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The Coital Alignment Technique (CAT): An Overview of Studies

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The Coital Alignment Technique (CAT), a basic physiological alignment that provides consistent and effective stimulation *for female coital orgasm, has been evaluated in a series of controlled studies. An overview of the CAT is discussed as well as related studies including replication studies, and subsequent studies of Orgasm Consistency Training (OCT), which incorporates the CAT technique. Classic sex problems like female coital anorgasmia and premature ejaculation and modern day epidemic-level sex problems such as hypoactive sexual desire are analyzed in relation to a syndrome of sexual dysfunction symptoms devolving from failed intercourse. Studies indicate that some symptoms of sexual dysfunction considered to have their etiological foundations in pathology are the result of ineffective intercourse techniques.*

Historically, researchers of human sexuality have offered much support for the importance of coitus to relationship satisfaction as well as overall mental health. Such studies include Freud's testament to the essential role of the coital orgasm in the stabilization of the psyche for men and women (Freud, 1894/1950). Contemporary researchers have maintained that the ability to achieve orgasm encourages relationship closeness, relationship satisfaction, sexual closeness, sexual satisfaction, and better communication between partners (Hurlbert, Apt & Rabehl, 1993). Furthermore, researchers suggest that orgasms achieved with a partner present result in greater levels of physiological satisfaction, greater intimacy, and deeper pelvic feelings (Newcomb & Bentler, 1983). In recent years, clinicians actively have sought newer and more effective techniques for encouraging a greater consistency in the attainment of orgasm, with the goal of eliminating related sexual dysfunctions

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and increasing the depth and frequency of the above-mentioned constructs. Arrival at this goal may be through the understanding of the human genital circuitry and a consistent and specific form of physical stimulation and orgasmic response associated with the Coital Alignment Technique (CAT).

In 1988, a study by Eichel, Eichel, and Kule (1988) introduced the CAT and reported high incidents of female and simultaneous orgasm through application of the rigorous criterion of the "no-hands" orgasm. The study presented the hypothesis of a basic physical alignment that is essential for the production of coital orgasm. If this premise is deemed valid, it may certainly explain a number of "silent epidemics" of sexual dysfunction largely attributed to widespread psychopathology. Furthermore, the technique of coital alignment may be an essential missing link in our understanding of the physiodynamics of the sex act itself. This original study on coital alignment provided a comprehensive instruction in the CAT technique.

THE CAT MODEL

In the CAT position, the man's body lies across the woman's without support on his elbows, minimizing stress in the upper torso. The positioning for coital alignment requires a shift forward by the male partner from the standard missionary position to the male "pelvic-override" position, in which the base of the penis makes direct contact with the woman's clitoris. This makes vaginal penetration *with* constant clitoral contact possible in coitus, completing a fundamental genital "circuitry" (see Figure 1). The genital contact is maintained by a coordinated form of sexual movement in which the woman leads the upward stroke and the man the downward stroke. The partner moving his or her pelvis backward exerts a slight but firm counterpressure. The penile-clitoral connection is held together by pressure and counterpressure simultaneously exerted genitally by both partners in a rocking motion rather than the familiar "in and out" pattern of coital thrusting. The anatomic design of the male and female genitals and the interplay of the two pelvises allow for the movement to be coordinated in a natural rhythm (Eichel & Nobile, 1992).

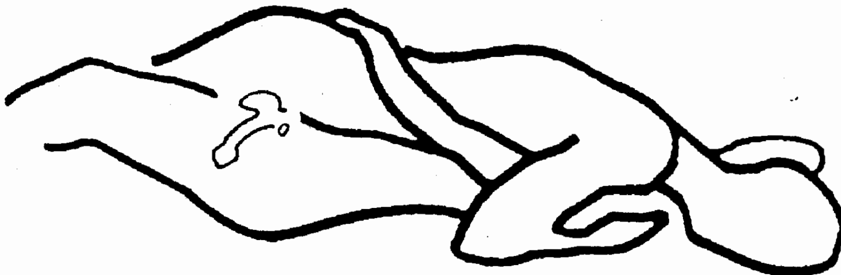

FIGURE 1. Coital Alignment Technique (CAT). Eichel et al. 1988. Used with permission from the authors.

HISTORY

The original experimental group surveyed in the first CAT study learned the technique in a 2-year psychotherapy program for couples conducted by principal CAT researcher Edward Eichel from 1970 to 1976. In the beginning period of exploration with the CAT, it was termed simply "the movement," referring to the natural reflexive form of sexual movement that characterizes the technique. This "movement" appeared to elicit very strong emotional reactions and very intense and consistent orgasms in Eichel's original encounter group and in his later marriage therapy clients. In subsequent writing about the technique, it was named "sexual alignment," a term that better reflected the intrapsychic physical, emotional, and attitudinal components of the experience. Finally, the technique was renamed the "Coital Alignment Technique" to emphasize more specifically the unique physical characteristics of the technique for pedagogic purposes. A popular magazine article on the Eichel research titled "The New Intercourse" followed by publication of a book, *The Perfect Fit*, introduced the acronym CAT.

Studies Testing the CAT with Clinical and Nonclinical Samples

(Eichel, De Simone Eichel, & Kule, 1988)

The first controlled study introducing the CAT compared orgasm outcomes of 22 women trained in using the CAT with 22 untrained, demographically matched women. The experimental group women reported significantly higher incidents of orgasm, completeness of orgasm response, and frequency of simultaneous orgasm. Additional data were collected in the interest of assessing the correlation between coital alignment behaviors and attainment of orgasm so as to take into account a "by chance" employment of some aspects of the technique among the untrained control group. Reported usage of behaviors associated with CAT for all subjects— trained and untrained— "was significantly associated with greater frequency on all of the orgasmic attainment variables" (Eichel et al., 1988, p. 138). It also is important to note that *all* trained female subjects in this study were able to attain coital orgasm, the majority with regularity.

Helen Singer Kaplan, Staff and Trainees of the Human Sexuality Program at the New York Hospital-Cornell Medical Center (Kaplan et al., 1992)

Kaplan and 20 of her colleagues personally tested the efficacy of the CAT in facilitating orgasm in their own sexual relationships. The training group's testing of the CAT was limited to one, two, or three attempts over a 2-week period. Predictably, the group did not report results comparable to Eichel's original CAT study. Most of the participants reported difficulty climaxing with the technique and ultimately resorted to more familiar ways to attain orgasm and complete the sex act. The group stated that an overconcern with the satisfaction of their partners inhibited a total commitment to the tech-

nique, and some felt that they may have aborted the experience prematurely as a result of this concern.

Kaplan and her colleagues hypothesized that a more valid test may have been arrived at with further repetitions, concluding that "It was the consensus of the group, on the basis of this admittedly flawed little 'pilot' study, that for most people, the CAT technique is arousing, erotic, and intimate, and an interesting addition to our repertoire of sexual techniques and therapeutic interventions" (Kaplan et al., 1992, p. 290). The group also recommended clinical application of the CAT with "anorgasmic women who do not thrust their pelvis actively during coitus" and "with male patients who 'bang,' that is, men who thrust too vigorously" (p. 290).

It is of further interest to note that the Kaplan group's study reported an individual who had extensive experience with the CAT outside of the context of the group's trial.

> The one person who felt the CAT method is an unqualified success is a widow who reported that several years ago she and her husband had spontaneously discovered that they could have excellent sex with this technique. Although this couple had been mutually and coitally orgastic with other intercourse positions before they discovered the Coital Alignment Technique, they found this so satisfying that they habitually used the CAT technique and no other. This participant reported that she and her husband both had excellent orgasms and that she regularly had better coital orgasms together with him, and this remains her masturbatory fantasy to this day. (p. 287)

CAT Versus Directed Masturbation (DM) in a Nonclinical Population

In a Hurlbert and Apt (1995) study assessing CAT, an experiment was implemented to compare women trained in the CAT (n = 19) with women trained in Directed Masturbation (DM) (n = 17), a standard treatment in the sex-therapy regimen. The experiment was conducted on a nonclinical population in the format of an 8-week sexual-enrichment workshop. Both groups were given 4 weeks of programming involving assertiveness training, exploration of gender differences and preferences, sensate focus exercises, and communication skills. In the final 4 weeks, one group learned the CAT and the other DM. Both groups kept a sex diary recording a pretest 21-day period of sexual behavior to be compared with a 21-day period during the test period. The findings are noteworthy. "The diary recording revealed a 56% increase in orgasms during sexual intercourse following the CAT workshop" as compared to "a 27% increase following the DM workshop." Women who completed the CAT workshop were significantly more likely than women who completed the DM workshop to be classified "moderately or substantially orgasmic during intercourse" and were less likely to be categorized "unimproved or slightly orgasmic during sexual intercourse" (see Table 1). These findings are remarkable in view of the fact that orgasm by masturba-

TABLE 1. Number and Percentage of Women in Three Improvement Categories Based on Orgasms Experienced During Sexual Intercourse as Measured by the Sex Diaries

Improvement category	CAT workshop		DM workshop	
	N	%	*N*	%
Unimproved or slightly improved (< 30% increase)	2	10	8	47
Moderately improved (30%–50% increase)	10	53	6	35
Substantially improved (> 50% increase)	7	37	3	18

Note. This table was used with kind permission from the authors as it appeared in Hurlbert and Apt (1995).

tion is easy for the great majority of women, whereas orgasm by intercourse is difficult for most women.

Orgasm Consistency Training (OCT) with Clinical Populations of Women Reporting Hypoactive Sexual Desire

In a review of controlled treatment studies dealing with hypoactive sexual desire (HSD), the studies of Hurlbert and colleagues are reputed to be among the best (Beck, 1995). Hurlbert synthesized DM, sensate focus exercises, and the CAT in his Orgasm Consistency Training protocol, which he and colleagues tested on clinical populations of women reporting HSD (Hulbert, 1993; Hulbert & Apt, 1994a; Hulbert, Apt, & Hulbert, 1995). The success rates for the Hurlbert studies are impressive, because the results are attained by women who are resistant to having sex. And yet, remarkably, the success rates for women with HSD using the CAT are comparable to the success rates reported in *The Hite Report* (Hite, 1976), in which the women surveyed were not a clinical sample.

In the initial stage of Hurlbert's OCT, DM is used in a process created to facilitate the CAT (Hurlbert, 1993; Hurlbert & Apt, 1994a; Hurlbert, Apt & Hurlbert, 1995). The CAT is taught in the later stage of the process. Ultimately, the goal of the Hurlbert protocol is to be able to achieve orgasm with the CAT, however, data were collected (see Table 2) to compare the relative rates of orgasm achieved with DM and CAT in the course of the program. Apt (1995) hypothesizes that the success differences discovered in OCT for women experiencing orgasm during sexual intercourse during the time between DM and CAT phases of training may be directly related to the time in the treatment process that each technique is introduced. In other words, the women in the training group are introduced to the technique of DM before they are made familiar with the technique of the CAT (Hurlbert, 1993); therefore, they

TABLE 2. Orgasm Success Rates Using Directed Masturbation to Facilitate Coital Alignment Technique in Orgasm Consistency Training with Women Reporting Hypoactive Sexual Desire Disorder

Study 1[a] (*n* = 11)				Study 2[b] (*n* = 37)				Study 3[c] (*n* = 93)			
DM		CAT		DM		CAT		DM		CAT	
N	%	N	%	N	%	N	%	N	%	N	%
5	45.4	3	27.2	16	43.2	8	21.6	41	44.0	26	27.9

Note. This table was used with kind permission from the authors as it appeared in Hurlbert & Apt (1995).
[a]Hurlbert (1993).
[b]Hurlbert, White, Powell, & Apt (1993).
[c]Hurlbert, Apt, & Hurlbert (1995).

have more time to practice and learn from their mistakes. Hurlbert and Apt (1994b) postulate that, "The higher success rates of women attaining orgasm during sexual intercourse with DM as compared to CAT in orgasm consistency training may represent a realistic reflection of the complexities surrounding the etiology of a mutually interdependent technique versus an individually independent technique" (p. 3). It should also be noted that the "coital" orgasm reported with DM training would have included penile-vaginal penetration, with assisted manual clitoral stimulation. That would differ from the "no-hands" type of orgasm, defined as *coital* orgasm in reporting on CAT.

In the first Hurlbert (1993) study to test the effectiveness of CAT, two matched groups of women with hypoactive sexual desire were treated with a standard treatment protocol that included sexual therapy and marital therapy. The rationale for combining the two approaches was based on reporting that relationship factors are frequently reported to effect female sexual function. One of the groups received additional sex therapy in the form of OCT, which included the CAT. From pretreatment to posttreatment, women in both groups reported significant positive changes in sexual desire and sexual arousal. Compared with the women receiving only the standard treatment, the women receiving the additional training with CAT achieved significantly greater sexual arousal and sexual assertiveness at posttreatment and at 3-month and 6-month follow-up evaluations.

By the final 6-month follow-up, only the CAT-trained group had achieved significant sexual satisfaction, as measured by Hudson's (1981) Index of Sexual Satisfaction. In spite of this fact, the data indicate that this group—unlike the standard treatment group—actually had a lessening of sexual satisfaction at the early posttreatment stage of the Hurlbert protocol. Although it was not a significant difference, this may well be indicative of a great level of challenge in learning the CAT, possibly resulting in high levels of frustration for couples initially; when couples engage in the CAT, they are moving from an independent action to a form of interaction demanding mutual dependency for success. This involves the breaking of stereotypic active-passive gender roles in

sexual activity: The woman becomes as active as the man. In her discussion of the breaking of psychological scripts in "female-active" sexual behavior—as occurs with CAT—de Bruijn (1982) postulated that "*doing* something may be really threatening for women," and "for a person with masculine sex role training it may be very difficult having nothing [or less] to *do*" (p. 162).

Exploring Hurlbert's (1993) original hypothesis of a correlation between female sexual desire and sexual satisfaction, Price and Buss (1995) adopted the Hurlbert OCT model. These therapists report findings similar to Hurlbert's in comparing the difference between orgasm frequency with the DM and CAT techniques in the treatment of women with inhibited sexual desire. They additionally have suggested increasing the number of weekly sessions of orgasm consistency training from 12 to 18 and simultaneously introducing the two techniques together in an effort to close the notable gaps between DM and CAT outcomes. Modifying the Hurlbert model accordingly, Price and Buss reported a significant increase from 18% in women's pretreatment reporting on orgasm during intercourse to 46% in posttreatment reporting orgasm through using the CAT.

To synthesize an effective therapeutic regimen for coitally anorgasmic women, it is necessary to consider relationship issues as well as the physical portion of sexual relating. As observed by Davidson and Darling (1988), from a woman's standpoint, particularly, the characteristics of the relationship affect the overall sexual functioning. From this perspective, it is logical, as concluded by Hurlbert, White, Powell, and Apt (1993), that it would be advantageous to work with the couple, rather than with one partner in a sex-therapy setting. In comparing a women-only group with a couples group, they reported, "Although treatment [orgasm consistency training] was found to be generally effective in women reporting hypoactive sexual desire, a consistent pattern of change favoring the couple-only group was evident on all measures" (p. 3).

Orgasm Consistency Training and the CAT in Analyzing Depression Among Women with Hypoactive Sexual Desire

Based on the exclusion of individuals suffering from hypoactive sexual desire with a secondary diagnosis of depression from study samples, (Hurlbert, 1993; Hurlbert et al., 1993, 1995; Price & Buss, 1995), McVey (1997) sought to address the response to treatment and overall efficacy of treatment with such individuals through the use of OCT including the CAT. One hundred thirty-one women were placed into one of three groups based on scores on the Beck Depression Inventory (Beck, Ward, Mendelson, Mock & Erbaugh, 1961). The resulting division produced 46 depressed women, 42 mildly depressed women, and 43 nondepressed women. Response to treatment for hypoactive sexual desire among the three groups was assessed by comparing completion rates for orgasm consistency training with the CAT. McVey's study saw an overall treatment completion rate of 41% (49% for nondepressed women, 48% for mildly depressed women, and 28% for depressed women). Although

a low completion rate was experienced among depressed women, results showed that among those women who did complete OCT with CAT, depressed women were just as likely as both the mildly depressed and nondepressed women to experience increases in sexual desire. Furthermore, among those who completed treatment, there was a tendency for the depressed women to show greater improvement on measures of depression than the mildly depressed and nondepressed women.

Failure in Treatment of Female Coital Anorgasmia

In a reanalysis of studies reporting on women's groups learning homework masturbation exercises, Wakefield (1987) challenged the reported success rates as misleading. He reanalyzed studies by Wallace and Barbach (1974) and Ersner-Hershfield and Kopel (1974) and expressed his concern that although "the women's groups are very effective in getting nonorgasmic women to have their first orgasm by masturbation," many of these women "are primarily concerned about having orgasms during lovemaking with a partner" (Wakefield, 1987, p. 3). Reacting to Barbach's assumption that a woman who learns to masturbate to orgasm can communicate her information and thereby achieve partner orgasms, he counters that "this argument presupposes that the learning involved in masturbatory orgasm is closely related to the learning necessary for partner orgasm" (pp. 3–4). He observes that "The original idea that masturbating with one's partner present would be a transitional step to being stimulated to orgasm by the partner does not seem to be a frequent outcome" (p. 13).

Wakefield (1987) criticizes the fact that the 87% success rate for "partner orgasm" claimed by Wallace and Barbach (1974) is questionable in view of the fact, for example, that "the preorgasmic women's group concept . . . does not discriminate between orgasms caused by direct physical interaction and orgasms caused by vibrators" (p. 8). As Ersner-Hershfield and Kopel pointed out in their study, "significant increases in frequency of orgasm via couple activities were evident for only three types of stimulation, all of which involved a vibrator" (p. 754). Wakefield (1987) challenges their findings that "partner orgasm was achieved by 73% of the women at post-group and by 82% of the women at the 10-week follow-up" (p. 12). He concludes that the groups "are not the treatment of choice," pointing to the fact that "[n]one of the women reported having coital orgasm just from penile thrusting" (p. 13). Wakefield cautions that "Treatment decisions can come to be based on outcome statistics which reflect the researcher's or clinician's values more than they do the client's" (p. 13).

The Pelvic-Active Woman

As specified in the CAT technique, and in the literature cited, perhaps *the* critical factor for female coital orgasm is a woman's pelvic mobility; the pelvic movement on the part of the woman differs characteristically from

most masturbatory techniques in which the female pelvis is relatively immobile. This is a distinction that is consistent with observations made by de Bruijn (1982). de Bruijn posits two basic forms of masturbation "which are independent of each other" (p. 153)—pelvic-passive and pelvic-active. Of the passive variety, "their pelvis is usually not completely motionless . . . but it is distinctly different from . . . the pelvic-active masturbators. These women . . . rely on the activity of their lower-body muscles" (p. 153). It is reported that the pelvic-active masturbator is more likely to be orgasmic in coitus (pp. 157, 158).

However, of six types of "sex play" listed in the de Bruijn study, it is noteworthy that traditional intercourse—"[the woman] following [the male] partner's [thrusting] movements in coitus"—is ranked as the *least* stimulating (p. 155). This demonstrates the fact that coitus mimics masturbation, and is less effective for orgasm than masturbation, because the woman is passive or her movement is inhibited by the man's. A pedagogy for "effective stimulation" designated as the CAT—which defines a coordinated form of sexual movement in which the male and female partner are exactingly equal participants—appears to be a unique innovation in the literature (Eichel, 1981; Eichel & Eichel, 1977, 1980; Eichel et al., 1988). However, there is evidence that some individuals, couples, and even "primitive" (Marshall & Suggs, 1971) societies have arrived at the same basic technique spontaneously.

The Problem of Performance Anxiety

There is a presumption by modern day sex therapists that sex should *not* be goal-oriented, because that leads to performance anxiety. This concern may have seemed plausible when "failed intercourse" (e.g., female coital anorgasmia) has been the norm of experience—an experience that generally is frustrating for women and is often alienating for women and men. However, having a goal *is* viable when it is based on a pedagogy that makes an experience possible that leads to enhanced intimacy and mutual sexual gratification in a committed relationship. In relation to the CAT research, having a goal has provided motivation and inspiration for couples, but it should be clarified that the focus was coordinating physical interaction in the sex act—not the end result of orgasm.

The therapist can help to alleviate performance anxiety. It is important for therapists as well as for couples to understand that a most critical factor for learning the CAT is the time frame of the trial. The therapist must convey to a couple that learning to coordinate the sex act and achieve compatibility requires time. A couple must not allow any one experience to become too important a test. Although there has been an occasional report of immediate success with the CAT, that has been the rare exception; promoting it as an easy "quick-fix" could indeed create unnecessary performance anxiety. The original CAT project resulted in success for everyone who adopted the technique in Eichel's 2-year program, and they reported continued success in a 10-year follow-up study.

It should be noted that Hurlbert has used DM in his OCT largely for the purpose of helping couples learn to communicate about sex in a situation where they are in control, thereby minimizing performance anxiety about orgasm. To override possible performance anxiety, Eichel has recommended that couples start learning the CAT by simulating the position without penile-vaginal penetration; they can practice the position and coordination of movement that is necessary without the added factor of heightened sexual arousal that occurs with penetration. At a point where the technique is familiar and stimulating, the couple can begin practicing the technique with vaginal penetration. Note that the Kaplan group referred to movement in coital alignment as "erotic." But, perhaps the greatest factor in eliminating performance anxiety is a demystification of the sex act, as occurs with the CAT. A couple understands what they are trying to do, and the technique makes a mutually satisfying experience possible.

DIRECTIONS FOR FUTURE RESEARCH

The almost universal failure of intercourse is the result of men and women trying to do something that is a physical impossibility, rather than from widespread psychopathology. However, the finding of a biologic optimum for coital orgasm does not predict an easy panacea for the problems of male-female relating. Coital alignment appears to have a unique chemistry that is challenging emotionally. CAT counters the archetypal syndrome of male aggression and female passivity as it is played out in the sex act; the technique usually requires a period of adjustment because it breaks the pattern where the male mounts the female and engages in aggressive thrusting activity, while the female presents herself in a passive-receptive posture.

Successful reporting by clinicians adopting the CAT technique for classic and current enigmatic problems of sexual "dysfunction" affirms that a lack of comprehension of the physical dynamics of the sex act may be more the etiology of common sex problems than factors of mental pathology rooted in childhood "trauma." Is the mechanism of discordant coitus the touchstone of a syndrome in which a number of sexual dysfunctions and social problems are interrelated? Clinical observation indicates that unaligned coitus and uncoordinated sexual movement almost inevitably result in premature ejaculation and female coital anorgasmia. Is that perpetual problem an etiologic factor in a syndrome of "hidden" epidemics of sexual dysfunction that includes HSD? Does it ultimately play a role in male impotence, having an incremental effect with more marginal libido in aging? Is the perpetual effect of the fouled orgasmic process a causal factor in depression and gender antipathy, and does that contribute to alcoholism and drug abuse, domestic violence, infidelity, divorce and family breakup, and inhibited sexual desire? If the finding of a coital alignment that fosters complete and mutual sexual

satisfaction for men and women is valid, then the path ahead for sexology leads to a wide range of interdisciplinary collaboration for health field professionals.

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