranquility. I enjoy doing this practice when my life experience is challenging as it assists me to feel my feet on the earth, to feel the strength of my legs, and to relax into trusting the outcome of my situation.

#### **D.4 The Results of Analysis**

From sample, we see that 30% (n=18) never practice kidney breathing, and of the 70% (n=43) who do practice, we find that 21% (n=13) practice once/month, 15% (n=9) practice twice/ month, 21% (n=13) practice weekly and 13% (n=8) practice daily. Further studies are needed to determine if kidney breathing has significant impact on the improvement of the psychosexual health of women.

## B.5 Definition of Practice – Kidney Packing

The next step to healing and energizing the kidneys is using kidney packing.

“Packing” simply implies use of holding the breath while concentrating on the area that is being energized. Désilets (2006) explains further:

**Kidney packing.** This technique is a continuation of the kidney breathing exercise. In this exercise, we move from kidney breathing directly into kidney packing by changing our breath pattern and staying aware of the Earth’s healing blue energy. Packing means holding the breath to energize. This action tells our body that we want it to pay attention and to amplify what we are doing. We begin “packing” by inhaling three times, taking tiny sips of air and squeezing our perineum with each breath. Squeezing once on the right side of the perineum (connected to the right kidney), once on the left of the perineum (connected with the left kidney), and once in the center of the perineum (visualizing both kidneys). When we hold our breath or pack the chi into our kidneys, then gently exhale and penetrate our kidneys with the Earth’s healing blue chi.

*This exercise further helps the kidneys to regenerate themselves, keeping them strong and vibrant.*

NOTE: If we are not used to deep breathing, we may feel dizzy or nauseous as our lungs and body are cleansed and cleared of old, stagnant chi. If we really feel unwell, it is wise to stop for awhile and just practice at a slower pace. (p. 117)

## C.5 A Heuristic Look

This practice was at first a little strange to do, however, once I understood the relationship of my perineum with my kidneys, I could do this practice easily. I loved the experience of holding my breathing and feeling a tingling sensation building in my kidneys.

I find this practice brings me fully in the moment and assists me in further alleviating symptoms of cold and soreness from my lower back. It is not a practice I do daily; however, I will do this practice every day of menstrual cycle or if I sense that my energy is low.



## D.5 The Results of Analysis

From sample, we see that 56% (n=34) never practice kidney packing, and of the 44% (n=27) who do practice, we find that 18% (n=11) practice once/month, 13% (n=8) practice twice/month, 10% (n=6) practice weekly and 3% (n=2) practice daily. Further studies are needed to determine if kidney packing has significant impact on the improvement of the psychosexual health of women.

## B.6 Definition of Practice – Ovarian Breathing

Ovarian breathing is a practice wherein the energy of the ovaries, or more specifically the ovum, is accessed. This is done through meditative awareness combined with specific breathing techniques. Ovarian breathing is very powerful and must be done more with the breath rather than with strong, muscular contractions. Désilets (2006) explains the warm-up to ovarian breathing:

**Pre-ovarian breathing.** Ovarian breathing begins by bringing our hands down from our kidneys to our ovaries. To locate our ovaries, we place our thumbs on our navel, relaxing our hands. Where our pinky fingers land is where our ovaries are and where our index fingers land is where our sexual palace is found. We place our lao gung point in our palms over our ovaries and we connect our heart to our sexual organs. We then imagine the chi from our kidneys spiraling and wrapping around our ovaries. This is done by Inhaling to our kidneys and exhaling down to our ovaries. Feel them grow warm and tingly (If we need to, we can rub our ovaries in both directions to stimulate them). Once we can feel this energetic relationship between our kidneys and ovaries, we move onto simply inhaling and exhaling to our ovaries.

Special note for women who have had full or partial hysterectomies: All the practices are excellent for reestablishing a healthy flow of energy into this part of our body as well as rejuvenating our glands (for lubrication, etc). Even though the physical structure(s) may no longer be there, we still have our etheric sexual organs. (pp. 117–118)

Once an ovarian sensation is established, then ovarian breathing can begin.

Désilets (2006) details:

**Ovarian breathing.** Continuing from the pre-ovarian breathing into ovarian

breathing, we now bring our focus to our ovarian palace, which is an energy collection point located in the center of our womb. Connecting with our ovarian chi, we direct it with our intention to move into our ovarian palace. We do this by using our breath. Inhaling, we focus on collecting the ovarian energy from the ovaries, and exhaling, we focus on sending the chi into the ovarian palace. To aid this process, we use lower belly, extending it out on our inhale and pulling it inwards (creating suction) on our exhale. We breathe and direct the chi this way until we feel our womb get warm or tingly and by keeping our awareness in our ovarian palace until we sense it filling with our ovarian chi.

Once our palace is full we redirect our sexual energy into the microcosmicorbit by sending the ovarian chi down to our clitoris, perineum and tailbone/anus while taking three sips of breath (one to each point). At the tailbone, we hold our breath for a brief moment, then we exhale and send the chi up our spine to our crown. Inhaling, we spiral the ovarian chi in our brain (around the master glands), then we exhale and bring the chi down our front channel. We can choose to either store it in our navel or continue back down to our ovarian palace and allow the chi to move on its own through our microcosmicorbit a few more times. We then repeat the whole exercise.

*This exercise helps to activate our ovaries and ovarian chi. Breathing in this way gives a sensual woman greater access to the powerful ovarian chi and its rejuvenating properties. It also provides us with a way to rejuvenate our glands and enliven ourselves. Doing ovarian breathing along with breast massage may affect our moon-time (menstrual period) by reducing PMS, cramping and other uncomfortable symptoms of chi stagnation in our genitals.*

NOTE: Do not do this if you are pregnant or wearing an I.U.D. (pp. 118–119)

## **C.6 A Heuristic Look**

Ovarian breathing was a bizarre concept at first. However, the idea of harnessing my ovarian energy and transforming it into useable chi/energy was intriguing. There was no sensation in the first few weeks of practice. Over time, I did start to access a new quality of energy and discovered it was what the Taoists called: Un-aroused sexual energy. I loved the feeling of a honey-like energy rising up my spine and literally expanding my consciousness as it arrived in my brain. The circulation of ovarian energy has, at times, induced states of expanded consciousness and bliss wherein it feels as though my entire body is illuminated with golden light.

Ovarian breathing, I believe, is one of the reasons why I no longer experience clotting with my menstruation.

#### **D.6 The Results of Analysis**

From sample, we see that 35% (n=21) never practice ovarian breathing, and of the 65% (n=40) who do practice, we find that 26% (n=16) practice once/month, 8% (n=5) practice twice/month, 16% (n=10) practice weekly and 15% (n=9) practice daily. Further studies are needed to determine if ovarian breathing has significant impact on the improvement of the psychosexual health of women.

#### **B.7 Definition of Practice – Six Healing Sounds with Sexual Reflexology**

Visualization is a very powerful tool and, when combined with slow, deep breathing and the release of sounds, can result in reestablishing balance in the body-mind-spirit. The use of the six healing sounds with sexual reflexology is an innovative extension of the third foundational practice: the six healing sounds. Désilets (2006) shares her reasons for combining the six healing sounds with sexual reflexology:

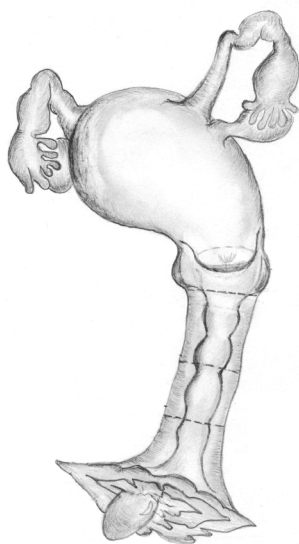
**Six healing sounds with sexual reflexology.** Reflexology works by connecting the massaged point on the reflex zone to our nervous system. In his research study, Dr. Piquemal was able to demonstrate a statistical correlation between five selective reflexology areas of the feet and the dermatomes of the nervous system (dermatomes are innervation of skin segments based on fetal development). Another study by Terry Oleson, PhD, and William S. Flocco was done using an analysis of reflexology as a means to reduce PMS symptoms in women. They found “a significantly greater decrease in premenstrual symptoms for the women given true reflexology treatment than for the women in the placebo group.” Sexual reflexology works in a similar way to traditional foot, hand and ear reflexology, except that it is a unique practice involving the reflex zones of our genitals.

The main difference found between traditional reflexology and sexual reflexology is that sexual reflexology affects not only the organs of our body, but also our energy systems. For example, the kidney zone in the vagina affects the entire kidney system including the physical organ, the meridians of the kidneys, the bladder meridians, and the bladder itself. Another difference lies in its practical application. Traditional reflexology uses massage of the feet, hands and

ears, whereas sexual reflexology relies on isolating contractions of the vagina and occasionally internal massage of our reflex zones.

In the practices of the Jade Goddess teachings, we use an innovative combination of traditional Taoists practices to further enhance the potency and effectiveness of this practice. Here we blend the wisdom of sexual reflexology with the cleansing power of the six healing sounds. This unique combination is profoundly powerful, and very effective in releasing blockages, energetic or physical, in our yoni. This exercise may be practiced either with or without the Jade Egg (see Jade Egg practices in Chapter 9). It is also a fantastic practice to do before and/or after sex. (pp. 122–123)

Using sexual reflexology with the six healing sounds combines both a somatic and energetic approach to healing the psychosexual aspect of women. Désilets (2006) details how to do this practice effectively (see Figure 4.2):



**Figure 4.2: Sexual reflexology zones**

**Reflex zones.** The following section introduces each of the reflex zones of our vagina and their relationship to both our body and our emotions. The way we practice sexual reflexology is by connecting with each zone and sensing what is going on for us in both that area and in the rest of our genitals. Then we inhale and imagine the positive color and virtues bathing the tissues of our genitals while squeezing the zone of our choice. Exhaling, we release the negative color and emotions. We do this three or more times, then we rest and imagine again the positive color and virtues filling our tissues. We can slowly move from zone to zone, or just do the area that needs the most attention.

### KIDNEY ZONE

Located at the opening and the first segment of the vagina.

The negative aspect of kidney is *fear* and *doubt*. We may experience fear when our yoni's are exposed or touched. Exhale the negative emotions and the color *black* with the *choooooo* sound.

The positive aspect of the kidney is *gentleness* and *calmness*, qualities that are characteristic of a sexually open and confident woman. Inhale *blue* with the positive virtues.

### LIVER ZONE

Located at the middle and 2<sup>nd</sup> segment (the G-spot) of the vagina.

The negative aspect of liver is *anger* and *greed*. We may experience anger when our yoni's G-spot is massaged or touched. Exhale the negative emotions and the color *brown* with the *shhhhhh* sound.

The positive aspect of the liver is *kindness* and *generosity*, qualities that are characteristic of a woman who feels full and abundant sexually. Inhale *green* with the positive virtues.

### SPLEEN ZONE

Located at the top and 3<sup>rd</sup> segment of the vagina.

The negative aspect of spleen is *worry* and *anxiety*. Deep penetration can sometimes cause us some anxiety or worrying about how we look, etc. Exhale the negative emotions and the color *dirty yellow* with the *hoooooo* sound.

The positive aspect of spleen is *openess* and *fairness*, qualities of a woman who is centered in her sexual power. Inhale *gold* with the positive virtues.

### LUNG ZONE

Located at the top or shelf area of the yoni and the area around the cervix.

The negative aspect of lung is *sadness* and *nostalgia*. This is often the most neglected area of a woman's genitals and, when stimulated, this zone can activate feelings of sadness or nostalgia. Exhale the negative emotions and the color *grey* with the *hsssss* sound.

The positive aspect of lung is *courage* and *self-confidence*, qualities connected to a woman who lives fully in the present, free of her past. Inhale brilliant white with the positive virtues.

### HEART ZONE

Located at the cervix itself.

The negative aspect of heart is *hastiness* and *impatience*. We may experience this in sexual encounters that are not of an open-hearted nature. Exhale the negative emotions and the color *rusty red* with the *haahhhhhh* sound.

The positive aspect of the heart is *love* and *joy*, attributes of a health connection between our sexual center and our heart. Inhale *ruby red* with the positive virtues.

Extra on the heart: When our cervix is overly banged on, it may lead to our hearts energetically shutting down of the heart and provoking a "hurry up and get off me" feeling.

*This entire practice of using sexual reflexology with the healing sounds is an integral part of the cultivation of our sexual energy. Whenever we have intense emotions that come up, especially in sexual experiences (alone or with another), sexual reflexology with the sounds is a powerful tool for transforming our negative experiences into vitality. (pp. 123–125)*

### **C.7 A Heuristic Look**

This practice was not something that was taught to me. I was taught the inner smile and the six healing sounds separately from the use of sexual reflexology. However, as I gained confidence in my own practice, I soon started to use the information of the sexual reflexology while combining it with the inner smile and six healing sounds. I found the results incredible: increased awareness of the consciousness of my yoni, increased sensation, and increased capacity to expand my orgasmic experience. I find this practice both empowering and rejuvenating.

I shared this innovation with my teacher, Mantak Chia, who approved it. It was then published as an actual practice in Dr. Abrams and Mantak Chia's *Multi-orgasmic Woman* book. Dr. Abrams (2005) found this practice to be immensely valuable as an alternative to writing prescriptions for her patients.

### **D.7 The Results of Analysis**

From sample, we see that 64% (n=39) never practice the six healing sounds with sexual reflexology, and of the 36% (n=22) who do practice, we find that 13% (n=8) practice once/month, 11% (n=7) practice twice/ month, 10% (n=6) practice weekly and 2% (n=1) practice daily. Further studies are needed to determine if the six healing sounds with sexual reflexology has significant impact on the improvement of the psychosexual health of women.

### A.8 Pertinent Poem

My breast  
 full and firm  
 erect attention draws  
 up the juice  
 sweet, golden honey dew  
 dripping  
 as it seeks the circular  
 path to the peak  
 round and round and round  
 Oh yes  
 the earthquakes and sighs  
 as the sun covers  
 her in his  
 golden warmth  
 again and again  
 Goddess greets God

### B.8 Definition of Practice – Breast Massage

The rise in breast cancer and the increasing popularity of breast surgery amplifies the need for tools that assist women in connecting with their breasts in a heart-centered way. Breast massage traditionally was done for hormonal health. Now, breast massage can also be done for hormonal health with the addition of enhancing women's self-esteem and self-confidence. Désilets (2006) elaborates:

**Breast massage.** Now that we have explored caring for our sexual centers, we are wise to explore our love center: our breasts. Our breasts are considered our love center because they sit on either side of our heart and represent the external expression of our heart chi. Chi naturally flows from our heart center out into the world. Our breasts have long been a symbol for nurturing and loving energy. They also hold the secret to our longevity.

All of our breasts are beautiful—every shape, every size, every color is beautiful. Massaging and caring for our breasts regularly helps to harmonize our

hormones, fill our breast tissue with chi, and open our heart. It also helps us to clear any stagnant chi in the tissues of our breasts and can prevent the formation of bumps, and thus, the prevention of breast cancer. Massaging our nipples activates our endocrine system and aids in the production of lubrication in our yoni. Furthermore, breast massage allows us to develop self-nurturing qualities, sending our loving attention inward instead of continuously sending it outwards to others.

I have been asked if our breasts—more specifically our nipples—are a source or opening from which we lose chi. Our nipples are actually a kind of sponge. What do sponges do? They absorb what they come in contact with. It is purely my own speculation that the rise in breast cancer is partially encouraged by the absorption abilities of our nipples drawing negative chi into our breasts. We live not only in a physically toxic environment (pollution, etc), but also a psychically toxic environment where negative emotions and thoughts are rampant. Just think of a situation where we are in a room and someone who is angry or depressed walks in: everyone can feel the energy of the room change. We seldom are aware of how much we dump our emotional/psychic toxins onto others. As women, we may naturally absorb these psychic toxins through our nipples. Therefore, breast massage with loving, smiling energy is important to the maintenance of our healthy tissue.

Of course, factors such as under-wire bras, anti-perspirants, diet, and our own mental and emotional state also influence the health of our breasts (and the rest of our body). In the Taoist viewpoint, the Taoists see that we are all part of the whole; this is also true for the body—all parts belong to the whole and affect each other.

Breast massage is not only vital for the physical health of our breasts, it also supports the maintenance of health for our whole body. Plus, it is fun! Some of my students have spent the first fifty years of their life only having their doctor or partner touch their breasts and have never explored their own body. We may be uncomfortable at first with touching our own breasts, yet with practice we find great lightness and joy in this experience. If this cannot be done for our pleasure, then let's do it for the maintenance of good health.

We penetrate the world with our breasts, whereas we receive the world with our yoni. Our breasts penetrate our partners, friends, family, and co-workers and open their hearts. It is vital for us to have a positive communion with these lovely mounds of love. (pp. 206–207)

Simply massaging or touching the breasts to check for lumps is an important daily practice. However, the difference between prescribed breasts exams and the Désilets Method breast massage techniques lies in both the heart-centered approach and the energetic awareness. Désilets (2006) explains the heart-centered approach:

**Breast massage technique.** The following is an in-depth description of the



ancient secret practice of breast massage. Touching our breasts with loving attention and enjoyment is the core of the exercises and another tool for the sensual woman.

**Exercise: Cultivation of heart chi and hormones.** *Breast massage can be done seated or standing. If we are seated, we can roll a towel and place it so that it presses on our labia and clitoris as we sit. If we stand, we can begin by first massaging our clitoris and labia to generate a little aroused chi.*

Warming our hands by rubbing them vigorously, we imagine them to be the ambassador of our heart, spreading love and warmth to our breasts. We massage using our Lao Gong (P-8) point in the palm of our hand. This palm point is more powerful than using our fingertips as it is connected to our heart/pericardium meridian.

Special note for women with mastectomies: It is very important for us to bring love into the remaining tissues and we can do this with a daily gentle massage. The use of rose oil combined with a soft inner smile to our heart will facilitate the flow of love chi into our cells and aid in renewing our sacred connection to our body.

**Simple version.** We massage our breasts in both directions, first circling from the inside out, then from the outside in.

**Traditional Taoist version.** We begin by circling outward and upward for 36 to 360 circles, and then reverse by first rubbing our hands again, then circling inward and downward 36-360 times. The first direction disperses energy, thus helping us to eliminate lumps and bumps and stagnant chi. The other direction is energizing and regulates our breast size. Some women find their breasts getting larger, some firmer after doing this exercise.

While circling, we smile to our breasts and to our master glands in the center of our brain and allow our ovarian chi to move upward to these two places. During our breast massage we keep our tongue on the roof of our mouth while squeezing our yoni and anus. Inhale-squeeze, exhale-relax.

### **Elaborate breast massage meditation. Part one: nipple (endocrine) massage.**

This elaborate breast massage and meditation is for maximizing our mastery of our hormones and sexual energy. We begin with part one by stimulating our hormonal system and by focusing on our nipples. We then follow this with part two, in which we connect with our organs through our breasts tissue.

Warming our hands while squeezing our perineum to awaken our sexual energy, we generate more mild aroused energy (mildly awakened ovarian chi) by massaging with our Lao Gong (palms) in circles over our ovaries until we feel them tingle. Beginning with our endocrine system, we barely touch our nipples with our Lao Gong/palms of our hands. Feeling the warmth of our heart chi (compassion) moving into our nipples, we massage in gentle circles moving inward, up, outward, down.

While circling over our nipples we focus our attention on each of the different glands in our endocrine system. Imagining each of our glands lighting up with

chi:

- \* crystal palace (master glands in the brain)
- \* thyroid/parathyroid glands
- \* thymus gland
- \* pancreas
- \* adrenals
- \* ovaries

Feeling all of our glands activated, alive and bright, we reverse the circles and imagine that we are inhaling up to our crystal palace and exhaling down to our ovaries. As we do this, we imagine that our sexual energy rises up through each of our glands as we inhale, and moves down through each of our glands as we exhale. Seeing (inwardly with our imagination) our chi moving as though our glands are all connected through one line of energy.

We smile as we are doing this, imagining all of our hormones balanced and youthful, then we rest for a moment.

**Part two: breast tissue massage (organs).** For part two, we continue massaging while moving onto our *breast tissue* itself, using the inward, up, outward, down circles. Our awareness moves into our heart and we feel the love and joy of our heart spread through our entire chest and breasts.

Using the creation cycle, we activate the virtues of each of our organs:

- \* Heart = love and joy
- \* Spleen = openness and fairness
- \* Lungs = courage and self-confidence
- \* Kidneys = gentleness and calmness
- \* Liver = kindness and generosity

Meditating and smiling the organ colors into our breast tissue:

- \* Red = heart
- \* Blue = kidneys
- \* Gold = spleen
- \* Green = liver
- \* White = lungs

We can also direct different qualities of our chi by altering the texture of our touch on our breasts:

- \* Warm loving touch with full palm = heart
- \* Firmly holding the breast tissue while circling shoulders = spleen
- \* Light finger tip touching, barely touching the skin = lungs
- \* Very gentle, kind and slow touching = kidneys
- \* Firm, vigorous circles = liver

Once all the virtues, colors and chi qualities are in our breasts, we reverse the circles and create the energy of compassion. We keep smiling, massaging and feeling compassion chi penetrate our tissue. Then we rest for a moment.

A side effect of breast massage: *Breast massage may lead to having firmer breasts. Enlargement is possible as well. The most potent fact is that breast chi becomes very powerful through cultivation, and those who have suckled them*

*have reported feeling high for the rest of the day.*

**Specialized massage strokes. Psychic cleansing and lymph drainage.**

For this stroke, we visualize that we are clearing out any negative energy or toxins from the base of our breasts, through our nipples and out. We begin by holding the base of our breasts (against our body) and gently squeezing outwards to our nipples at least thirty-six times or more.

**Pectoral toning.** Being aware of our pectoral muscles in our chest, we hold each breast gently, but firmly, making sure that our nipples are not covered. We press upward and diagonally inwards, then release gently while still holding our breasts. We do this at least thirty-six times or more.

*This helps to tone our muscles which can give a lift to our breasts and also help clear more toxins or blocked chi in the muscle tissue behind our breasts.*

**Unconditional love.** For this breast exercise, we gently hold each nipple while we imagine unconditional love flowing into our breasts (inhale) and out of our breasts (exhale). Breathing in deeply and slowly through our nose and smiling, we are aware of the energy coming in and moving out. It may feel like the chi is spiraling. We then rest for a moment.

Using one or both of our hands we trace a figure eight around both of our breasts with our heart being the center of the eight. We repeat the figure eight in both directions and then we rest for a moment. (pp. 207–211)

Breast massage is a powerful way for women to reconnect to the energy of their heart as well as to nurture the tissues of their breasts. Creating a loving, respectful connection with the breasts will assist women in then taking the next step in transforming their psychosexual selves. Désilets (2006) explains the connection between the breasts and the genitals:

**After massage techniques: Yoni power to transmute sexual chi.** Resting and holding our breasts cupped in each hand we simply focus on breathing slowly in and out, squeezing our yoni and anus as we inhale, holding our breath and spiraling the chi in our master glands, and relaxing with our exhale. We keep sending our energy up into our breasts and brain, helping to transmute some of our sexual energy into compassion and rejuvenation. Dr. Stephen Chang suggests that, “the exercise (breast massage with vaginal contractions) stimulates the production of the female hormone estrogen and causes it to spread throughout the vagina, uterus, breasts, and ovaries. One of the benefits is natural estrogen production. A surge in estrogen levels can greatly relieve the symptoms of menopause and rejuvenate a woman. The fact that estrogen is produced naturally is very important.”

### **Possible finishing practice**

We may choose to do our breast massage *prior* to our sexual foundation practices, specifically our ovarian breathing and ovarian compression exercises. These two practices combined with our breast massage enable us to further gather the rejuvenating chi of our ovaries. We can also do our breast massage without these two exercises and still get good results; however, for the best results, we must do all the exercises together.

Exploring and developing an intimate, nurturing relationship with our yoni and our breasts enhances our skills as a practitioner of the Jade Goddess teachings, as well as creates the space within us to deepen and expand our understanding of our own power and orgasmic potential as sensual women. As a last frontier of our journey together, we now turn our loving attention to exploring our sacred waters: our ambrosia or ejaculate. (pp. 211–212)

## **C.8 A Heuristic Look**

I loved breast massage immediately. It felt fantastic and I experienced the feeling of my heart opening and my vagina activating in a gentle way. Initially, I did 360 circles in both directions twice per day. The result was an increase in breast size from a B-cup to a D-cup. I was not used to having large breasts and preferred smaller breasts as I had a very athletic lifestyle so I reduced my massage and my breasts went back down to their B-cup, occasionally fluctuating to a C-cup.

I feel that breast massage is very important, not only for my own breast health, but also as a way for me to blend more heart energy with my sexual energy. One of the most significant and permanent changes of this practices has been the opening of my heart and emotional nature during sexual experience.

## **D.8 The Results of Analysis**

From sample, we see that 10% (n=6) never practice breast massage, and of the 90% (n=55) who do practice, we find that 21% (n=13) practice once/month, 15% (n=9) practice twice/month, 29% (n=18) practice weekly and 25% (n=15) practice daily. Further studies are needed to determine if breast massage has significant impact on the

improvement of the psychosexual health of women.

### **A.9 Pertinent Poem**

Warrior Princess  
 there is no Prince Charming to kiss  
 and wake you from this deep slumber  
 only you hold the POWER to choose  
 so wake now Goddess  
 seize your passion-fl ame by the core and hold on  
 for this moment is now of pure STILLNESS  
 a pause  
 the Universe holds its breath  
 awaiting your choice  
 awaiting like the tall columns on either side of  
 the gateway, pillars to the portal of life  
 wake now sweet goddess  
 for your sleep has been full and long  
 Life is calling  
 seeking to activate your inner truth  
 spread your wings, oh great FIRE DRAGON  
 Free yourself from the illusions of fear  
 a rich and vibrant path is inviting you  
 Now is your moment  
 Will you take that giant step off  
 the cliff and leap into the wisdom  
 of the  
 Great Unknown?

### **B.9 Definition of Practice – Jade Egg**

The Jade Egg practice is thousands of years old. This practice gives the practitioner access to the potent somatic, energetic, and spiritual aspects of sexuality.

Desilets (2006) reveals its importance:

Now that we have built a strong and clear foundation, we are prepared in our body-mind-spirit for the core of the Jade Goddess teachings: the Jade Egg practice. The Jade Egg itself is a key instrument in the art and mastery of cultivating our sexual energy and its practice comes from a lost lineage of powerful women, the lineage of female Taoists. The wealth of the Jade Egg practices that follow come from my distillation of key pieces of wisdom that have been passed down to me by various teachers and from the careful attention I've paid to my own inner guidance and wisdom. Through sharing these secret teachings with women around the globe, I have been able to further test and confirm their effectiveness and truth. I only teach that which I do myself; therefore, all that follows is tried and true.

As with the two foundation practice chapters, the Jade Egg practices are meant to be experienced like a gourmet meal: slowly enough to appreciate all their subtleties. It is important that we take our time with each exercise, relaxing into connecting with our bodies in this new way. Getting to know ourselves intimately is a life-long journey.

It is important, at this point, to encourage the practice of both the sexual foundation techniques and the care of our yoni and breasts (as explained in Chapter 11) as they are essential to our success with the Jade Egg. To familiarize ourselves with our sexual anatomy and the use of sacred sexual language (yoni, sacred temple, etc), I have included thorough information on these topics in Chapter 11. The more holistic an approach we take towards harnessing our most potent life force, the more success we will have. Remembering also to trust and relax into the unfolding of our lives serves us greatly as we venture into this ancient form of energy cultivation. (p. 133)

When considering advising clients to begin the Jade Egg practice, it is important to understand why jade is the stone of choice. Désilets (2006) explains:

**The jade egg theory - what is the jade egg?** One of the greatest tools we can use to enhance our sensual life is a Jade Egg. It is a piece of natural jade that is carved into the shape of an egg and then drilled from top to bottom. The following quote addresses specifically why a green Jade Egg is our preferred egg of choice when first starting our Jade Egg practices. Acupuncturist Andrew Pacholyk states,

“Jade is considered the health, wealth and longevity stone, and is used for increasing our courage, wisdom, emotional balance, stamina, love, humility, generosity, peace, and harmony. Jade is also known as being androgynous: therefore, it is considered to have a gentle, steady pulse of healing energy and helps us rid ourselves of negative thoughts and energy. It is also very beneficial to our heart in both a physical and spiritual sense and is a very protective stone, keeping us as the wearer out of harm's way. Green Jade is the most common of all Jade and is particularly calming for our nervous system, helping us channel our passions in a constructive way, making our expressions of love easier.”

In China, where this practice has its roots, a wonderful myth exists that describes

Jade as being the solidified semen of Dragons. According to this myth, jade is seen as a pure form of yang chi and when we place it in the most yin part of our body it is thought to create a harmonious balance of the yin and yang energy within us.

Jade is an ideal tool as it is one of the harder crystals and will not break as easily if boiled or dropped. After we sensual women have used Jade for many years, we may then choose to upgrade to an obsidian egg, then to a rose quartz egg. Some of us may not follow this belief and may choose to use any egg we please. I trust each woman knows best for herself and I can share a personal experience to demonstrate the intensity of the rainbow obsidian egg.

**The benefits of using a jade egg.** When considering this practice some of us may experience some apprehension or fear. This is a natural response to something we do not understand. In the Jade Goddess teachings, using the Jade Egg is an invitation, not mandatory. Trusting our innate wisdom and inner guidance will allow us to begin this practice on our own time. The benefits of these exercises are numerous, ranging from the purely physical to the spiritual or energetic. Many of my students have benefited greatly from doing the practices without the Jade Egg and once they felt ready, the Jade Egg has helped them reach the next level of their exploration and cultivation of their sexual practice.

**The joy of dexterity.** On the physical side, the Jade Egg is an excellent tool for exercising our vagina and pelvic muscles. By vaginally moving the Jade Egg, we develop our strength and suppleness, and we are able to notice an increase in our sensitivity to sensation and pleasure. This is due to our increased dexterity. This also has positive effects for our partner. Our yoni's increased dexterity allows us to literally suck or pull our partners finger, tongue, or penis into ourselves, literally enabling us to play them like a flute.

One of the great benefits of dexterity for a heterosexual couple is that when our partner has a soft penis our increased dexterity will allow us to fully pleasure ourselves (and, in effect, our partner) by moving his soft penis around using the muscles of our yoni. This takes the pressure to perform off our partner and allows him to relax into the new possibility of soft penetration. For some of us sensual women, a softened penis can be much more pleasurable than a fully engorged one as we can do much more with it and thus stimulate ourselves more.

Another benefit of dexterity is that it enhances solo and same-sex cultivation. A dexterous and powerful yoni enables us to access a greater range of orgasmic responses even when we have nothing inside of us. Just a few squeezes in the right places and we can become aroused very quickly. Whatever our sexual preference, having awareness and control over our own pleasure and orgasmic potential creates more and more joyful and ecstatic experiences for all involved.

Using the egg helps to increase vaginal secretions and to activate the bartholin's glands (the glands that lubricate the vagina). (pp. 134–136)

Very few therapies have a clear understanding of the energetic aspect of

sexuality and how to successfully access and harness its energy for healing the psychosexual nature of a woman. Therapists need not guide clients through the Jade Egg practice, however, knowing about its existence and how it works can provide healing options for women who wish to take an initiative to heal their psychosexual nature. Désilets (2006) expands upon this:

### **The energetic side of practice**

Along with its powerful physical effects, the Jade Egg also has an effect on the energy of our yoni. Using the egg enables us to access our sexual reflexology zones, bringing more energy/chi to the various organ systems in our body (for more on sexual reflexology, see Chapter 8). As sensual women, we can add the use of our Jade Egg to our sexual reflexology practice to activate a whole body experience of our sexual energy, with or without orgasm. This practice also further enhances clearing negative emotions stored in our sexual tissues.

The Jade Egg practice keeps our sexual energy circulating throughout our body instead of allowing it to become stagnant or congested in our genitals. Frigidity, over-arousal, and other sexual issues can often be traced to either the repression (stagnation) of sexual energy or over-stimulation (depletion). Using the Jade Egg enables us to access our creative/vital life force consciously and helps us to direct this life force to any part of our body for healing or activation.

Another benefit to the Jade Egg practice is our ability to access greater amounts of sexual chi and to use it for transformation on physical, emotional, mental, and spiritual levels. When we are able to contain this energy in our body (like a sealed jar), without any leaks and cultivate it (so the jar is always full), then we can choose when, where, and with whom the contents will be shared. (p. 136)

The Désilets Method takes into consideration that sexual energy is essential for spiritual growth, as Désilets (2006) demonstrates:

**Enlightenment fuel.** For a moment, let's consider our sexual energy as being the rocket fuel to our enlightenment. If this is indeed the case, then learning to access and direct this energy can play a powerful role in awakening our consciousness. If the idea of spirituality and sex does not fit into our perception of reality, we may simply prefer to use the Jade Egg practice as a key for accessing our potential as a sensual woman. If we aimlessly squander and pour out our fuel (sexual energy), we will not have enough for lift off when the time comes, nor will we be able to attain our hidden dreams and goals as easily, if at all. (p. 137)

Orgasm, or lack thereof, is often a central reason for women to seek help. By



therapists expanding their current definition of orgasm, they can provide a more encompassing picture for their clients. Désilets (2006) explains:

**Redefining orgasm.** As we examine the multiple applications of the Jade Egg, from gross physical exertion to subtle chi movement, we begin to see a new definition of orgasm emerging. According to its traditional definition, the orgasm is limited to a physical description: muscular contractions in the genitals and pelvis accompanied by a flush of hormones. By using the Jade Egg, we can access many more layers of orgasm.

Those of us who say we have never had an orgasm have most likely had one, though perhaps not in the traditional sense of the word. We are actually capable of experiencing much more subtle expressions of bliss such as the sensation of tiny bubbles rising through our body. If we consider the subtlest expression of orgasm as the release of energy during our DNA's replication process, then, each cell in our body must experience this orgasmic delight of creation as it duplicates itself. With up to a hundred trillion cells, that is a lot of mini-orgasms! These sensations, however, are so subtle that unless we have our awareness developed enough to sense these tiny movements of chi or bliss-gasms, they may go on unnoticed.

The lack of subtle awareness is a result of an over-stimulated culture. Everything has to be *big*. *Big* breasts, *big* vajra's (penis), *big* bank accounts, *big* adventures, *big* dramas. Seldom do we investigate and experience the subtleties of our life. Cultivating our energy through the Jade Goddess foundation practices enables us to be more and more aware of subtle movements of chi, whereas using the sexual practices enables us to trace and activate the ecstatic energy that our body continually generates.

**Our clitoral system.** One wonderful benefit of using a Jade Egg is that it helps us access the greater sexual potential that lies dormant in our pelvis in what is called our clitoral system. Our clitoris glans (the sensitive tip we can easily see and touch) is only a small (but important) part of the extensive and interconnected network of tissues, blood vessels and nerves that we call our clitoral system. In her book, *The Clitoral Truth*, author Rebecca Chalker, gives a detailed description of all the muscles surrounding the vaginal canal and how they are interlinked with the clitoris. As the tissues and muscles of our yoni get stretched and squeezed, they send signals through our clitoral pleasure system that enhance our arousal sensations. The more we use the Jade Egg, the more chi and blood we bring to our clitoral system. This, in turn awakens our limitless pleasure system. (p. 138)

A key component of successful integration of the heart-centered approach to sexuality lies in regular practice. As a general rule, qi gong (chi kung) is a cumulative practice. Désilets (2006) says:

**The perks of regular practice.** Just as those of us who brush our teeth regularly

have less dental issues than those of us who do so sporadically, those of us who consistently practice with the Jade Egg reap the benefits of healthy sexual organs and open, expressive sexual energy. However, when starting any new exercise program, it is important to do only as much as is reasonable. The same goes for the cultivation of sexual chi. Sporadic practice is better than no practice at all. This is where our personal wisdom and internal guidance will help us to set the pace and regularity of our sexual practice. (p. 138)

Modern society can now reap the benefits of the ancient practice of sexual energy cultivation. This was not always the case as Désilets (2006) reveals:

**The ancient wisdom of sexual power.** Why are the teachings of the Jade Goddess secret? The ancient Taoists knew that anyone who had awareness and control of their vital essence could be very powerful and could even create *anything* they desired. This is why in ancient times these practices were only given to royalty (so they could rule longer) and to the lineage of Taoists that would continue to preserve the tradition. These secrets were not intended to be common knowledge and students were chosen wisely and carefully so as to avoid the possible misuse of power. The Jade Goddess teachings were born of the secret teachings of the ancient Taoists. Now, however, they are openly shared with any woman who chooses to practice the Art of Succulent Living. To prevent misuse of the teachings much attention is given to the activation and development of our heart, the seat of compassion. (p. 139)

Désilets (2006) now shares in detail how to do the Jade Egg practice:

**The secret jade egg techniques.** Now that the reasons for practicing with the Jade Egg are clear, let's move into doing the practices by setting up a time with no disturbances and creating a safe space to explore these sacred teachings. If we do not yet have a Jade Egg, we can still do the exercises by simply using our imagination or, for those of us who are comfortable with touching ourselves, using our finger in place of the Jade Egg. In fact, I recommend all sensual women to occasionally use our fingers instead of our egg as a way to feel what is happening to our muscles and to receive direct bio-feedback on the progress of our practice.

Our navel center, also known as the lower tan tien (or elixir field), is the safest place to store all the energy we generate during practice. Any time we feel overwhelmed, simply focusing on our navel or the soles of our feet and brushing down from our head to our navel with our hands will help us feel more centered and relaxed.

**Pre-insertion practices - connecting our heart to our womb.** Beginning on our back, we place our left hand on our heart and our right hand on our womb/belly and rest for a moment. We release three *Haahhh* sounds, bringing the love and warmth of our heart down to our womb. We begin by inhaling to our heart,

feeling love and warmth, then exhale down to our womb, feeling it warm up. Next, we create a cocoon of light around ourselves, feeling it surround us with a sense of safety and warmth. We then ask permission of our body to do the Jade Egg practice. If we get a no, we honor that and do our practice at another time. If we get a yes, we are ready to move on, always remembering to listen to our own inner wisdom and guidance. No matter what practices we perform, we recognize that we do know what is best for us and we honor that. Sealing our commitment to listening to our inner guidance. We do three more *Haahhh* sounds and then we rest for a moment.

**Connecting our heart to our yoni.** Placing our left hand on our heart and our right hand on our yoni, we rest for a moment and then release three *Haahhh* sounds, bringing our love and warmth from our heart down to our yoni, feeling our yoni warm up. If we sense we need to do a few more *Haahhh* sounds, then we take the time to do this now.

More practice tips:

- \* Remembering to keep the tip of our tongue on our palate during all of the following sequences of exercise will enable our energy to move through our microcosmicorbit as we practice.
- \* Remembering to smile throughout our entire practice will keep our heart soft and open and keep our body receptive and aware. This also seals our gate of life and death (perineum or hui yin).
- \* All of the following exercises can be done without a Jade Egg, however, the practices are more effective with it.

**Suction power - inserting the egg.** *You may choose to use a personal lubricant if you do not find yourself sufficiently self-lubricated after doing the sexual foundation practices.* Once we feel ready to begin inserting our Jade Egg, we take our egg and place the larger end on the inside of our inner labia. We may choose to keep one hand on our heart to remind ourselves of the heart and yoni connection. Gently we move our egg in a circle and slowly search for the best angle for our egg, where it feels like it just fits. When we have found the right spot, we rest there and do another three *Haahhhh* sounds, bringing more love and warmth to our yoni.

*This very sweet practice allows us to honor the sacredness of our yoni and to truly listen to when we are ready to receive the egg/finger/lingam.*

**Sipping.** As we inhale, we gently sip or squeeze the tip of our Jade Egg with our inner labia. Upon exhaling, we relax our grip and feel our vaginal canal yawn open. What we are doing is creating a vacuum that will suck in our egg. We do this until we feel our egg start to move inwards. We can apply a very light pressure with the hand that is holding the egg to encourage it to move inwards, taking our time, and never forcing our egg in. Our yoni loves to be entered gently, with love and honor. We keep breathing deeply and stay connected to our heart. Once we feel complete with this exercise, finish off with the following cum-passion exercise.

*Sipping will start to activate the kidney system that will further activate the sexual energy/ovarian chi. It also develops the idea that sex can be gentle, nurturing and profound. Anatomically, it exercises our bulbocavernosus muscle. (pp. 139–143)*

The heart-centered approach to sexuality regards the blending of love and respect with pleasure and orgasm as an act of inner alchemy. The result is the development of compassion. Resting, or non-doing, is essential to giving the body-mind-spirit the time it needs for integrating and assimilating the energetic and somatic practice. Désilets (2006) shares this in detail:

**Cum-passion.** This exercise is a key component of the Jade Egg practice. It is done at the end of each exercise. To begin the cum-passion exercise, we rub our hands together and exhale the warmth and love of our heart into our hands. Massaging our ovaries in circles, moving in both directions, we imagine that we are collecting our ovarian chi and bringing it up into our breasts by pulling our hands up the mid-line of our body to our breasts. Then we massage our breasts in both directions. This stimulates our heart to transform the sexual chi into more and more compassion.

*This powerful practice transforms raw sexual energy into the more refined and magnetic healing energy of compassion. As we develop sexually, we simultaneously nurture the development of our heart chi (love, joy and compassion).*

Since this is so important, I have placed a short reminder after each of the Jade Egg exercises to encourage us to do this practice regularly. It will appear as such: CUM-PASSION (Repeat to cultivate more compassion chi).

**Rest.** Occasionally, it is important we rest and simply be aware. This is an important part of the practice as it enables us to cultivate the yin aspects of who we are. Let us practice resting and simply being aware now.

As this practice is also essential for our cultivation, I have place a short reminder after each of the Jade Egg exercises to encourage us to do this practice. It will appear as such: REST (Repeat for yin chi cultivation). (pp. 143–144)

There are twenty-six additional Jade Egg practices taught for the lying down Portion of the practice, they are not included here, but can be found in detail in the book: *Emergence of the Sensual Woman – Awakening our Erotic Innocence*. Therapists can also let their clients know of the after-affects of this practice. Désilets (2006) explains:

After practicing any or all of the Jade Egg practices, we are bound to feel more energetic, whole, and alive. These practices are known to make us younger, stronger, more supple and open, as well as more orgasmic. It is important we enjoy our journey as we dive deeply into these ancient practices. Going slowly may not yield huge results right away; however, we will progress at our own natural pace, giving our body/mind/spirit the necessary time to integrate, assimilate and digest all the refined sexual energy. Once we master and feel comfortable with these core Jade Egg practices, we can move onto the more advanced practices which are done both seated and standing. (p. 157)

### **C.9 A Heuristic Look**

The jade egg practice was such an incredible experience in my life that I pursued teaching it. Initially, I began in the traditionally taught manner: Standing in a horse-stance (where your feet are parallel and knees are bent) and pushing the egg inside the vagina. Within seconds of the egg being inside of my vagina, it came flying out. I grew discouraged immediately and did not return to this practice until many years later, after I learned the foundational practices.

With a newfound core of energetic opening and aliveness, my second introduction to the jade egg was more pleasant. However, the instructions were pretty much the same: Insert the egg and squeeze your vagina. This did not work very well for me as I tend to have a much more sensual relationship to sexuality. This is when I discovered that if I did it laying down to start, it was much better as I did not have to contend with gravity.

As I progressed in my practice, I was able to heal chronic bladder and yeast infections. For the first time in my sexual adult life, I experience satiation. I finally understood what my urgent need for sex had been: I was searching for energy, the very energy that I had within me but had no access to. The jade egg practice was an essential piece of developing my own sexual maturity and my own capacity to tap into my omni-orgasmic potential.

Another profound experience I had was with a lover who was twenty-six year old man who suffered from premature ejaculation issues. I explained to him that I did not have any desire to have him ejaculate (which I learned as part of the Taoist sexual energy cultivation practice). He warned me that the longest he has ever lasted was two minutes, but most times it would be even shorter. When we did have intercourse, I was able to have him relax and I pleased myself through using the muscle dexterity I developed with the jade egg. We made love for 1 and a half hours. It was a first time for him and for me with was very enlivening. This experience was profoundly healing for both of us.

I learned that the jade egg could also be very useful in assisting women in gaining confidence in their lovemaking skills as well as it could assist in relieving men of performance pressures.

#### **D.9 The Results of Analysis**

From sample, we see that 26% (n=16) never practice with the jade egg, and of the 74% (n=45) who do practice, we find that 30% (n=18) practice once/month, 11% (n= 7) practice twice/month, 26% (n=16) practice weekly and 7% (n=4) practice daily. Further studies are needed to determine if the jade egg has significant impact on the improvement of the psychosexual health of women.

#### **A.10 Pertinent Poem**

Let me take your hand  
And look deep into your eyes  
Let me just be there  
Allowing you to be seen  
Without agendas or judgments  
Let me love fully  
Accepting every little inch of you

So you may realize the truth within yourself  
 For me to be with you  
 Is an act of the Divine knowing itself  
 Peering at itself with itself  
 Touching itself with itself  
 Divine merging with Divine  
 This is the only way it can be  
 This is the yearning we all feel

### **B.10 Definition of Practice – Advanced Jade Egg**

There are an additional twenty-six seated and standing jade egg practices that are not included in this dissertation. They can be found in detail in the book:

*Emergence of the Sensual Woman – Awakening our Erotic Innocence*. However, there are important components of this practice worthy of mentioning. Désilets (2006) gives more details on after practice care:

**Ending our jade egg practice.** We can end our Jade Egg practice at any point. However, we must always remember to collect the energy/chi that is generated throughout our practice and store it in our navel (tan tien), then deeply rest in yin. The storing is very important as it ensures that we are centered after doing our expanding and energy heightening sexual practices. Also, storing our chi is vital to rejuvenating our body. If we do not practice storing our chi, then most of the efforts of our sexual practice is lost. The yin rest ensures we absorb, integrate, and assimilate all the vitality and healing from our sexual practice.

**Yin time.** The longer we can rest and do nothing after our practice, the better. If we only have one minute, then we rest for one minute. If we have more time, we rest longer. It is a time to practice the art of be-ing, quality that is part of our feminine, receptive energy—open, willing and waiting. This form of yin practice cultivates the feminine aspect of ourselves more deeply.

**For the rest of our day.** For the rest of the day, let us keep smiling and keep our tongue up as often as we can, breathing deeply and slowly, and remembering to give our egg a little squeeze now and again (if we choose to wear it throughout the day). We may even want to sleep with our egg inside. Many of my students have reported experiencing more vivid dreams and more restful sleep when the egg is inside. For those of us who cannot yet hold our egg in, this night-time practice helps us to make progress since our yoni plays with our egg as we sleep.

If we do wear our egg throughout the day or at night, we must make sure we remember that it is still there when we go to the bathroom! Many of us sensual women have lost our eggs in the toilet; however, most of us were able to recover our egg and disinfect it. (pp. 176–177)

Advanced practices of the Désilets Method become less physical and more energetic in nature. This gives the practitioner additional mastery of her psychosexual wellbeing. Désilets (2006) reveals:

**More subtle, advanced practices - eye power.** The iris of our eye is intricately linked to the sphincter muscles of our body. Using this connection, we can control our chi movement by subtly squeezing and moving our eyes. As we develop our skills, we also hone our ability to create powerful movements of chi without much physical movement. Our chi moves where our eyes look. To keep the chi inside of us, we close our eyes. To exchange our chi, we open our eyes and look at the person or at nature, or whomever/whatever we would like to exchange energy with. To move our chi up, we roll our eyes up. Similarly, to move our chi to the navel, we look at our navel. This practice requires a developed sensitivity that may come naturally for some of us, but may require more practice for others.

**“I can’t feel my egg”.** “I can’t feel my egg!” is one of the most common complaints that come up during a Jade Egg seminar. As women, we often feel very concerned that something is wrong with us if we cannot feel our egg. In truth there is absolutely nothing wrong with us. In fact, our egg is not meant to be felt! Imagine feeling a tampon all the time—it could get quite annoying. The purpose of the Jade Egg is not to create bone-shaking orgasms or other similar sensations (though they are possible). It is to help us develop our awareness, sensitivity, and dexterity. As sensual women, the more we develop our awareness about our yoni and our internal anatomy, the more we are able to perceive what has always been there: an infinite resource of bliss. This awareness leads to increased sensitivity. As we play with our egg, the tissues of our genitals become more and more sensitive and capable of expressing sensation. This increased sensation and dexterity, coupled with a developing awareness of our vagina, leads to our experience of heightened pleasure.

To an untrained nose, a wine will smell like any other, yet to a trained nose, each wine has a distinct bouquet of scents. This is true for any of our senses. The more they are developed and exercised, the more finely tuned they become. As we learn how to differentiate between the different muscles in our vagina and our pelvis, our awareness of our egg and the subtle (and sometimes not so subtle) sensations of its movements will increase. If we cannot feel our egg, we must not worry as this is perfectly normal. By simply focusing on our breathing, our love of ourselves, and relaxing, our own awareness and sensitivity will develop and expand. If we play like a child, with wonderment and awe, we will forget what we think it should feel like and accept the invitation into our most mysterious and



powerful expression with great delight.

**“I have pain after practicing”.** Another common complaint I hear from women who are learning to use the Jade Egg is of pain in their genitals or pelvic region during or after the practice. The pain is normally described as a dull ache or cramping. The cause of this discomfort comes from the use of muscles that may have never been used before. Just like working out in a gym, we must go slowly and start with short, easy workouts to prevent injury or strain. The same goes for our Jade Egg exercises. The slower we go and the gentler we are, the more confidence we will start to build about our sexual and sensual capabilities while enhancing our sexual pleasure and health. If we do feel pain or discomfort during the exercises, we must stop, rest and massage our belly and genitals.

Remembering to breathe slowly and deeply and to practice the techniques with as much inner awareness as possible also helps eliminate or prevent pain from occurring. It is good for us to rest between each exercise and to maintain an easy practice schedule at the beginning. If we experience severe or sharp pain, we must stop immediately and consult our doctor as our pain may be due to other factors that may require professional attention. (pp. 177–179)

An important benefit to the heart-centered approach to sexual energy cultivation

is found in the simultaneous maturing of both the sexual and emotional energies. If one is developed without the other, imbalances often result. Désilets (2006) states:

**Growing heart versus growing ego.** This section is dedicated to those of us who choose to embark on our journey of sexual energy cultivation with the help of a live teacher. There are many teachers of sexual traditions in the world, but for all of them, one of the greatest challenges is to grow beyond their ego’s desire for power. Engaging in sexual contact with a student is entirely unnecessary as all the teachings can be transmitted without actually having to physically touch another. All teachers in the field of sexual cultivation have the responsibility to uphold the highest degree of compassion and integrity when transmitting this information to their students. It is vital that we recognize that we may be charmed and mesmerized by the magnetism of people who do this practice and that we know the difference between a teacher who is there to help us master ourselves versus a teacher who is using us to grow their own ego and energy. The Jade Goddess teachings and the Art of Succulent Living philosophy are dedicated to empowering us women to emerge as our own masters, lovers, and guides so that we may exercise wisdom and discernment in all of our life choices. (p. 179)

Some interesting side effects have been noted from practitioners of this practice.

Désilets (2006) notes:

**Possible side effect of these and other jade egg exercises.** When I met Dr. Rachel Abrams (co-author of *The Multi-Orgasmic Woman*), she informed me that

women who have long cervical necks (the neck of the uterus) tend to be more orgasmic than women with short cervical necks. We also noticed that women who practice frequently with the Jade Egg have longer cervical necks. More research is still needed on this topic; however, it is interesting to note that these Jade Egg exercises may change our physiology so we become more and more orgasmic.

**Additional effects of aroused sexual practice.** These more advanced practices are considered hot practices. Hot practice is a term used to describe exercises that cultivates aroused sexual energy, whereas cool practice cultivates un-aroused sexual energy. Most of the Jade Egg practices and sexual qi gong are considered to be cool practice since they cultivate un-aroused sexual energy. Hot practice is usually not taught by most Tao instructors due to its erotic nature and to the comfort levels of both the instructor and the students. This label is misleading since un-aroused energy for women tends to feel hot or warm, while aroused energy tends to feel cool. When we orgasm and feel the need to be covered due to feeling cold, that is a concrete example of this cool energy. Using the upward draw technique is recommended (see Chapter 8) in cases of aroused practice. This will help to move the aroused energy up into the brain and nurture our master glands. When we cannot reach orgasm from vaginal penetration this is often because we are not able to fully relax into our pleasure while trusting penetration. We also may not have activated our clitoral system by using our vaginal dexterity, strength and suppleness. These exercises will enhance our ability to access our clitoral system by increasing our awareness and strength of our pelvic floor muscles. These exercises also help us to build our self-confidence along with our ability to relax while building up our sexual excitement and energy. The more we keep our tongue up, breathe from our belly, and activate our throat through moaning, the more we will activate our sex center. As we do more advanced practices, we begin to learn how our sexual energy can be very subtle and refined. We also embrace the added challenge of gravity and of handling more and more aroused sexual chi with greater and greater mastery. Deepening our connection to our body through using the Jade Egg, we begin desiring to care for our yoni and our breasts in a much more loving, conscious and sacred way. Let us now move into caring for both our yoni and breasts. (p. 180)

### C.10 A Heuristic Look

All of the practices detailed above were results of my own practice and experimenting as well as the insights shared by the women in my seminars. I know for myself, the ability to practicing yin has been profound in awakening my awareness of the subtle energies that are moving in my being. I have also experienced a deeper relationship with life and a greater sense of compassion towards other people.

I have found that the wisdom of this practice continues to unveil itself the more I practice. I am more aware now of sensations and experiences that are not yet acknowledged as valid by mainstream society. I sense this is only the tip of the iceberg and am inspired to continue deepening my practice as a means for greater discovery.

#### **D.10 The Results of Analysis**

No test was done to determine the difference between regular jade egg practice and more advanced, subtle or aroused practice, therefore there are no results.

#### **B.11 Definition of Practice – Self-Massage**

Somatic awareness is an essential component to healing the psychosexual nature of women. Assisting women to reconnect with their bodies and especially their genitals through conscious touch and awareness is often a precursor to the other practices.

Désilets (2006) explains further:

**Self-Massage - warming massage.** With our Jade Egg still warming against our belly (or in a cup of warm water), we rub our hands, exhaling the warmth and love of our heart into our hands and then we start to massage our belly. Feeling for any areas of tension, pain, sensitivity, or coldness, we smile into those areas as we gently and firmly massage ourselves in a manner that feels good for each of us. We keep breathing deeply and slowly into our belly as we massage around our ovaries and womb, imagining long chi fingers going deep inside of our belly, we release any tension that may be blocking our flow of chi.

While continuing our massage, we gently squeeze our mound of Venus (pubic bone), our qua (groin area), and our inner thighs, sending love and appreciation to them, recognizing their strength and power. This activates our spleen, liver and kidney meridians, helping us to increase our sexual energy. Next, we roll to one side and massage around our anus (also known as our love muscle). We then send warmth and love to this important muscle. Continuing on to our perineum (also known as the gate of life and death) we release any tension we find there. Finally, we massage around the bony structure of our yoni and our outer labia itself. Toxins may be stored in our fatty tissues and this massage helps to release the stored toxins in our blood and flush them out through our elimination system. Our intention during this exercise is to release any blockages in our body through massage and to prepare our body for moving our sexual energy. This important step also helps to create a healthy communion between ourselves and our genitals.

*The more blood that flows into the area, the more chi, arousal and sensitivity we will experience. (pp. 141–142)*

**Self-massage.** After we rest, we can give ourselves a little chi shower by gently tapping our entire body from the top of our head to the bottom of our feet, and from the front to the back. If we have more time, we can massage our entire body from head to feet first, then follow this with the chi shower. (p. 177)

### **C.11 A Heuristic Look**

Self-massage was originally given to me with the foundation practices as a way to ensure that my body properly assimilated the energy I cultivated in my meditation practice. However, I also was shown some simple massage practices to do prior to advanced sexual practice work. I found that massaging myself was a way to meet my own need for touch. My body responded very well to additional non-sexual touch as well as the sexual touch.

A great moment I experience with my self-massage was feeling some soreness on my scalp one morning. I knew I did not have that pain the day before, so I immediately looked into it. It turns out that my wisdom teeth were coming out and I was able to save myself a lot of discomfort by discovering it as early as I did.

I also love practicing the inner smile with the self-massage as I find this to be a wonderful way to build positive regard for my own body.

### **D.11 The Results of Analysis**

From sample, we see that 10% (n=6) never practice self-massage, and of the 90% (n=55) who do practice, we find that 20% (n=12) practice once/month, 13% (n=8) practice twice/month, 26% (n=16) practice weekly and 31% (n=19) practice daily. Further studies are needed to determine if self-massage has significant impact on the improvement of the psychosexual health of women.

## **B.12 Definition of Practice - Dancing**

**Dancing.** Dancing is not given as a practice in my book, *The Emergence of the Sensual Woman – Awakening our Erotic Innocence*, however it is an important aspect of the live seminar. Dance therapy enables women to reconnect to their bodies and explore their emotional-mental-spiritual aspects through breath and movement. Dance of any form has value in assisting to re-pattern the body-mind-spirit and to reconnect with sensuality. The type of dancing that is highlighted with the Désilets Method is Arabic dance (belly dancing) as well as African dance. Both of these modalities of dance focus on the sensuality and pleasure of movement and are both connected to the Earth energy and the birthing rituals of the Feminine.

## **C.12 A Heuristic Look**

I have been dancing my entire life, both for pure joy and also as a professional study. Dance is a remarkable way to be very present with my awareness while experiencing great joy. My greatest joy comes from a style of dance called Middle Eastern dance as this form of dance celebrates the round curves of the feminine as well as her spirit of community and celebration.

Through sharing dance within the context of my seminars, I sense a powerful empowerment that happens as women forget their inhibitions and simply begin to move for the sheer joy of moving. I witness boundaries dissolve and a sense of sisterhood developing. When I share myself with others through movement, I feel a greater sense of peace and connection, with both my own self and others.

Dancing has been and continues to be a great tool for shifting any difficult energy patterns or negative emotions I may be experiencing and it continues to assist me in

discovering the beauty of my own body.

#### **D.12 The Results of Analysis**

From sample, we see that 11% (n=7) never practice dancing, and of the 89% (n=54) who do practice, we find that 20% (n=12) practice once/month, 16% (n=10) practice twice/month, 40% (n=24) practice weekly and 13% (n=8) practice daily. Further studies are needed to determine if dancing has significant impact on the improvement of the psychosexual health of women.

#### **B. 13 Definition of Practice - Journaling**

**Journaling.** Journaling is also not written about in my book *Emergence of the Sensual Woman – Awakening our Erotic Innocence*, however it is another integral aspect of the live seminar. Women are encouraged to journal after different sets of experiences so they can track any changes in their body-emotion-mind-spirit. They are encouraged to journal from the perspective of their yoni (genitals) and to give voice to the wisdom of their wombs.

#### **C.13 A Heuristic Look**

Journaling has been part of my life path since I was 12 years old. I have found journaling to be an immensely powerful tool in revealing the truth of my inner dialogue, of recording my progression, and of providing the space to sort through my feelings and thoughts. I have also found it very useful for the development of my own insight and inner guidance.

I have used journaling to simply speak to myself and at times, I have used my left hand to write responses to questions I have asked myself. This particular style of writing has revealed much wisdom and insight about my life situations. I also began journaling

from the perspective of my yoni. To listen to and give voice to the messages stored in my genitals has been of tremendous value insofar that I have been able to heal some deep issues of disconnection and self-loathing.

I find that there is an incredibly sacred relationship between the voice of my yoni and the rest of me. I also find that creativity in the form of poetry (some of which is included in my book) simply flows unhindered through my journaling experience.

### **D.13 The Results of Analysis**

From sample, we see that 31% (n=19) never practice journaling, and of the 69% (n=42) who do practice, we find that 23% (n=14) practice once/month, 13% (n=8) practice twice/month, 20% (n=12) practice weekly and 13% (n=8) practice daily. . Further studies are needed to determine if journaling has significant impact on the improvement of the psychosexual health of women.

## **4.3 Likert Tests**

I wanted to look at the impact of the Désilets Method on the physical, emotional, mental, and spiritual aspects of women's psychosexual nature. For the data codes used in this portion of the study refer to appendix E. Strengths and weaknesses of the Likert tests will be identified and ensue the results. The results of the questionnaires Likert tests are provided by Bojan Mandic (personal communication, April 11, 2008):

### **A. Likert 1**

#### **i. By age:**

- a. For age group 1, the data gathered was not sufficient to make any conclusions. If desired, more data gathering will be necessary to analyze this group.
- b. For age group 2, looking purely at the mode shows that there are two most practiced practices, the Microcosmic Orbit (MCO) and 6 Healing Sounds

with Reflexology (6R). However, the mean for MCO is 4, with standard deviation of approximately 1.5492, whereas for 6R the mean is 3.67, with the standard deviation of approximately 1.211. What this tells us is that:

- i. For MCO, 75 % of the data is between 2.45 and 5.5492 (ie 5 in our case, since that is the imposed maximum)
- ii. For 6R, 75 % of the data is between 2.46 and 4.881

What this tells us is that the 6 R has a tighter interval of distribution around the mean than MCO. Since the mean for 6R is smaller than the mean of MCO, while the mode is the same for both, we conclude that there are more outliers (on the low side weighing down the mean). The conclusion is that the most practiced practice is MCO for age group 2.

- c. For age group 3, following the above logic, we see that 6 Healing Sounds (6H), Self Massage (SM) and 6R from above all have the same mode, but its MCO that has the highest mean (at 4.07) with the tightest range (standard deviation is only 0.76, making a much smaller interval than the other columns). Therefore, MCO is the most practiced for age group 3.
- d. For age group 4, the mode shows that MCO is most practiced, but mean and standard deviation reveal that 6R has the highest mean, with closest range of data distribution. This tells us that 6R is actually most practiced, and that in the case of the MCO people who practice it practice it a lot (5), but the others do not practice it as much, while the people in this age group practice 6R in a more regular manner (I.e. more people practice it, there are not as committed as the ones practicing MCO, but more people are practicing it).
- e. For age group 5 – in this case, both the mode and the mean (plus standard deviation) confirm that 6R practice is the one most practiced for this group.
- f. For age group 6 – SM and 6R have the highest mode; however, 6R has a higher mean at 3.5 vs. 3.3 for SM, with the range containing 75% of the population within 1.72 and 5.28 for 6R, and 1.73 and 4.88 for SM. Same conclusion as in part b – 6R is the most practiced.

## ii. By repeats:

- g. For attending course for the first time, the data shows that MicrocosmicOrbit (MCO) together with 6 Healing Sounds with Sex Reflexology (6R) are the most practiced according to the mode. However, 6R has the highest mean, and smallest interval of data distribution, and therefore this is the most practiced for a single attendance. (no other group is even close).



- h. For repeated attendance group data shows that the practice is changed. The most practiced is Self Massage (SM), with mean of 4.03 and tightest interval, followed closely by 6R. Therefore, these two practices become the most practiced.

**iii. By partner:**

- i. For people attending course without a partner, the data shows that Microcosmic Orbit (MCO) together with 6 Healing Sounds with Sex Reflexology (6R) are the most practiced according to the mode. However, 6R has the highest mean, and smallest interval of data distribution, and therefore this is the most practiced for a single attendance. (This is exactly the same result as the data for the repeat – interesting).
- j. For people with partner, the 6R has the highest mode, mean and tightest interval, making it the most practiced group. Interestingly, the data followed the exactly the same pattern as the group above.

**iv. By same partner:**

Grouping shows exactly the same pattern as the *By Partner* grouping. It seems that going through it with the same partner or not does not make any difference in practice, as it relates to the first Likert.

Following practices have the most impact:

- MicrocosmicOrbit
- 6 Healing Sounds with reflexology
- 6 healing sounds
- Self massage

They are the most practiced, and go across all of the relevant factors of your data gathering: Age, Repeat, With Partner, and With Same Partner. (Bojan Mandic personal communication, April 11, 2008)

The bar graph in Figure 4.3 (see Figure 4.3, p. 131) shows how the practices compared to in terms of frequency of practice. It is clear to see that the inner smile, microcosmic orbit, and the self-massage are the most frequently used practices whereas the six healing sounds with sexual reflexology and kidney packing are the least frequently used practices.

Figure 4.3 Frequency of practices

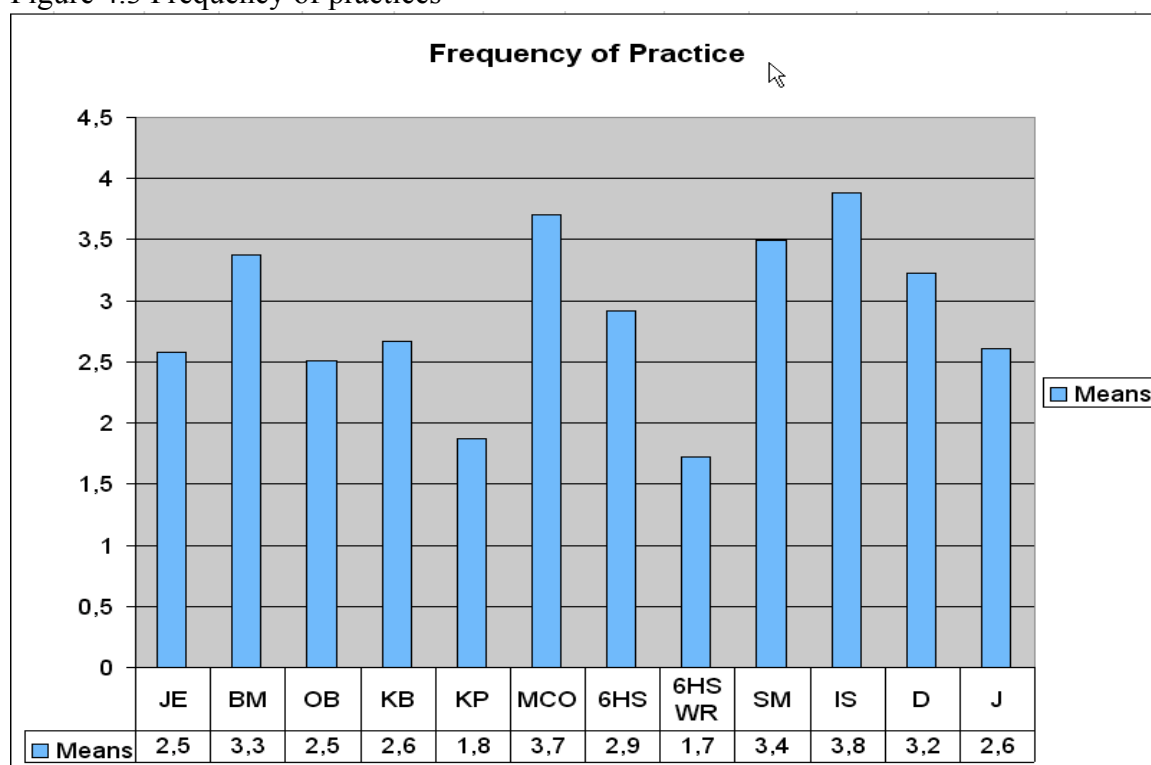


Figure 4.3. Mean frequency of practices (how often each practice is done) for entire sample where: 1 = never, 2 = monthly, 3 = bi-monthly, 4 = weekly, and 5 = daily. For data codes, see appendix E.

## B. Likert 2

In this Likert, investigating the emotional and physical change in people, the mode did not really do much in terms of adding value. Most of the analysis is on mean and standard variation in the data.

### i. By age:

- a. For age group 1, the data gathered was not sufficient to make any conclusions. If desired, more data gathering will be necessary to analyze this group.
- b. For age group 2, Self-Love was by far the biggest change.
- c. For age group 3, Sexual pleasure was the biggest change.
- d. For age group 4, Sacredness of Genitals was the biggest change, followed closely by Self-Love, Self-Confidence and Relaxation (general). Note that Self-Love, Self-Confidence, and Relaxation (general) have exactly the same stats – these have exactly the same impact on this age group.

- e. For age group 5, Sacredness of Genitals was the biggest change.
- f. For age group 6, Sacredness of Genitals and Sacredness of Sex were the biggest change. Note that these two have exactly the same impact on this age group.

It is interesting to note that the impact changes according to the age of the person, which means that Age is definitely a factor when considering who to apply your course to and which particular aspect of their life you want to impact.

**ii. By repeats:**

- a. For attending course for the first time, the data shows that Sacredness of Genitals had by far the biggest emotional and physical change, with the mean of 1.28125. The interval of data grouping (75%) of the data is close to the others, so there is no question that this is the biggest change. Please note that there are no modes where negative change has occurred, so all of the results are positive (good thing).
- b. For repeated attendance group data shows that the Sacredness of Genitals is again the biggest change, with mean of 1.642857143 and also the tightest standard deviation interval.

**iii. By partner:**

- a. For people attending course without a partner, the data shows exactly the same results as for Repeats – the Sacredness of Genitals has the biggest change.
- b. For people with partner, again, exactly the same result as with By Repeats. (I do not mean that the mean and standard deviation are the same, but the end result is the same).

**iv. By same partner:** grouping shows exactly the same results as By Partner.

There seems to be a strong correlation between the Repeats, With Partner and With Same Partner categories as it relates to the emotional and physical change. Don't have the data to analyze if this means anything. (Bojan Mandic personal communication, April 11, 2008)

The bar graph in Figure 4.4 (see Figure 4.4, p. 133) demonstrates the most important changes in both the emotional and physical aspects of a woman doing the practices. The most significant change is found in the increase of sacredness of the genitals, self-love, self-esteem, and and sacredness of sex, whereas menstrual cramps,

PMS symptoms and menopausal symptoms had no significant change. Had the mean been calculated separately for the menstrual life-cycle group and menopausal life-cycle group, the values would be higher.

Figure 4.4: Most important changes

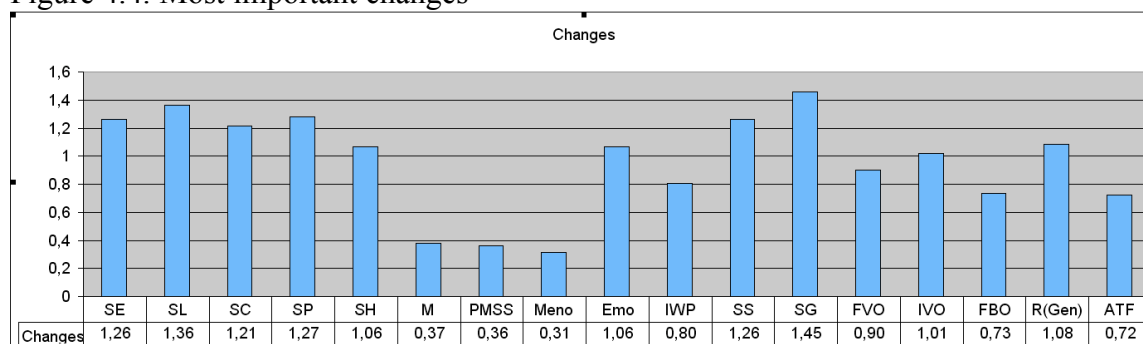


Figure 4.4. Mean the most important changes for entire sample where: 0 = no change, 1 = somewhat positive change, and 2 = very positive change. For data codes, see appendix E.

### C. Likert 3

#### i. By age:

- For age group 1, the data gathered was not sufficient to make any conclusions. If desired, more data gathering will be necessary to analyze this group.
- For age group 2, the relationship to genitals is more important (higher mean, tighter interval).
- For age group 3, the relationship to sex is more important (higher mean, tighter interval).
- For age group 4, the relationship to sex is more important (higher mean, tighter interval).
- For age group 5, the relationship to sex is more important (higher mean, tighter interval).
- For age group 6, both are equally important, same mean, same interval.

#### ii. By repeats:

- For attending course for the first time, the data shows that people relate to sex much more strongly than to genitals.

- b. For repeated attendance group data shows that the result is the same – stronger relation to sex than genitals.

**iii. By partner:**

- a. For people attending course without a partner, the data shows exactly the same as for the By Repeats – stronger relation to sex than genitals.
- b. For people with partner, same results.

**iv. By same partner:** grouping shows exactly the same results as for the analysis of the By Partner.

**D. Likert 4**

**i. By age:**

- a. For age group 1, the data gathered was not sufficient to make any conclusions. If desired, more data gathering will be necessary to analyze this group.
- b. For age group 2, the most commonly practiced were Walking, Meditation and Relaxation (not-doing). These three categories are far above the others in term of practice, and have exactly the same stats with each other.
- c. For age group 3, Walking is the most practiced.
- d. For age group 4, Relaxation (do-nothing) is the most commonly Practiced.
- e. For age group 5, Meditation is the most commonly practiced. However, Walking and Relaxation (do-nothing) are close to Meditation, and exactly identical to each other in terms of stats. (same mean, same interval).
- f. For age group 6, Relaxation (do-nothing) and Meditation have the same mean; however, Relaxation (do-nothing) has a much tighter distribution (it's standard deviation is 0.5, whereas Meditation standard deviation is 1!).

Once again, Age plays a significant role in terms of the most practiced exercises.  
(Bojan Mandic personal communication, April 11, 2008)

Figure 4.5: Practices already done

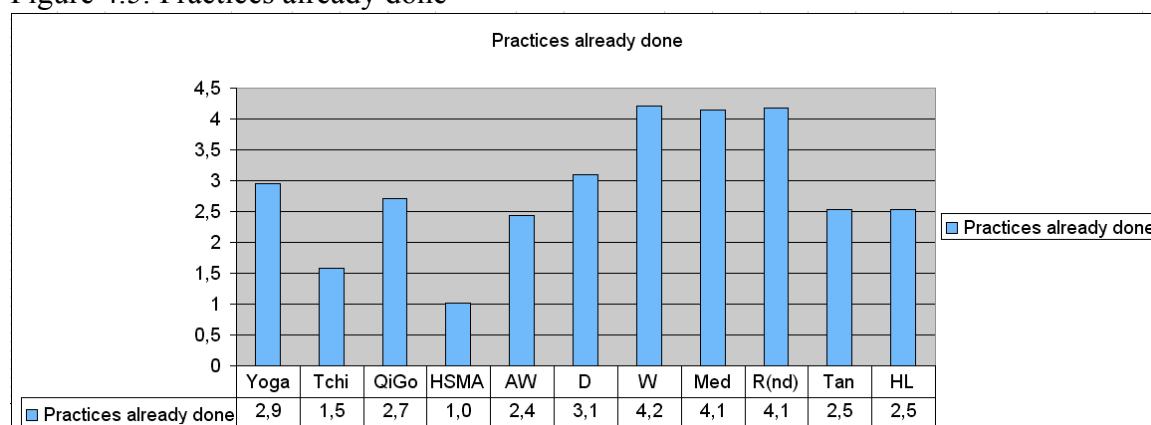


Figure 4.5. Mean of the practices already done for entire sample, where 1 = never, 2 = monthly, 3 = bi-monthly, 4 = weekly, and 5 = daily. For data codes, see appendix E.

The bar graph in Figure 4.5 shows which activities the sample was most engaged with prior to being exposed to the Désilets Method. Walking, meditation, and relaxation were the most frequently done practices prior to attending the seminar, while very few women were engaged in hard-style martial arts and tai chi practices.

## ii. By repeats:

- For attending course for the first time, the data shows that the most common practice was Relaxation (not-doing).
- For repeated attendance group data shows that for women who repeated the course, the most common practice was Walking. This could be interpreted two ways – either your course changed their habits for the better, or the more active types are more likely to repeatedly come to your course. Not enough stat data to analyze which one is it.

## iii. By partner:

- For people attending course without a partner, the data shows that Walking (W) has the highest mean, but the range in which the 75% of the data lies is between 3.1494443 and 5.46594032, while the range Relaxation (not-doing) is 3.266925733 and 5.271535805. This shows a closer grouping around the mean, so, while the difference in the means is small, the difference in the ranges makes the Relaxing (not-doing) a slightly more practiced, with Walking the close second.

- b. For people with partner, the same conclusion – Walking and Relaxing (not-doing) are the two most commonly practiced.

This would indicate to me that partner (or absence thereof) does not play a role in activities that women perform.

**By Same Partner:** grouping shows the same result as the By Repeats. I do not know what to make of this result.

## **E. Likert 5**

### **i. By age:**

- a. For age group 1, the data gathered was not sufficient to make any conclusions. If desired, more data gathering will be necessary to analyze this group.
- b. For age group 2, SH1 results were the most important, with SP1, IP1 and SS1 close. The last 3 have exactly the same stats, their importance is exactly the same for this age group.
- c. For age group 3, SL1 was the most important by far.
- d. For age group 4, SL1 and EH1 were the most important, and they are exactly identical to each other in term of stats.
- e. For age group 5, SP1 and SS1 were the most important, and they are exactly identical to each other in term of stats.
- f. For age group 6, EH1 was by far the most important, nothing else comes even close.

Once again, the Age plays a huge role in the importance that people perceive.

### **ii. By repeats:**

- a. For attending course for the first time, the data shows that the SL1 results were the most important (highest mean, and also a tight interval). The other results do not really come close to this one.
- b. For repeated attendance group data shows that the distribution of importance is more evenly distributed. EH1 is the most important to women, but SP1 and SH1 are not that far off (If you need exact numbers, let me know)

### **iii. By partner:**

- a. For people attending course without a partner, the data show that the SL 1 is by far the most important result.

- b. For people with partner, again, the results are more uniform. The SL1 is still the most important result, but SP1 and EH1 are close, with exactly the same mean as SL1 but wider intervals of distribution. Note that SP1 and EH1 are exactly equally important (same mean, same interval).

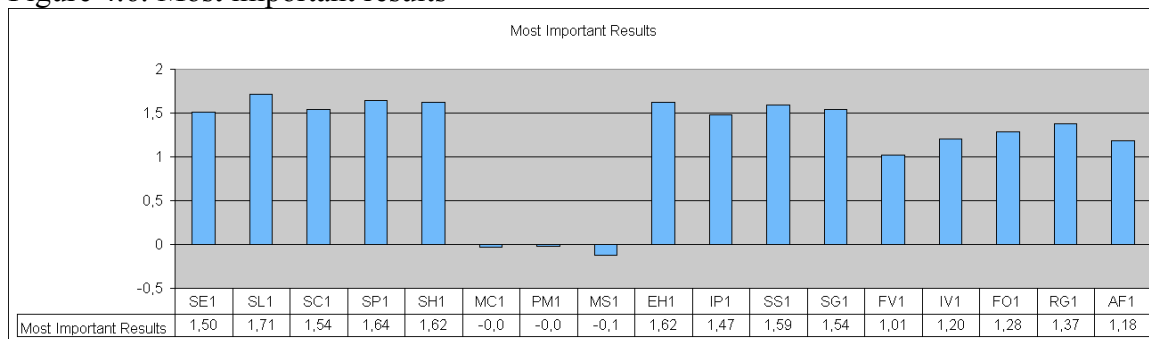
**iv. By same partner:**

- a. Without the same partner (partner 0), the most important result is SL1 by far.
- b. With the same partner, the result changes. Now, the most important result is EH1.

This suggests that the partner being the same is the factor in the importance of your course to women.

Going through the data, I have noticed that the overall impacts are positive (people are responding positively in terms of impact, and changes they experienced). (Bojan Mandic personal communication, April 11, 2008)

**Figure 4.6: Most important results**



*Figure 4.6.* Mean of which results were most important prior to the seminar. -0 = remotely important, 0 = neutral, 1 = important, 2 = very important. For data codes, see appendix E.

The bar graph in Figure 4.6 shows the changes that most concerned the women in the sample prior to attending the seminar. Predominantly, self-love, sexual pleasure, sexual health, emotional health, sacredness of sex, and sacred of genitals were the main desired results. Menstrual cramps, PMS, and menopausal symptoms were not a concern



for the sample. Had the mean been calculated separately for the menstrual life-cycle group and menopausal life-cycle group, the values would be higher.

Viewing the practices through the Likert tests reveals which, if any, of the practices are indeed being used and the frequency of its usage. Being able to identify which practices are the strongest may be useful in conducting further studies on the impact of these practices on the psychosexual nature of women. The Likert tests also showed which concerns were most important to the sample group. This information is valuable in consideration of how to approach teaching this material. The weaknesses of these tests as quantitative studies lie in the small sample size. Due to this factor, no Confidence Intervals calculations were made. Using Chebyshev's theorem to determine the proportion of data lying within the two standard deviations from the mean results in that our confidence in the results is not very high.

In future studies, it would be important to present to a larger sample with at least one repeat in the presentation of the material. The Likert tests may need to be adjusted to ensure data collection is accurate and efficient.

#### **4.4 Open-Ended Questions**

As I researched the differences between quantitative research and qualitative research, I recognized that one of the strengths of qualitative research was to represent the voice of the women without a statistical formula or edit. To provide a less biased view of the questionnaire feedback, I hired someone to read through each questionnaire and note any emerging themes. I reviewed those themes and chose to use them as a way to categorize the questionnaire feedback from the women. Following each theme heading will be two or three selections from the written feedback on the questionnaire. Due to

have nature of having 61 questionnaires, I have not included all of them here; however, I do state which case number the feedback is connected with. Three questionnaires have been selected and can be found in appendix C.

### **Theme 1: Deeper Connection to Sexuality/Yoni/Self/Femininity**

**Case #1:** I am feeling more positive and more loving towards myself now. I had to go through a period of self healing to get to where I am now. I am not in a relationship by choice because I am not willing to settle for a toxic or abusive one. It feels good to be able to get to know myself sexually mmmm yummy. When I practice regularly I feel balanced and whole. I feel unbalanced and hurried when I let other concerns interfere with my practice. Jade Goddess [The Désilets Method] practices are an important part of my life.”

**Case #10:** “I would like whoever reads this to understand how shut down and “numb” I have been. The sacred tool called the Jade egg has enabled me to feel very deep yet subtle sensations from my vagina up into my body. My vaginal walls feel stronger, w/myself there are deeper, longer, guiltless orgasms and an increase in Amrita.

It is such a direct contact w/me and increasingly accepting of where I am in process. When the egg comes near my yoni I am becoming more aware of letting go of agenda, goal orientation & most of all patience. It is still a process or cultivation but the jade egg is unfailing in this regard to continue helping me to expand & deepen. The biggest change at this point in time is I realize that impatient, judgemental, insensitivities to my body, emotional & spiritual needs are within. No one on the “outside” can help or stop me w/out my permission. So

now I am cultivating patience & love w/putting the egg inside.”

## **Theme 2: Improved Health of Yoni**

**Case # 3:** “I had been experiencing prolapsing vaginal walls w/ some stress incontinence. When I’m keeping up my Jade Egg practice, I can completely eliminate the incontinence.”

**Case #25:** “Increasing lubrication, strength and dexterity as well as response. Yes these reasons are being met. They continue to expand. I’ve experienced a vaginal orgasm twice, once by my hands, once by my partners. I’ve yet to experience a true intense orgasm via intercourse though I have been experiencing intense sensations that are new.”

## **Theme 3: Awareness of Divinity (The Sacred)**

**Case # 18:** “It helped me to send chi directly to my body parts, to love my body more, and listen to her needs. I now feel much more able to honor my yoni as sacred. I no longer take sex casually.”

**Case # 52:** “Reinforced sacred sense of sexuality.”

**Case # 37:** “I learned how sacred my genitals are and became acquainted with them in a new way.”

## **Theme 4: Improved General Health**

**Case #31:** “Asthma (light form). My breathing is much better and when I have a headache, after the egg, it is gone.”

**Case #49:** “Jade Egg practice helps me to reconnect with a very essential/elemental part of my being. It grounds me and puts me into my body and gives me a heightened sensory sensitivity in all parts of my life.

I was always kind of happy to begin with... and now I feel really happy, relaxed and more resilient when “life”/people present me with unhappy things/behavior. Things don’t bother me as much.”

**Case # 56:** “Had PTSD. Much better with Jade Goddess + detoxification it is gone.”

### **Theme 5: Less Guilt and Shame**

**Case # 5:** “Trying to change how my body responds to the anxiety of a potential sexual partner and to anxiety in general. I feel confident in my ability to give and receive loving touch and do not feel guilt about sexual pleasure, as I once did. I am more content with my life & accept being single, though I would like a partner.”

**Case # 42:** “I have learned to express myself more directly: sexually but also in common communication. I feel much less guilty than before. I feel I am very close to myself and therefore I can be closer to my partner and others.”

### **Theme 6: Better Connections with Men (non-partners)**

**Case # 51:** By practicing this, it changes everything. Now I have very close male friends, including my ex, who recognize Goddess in me and offer their services as to provide, protect and support. And with their support, I discovered I can go much deeper to do my work.”

**Case # 43:** “Relationships with men is more open, relaxed, no push & pull.”

### **Theme 7: More Connected with Women**

**Case # 16:** “I feel that I am less judgemental of other women and their sensual/sexual expression.”

**Case # 53:** “My view on other women. I respect and accept them more, especially when they’re beautiful. Before I was more jealous, even I didn’t want to be jealous.”

### **Theme 8: Better Connections with Partners**

**Case # 12:** “While learning the practice I was with my lover of “that” time. It gave us insight into a connected place neither of us had known before. So using the practice to connect more deeply with and (partner. Lovers.) is a place of deep satisfaction and intense love!”

**Case #11:** “It allowed me to open my heart so that my life partner could ... I feel that had I not started when I did I would have missed my opportunity to meet a truly incredible mate. Also it allowed me to be more compassionate and to forgive myself as well as other for things that have happened in the past.”

### **Theme 9: Improvement of Menopause**

**Case # 27:** “This is amazing. My partner is 27 years old and I am 62 years old. He does not have a clue as to what my age is. He calls me a born-again virgin because my vaginal muscles are tighter and more pleasurable to him than in woman his own age. I was so absolutely amazed. Because of having been celibate for three years while I was doing the Jade Goddess practices, I did not have any feedback. I know I was feeling more pleasure but did not know how a partner would feel. This gave me great confidence. With my previous partner three years ago, he indicated he was not experiencing lots of pleasure during intercourse with me.”

**Case # 46:** “I am definitely post menopausal but it is funny how I do not have the

symptoms. Before the Jade Goddess practice I was feeling dry and did not lubricate as easily – but now it is not a problem. Having orgasms has always been easy but now I feel so much more nourished by them.”

### **Additional Themes**

The following is a list of other emerging themes that were less significant in terms of frequency of times in which they were mentioned:

- More Grounded
- Sexual Energy Management
- Taking Sexual Health into Own Hands
- Less Need/Craving for a Partner/Lover
- More Awareness of Being vs. Doing
- Menstrual Difficulties Improved
- Giving Birth to Self
- Listening to Her Yoni
- Cleansing and Illness after Workshop

### **4.5 Eight Thesis Questions Answered**

To answer the eight thesis questions requires looking both through the Likert test results and the qualitative results of the open-ended questions. The following are the eight questions answered according to either the qualitative or quantitative results:

#### **A. Qualitative:**

- 1:** Having a positive, respectful, and honoring attitude towards the yoni assist women in having a positive experience of their own sexuality.
- 3:** Women who take time to cultivate a deeper relationship with themselves

experience a proportional increase in orgasmic pleasure.

**4:** Women who have more connection between their heart (emotional) and genitals (sexual) more likely to have greater access to their sexual pleasure.

**7:** Women who value the heart-centered aspect of sexuality find that their relationship to both men and women change.

**8:** Women who have been exposed to heart-centered sexuality have a more respectful connection to other women, whether or not they know each other.

### **B. Quantitative:**

**2:** There is a link between relating to sexuality through a heart-centered perspective and experiencing healthier self-esteem, self-love, and self-confidence.

**5:** Women who are exposed to the concepts of heart-centered sexuality and sacredness of sexuality more likely to have greater self-regard and connection to their own sexual and sensual nature.

**6:** Women who apply simple heart-centered sexuality practices on a regular basis experience noticeable improvements in their sexual health and emotional wellbeing.

The value of a heart-centered approach is evident with the results of the sample.

Further, more controlled studies using larger samples are needed to determine if these answers can be generalized to a greater population.

### **4.6 Heuristic Look: Impact Of Study On Author And The Field**

I recognize my heuristic journey with this study is also the style in which I share my Désilets Method with clients: I encourage them to discover their own path in which the only true validation they require is their own experience and discovery. My own

journey of discovery through this study was colored by my desire not necessarily to provide an ultimate truth, but to open the doors to the on-going evolution of creating truth through moment to moment living. This is a new time in our evolution as a species, where old paradigms and truths are no longer useful and we face the necessity of our own self-initiated evolution.

In Robert Ornstein's (1991) book, *The Evolution of Consciousness – The Origins of the Way We Think*, he states:

Our biological evolution is, for all practical purposes, at its end. There will be no further evolution without conscious evolution. We have to take command of our evolution now and begin a massive program for conscious changes in the way we think, the way we relate to others, the way we identify with the rest of humanity. The pace of change is far too great for us to try to adapt unconsciously. We have to take our very evolution into our own hands and do for ourselves what biological evolution has done for all life: adapt to an unprecedented new world. (p. 267)

This study has made evident for me my own need to question what I have been taught and to step into a place where the old is not discarded, but rather transformed so that its essential usefulness now can be applied in new, creative solutions towards harmonizing the emerging Feminine with the present Masculine.

In their text book, *Doing Qualitative Research: Circles within Circles*, Anzul, Ely, Friedman, Garner, and Steinmetz (1991) state:

A key characteristic of naturalistic research is that questions for study evolve as one is studying. In fact, researchers rarely end up pursuing their original questions. This is not to say that one is a blank slate at the onset of study or changes topics at will. I believe that what is needed at the outset is at least threefold:

- 1 an adequate self-awareness about how the field of study relates to one's own life;
- 2 a sound grasp of the research method one has chosen. This assumes a sound grasp of its literature, as well as research experiences and reflections thereon.



3 a broad grasp of the literature and practices in one's field of concern and the theories and assumptions associated with these.

This is tricky because such a grasp must not act as a blindfold, once the study has begun, to shut out particular leads, alternative. As questions change and become more focused, the review of literature follows their lead, is reworked, and thus becomes more pertinent and useful. Even so, the consistent efforts of qualitative researchers, at any point, to remain open to what they study and to examine their assumptions as they do so seems the best defense against allowing literature and experience to impose blindfolds. (pp. 30–31)

The start of this study began truly in my childhood as I experienced my own inexplicable sexual/sensual awakenings. These experiences, once I was old enough to do my own research, could not be validated by any of the written work I had access to. All I had to go by was the experiences of my peers, most of which had suffered from sexual abuse and the impact of “Born Again Christian” values. I also was witness to the women who would come to our home to find shelter from abusive relationships, and thus, learned quickly that sexuality was not beautiful and ecstatic for everyone. When I began to teach women, the percentage of women who would share their stories of sexual abuse, either as children or as grown women, astounded me and encouraged me to create a way for these women to heal themselves so they could return to what I deemed was their birthright: healthy, heart-centered sexuality.

A key life experience that impacted the development of The Désilets Method was the experience of a violent rape when I was twenty years old. Through practicing and refining what I now teach, I found my body-mind-spirit guiding me perfectly for my own profound healing which left me feeling like I was never a victim of rape. The key to my own healing journey resided in learning to work with the jade egg and reconnecting my heart (emotions) with my genitals (sexuality).

The core of my method is modeled after my own life experience: trusting my own

inner guidance and healing my body-mind-spirit through a heart-centered approach to sexuality. The practices that are part of The Désilets Method are thousands of years old. I modified them to cater to the demands of modern life, but their effectiveness remains the same. It is both the impact of reconnecting the heart with the genitals as well as the results of the modernized techniques that I wanted to study.

As this study developed, I recognized that I was not the only person who felt that a new definition of sexuality was not only immanent it was vital to the psychosexual healing of women. The literature I read pointed to an emerging movement of redefining sexuality and of offering new approaches to sexuality. I found an awareness of this emergence present in the views of the professional therapists and researchers I interviewed. If nothing else, this study has shown me the importance to continuing to participate in this movement towards a new view of female sexuality.

As transpersonal psychologists become aware of the growing consciousness in the area of female sexuality, they will be better positioned to have a more lasting impact on the psychosexual health of their clients. Transpersonal psychology can only benefit from understanding the intrinsic influence that sexuality has on the development of our consciousness as well as on the capacity to access our greatest spiritual potential. Sexuality cannot be separated from the person if effective therapy is to take place. It is through our humanness and the harmonious synergy of our hearts and sexuality that we have the opportunity to access continuously the wisdom of our spirit.

#### **4.7 Trial Model**

This model is often used when I am with a new client or in a conference setting where there are privacy and space restrictions. It is valuable to have first hand experience

with this model before attempting to facilitate the process for a client or group. This model for heart-centered sexuality includes the awareness of the somatic (body), the emotional (inner smile), the mental (visualization) and the spirit (connecting with the inner voice/guidance). It is written in point form to facilitate ease of guiding the client through the steps.

**Heart-Centered Sexuality Model – Healing the Psychosexual Aspect of Women:**

- Invite the client to take a moment to close their eyes and simply notice how they are breathing without needing to change the breath pattern.
- Guide the client to placing both hands over her heart and invite her to slow down her breath a little as though she is trying to listen to the beating of her own heart.
- Have the client begin to smile softly to her heart. The idea is to imagine the heart softening, opening, or feeling more spacious.
- Once there is a connection with the breath and the heart, invite the client to bring her hand down to her lower belly, over her womb.
- Invite the client to visualize the warm, bright energy of the heart and to visualize this energy moving down and wrapping around the womb and genitals. This is done with the breath: Inhale to the heart, Exhale to the womb. You can also encourage the client to do this while releasing a soft HAHHHH sound.
- Once there is a connection of the heart and the womb, then invite the client to smile into her womb while remaining aware of her heart.
- If there is time and the client is open, invite the client to enter into a dialogue with her womb and/or heart simply by inviting her to listen inwardly to her womb and/or heart.

- Finish the session by inviting the client to just relax for a few moments, doing nothing.

It is important to take five to ten minutes for this process as the core of this model is to reprogram the goal and genitally oriented approach to sexuality into a process and whole being approach to sexuality. Clients can be encouraged to do this simple practice as often as they feel they feel inclined to do it. If a client is very busy and does not have much time for such practices, it is recommended they do this practice as they are falling asleep.

#### **4.8 Summary**

This Chapter focused on providing detailed explanations of The Désilets Method. It looked at the results of this study with regards to the impact of The Désilets Method on the psychosexual health of women. It looked at both the strengths and weaknesses of The Désilets Method as a tool for assisting women to have a way to connect with the somatic, emotional, mental, and spiritual aspects of their sexuality. A heuristic review of each of the practices was also shared along with the results of the study. A trial model was created to facilitate a method of bringing a simple practice to establish heart-centered sexuality. Chapter Five concludes with an overview of this study and future recommendations.

## **CHAPTER 5**

### **SUMMARY, DISCUSSION AND RECOMMENDATIONS**

“The most beautiful thing we can experience is the mysterious. It is the source of all true art and science.” – Albert Einstein, What I Believe

#### **5.0 Summary**

This dissertation began with the understanding that The Désilets Method had noticeable powerful impact in the psychosexual healing of women. The heuristic journey of this pilot study took me deeply into what it means to experience and live with a heart-centered approach to sexuality. I initially thought I would simply record what I was teaching, collect data on the impact of those teachings, compare it to existing modalities of psychosexual healing, and write about the results in hopes to influence a change in how sexuality is handled in psychotherapy. However, this study expanded my own depth of understanding through exposing me to an emerging trend: the need to redefine female sexuality and its innate connection to spirituality.

My research revealed a wide spectrum of pertinent issues associated with female sexuality, ranging from the need for equality in regards to human rights (including birthing rights and female genital mutilation) to a need to redefine female sexuality beyond the current medical paradigm. The global need for recognizing the value of the Feminine has caught the attention of academia, while an increase in innovative research and education is essential for a new view of female sexuality to be established. The need

for psychologists to recognize the somatic, energetic, and spiritual aspects of sexuality has never been greater.

Investigating The Désilets Method through collecting data from 61 women who shared their personal experience of their own psychosexual healing showed me the value and importance of reuniting the heart with sexuality. The Likert tests allowed basic statistical values to be established while the candid answers to the open-ended questions provided a rich and intimate look at the journey of women experiencing psychosexual healing that included the somatic, energetic, and the spiritual aspects of sexuality. The results of this pilot study cannot be used to make generalizations, however, this study does raise important points worthy of further consideration.

### **5.1 Discussion**

In my literature review in Chapter two, I reviewed the urgent, global need for redefining how feminine sexuality is viewed. I agree with Tiefer (1995) that psychologists must look with consideration and innovation at the concern for establishing new methods of research and practice when dealing with the psychosexual nature of women.

My own journey with merging the wisdom of ancient practices with modern research and understanding has been and continues to be a very rich and illuminating experience. The journey of the sixty-one women who volunteered their insights and input has highlighted the need to think outside of the known, acceptable box. I found that the heart-centered approach is not only something a person can teach another, it is foremost a re-orientation of how sexuality is experienced and validated. Psychosexual healing naturally and organically begins through the simple act of reuniting the heart with the

genitals. From this as a foundation, women choose how they wish to apply the different tools for cultivating their somatic, energetic, and spiritual relationship with their sexuality. It is not necessary for therapists to learn all the practices of the Désilets Method to provide better therapy for women. Simply having the awareness that sexuality includes the body-mind-spirit begins the process of providing more heart-centered awareness in therapy.

To paraphrase Dr. Christiane Northrup (1994), making this world a safer place for women first begins with women taking the time to go within and to connect with themselves in loving, respectful, and supportive manner. (p. 774). The most significant awareness that this pilot study has brought to the forefront is the value of providing women with a chance to participate in their own psychosexual healing process. The Likert tests revealed that *sacredness of genitals*, *self-love*, *self-confidence*, and *relaxation* were some of the most significant results that the sample experienced. Similar results emerged as themes in the open-ended questions, revealing that the sample experienced a deeper connection to sexuality, their yonis, themselves, and femininity.

Taking initiative to use a heart-centered approach to sexuality impacted the lives of the women in the sample group. The results of this study all stem from this approach. The more time the sample women spend investing in focusing loving attention through any of the various practices shared, the more significant changes they experienced.

Although non-significant in this study, menstrual and menopause issues are important and value factors to investigate. The weakness of this result had to do with taking the mean from the entire sample, instead of taking the mean from the two sub-groups: menstrual life-cycle and menopausal life-cycle. It would be valuable to see the

results of the Désilets Method using larger samples of each sub-group. Emerging trends that are noteworthy are the indications that the heart-centered approach to sexuality may improve women's relationships with both men and women, may assist in transforming shame and guilt, and may lead to an increase in vitality.

Change begins first with each of us, whether male or female, discovering and honoring our own feminine essence and then bringing this true gnosis into the rest of our lives. Freke and Gandy's (2001), *Jesus and The Lost Goddess – The Secret Teachings of the Original Christians*, share:

Let's dare to imagine the world we really want. Why not? It's our collective dream and we can dream it any way we choose. Let's imagine humanity waking up at last from its nonchalant numbness, overcome with awe at the inexplicable miracle *that we are*. Let's imagine living our lives as a celebration of the Great Mystery in which 'we live and move and have our being'. Let's imagine a world in which we embrace the great Gnostic injunction to 'love one another', not because we should, but, as Paul says, 'because we are parts of each other'. Let's imagine fulfilling the great ambition which motivates evolution. Let's imagine Heaven on Earth. (p. 197)

Taking a risk to envision a world that honors both the feminine and masculine while holding the somatic, energetic, and spiritual aspects of our sexuality is something worthy of further investigation and cultivation.

## 5.2 Recommendations

Modeling heart-centered sexuality, both in practice and personally, is an act of joining the emergence of a new paradigm where the intuitive, spiritual, emotional and energetic aspects of sexuality are valued along with its obvious physical benefits. This is modeled through the full integration of what it means to be human and spiritual, to be fully grounded in the ordinary rituals of life while accessing the extraordinary potential of spirit. The act of uniting the heart and sexuality creates endless opportunity to experience the breath of life and invites a maturity process that has no end, but is anchored in the



wisdom of moment to moment experience. Through the act of saying “yes” to every aspect of ourselves, we open the doors to new paradigms.

The Désilets Method offers an opportunity to explore the dimensions of the human-spiritual journey through psysho-sexual healing. I recommend further study to validate a heart-centered approach that includes the somatic, energetic, and spiritual aspects of sexuality for the purpose of facilitating great psychosexual healing for women:

**A. Presenting and studying the effects of the Désilets Method on a bigger sample of women.** The use of a control group as well as pre- and post-seminar testing would determine if this approach is universally useful in assisting women in healing their psychosexual nature. The use of more age specific samples would determine if the practices are more relevant for different age groups (such as the sub-groups of those in their menstrual life-cycle and those in their menopausal life-cycle) and how they are different. Larger, age specific samples would also assist in determining what aspects of the Désilets Method are most effective and would assist in streamlining it into a more concise and mainstream model.

**B. Presenting and studying the effects of the Désilets Method on a sample of men.** This would determine if the heart-centered approach to sexuality is also applicable to the psychosexual healing of men and would assist in determining what aspects of this method men find useful. Some of the practices would need to be modified to be applicable to men.

**C. Presenting this information to different ethnic and cultural groups.** I believe the need for a heart-centered approach to sexuality is a global need. It would be interesting to see what aspects of this method are universally applicable

and which would need to be modified in consideration of cultural beliefs about sexuality.

**D. Presenting this information to practicing therapists who deal with women's psychosexual issues.** Personal growth and experience with sacred spiritual-sexual practices may assist therapists in providing more successful therapy for women. Studying the effects of this method on the therapeutic capabilities of therapists may lead to highlighting some important changes that need to occur in the educational process of professionals with regards to including a new view of female sexuality.

Researching and developing new, feminine, meaning-centered psychosexual therapies that embrace the full spectrum of sexuality—its somatic, energetic, emotional, mental, and spiritual aspects—would assist in determining progressive steps of action to implement a new view of female sexuality within the medical and psychological communities. Looking more deeply into the relationship between the medical and psychological perspectives and validating the modernized version of the ancient practices included in The Désilets Method could provide innovative options to psychosexual therapies.

Women innately know and feel in alignment with a heart-centered approach to sexuality. The very act of reuniting the heart and genitals is in itself rewarding as it encourages self-validation and full body-mind-spirit development. Weaving in the inherent wisdom of heart-centered sexuality with the capacity to experience more spiritual consciousness will transform how transpersonal psychology views sexuality. Psychotherapists who live and understand heart-centered sexuality can offer their

embodied awareness of the somatic, energetic, and spiritual aspects of sexuality to facilitate a new view of female sexuality that reunites the body with the spiritual.

Transpersonal psychologists hold an important role in assisting women to allow what is innately theirs to finally find a home in their most intimate self.

## **APPENDICES**

## APPENDIX A

### SAMPLE E-MAIL REQUESTS FOR PARTICIPATION

#### **Initial Mailing:**

Sent: Tuesday, February 06, 2007 1:26 PM  
 To: info@jadegoddess.com (original address not included for confidentiality)  
 Subject: PhD research questionnaire

Aloha! (person's name not included for confidentiality)

This is a group email to all of you who agreed to generously give of your time, wisdom and experience for qualifying the Jade Goddess practice.

You will find the entire questionnaire attached.

Please let me know you have received this and have been able to open the attachment.

Mahalo and deep gratitude,

Saida

Founder of Jade Goddess  
[www.jadegoddess.com](http://www.jadegoddess.com)  
 "Live your bliss"

#### **2ndary mailing:**

Sent: Monday, October 8, 2007 at 4:24 PM  
 To: info@jadegoddess.com  
 Subject: Saida's PhD Questionnaire

Aloha Jade Goddess Practitioner!!!

I trust that you are well, vibrant and enjoying fall to the fullest.

I would like to thank you for blessing me with your presence this past spring/summer. I really feel enriched and encouraged to continue to do this work!

Also, the purpose of this email is to send you my PhD questionnaire (see attached PDF). You are receiving this because you wrote your name/email on a list of those who wished to support my research. Your feedback will not only be of great service to me, but also to all the women who will benefit from having this work be more effectively and broadly shared.

The questionnaire may take about 20 minutes to fill out. You can either email me a scanned version or post it to me. I would love to have it within a month.

Thank you for your time and Happy NEW MOON!

Respectfully,

Saida

--

Founder of Jade Goddess  
[www.jadegoddess.com](http://www.jadegoddess.com)  
 "Live your bliss"

### **Follow-up mailing:**

Sent: Thu, Apr 5, 2007 at 2:50 PM  
 To: [info@jadegoddess.com](mailto:info@jadegoddess.com)  
 Subject: Re: Friendly reminder...

From the Jade Goddess!!!

I trust this email finds you well and enjoying the rising energy of spring.

I have reattached the questionnaire for you, as I know sometimes time and life gets ahead of us!

Again, mahalo for your incredible support and generous contribution!

With deep gratitude,

Saida

Founder of Jade Goddess  
[www.jadegoddess.com](http://www.jadegoddess.com)  
 "Live your bliss"

### **Thank you mailing:**

Sent: Mon, Nov 5, 2007 at 9:13 AM  
 To: [info@jadegoddess.com](mailto:info@jadegoddess.com)  
 Subject: Thank you

Aloha!

Thank you for your generous contribution.

Respectfully,

Saida

Founder of Jade Goddess  
[www.jadegoddess.com](http://www.jadegoddess.com)  
 "Live your bliss"

## **APPENDIX B**

### **SAMPLE OF QUESTIONNAIRE**

February 5<sup>th</sup> /2007  
Wailea, Hawaii

Aloha,

I would like to thank you for being a part of my Dissertation Research. The purpose of this exploratory study is to identify if the Jade Goddess practices have a positive impact in a woman's life, which of the practices have the most impact, and how much practice does it take to receive benefit. The questionnaires will provide general descriptive information of how the Jade Goddess affects women and how women feel about the impact of the Jade Goddess practices in their lives.

The data will be used as material for my PhD thesis and will also be used to shape how future Jade Goddess courses will be taught. Your identity will not be revealed within the thesis itself and is solely there for me to keep track of who has returned the questionnaire. This information, until specified at a later date, will be used solely for the purpose of the PhD thesis.

You will find both a consent form and a description of vocabulary attached with the questionnaire. This is simply to ensure that I do have your consent to use your information for the purpose of this study and for the writing of my thesis. Please print all forms and either scan and send to: [saida@jadegoddess.com](mailto:saida@jadegoddess.com)  
or mail: 3375 Kuaua Place, Wailea, HI, 96753 USA

There are two questionnaires: the first is the POST-seminar questionnaire and the second is an adjusted PRE-seminar questionnaire. I estimate 15 to 20 mins. for completion.

Again, thank you for your contribution,

Saida Désilets

[www.jadegoddess.com](http://www.jadegoddess.com)  
[saida@jadegoddess.com](mailto:saida@jadegoddess.com)

### Consent Form for Thesis Research

I, (print) \_\_\_\_\_, agree to fill out the questionnaire provided by Saida Désilets for the purpose of her using the information within the questionnaire for her Ph.D thesis.

I agree to answer all parts of the questionnaire as clearly and honestly as possible.

I agree to and understand that all my answers will be used to provide Saida Désilets with the information necessary for her to conduct an exploratory research of the effects of the Jade Goddess practice on my life.

I agree to and understand that my name will remain confidential and that all the information I provide Saida Désilets will be used solely for her Ph.D thesis.

I agree to and understand that Saida Désilets may request the use of this information for other future projects and that she will formally ask my permission for those future projects.

I have read and understood this form and consent to participate in the study.

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(sign name)



### **Questionnaire Vocabulary**

<b>Self-esteem</b>	<i>Liking and respect for oneself which has some realistic basis.<sup>3</sup></i>
<b>Self-love</b>	<i>The ability to love and respect yourself, to give oneself love.</i>
<b>Self-confidence</b>	<i>The ability to feel confident about yourself (your image, your intelligence, your sexuality, your sensuality)</i>
<b>Sexual Pleasure</b>	<i>The ability to derive pleasure that is sexual in nature.</i>
<b>Sexual Health</b>	<i>The health of your genitals (labia, clitoris, vagina, womb, ovaries, hormones, etc)</i>
<b>Emotional Health</b>	<i>How balanced and comfortable you are with your emotions (this can include how your thoughts affect your emotions).</i>
<b>Intimacy</b>	<i>The close, personal relationship you have with another.</i>

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<sup>3</sup> According to Robinson and Shaver (1973), self-esteem is defined:

### **Post-Seminar Questionnaire – Three pages**

(please note that if you need more space, use the back of the page)

Name:

Age Group: 18–24 25–31 32–38 39–45 45–55 56–65 66–75 75+

Current Date:

Date of Training: 2007 2006 2005 2004 2003 2002 2001

For 2007 Training: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Do you have a partner? N Y

Were you in relationship with this partner when you started the Jade Goddess practice?

N Y

1. Which of the Jade Goddess techniques do you still practice? (circle)

Please circle the one that most accurately represents you:

1 = never 2 = monthly 3 = bi-monthly 4 = weekly 5 = daily

Jade Egg practices	1	2	3	4	5
Breast Massage	1	2	3	4	5
Ovarian breathing	1	2	3	4	5
Kidney breathing	1	2	3	4	5
Kidney packing	1	2	3	4	5
Microcosmicorbit	1	2	3	4	5
6 healing sounds	1	2	3	4	5
6 healing sounds w/sex. reflexology	1	2	3	4	5
Self-massage	1	2	3	4	5
Inner smile	1	2	3	4	5
Dancing	1	2	3	4	5
Journaling	1	2	3	4	5

2. How do you feel that the Jade Goddess training contributed towards changes in the following aspects of your life?"

Please circle the one that most accurately represents you:

1 = very negative change    2 = somewhat negative change    3 = no change  
4 = somewhat positive change    5 = very positive change

Self-esteem	1	2	3	4	5
Self-love	1	2	3	4	5
Self-confidence	1	2	3	4	5
Sexual Pleasure	1	2	3	4	5
Sexual Health	1	2	3	4	5
Menstrual Cramps	1	2	3	4	5
PMS symptoms	1	2	3	4	5
Menopausal symptoms	1	2	3	4	5
Emotional Health	1	2	3	4	5
Intimacy w/partner	1	2	3	4	5
Sacredness of sex	1	2	3	4	5
Sacredness of genitals	1	2	3	4	5
Frequency of vaginal orgasms	1	2	3	4	5
Intensity of vaginal orgasms	1	2	3	4	5
Full body orgasms	1	2	3	4	5
Relaxation (general)	1	2	3	4	5
Ability to focus/get things done	1	2	3	4	5

Please indicate how you view your relationship to sex and to your genitals:

1 = not very sacred/special    2 = barely sacred/special    3 = neutral  
4 = a little sacred/special    5 = very sacred/special

Relationship to sex	1	2	3	4	5
Relationship to genitals	1	2	3	4	5

3. List any current medical condition(s) that is affecting your sexual and/or emotional health? Please indicate if the condition is better or worse than before you began Jade Goddess techniques.

Current medical condition(s):

Better or worse after practicing Jade Goddess techniques:

4. List any medication(s) that is affecting your sexual and/or emotional health. Please indicate if the dosage has changed at any time since you began Jade Goddess techniques and how.

List of medication(s):

Change of dosage:

5. Is there anything else you wish to mention that is relevant to your sexual and/or emotional health? Please describe.

6. Were your initial reasons for choosing to learn the Jade Goddess practice met?  
Please indicate your initial reason(s) and how it was or wasn't met.

Initial reasons for joining:

Description of how or how not reason(s) was/were met:

7. Please indicate other changes in any other areas of your life that you feel are relevant to the Jade Goddess practice.

8. Other comments you feel is relevant to indicating the effect of the Jade Goddess Practice in your life:

### **Pre-seminar Questionnaire – Two pages**

(please note that if you need more space, use the back of the page)

**NOTE:** For those who have already completed a Jade Goddess training, this is an adjusted pre-seminar form designed to obtain the information needed to establish coherency with those who will be doing both a pre and post seminar.

9. Which of the following activities apply to you?  
Please circle the one that most accurately represents you:

1 = never    2 = monthly    3 = bi-monthly    4 = weekly    5 = daily

Yoga	1	2	3	4	5
Tai chi	1	2	3	4	5
Qi gong	1	2	3	4	5
Hard-style martial arts	1	2	3	4	5
Aerobic workout	1	2	3	4	5
Dancing	1	2	3	4	5
Walking	1	2	3	4	5
Meditation	1	2	3	4	5
Relaxation (non-doing)	1	2	3	4	5
Tantra	1	2	3	4	5
Healing love (sexual qi gong)	1	2	3	4	5

(questionnaire continued on next page)

## 10. What results (improvements) are most important for you?

1 = not important      2 = remotely important      3 = neutral  
 4 = important      5 = very important

Self-esteem	1	2	3	4	5
Self-love	1	2	3	4	5
Self-confidence	1	2	3	4	5
Sexual Pleasure	1	2	3	4	5
Sexual Health	1	2	3	4	5
Menstrual Cramps	1	2	3	4	5
PMS symptoms	1	2	3	4	5
Menopausal symptoms	1	2	3	4	5
Emotional Health	1	2	3	4	5
Greater intimacy w/partner	1	2	3	4	5
Sacredness of sex	1	2	3	4	5
Sacredness of genitals	1	2	3	4	5
Frequency of vaginal orgasms	1	2	3	4	5
Intensity of vaginal orgasms	1	2	3	4	5
Full body orgasms	1	2	3	4	5
Relaxation (general)	1	2	3	4	5
Ability to focus/get things done	1	2	3	4	5

## **APPENDIX C**

### **THREE COMPLETED QUESTIONNAIRES**

The following are three completed questionnaires. They are unedited with the exception of changing some of the format to fit in the appendix. They represent three different formats in which women answered the questionnaire.

#### **SAMPLE 1:**

Consent Form for Thesis Research

I, Ana Marta Antunes, agree to fill out the questionnaire provided by Saida Désilets for the purpose of her using the information within the questionnaire for her Ph.D thesis.

I agree to answer all parts of the questionnaire as clearly and honestly as possible.

I agree to and understand that all my answers will be used to provide Saida Désilets with the information necessary for her to conduct an exploratory research of the effects of the Jade Goddess practice on my life.

I agree to and understand that my name will remain confidential and that all the information I provide Saida Désilets will be used solely for her Ph.D thesis.

I agree to and understand that Saida Désilets may request the use of this information for other future projects and that she will formally ask my permission for those future projects.

I have read and understood this form and consent to participate in the study.

ANA MARTA ANTUNES

1/14/2008

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## Post-Seminar Questionnaire – Three pages

(please note that if you need more space, use the back of the page)

Name: ANA MARTA ANTUNES

Age Group: 18–24

Current Date: 1/14/2008

Date of Training: 2007

For 2007 Training: Jul

Do you have a partner? Y

Were you in relationship with this partner when you started the Jade Goddess practice? Y

## 1. Which of the Jade Goddess techniques do you still practice? (circle)

Please circle the one that most accurately represents you:

1 = never 2 = monthly 3 = bi-monthly 4 = weekly 5 = daily

Jade Egg practices 5

Breast Massage 5

Ovarian breathing 3

Kidney breathing 3

Kidney packing 3

Microcosmicorbit 5

healing sounds 5

6 healing sounds w/sex. reflexology 3

Self-massage 5

Inner smile 5

Dancing 5

Journaling 5

## 2. How do you feel that the Jade Goddess training contributed towards changes in the following aspects of your life? Please circle the one that most accurately represents you:

1 = very negative change 2 = somewhat negative change 3 = no change

4 = somewhat positive change 5 = very positive change

Self-esteem 4

Self-love 4



4. List any medication(s) that is affecting your sexual and/or emotional health. Please indicate if the dosage has changed at any time since you began Jade Goddess techniques and how.

List of medication(s):

Change of dosage

NONE

5. Is there anything else you wish to mention that is relevant to your sexual and/or emotional health? Please describe.

I had experienced menstrual difficulty (dysmenharrea) which was one of the reasons for doing the Jade Goddess practices. Since then my periods have become more regular and with no PMS. The blood has become healthy and brighter red and more liquid. I have also noticed that my cycle are about 40 days and my menstruation is very short and light.

6. Were your initial reasons for choosing to learn the Jade Goddess practice met? Please indicate your initial reason(s) and how it was or wasn't met.

Initial reasons for joining: As part of my Taoist training; learn more about the female practices and prepare myself to give workshops; to improve my sexual health.

Description of how or how not reason(s) was/were met: Met in all respects.

7. Please indicate other changes in any other areas of your life that you feel are relevant to the Jade Goddess practice.

More aware and connected with my own femininity

8. Other comments you feel is relevant to indicating the effect of the Jade Goddess Practice in your life:

Consolidates very naturally with my life philosophy: be happy and relaxed.

# Pre-seminar Questionnaire – Two pages

(please note that if you need more space, use the back of the page)

NOTE: For those who have already completed a Jade Goddess training, this is an adjusted pre-seminar form designed to obtain the information needed to establish coherency with those who will be doing both a pre and post seminar.

9. Which of the following activities apply to you?

Please circle the one that most accurately represents you:

1 = never      2 = monthly      3 = bi-monthly      4 = weekly      5 = daily

Yoga 2

Tai chi 5

Qi gong 5

Hard-style martial arts 1

Aerobic workout 1

Dancing 5

Walking 5

Meditation 5

Relaxation (non-doing) 3

Tantra 5

Healing love (sexual qi gong) 5

(questionnaire continued on next page)

10. What results (improvements) are most important for you?

1 = not important      2 = remotely important      3 = neutral      4 = important  
5 = very important

Self-esteem	4
Self-love	3
Self-confidence	3
Sexual Pleasure	4
Sexual Health	5
Menstrual Cramps	5
PMS symptoms	5
Menopausal symptoms	1
Emotional Health	5
Greater intimacy w/partner	3
Sacredness of sex	3
Sacredness of genitals	4
Frequency of vaginal orgasms	3
Intensity of vaginal orgasms	4
Full body orgasms	3
Relaxation (general)	3
Ability to focus/get things done	3

**SAMPLE 2:**Consent Form for Thesis Research

I, (print) Arlette Vanhauw, agree to fill out the questionnaire provided by Saida Désilets for the purpose of her using the information within the questionnaire for her Ph.D thesis.

I agree to answer all parts of the questionnaire as clearly and honestly as possible.

I agree to and understand that all my answers will be used to provide Saida Désilets with the information necessary for her to conduct an exploratory research of the effects of the Jade Goddess practice on my life.

I agree to and understand that my name will remain confidential and that all the information I provide Saida Désilets will be used solely for her Ph.D thesis.

I agree to and understand that Saida Désilets may request the use of this information for other future projects and that she will formally ask my permission for those future projects.

I have read and understood this form and consent to participate in the study.

Arlette Vanhauw

26/11/2007

---

(print name)

---

(date)

---

(sign name)

### **Post-Seminar Questionnaire – Three pages**

(please note that if you need more space, use the back of the page)

Name: Arlette Vanhauw

Age Group: 18–24 25–31 32–38 39–45 45–55 56–65 66–75 75+

Current Date: 26/11/2007

Date of Training: 2007 2006 2005 2004 2003 2002 2001

For 2007 Training: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Do you have a partner? N Y

Were you in relationship with this partner when you started the Jade Goddess practice?

N Y

#### 11. Which of the Jade Goddess techniques do you still practice? (circle)

Please circle the one that most accurately represents you:

1 = never    2 = monthly    3 = bi-monthly    4 = weekly    5 = daily  
Weekly = several times a week for me

Jade Egg practices	1	2	3	<u>4</u>	5
Breast Massage	1	2	3	<u>4</u>	5
Ovarian breathing	1	2	3	<u>4</u>	5
Kidney breathing	1	2	3	<u>4</u>	5
Kidney packing	1	2	3	<u>4</u>	5
Microcosmicorbit	1	2	3	4	<u>5</u>
6 healing sounds	1	2	3	<u>4</u>	5
6 healing sounds w/sex. reflexology	1	2	3	<u>4</u>	5
Self-massage	1	2	3	<u>4</u>	5
Inner smile	1	2	3	<u>4</u>	5
Dancing	1	<u>2</u>	3	4	5
Journaling	1	<u>2</u>	3	4	5

12. How do you feel that the Jade Goddess training contributed towards changes in the following aspects of your life?"

Please circle the one that most accurately represents you:

1 = very negative change    2 = somewhat negative change    3 = no change  
4 = somewhat positive change    5 = very positive change

Self-esteem	1	2	3	4	<u>5</u>
Self-love	1	2	3	4	<u>5</u>
Self-confidence	1	2	3	4	<u>5</u>
Sexual Pleasure	1	2	3	4	<u>5</u>
Sexual Health	1	2	3	<u>4</u>	5
Menstrual Cramps	1	2	<u>3</u>	4	5
PMS symptoms	1	2	<u>3</u>	4	5
Menopausal symptoms	1	2	3	4	5
Emotional Health	1	2	3	<u>4</u>	5
Intimacy w/partner	1	2	3	4	<u>5</u>
Sacredness of sex	1	2	3	<u>4</u>	5
Sacredness of genitals	1	2	3	4	<u>5</u>
Frequency of vaginal orgasms	1	2	3	<u>4</u>	5
Intensity of vaginal orgasms	1	2	3	4	<u>5</u>
Full body orgasms	1	2	<u>3</u>	4	5
Relaxation (general)	1	2	3	4	<u>5</u>
Ability to focus/get things done	1	2	3	4	<u>5</u>

Please indicate how you view your relationship to sex and to your genitals:

1 = not very sacred/special    2 = barely sacred/special    3 = neutral  
4 = a little sacred/special    5 = very sacred/special

Relationship to sex	1	2	3	4	<u>5</u>
Relationship to genitals	1	2	3	4	<u>5</u>



13. List any current medical condition(s) that is affecting your sexual and/or emotional health? Please indicate if the condition is better or worse than before you began Jade Goddess techniques.

Current medical condition(s): None

Better or worse after practicing Jade Goddess techniques:

14. List any medication(s) that is affecting your sexual and/or emotional health. Please indicate if the dosage has changed at any time since you began Jade Goddess techniques and how.

List of medication(s): None

Change of dosage:

15. Is there anything else you wish to mention that is relevant to your sexual and/or emotional health? Please describe. No, doing great

16. Were your initial reasons for choosing to learn the Jade Goddess practice met? Please indicate your initial reason(s) and how it was or wasn't met.

Initial reasons for joining: Get a deeper understanding of the sexual practice and find a way to integrate it in my life.

Description of how or how not reason(s) was/were met: The explanations and exercises were very clear.

17. Please indicate other changes in any other areas of your life that you feel are relevant to the Jade Goddess practice. More focused and relaxed, calmer, more attentive.

18. Other comments you feel is relevant to indicating the effect of the Jade Goddess Practice in your life: I do most of the practice with customers on an almost daily basis. It has given me more confidence and an even better understanding of the material.

### **Pre-seminar Questionnaire – Two pages**

(please note that if you need more space, use the back of the page)

**NOTE:** For those who have already completed a Jade Goddess training, this is an adjusted pre-seminar form designed to obtain the information needed to establish coherency with those who will be doing both a pre and post seminar.

19. Which of the following activities apply to you?

Please circle the one that most accurately represents you:

1 = never    2 = monthly    3 = bi-monthly    4 = weekly    5 = daily

Yoga =>Tao-Yin                      1        2        3        4        5

Tai chi                                      1        2        3        4        5

haven't had time yet to do it right

Qi gong                                      1        2        3        4        5

Hard-style martial arts                1        2        3        4        5

Aerobic workout                        1        2        3        4        5

No Hands Massage has become my workout

Dancing                                    1        2        3        4        5

Walking                                    1        2        3        4        5

Meditation                                1        2        3        4        5

Relaxation (non-doing)                1        2        3        4        5

Tantra                                        1        2        3        4        5

Healing love (sexual qi gong)        1        2        3        4        5

(questionnaire continued on next page)

20. What results (improvements) are most important for you?

1 = not important 4 = important	2 = remotely important 5 = very important	3 = neutral			
Self-esteem	1	2	3	4	<u>5</u>
Self-love	1	2	3	4	<u>5</u>
Self-confidence	1	2	3	4	<u>5</u>
Sexual Pleasure	1	2	3	4	<u>5</u>
Sexual Health	1	2	3	4	5
Menstrual Cramps	1	2	3	4	5
PMS symptoms	1	2	3	4	5
Menopausal symptoms	1	2	3	4	5
Emotional Health	1	2	3	4	<u>5</u>
Greater intimacy w/partner	1	2	3	4	<u>5</u>
Sacredness of sex	1	2	3	<u>4</u>	5
Sacredness of genitals	1	2	3	4	<u>5</u>
Frequency of vaginal orgasms	1	2	3	<u>4</u>	5
Intensity of vaginal orgasms	1	2	3	<u>4</u>	5
Full body orgasms	1	2	3	<u>4</u>	5
Relaxation (general)	1	2	3	4	<u>5</u>
Ability to focus/get things done	1	2	3	4	<u>5</u>

**SAMPLE 3:**Consent Form for Thesis Research

I, (print) Jennifer E. Dent, agree to fill out the questionnaire provided by Saida Désilets for the purpose of her using the information within the questionnaire for her Ph.D thesis.

I agree to answer all parts of the questionnaire as clearly and honestly as possible.

I agree to and understand that all my answers will be used to provide Saida Désilets with the information necessary for her to conduct an exploratory research of the effects of the Jade Goddess practice on my life.

I agree to and understand that my name will remain confidential and that all the information I provide Saida Désilets will be used solely for her Ph.D thesis.

I agree to and understand that Saida Désilets may request the use of this information for other future projects and that she will formally ask my permission for those future projects.

I have read and understood this form and consent to participate in the study.

Jennifer E. Dent  
(print name)

2/27/07  
(date)

Jennifer E. Dent  
(sign name)

**Post-Seminar Questionnaire – Three pages**

(please note that if you need more space, use the back of the page)

Name: Jennifer E. Dent

Age Group: 18-24 25-31 32-38 39-45 45-55 56-65 66-75 75+

Current Date: 2/27/2007

Date of Training: 2007 2006 2005 2004 2003 2002 2001

For 2007 Training: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Do you have a partner?

N Y

Were you in relationship with this partner when you started the Jade Goddess practice?

N Y

1. Which of the Jade Goddess techniques do you still practice? (circle)  
Please circle the one that most accurately represents you:

1 = never 2 = monthly 3 = bi-monthly 4 = weekly 5 = daily

Jade Egg practices	1	2	3	4	5
Breast Massage	1	2	3	4	5
Ovarian breathing	1	2	3	4	5
Kidney breathing	1	2	3	4	5
Kidney packing	1	2	3	4	5
Micro-cosmic orbit	1	2	3	4	5
6 healing sounds	1	2	3	4	5
6 healing sounds w/sex. reflexology	1	2	3	4	5
Self-massage	1	2	3	4	5
Inner smile	1	2	3	4	5
Dancing	1	2	3	4	5
Journaling	1	2	3	4	5

2. How do you feel that the Jade Goddess training contributed towards changes in the following aspects of your life?"

Please circle the one that most accurately represents you:

1 = very negative change    2 = somewhat negative change    3 = no change  
4 = somewhat positive change    5 = very positive change

Self-esteem	1	2	3	4	5
Self-love	1	2	3	4	5
Self-confidence	1	2	3	4	5
Sexual Pleasure	1	2	3	4	5
Sexual Health	1	2	3	4	5
Menstrual Cramps	1	2	3	4	5
PMS symptoms	1	2	3	4	5
Menopausal symptoms	1	2	3	4	5
Emotional Health	1	2	3	4	5
Intimacy w/partner	1	2	3	4	5
Sacredness of sex	1	2	3	4	5
Sacredness of genitals	1	2	3	4	5
Frequency of vaginal orgasms	1	2	3	4	5
Intensity of vaginal orgasms	1	2	3	4	5
Full body orgasms	1	2	3	4	5
Relaxation (general)	1	2	3	4	5
Ability to focus/get things done	1	2	3	4	5

Please indicate how you view your relationship to sex and to your genitals:

1 = not very sacred/special    2 = barely sacred/special    3 = neutral  
4 = a little sacred/special    5 = very sacred/special

Relationship to sex	1	2	3	4	5
Relationship to genitals	1	2	3	4	5

3. List any current medical condition(s) that is affecting your sexual and/or emotional health? Please indicate if the condition is better or worse than before you began Jade Goddess techniques.

Current medical condition(s): I have no current medical condition is affecting my sexual or emotional health.

Better or worse after practicing Jade Goddess techniques:

4. List any medication(s) that is affecting your sexual and/or emotional health. Please indicate if the dosage has changed at any time since you began Jade Goddess techniques and how.

List of medication(s): I have not taking any medication

Change of dosage:

5. Is there anything else you wish to mention that is relevant to your sexual and/or emotional health? Please describe.

6. Were your initial reasons for choosing to learn the Jade Goddess practice met?  
Please indicate your initial reason(s) and how it was or wasn't met.

Initial reasons for joining: I join the Jade Goddess practice for my 21<sup>st</sup> birthday rites of passage. The purpose was to prepare me for aspects of future sexual intimacy.

Description of how or how not reason(s) was/were met: The Jade Goddess Practice have helped me in various way. It help me to have confidence not to be ashamed of my yoni. It made my experience with my lover at the time, more sacred and fulfilling. It had help myself as well my lover (boyfriend) to a point he became a little over confident.

7. Please indicate other changes in any other areas of your life that you feel are relevant to the Jade Goddess practice.

8. Other comments you feel is relevant to indicating the effect of the Jade Goddess

Practice in your life: whenever I ~~don't~~ write in my journal I am able to express my thoughts and release anything that is build inside of me. Whenever I write a letter to my yoni my selfesteem and selflove remain high.



**Pre-seminar Questionnaire – Two pages**

(please note that if you need more space, use the back of the page)

**NOTE:** For those who have already completed a Jade Goddess training, this is an adjusted pre-seminar form designed to obtain the information needed to establish coherency with those who will be doing both a pre and post seminar.

## 9. Which of the following activities apply to you?

Please circle the one that most accurately represents you:

1 = never    2 = monthly    3 = bi-monthly    4 = weekly    5 = daily

Yoga	1	<u>2</u>	3	4	5
Tai chi	<u>1</u>	2	3	4	5
Qi gong	<u>1</u>	2	3	4	5
Hard-style martial arts	<u>1</u>	2	3	4	5
Aerobic workout	1	<u>2</u>	3	4	5
Dancing	1	<u>2</u>	3	4	5
Walking	1	2	3	4	<u>5</u>
Meditation	1	<u>2</u>	3	4	5
Relaxation (non-doing)	1	2	3	<u>4</u>	5
Tantra	<u>1</u>	2	3	4	5
Healing love (sexual qi gong)	<u>1</u>	2	3	4	5

(questionnaire continued on next page)

## 10. What results (improvements) are most important for you?

1 = not important    2 = remotely important    3 = neutral  
 4 = important    5 = very important

Self-esteem	1	2	3	4	(5)
Self-love	1	2	3	4	(5)
Self-confidence	1	2	3	4	(5)
Sexual Pleasure	1	2	3	(4)	5
Sexual Health	1	2	3	4	(5)
Menstrual Cramps	1	2	3	(4)	5
PMS symptoms	1	2	(3)	4	5
Menopausal symptoms	1	2	(3)	4	5
Emotional Health	1	2	3	4	(5)
Greater intimacy w/partner	1	2	3	(4)	5
Sacredness of sex	1	2	3	4	(5)
Sacredness of genitals	1	2	3	4	(5)
Frequency of vaginal orgasms	1	2	3	(4)	5
Intensity of vaginal orgasms	1	2	3	(4)	5
Full body orgasms	1	2	3	(4)	5
Relaxation (general)	1	2	3	4	(5)
Ability to focus/get things done	1	2	3	4	(5)

## APPENDIX D

### LIST OF QUESTIONNAIRE PARTICIPANTS

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\* request to remain anonymous

## **APPENDIX E DATA CODES**

### **Age group codes:**

18-24 = 1  
 25-31 = 2  
 32-38 = 3  
 39-45 = 4  
 45-55 = 5  
 56-65 = 6  
 66-75 = 7  
 75+ = 8

### **Year codes:**

Repeat: 0 = no, 1 = yes

### **Identification codes:**

# = the number assigned to each woman  
 Age = Age Group  
 DT = Date they took the training  
 WP = With partner  
 0 = no  
 1 = yes  
 SO = with same partner

### **Likert 1:**

JE = Jade Egg practice  
 BM = Breast Massage  
 OB = Ovarian Breathing  
 KB = Kidney Breathing  
 KP = Kidney Packing  
 MCO = Microcosmicorbit  
 6HS = 6 healing sounds  
 6HSWR = 6 healing sounds with sexual reflexology  
 SM = Self-Massage  
 IS = Inner Smile

D = Dancing  
J = Journaling

**Likert 2:**

SE = Self-esteem  
SL = Self-love  
SC = Self-confidence  
SP = Sexual Pleasure  
SH = Sexual Health  
M = Menstrual Cramps  
PMSS = PMS symptoms  
Meno = Menopausal symptoms  
Emo = Emotional Health  
IWP = Intimacy w/Partner  
SS = Sacredness of sex  
SG = Sacredness of Genitals  
FVO = Frequency of vaginal orgasms  
IVO = Intensity of vaginal orgasms  
FBO = Full body orgasms  
R(Gen) = Relaxation (general)  
ATF = Ability to focus/get things done

**Likert 3:**

RS = Relationship to sex  
RG = Relationship to genitals

**Likert 4:**

Yoga = Yoga  
Tchi = Tai chi  
QiGi = qi gong  
HSMA = Hard-style martial arts  
AW = aerobic workout  
D = Dancing  
W = Walking  
Med = Meditation  
R(nd) = Relaxation (non-doing)  
Tan = Tantra  
HL = Healing love (sexual qi gong)

**Likert 5:**

SE1 = Self-esteem

SL1	= Self-love
SC1	= Self-confidence
SP1	= Sexual Pleasure
SH1	= Sexual Health
MC1	= Menstrual Cramps
PM1	= PMS symptoms
MS1	= Menopausal symptoms
EH1	= Emotional Health
IP1	= Intimacy w/Partner
SS1	= Sacredness of sex
SG1	= Sacredness of Genitals
FV1	= Frequency of vaginal orgasms
IV1	= Intensity of vaginal orgasms
FO1	= Full body orgasms
RG1	= Relaxation (general)
AF1	= Ability to focus/get things done

**APPENDIX F**  
**MEDIA ARTICLE ON G-SPOT**



## TIMESONLINE

From The Times

February 21, 2008

# Scientist may be first man to find the female G-spot

Mark Henderson, Science Editor

A search that has preoccupied many women for years – not to mention their partners – may finally be over. An Italian scientist believes he may have found the female G-spot.

Emmanuele Jannini, of the University of L'Aquila, claims to have found the first anatomical evidence for the existence of the elusive and controversial pleasure point, which some women say triggers powerful vaginal orgasms. His research could also explain why so many women have searched for their G-spot in vain: it suggests that not all of them have one.

The G-spot is named after Ernst Gräfenberg, a German gynaecologist who in 1950 proposed that a sensitive point on the vaginal wall could provoke particularly intense orgasms in some women, which differ from normal orgasms caused by clitoral stimulation. Finding it has since become a staple of good-sex handbooks.

Its existence, however, has been widely questioned. Many women have always found it impossible to locate, leading them to doubt their own sexual skills or that of their partners, or to wonder whether the whole idea of a vaginal pleasure point is a myth.

Dr Jannini has found anatomical differences between women who can have vaginal orgasms and those who cannot and told *New Scientist* magazine that it may be possible to develop an ultrasound test that can tell women whether they have one.

He used ultrasound to examine nine women who said that they could have vaginal orgasms and eleven who said that they could not. He found that the tissue between the vagina and urethra was thicker in the first group, which could be linked to their ability to have an orgasm.

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## **APPENDIX G**

### **LIST OF PROFESSIONALS INTERVIEWED**

The following are a contact list of professionals that I interviewed:

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