

THE DOCTOR

talks with

THE BRIDE

BY

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INTRODUCTION

That sexual difficulties constitute a definite factor in marital unhappiness, has long been recognized by the physician. What is not so widely recognized, is that such difficulties also give rise to symptoms for which the woman, wholly unaware of the cause, comes to consult her physician.

The woman physician is more likely to recognize the factors because of the ease with which she can overcome the reticence of her patient toward a discussion of her sexual life. In the course of many such discussions it has been forcibly brought home to me that the sexual difficulties in themselves were almost invariably attributable to sex ignorance or sex misinformation. The extent of this ignorance is, to a physician, appalling. It is not limited to any class or age group. The old know scarcely more than the young and the rich are often as ignorant as the poor.

Considering the domestic unhappiness, the strained relationships, and, not infrequently, the wrecked homes which this ignorance of essential facts has been able to produce, I feel safe in asserting that marriage in general can be made a much more satisfactory institution, by the abolition of sex ignorance. Once, however, domestic relationships have been strained, it is an exceedingly difficult thing to rectify them, and wrecked homes are of all things most difficult to rebuild. It seems therefore that the physician might in this phase of medicine institute the same preventive treatment that he is so effectively applying toward the elimination of our physical ailments. Such an effort in the form of a service for brides which gives them premarital advice involving complete details of the sexual life they are to experience has recently been developed. The response of those who have received such information has been very gratifying. This pamphlet has actually been written at their request, and I hope, as they do, that it may reach others before ignorance can wreck its incalculable harm.

THE HYMEN

Whatever it is that the woman about to be married does not know, she always knows of the existence of the hymen; but as might be expected, this mite of information is more than balanced by the amount of misinformation that is sure to accompany it. Thus, she is likely to believe that the hymen must be ruptured with first intercourse, that there must be profuse bleeding, that there must be severe pain, and, of course, as follows quite logically from all this, the absence of any of the above phenomena indicates a squandered virginity.

Before proceeding to disabuse any one of these very current and very false notions, let me explain what the hymen is. The hymen is a membrane. This membrane lies at the entrance to the vagina, and therefore close to the surface of the body. It is rarely complete, there usually being one or more openings of various size. It may be thick or thin. It may have a large blood supply or a small one. It may be tough and unyielding or thin and elastic. Now bearing these facts in mind and considering them in the order mentioned, you will see that because it is near the surface of the body the hymen can be torn by accident or strenuous exercise. Because the hymen is elastic it can be stretched at intercourse without tearing. If it be thick its rupture may cause great pain, and if it be thin there may be little or none. If its blood supply be great it may bleed very much, though never dangerously, when ruptured, and if the reverse be true it may not bleed at all. It may not be ruptured for a long time after marriage and certainly does not always rupture with the first attempt at intercourse. The necessity for repeated efforts is often, it is true, the fault of the young wife, who because of physical or mental discomfort may refuse to permit a determined effort, and it is not rare in such a case for rupture to be delayed for weeks. A certain amount of pain and discomfort is under the circumstances naturally to be expected, and it is well to remember that this only undesirable part of the sex act is best performed as soon as possible,

and that delay will only prolong the discomfort. The sooner the rupture is achieved the sooner will the ruptured area heal, and the discomfort cease.

The delay in rupture may on the other hand be the fault of an over-enthusiastic young husband, who in his anxiety for first union, may overlook the necessity for preparing his bride for intercourse.

The ideal procedure and one which is more and more used today, is to have the hymen cut by a physician before marriage (a simple, painless process). This completely obviates the discomfort of rupture by intercourse.

THE SEX ACT

Regarding the sex act, let me place before you a few fundamental principles. First, you must realize that successful intercourse can only occur when both partners are completely satisfied, and for complete satisfaction there must be perfect communion. To achieve this, there should be no reticence between you and your husband. The young husband will instinctively caress his wife, but frequently his caresses will need guidance. Overcome your modesty and let him know which caresses are most desirable, and the manner of their performance. He will, I assure you, be grateful to you for your suggestions, for he needs them.

Second, it is widely accepted by women both young and old, that in intercourse the role of the female is and should be passive. The inherent shyness of the young married woman coupled with this notion constitutes an important factor in the production of marital and sexual errors of early married life. Certainly we know that the young married woman in most instances is the more reticent in meeting or returning the young husband's advances. Since such reticence can contribute a great deal toward the frustration of successful intercourse, it is best eliminated. The young husband is certainly willing and anxious to initiate any love play with his partner, but even the young and ardent husband must receive an encouraging response to his advances if he is to continue them. The husband of longer

standing will either demand a response or retaliate by abandoning all attempts at the essential caresses which must precede satisfactory union.

In the light of what has just been said, it is interesting to observe the many and oft-voiced complaints of the marked cooling in the husband's affection as married life enters its permanent and settled groove. How often are these plaintiffs the cause of their own dissatisfaction? How little do they realize that the most ardent male will tire of constant advances if these advances be afforded no recognition through responsive caresses. The young woman, about to enter upon her marital career, must remember that there can be no silent partner in marriage. She must remember that her sexual duties are not solely passive. She must remember that, should she persist in such an attitude, she will founder in a swamp of misunderstanding from which she will not emerge, if ever she does, until the lustre of early married love has been lost.

Third, there exists another popular misconception that women are cold by nature and cannot therefore experience an orgasm. It is true that structural defects may make an orgasm impossible, but such a condition is rare and can be readily discovered by a physician's examination. In case of doubt such an examination should immediately be resorted to and the true condition ascertained. Barring such exceptional cases, then, we may safely say that every normal woman can, and as a result of intercourse should, experience orgasm. True, procreation can and often does occur without orgasm in the female, but quite as certainly marital happiness cannot under such circumstances exist. The very phrase, sex intercourse, indicates communion of the sexes and implies what is so frequently overlooked; that here if nowhere else the two sexes should be on a parity, that they function together and should experience together, that the female is not an instrument be it of pleasure or of procreation. The importance of this to the young bride is that she must early assert her right to orgasm, first because she does not wish to lose the ecstasy of early married life, and second because marriage and marital habits are best molded in the early and formative years. It is distinctly her

function to guide her husband in such efforts as are necessary for her to achieve an orgasm.

Fourth, nothing that appeals to the imagination of either partner and is not repulsive to the other can be considered abnormal. Many women find it difficult to realize that variations from the usual in sexual intercourse such as variation of position, types of caresses, and manner of caress are perfectly normal. As a result they repel any request on the part of the male for a change. It is the role of the male to be adventurous. The woman's shyness in this instance is undoubtedly a mixture of modesty and tradition. Nevertheless the woman who will, at the appropriate time, cast off this shyness and tradition, will find herself amply rewarded by her husband's gratitude and her own increased sexual gratification.

Sexual intercourse, when properly performed, consists of three stages, only one of which is the sex act proper and which, while the climax of the ritual, will not in its truest sense be reached unless properly prepared for, nor can it properly end unless it tapers off in love play. For this reason let us consider this important marital function in its three proper phases as we have already named them, (1) preparation, (2) sex act proper, (3) after play.

PREPARATION

The usual lack of realization of the necessity and vital importance of this phase of the sex act is the result of the quicker response to sex stimulation on the part of the male and his erroneous assumption that the female is equally rapid in her response. Actually it is characteristic of the female that her preference tends distinctly toward caressing and, at least before marriage, she may evidence little more than curiosity toward the sex act proper. Now although with sexual experience a definite desire for communion does develop, the female never loses her desire for the other and more tender manifestations of affection. It is important to remember that this persistence is nature's method of insuring the female sexual gratification. In the animal groups each sex act is necessarily pre-

ceded by a preliminary courtship insuring the female this adequate preparatory stage. Man alone, assured of his mate, feels that he can eliminate or abbreviate this stage of the sex act.

Nature, having made the male the aggressor, the initiator, the hunter, has also equipped him for the task, the prime essential for which is early awakening of desire. The female, on the other hand, was equipped for flight. She was the one to be wooed, and, to assure perfect interfunction of two such individuals, nature gave to the female a slowly awakening desire. Obviously, therefore, prolonged courtship of the female by the male is an essential preliminary to satisfactory sexual intercourse. With the development of marriage, however, and its fetters upon the flight of the female when approached for intercourse this delicately adjusted situation has been seriously disrupted. The male, no longer forced to woo and supplicate, regards sexual communion far more casually than did his early progenitors; the female, no longer wooed and pursued, is seldom prepared for the sexual communion that should yield her so high a degree of ecstasy. The result, of course, is that the married pair become sexually incompatible and this incompatibility manifests itself in numerous quarrels over irrelevant matters so that, only too frequently the actual cause of their unhappiness is unknown.

It is more than probable that the young husband, forewarned against the possibility of such a catastrophe, will be more successful in preventing its occurrence than will the delinquent husband in reforming his sexual habits.

Along what roads must the young husband be led in order that he may learn to arouse in his wife the desire for orgasm? First, the road of gentleness. Every gesture employed in the preparation must be a caress, and therefore light and fleeting. No caress should be prolonged, no caress should persist in any one spot. It must be remembered that there are certain definite areas called erogenous zones which react more markedly to stimulation than do the other parts of the body. The more important of these zones are, the lips, the breasts, particularly the area around the nipples, and the clitoris. If these zones receive special attention during the stimulation, the

desire for intercourse is greatly increased. It is also important, as has been mentioned above, that such stimulation as they receive should be gently applied. Abrupt, hasty, forceful gestures not only fail to stimulate but, because they introduce new, unpleasant and discordant sensations, actually banish desire. Again no one area is to be too continuously stimulated, nor should any caress be too frequently repeated. Guided by these principles stimulation should be continued until the wife feels a definite desire for intercourse. Such desire she is not, in the early days of her marriage, likely to feel. What is more likely, is that she will probably prefer to have this very pleasant stimulation continue to its climax. This will be due to the fact that she has not as yet experienced intercourse, or has not experienced it satisfactorily. With satisfactory sex experience there will be no question about her preference. Since the husband, particularly if he be inexperienced, will not readily discover her readiness for intercourse it is best that at such a time she make it known to him. This is desirable because, if stimulation be carried beyond this point it will either become painful or else will induce an orgasm. There exists, however, a criterion commonly used to determine the proper time for beginning the sex act proper. With rare exceptions the vagina will at such a time begin to pour forth an excess of its vaginal secretions. The purpose of this excess secretion is, of course, to lubricate the vagina for the reception of the male organ. It is obvious therefore that insertion should not occur until this state exists. As for those cases where the secretions are not sufficient for this to occur, not only does the criterion not exist, but during actual intercourse it will be found necessary to use artificial lubricants.

Since the term clitoris has been used the question appropriately arises as to its meaning. The clitoris is a small, elongated, highly sensitive body, usually one-quarter inch in size, lying at the upper end of the vulva. It is actually a small copy of your husband's sexual organ and it is just as sensitive to stimulation. It is unfortunate that many people think stimulation of this organ an abnormal act. It cannot be too emphatically stated that it is not. Stimulation of the clitoris simply constitutes proper use of an organ which

developed for a definite purpose. That purpose is the intensification of desire in the female which is so essential to the satisfactory performance of the sex act. Thus, stimulation of this organ is not only normal and permissible but often essential.

THE SEX ACT PROPER

With the insertion of the male organ the sex act proper begins. This consists of in and out motions of the male organ within the female, until such time as the increasing ecstasy reaches its climax in the orgasm. This is characterized, in the female, by a series of rapid spasmodic contractions in and around the genital organs as well as by the blinding happiness that accompanies them. With the orgasm the male sexual organ will eject a quantity of fluid. This fluid contains the male sex element and is the husband's contribution to procreation. The female organs do not, as is popularly thought, contribute such an ejection, but the vaginal secretion may and usually is very much increased.

In the beginning it is likely that the young husband's control will be imperfect and that he will have his orgasm without being able to wait for his wife, who, as has been shown, is slower. When this is the case he can and should bring her to orgasm by further manual stimulation of the clitoris. This method is desirable in the earliest stages of marriage since it safeguards the woman against the nervous strain which is bound to ensue if she is brought to a peak of sexual anticipation without being afforded the relief of an orgasm. It is definitely not to be accepted as a permanent procedure. The fact that the male functions more rapidly than the female does not imply that he functions any differently, and it is certainly his duty to make any such adjustments in timing as her reactions require. Not only as a duty but for the sake of enduring marital happiness the husband should control his motions and emotions waiting for his wife to reach an equivalent state of exaltation. Moreover, control is perfectly compatible with health and is possible for every normal male. It requires no more than a little practice for him to

so time himself that both can reach the climax at the same time. The wife, on the other hand, can help him to so time himself by advising him on various occasions of the stage she has reached.

Here also must be applied the warnings against passiveness on the part of the female. The in and out motions must not be produced by the husband alone; she must cooperate with similar motions of her body. Such cooperation will not only be highly desirable from the man's point of view but will definitely enhance the woman's pleasure in the act.

As to the position to be assumed during intercourse, there exists a dogma in the minds of the laity that the sex act must be performed with the female supine and surmounted by the male. As a matter of fact this is far from being true although it is the customary position assumed by the white races today. History shows us that it was not at all universal in the past and even today it is not preferred by many races of people. Consideration of the problem will show the novitiate that the situation need hardly be racial and is certainly more properly individual. In brief, the position to be used is not dictated by a code of behavior but should be selected as the one most acceptable to you and your husband. In order to do this you must examine your own tastes and physical conformations and by deliberate application of the method of trial and error discover for yourself which method is most desirable for you both. Then, too, it is wise to remember that variety in the sex act is as important as it is in any other human activity, and you will find it expedient to change occasionally from one method to another. Ecstatic as sex may be, monotonous repetition may make it humdrum, and you can combat this monotony very successfully by varying the attitudes assumed in the sex act.

How often should you indulge in intercourse? Here I suppose you will expect me to give you a formula by which you may be guided. Let me tell you instead that the sexual appetite, like any other appetite, varies with the individual. Now if you still insist on statistics, I will tell you that the average for large groups varies between two and three times a week. But I can't let it go at that.

It is important that you remember that these statistics are nothing but statistics, that they do not rigidly control the individual case. The variations from the figures given you may be just as normal as the figures themselves. You must remember that the figures were arrived at by including cases that indulged in intercourse from five to seven times a week, as well as cases that indulged perhaps once a week or once in two weeks or even once a month. The correct answer here is much like the answer to the previous question; each case must be decided on its individual merits, and experience will help you to decide. You will soon learn as well as your husband whether or not the number of times you indulge is a strain upon you. Intercourse practiced to a normal degree is actually stimulating, practiced to excess it is a drain on your energy.

Another very important phase of this problem hinges upon the undeniable fact that your desires may not coincide with those of your husband. You may observe that at certain times during the month, before or after your period, you are likely to desire intercourse more than at any other time. This is a periodic change to which your husband is not subject and it is your duty as well as your right to discard false modesty and disclose your state to your husband in order that he may indulge you at this time. At other times, as is not unlikely, you may have very little desire for intercourse whereas your husband will probably have his normal spontaneous desire which periodically renews itself. Now although you have no spontaneous desire you can as a result of stimulation indulge in and enjoy intercourse. You should consider it your duty at such a time to abandon yourself to your husband's caresses which you can be sure will lead to a satisfactory outcome. This is not to say that if your husband's demands are unreasonable you must invariably yield to them. One or the other of you may be capable of and have desire for intercourse more often than the other. When this situation exists, its only satisfactory solution can lie in a compromise between the extremes of the two partners. The one who is less ardent should for the sake of the happiness of the partner make definite efforts to either increase the frequency of intercourse or relieve the partner in

some other way, while the more virile of the two should for the sake of their combined happiness control the sex urge in an attempt to approximate the limits of the partner's sexual ability.

AFTER PLAY

After the orgasm both partners will very likely feel a delicious langour which will ultimately lead to a deep and refreshing sleep. This langour is as a rule more pronounced in the case of the male than in the female. Now while it is entirely true that the male does lose more energy as a result of intercourse than does the female, and this desire for sleep is nature's method of assuring the return of that energy, it is also true that the sleep your husband so much desires must not be indulged in immediately. I make this point because as a rule the wife at this time is overwhelmed by a tenderness which far surpasses any she may have experienced during any of the stages of intercourse. This tenderness moreover is accompanied by a trust and confidence which leads her to manifest her feelings as she will at no other time. Here is the ideal time for mutual confidences and patching of quarrels. It is when your husband does not fall asleep at this particular moment but indulges with you in the little acts of tenderness that characterizes this period that we feel justified in calling it the period of afterplay.

CONTRACEPTION **(Birth Control)**

Observation has shown that usually at least a year is required for the marital adjustments discussed in the previous pages. During this period of adjustment, the newly married pair would do well to avoid conceiving a child. This may be accomplished by the practice of contraception. Contraception is not to be confused with, or made to include, the term abortion. Abortion involves the destruction of a

living but unborn child, is harmful to the health of the wife, and sometimes produces sterility, making it impossible for her to have children later. Contraception, on the other hand, calls for harmless preventive measures which enable the couple to postpone conception until the time that a child is wanted, without being deprived of the privilege of sexual intercourse.

It is now and has been since 1936 legal throughout the United States, except in Massachusetts and Connecticut, for a physician to give birth control advice to his patient when her health requires it. In June, 1937, the American Medical Association, representing 165,000 physicians throughout the United States, gave its official recognition to birth control as a legitimate part of medical practice.

Because of the prejudices that have developed with respect to birth control, some as a result of misunderstanding, some deliberately fostered by an antagonistic religious group, it has been necessary for its proponents to organize in its support. Clinics have been established, under medical direction, to make contraception available to married women in need of it. Certain physicians, especially obstetricians and gynecologists, have been specially trained in the use and application of the best methods of contraception—for there are many methods, some good, some useless. Some methods are effective in one type of case, while in another type, some other method must be advised. In general, any useful method must satisfy certain criteria. It must be:

1. Safe. The method must in no way be injurious to the person using it.
2. Effective. It must be the most reliable method that is available.
3. Temporary. The couple should be able, at any desired time, to stop using the method, so that the wife may bear a child. (After childbirth, the use of the method is resumed, so that the wife may recover her strength before she plans for another child. Contraception is necessary to space the births of babies, in the interest of the best health of the mother and her children.)

4. The method should not cause discomfort to either husband or wife, nor interfere with the normal sensation of the sexual act.

All four of these criteria must be satisfied, or the method is undesirable. Whether or not a method or device meets these requirements, and whether or not it is suited to your individual needs, a competent physician skilled in contraceptive practice can best tell you.

The Planned Parenthood Federation of America at 501 Madison Avenue, New York City, can supply the names and addresses of physicians in or near your city who are qualified to give advice on the most reliable and scientific methods of contraception.

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