



# INTRODUCTION

## EYEWITNESS TO CHANGE

### My Thirty-Five Years as “Dr. Anal”

**I**T WAS NEVER one of my career goals to be known as “Dr. Anal,” as I am in some circles. Although I’ve accepted the nickname as a playful compliment, it’s only been during the last decade that my embarrassment has faded away completely. Like almost everyone else, my earliest attitudes toward the anal area were shaped—warped, more accurately—by the incredibly powerful anal taboo. Obediently, I thought about it as little as possible. The vast network of nerves that makes this area so sensitive was, for all practical purposes, out of commission. Once, when I was obviously upset, a perceptive therapist asked what I was feeling in my anus. The revealing answer was, “Absolutely nothing.”

All of that changed radically in the mid-seventies when a synchronous combination of events, both personal and professional, grabbed my attention and couldn’t be ignored. On the personal side, I had developed an excruciating case of hemorrhoids—swollen, stretched and inflamed anal tissues which

sometimes bleed and can hurt like hell. It became so bad that I could hardly sit down without a donut-shaped cushion to protect me. I'll spare you the agonizing saga of my bowel movements. Two physicians had suggested surgery and I was considering it. I figured, "What could be worse than this?" Yet a persistent inner voice whispered that surgery wasn't the way to go. Luckily, I listened.

Around the same time, I was deeply engaged in the exciting new field of sex therapy. All of us were enthusiastic and optimistic about the application of this direct approach to sex problems. Before long, I was working with a wonderfully diverse group of men and women clients, all concerned about one aspect of their sexuality or another. These were also the heady days of the burgeoning "sexual revolution," especially in San Francisco, where the atmosphere pulsed with the promise of liberation; anything seemed possible.

In the context of this experimental atmosphere, a growing number of people came to me because they wanted to enjoy anal sex but couldn't, due to discomfort or pain. Since I had learned nothing about treating such problems in my training, I conducted a literature search and talked with colleagues to see what I might uncover. To my surprise, nobody had much of anything to say about the subject, except for a few physicians and psychoanalysts, with only two points of view: anal sexuality should either be rigorously avoided, or considered a symptom of arrested development.

I was simultaneously flabbergasted and challenged by this glaring gap in our sexual knowledge. The thrill of investigating uncharted territory, a rarity for any researcher, overruled my worries about what others might think. Before I knew it, I was poring over anatomy books and, for the first time in my life, developing a fairly clear idea of how the anus and rectum are put together—muscles, nerves, blood vessels, the whole intricate system. Then, after explaining my profession's collective ignorance, I invited these new clients to collaborate with me in finding solutions; most eagerly accepted. They tried various relaxation and awareness-building experiments at home and reported their observations.

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## ANAL AWARENESS & RELAXATION WORKSHOPS

BEFORE LONG, I had so many clients wanting to undertake these explorations, that I developed an 8-week, small-group format called "Anal Awareness and Relaxation Workshops." They were quite a hit, and I learned so, so much.



This initial work spurred me on to intensive doctoral research and eventually to writing the first edition of this book in 1981.

Which brings me back to hemorrhoids. As I tried the same experiments on myself that my clients were practicing at home—which seemed only fair—I was amazed to discover how much sensation I *hadn't* been feeling. I was hurting even more than I had realized! But gradually, instead of tensing up in response to the pain, I learned to *relax into it*. Before long, the tush cushion that had been my constant companion was gathering dust in a closet. In fact, within a few months of my first experiment, the hemorrhoids had cleared up completely—and they've rarely been back, except when I'm especially stressed. At such times, I can feel the tightening of my anal muscles, and I know it's time to get back in touch.

Meanwhile, my clients were amazed at their own results. The more attention they paid to the anal area, the more they noticed a growing comfort with it and, simultaneously, unmistakable increases in their enjoyment of whatever types of anal stimulation they desired. A deceptively simple combination of relaxation and self-awareness appeared to be as effective at promoting their pleasure as it was for relieving my pain.

I now see those horrid hemorrhoids as a strange sort of gift. My clients' discoveries about anal pleasure, combined with my own quest for self-healing, drove home the single most important lesson I've learned during my 35-year stint as Dr. Anal: *The widespread belief that one must choose between anal pleasure OR anal health is terribly off the mark*. In reality, a person who desires maximum anal enjoyment should follow virtually the same steps as anyone who seeks optimal anal wellness. Both require:

- deepening awareness of the anal area and its functioning
- total elimination of anal pain
- reduction of muscular tension
- replacing negative feelings and attitudes toward the anus and rectum with positive ones

Guiding you toward these objectives is what this book is all about. You can use most of its information and exercises effectively, whether your specific goal is nonsexual self-healing, an expansion of your capacity for anal sensuality and eroticism, or a combination of the two. Chapters 1–7 are equally relevant for everyone. Starting with Chapter 8 you'll notice an increasing emphasis on pleasure and sexuality. But note that only Chapter 12 is exclusively concerned with anal intercourse. Men and women of all sexual orientations can benefit

from reading all other chapters, even if they have little or no interest in intercourse.

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## AIDS CRASHES THE PARTY

AT THE SAME TIME as the initial publication of this book, the AIDS epidemic struck, sending us reeling, churning up an emotional smorgasbord of fear, anger, guilt, and soon grief and despair. By the mid-1980s, unprotected anal intercourse was identified as a major avenue for HIV transmission. Enemies of sexual freedom felt vindicated. “It’s God’s punishment,” more than a few declared, in stunning displays of arrogance and unvarnished hatred.

As sex became linked with disease and death in public consciousness, many people stopped having it altogether, or else became so anxious that it wasn’t much fun. Others adopted a fatalistic attitude and spun out of control as if on a final binge—last call for sexual liberation. Seemingly overnight, the freewheeling celebrations of the ‘70s turned into wistful anachronisms. Loss of sexual desire became the most widespread sex problem—and still is—and a new diagnosis of “sexual addiction” gave a name to deepening worries about the consequences of lust run amok. Those outside of the urban centers, where HIV first took hold in the U.S., still had the option of blissful ignorance, but not for long. Soon everyone was affected, directly or indirectly. AIDS, after all, was and is a worldwide pandemic.

As I watched many people deteriorate and die in their prime, I privately anticipated the demise of my book as well. For a time, I thought that anal sexuality, along with other erotic options, might slink back into the closet, beyond the reach of consciousness and choice. Surely, I mused, the anal taboo would reassert itself with a vengeance and crush any hope for open, non-judgmental discussion.

Boy, was I wrong. It turned out that alongside the unbelievable devastation, two positive trends emerged as tiny silver linings. Most important was a huge groundswell of focused determination, especially among gays, to beat this plague through political activism, unprecedented changes in sexual behavior, non-stop fundraising, compassionate support for the sick, and sheer force of will.

The other bright spot was that people started looking more honestly, perhaps even more so than at the height of the sexual revolution, at the myriad ways we express ourselves sexually, with or without social approval. For the

first time, the words “anal intercourse” were regularly heard on the evening news and seen in daily newspapers. True, it was never spoken of enthusiastically, but at least it was spoken of. The implicit message was: the time had come to take off the blinders and get real.

*Hints of Normalization.* By the time I was completing the Third Edition in 1997-98 I was noticing signs that anal sexuality, while far from mainstream, was inching ever-so-slightly toward—dare I say it?—normalization. I saw hints of this change in a very personal way each time one of my mischievous friends would mention to people I’d just met that I’m an author. Naturally, people would ask what I’ve written. At one time I would cringe at such moments because the responses were so predictable: uncomfortable utterances such as, “Ohhh... my,” trailing off into awkward silence, inordinate amounts of blushing or nervous giggles, a plethora of puns, plus creative segues into more comfortable topics. Gradually, the reactions became more varied. Some people started expressing genuine interest, asking questions, and even sharing personal anecdotes or something they’d heard or read. Frankly, I was stunned at first.

Major changes were also underway in the treatment of HIV/AIDS. The first of a new class of antiviral drugs—protease inhibitors—was approved in 1995. Although obviously not a cure, the face of AIDS started to look quite different, at least in developed countries. Many who were literally at death’s door started to perk up as their ravaged immune systems rebounded. The change was monumental, although by no means universal.

Gradually, it has become clear to me that the rude awakenings necessitated by HIV had joined forces with two earlier cultural movements—feminism and gay liberation—which together had launched the sexual revolution, at least in urban areas of the developed world. All these momentous events were interlinked because each demanded a total rethinking of old assumptions about sexuality, gender, and the inevitability of change.

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## GOING MAINSTREAM?

AFTER THE PUBLICATION of the third edition in 1998, something remarkable occurred: a rush for media attention. With earlier editions, I couldn’t beg my way onto radio or TV. All of a sudden, I was getting up before dawn nearly every weekday to be a guest (by phone) on several morning talk

radio shows in various parts of the country. And this went on for months! Sure there was lots of joking and silly banter, but I also managed to slip in a few facts and tips. I even had a chance to recommend to Howard Stern that he stick a finger up his butt every day in the shower, which he agreed was probably a good idea.

There were serious and goofy TV appearances, too. I'll never forget when a client strolled into my office for his regular session and, with a mischievous grin, announced: "Guess who I saw on TV last night?" I knew what he meant; I had been the willing subject of a spoof on *The Daily Show* on Comedy Central. "Yeah," he went on, "I was channel surfing and there you were with a mirror between your legs, demonstrating how to look at your butt." For a split second, I flashed back eighteen years, to a time when another client had stumbled across the book when it first came out. He had terminated therapy in an angry phone message and refused to talk about it.

How different things were with this twenty-something guy. He spent only a few moments on his surprise at seeing me in such a compromising position on national TV. Before I could explain myself, he was recounting how his girlfriend had recently put her finger up his butt during fellatio, thus introducing him to the joys of prostate massage. "What an orgasm!" he proclaimed. His openness was delightfully refreshing. He informed me that the topic of anal sex often came up among his friends and that only a couple of guys remained silent, fearing—as they had told him privately—that showing interest might be seen as "too gay."

The contrast between the older client who quit therapy, and the enthusiastic younger one, was symbolic of a wider sea change in attitudes, a shift that appeared to be unfolding far more rapidly than I would have predicted. The signs were unmistakable: Sex toy boutiques (popping up everywhere) reported brisk sales of butt plugs, lubes, and other anal paraphernalia. Competing books on anal sex gradually hit the market (which worried me at first, but turned out to reflect a much greater public interest than ever before).

Social mores about sex in general, and anal sex in particular, are clearly in transition. But the anal taboo, as we shall see, is deep and devious. I've spoken with dozens of people who tried and liked anal intercourse, and yet were still too squeamish to examine themselves in a mirror, or to share an anal massage with a partner. I've also worked with countless couples who sometimes included anal play in their sex lives, but were completely unable to discuss how they felt about it. Even so, the future of anal pleasure and health, both the practice and the book, is looking fairly bright.

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## WHAT'S NEW IN THIS FOURTH EDITION?

BUILDING ON ten years of additional experience since I rewrote the third edition, I undertook a complete review of the relevant literature. As a result, every chapter has been thoroughly updated and expanded. For instance, I've deepened my understanding of the structure and workings of the pelvic muscles and sought to present this information in easily accessible and useable ways. This is one reason why all of the anatomical illustrations have been redone—the new illustrations include more details, but are easier to grasp.

Women readers and those who love them will appreciate a much-expanded discussion of the sprawling, internal “clitoral body” and its involvement with anal enjoyment. I've also given the “G-spot” and female ejaculation the attention they deserve.

Much of my clinical experience over the last ten years has focused on the incredible value of anal awareness and relaxation for promoting anal wellness. I hope that readers dealing with anal medical problems will benefit from a much greater integration of their concerns into virtually every chapter. I'm pleased to report that new developments in medicine are confirming what I've been observing for decades—that most anal problems can be treated much more effectively with active patient involvement in the healing process. In fact, a surprising range of difficulties can be resolved solely through self-healing.

When I was writing the third edition in 1997, the Web was on the verge of exploding into public consciousness. Now it's an indispensable tool for finding information and resources on pretty much everything. So instead of a traditional bibliography, the final section of the book (just before the index) is called *References and Resources*. Not only does it include all cited books and articles, but also recommended DVDs and websites on a range of topics. To help interested readers find what they're looking for, I've included brief descriptions of each item, including the most useful books.

With the passage of 28 years since the book was first published, plus three major revisions to help get it right, you'd think this cake would be pretty much baked. While it's true that my fundamental suggestions for promoting relaxation and awareness remain essentially the same, I was initially surprised by how many updates and improvements there were to make. But as I fully immersed myself in the current revisions, I realized the obvious. The anal area is thoroughly linked with all other aspects of our bodies, minds, attitudes, values, beliefs and culture—all of which are constantly evolving. No wonder I keep seeing this book, like an old friend who continues to surprise, with new eyes.

