

FAIRY GODMOTHER

The Pleasure Code™

Reconnect With Your Body. Discover Your Pleasure. Own Your Sexuality.

Pleasure without shame. Sexuality without prejudice. Connection without losing yourself.

Printed workbook · 10 modules

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Reclaim your body

Whose opinion have you been living under?

Before we discuss pleasure at all, we have to deal with the body it happens in — because most women have spent decades being taught to evaluate their body rather than to inhabit it. Being looked at becomes the default relationship with your own skin, and a body that is always being assessed cannot easily relax, feel, or enjoy anything.

Notice how early it starts and how ordinary it sounds: a comment at eleven, a diet a mother followed, a magazine, a partner's offhand remark, an entire industry funded by your dissatisfaction. None of it arrived as an opinion; it arrived as a fact about you. It is worth naming the sources out loud, because a belief you can trace to a source is a belief you can put down.

This matters physically as well as emotionally. Self-monitoring during intimacy — mentally watching yourself, checking how you look from the outside — reliably interferes with arousal and pleasure, and it is one of the most consistently documented findings in this field. Attention cannot be in two places at once. When it is on how you appear, it isn't on what you feel.

The alternative is not sudden body love. That demand is unrealistic and it makes women feel like they've failed at yet another thing. The workable position is body neutrality and functional respect: this is the body that carries me, feels warmth and water and sunlight, and is entitled to comfort and care regardless of its size, age, scars or history.

So the work of this first module is small and physical. Notice the running commentary and interrupt it. Choose comfort — clothing, temperature, rest — as a default rather than a reward. Reduce the time spent inspecting and increase the time spent inhabiting. Everything later in this programme depends on being able to be inside your body without immediately grading it.

PRACTICE

List three critical beliefs you hold about your body and, beside each, where it came from and how old you were. Then write what that part of your body actually does for you.

JOURNAL PROMPT

"Whose voice is it when I criticise my body?"

CARRY THIS

My body is where I live, not something I owe an apology to.

Understanding female sexuality

What sexology actually says

Most of what women are taught about their own sexuality is not from sexology; it's from film, pornography and other people's assumptions. So it's worth starting with what the research actually shows, because a surprising amount of distress comes from measuring yourself against a model that was never accurate.

First: for many women, desire is responsive rather than spontaneous. It does not necessarily arrive first, out of nowhere, and then lead to intimacy. It frequently appears after pleasant, unpressured touch and context — meaning 'I don't want it until I've started, and then I do' is an entirely normal pattern rather than a problem. The assumption that desire should arrive unprompted comes largely from a male-typical model that was generalised without evidence.

Second: arousal and desire are not the same thing and do not always agree. The body can show signs of arousal without the mind wanting anything, and the mind can want intimacy while the body responds slowly. This mismatch is common and well documented. It also has an important consequence: physical response is never, in any circumstance, evidence of consent.

Third: variety is the rule. Women differ enormously in what they enjoy, how quickly they respond, what they need for comfort, and whether orgasm is central to a satisfying experience at all. There is no correct frequency, no correct route, no correct amount of desire. Comparison is the fastest way to feel broken while being entirely ordinary.

Sexual wellbeing is also influenced by things that have nothing to do with sex: sleep, stress, medication, hormonal changes across the cycle, pregnancy, postpartum, menopause, illness, trauma history, and the state of the relationship. If something has changed and it troubles you, that is worth investigating kindly — and if it is painful, persistent or distressing, it is worth discussing with a doctor or a qualified sexual-health professional. This programme is education; it is not diagnosis or treatment.

PRACTICE

Write three things you were taught about female sexuality. Mark each one: evidence, or assumption?

JOURNAL PROMPT

"Which 'normal' have I been measuring myself against, and where did it come from?"

CARRY THIS

There is no correct way for this to work.

Knowing your body

Accurate information, unhurried attention

You cannot communicate what you like if nobody ever gave you accurate information or unpressured time to notice. Many women were taught the reproductive facts and nothing about sensation, comfort or pleasure — as though the body were a mechanism to be explained rather than a place to live.

Start with basic anatomical literacy, without embarrassment. Knowing the correct names for your own body, understanding that external and internal structures differ in sensitivity, knowing that lubrication varies with cycle, hydration, medication, age and arousal, and knowing that anatomy differs meaningfully between women — all of this is ordinary health knowledge. Not knowing it is not modesty; it's a gap in your education that somebody else decided you should have.

Then attention. Self-knowledge here is built through unhurried, private noticing rather than any particular activity: what kind of touch is comfortable or uncomfortable, what pace suits you, what conditions make it easier to feel anything at all — warmth, privacy, safety, being unrushed, not being tired. This is body awareness, and it is the same skill you would use to notice hunger or tension.

Two practical notes. Discomfort is information and should never be pushed through: pain during intimacy is common but it is not normal, and it merits a conversation with a doctor, gynaecologist or pelvic health physiotherapist rather than endurance. And if noticing your body brings up distress, numbness or intrusive memories, that is a signal to work with a trauma-informed therapist; going faster is not braver.

The purpose of this module is not to reach any particular outcome. It is to replace guesswork with knowledge, so that later — when you are deciding what you want, or telling someone else — you are working from real information about your own body rather than from what you assume you are supposed to feel.

PRACTICE

Write the conditions under which your body feels most at ease (warmth, privacy, rest, time). Then note anything you would like accurate information about, and one reliable source you could use.

JOURNAL PROMPT

“What do I actually know about my own body, and what did I just assume?”

CARRY THIS

Knowing is not indecent. It is basic health literacy.

Pleasure without shame

Where the shame was installed

Shame around female sexuality is not a personal defect. It is a cultural inheritance, and in Portugal, the UK and most of Europe it was delivered through the same channels: religious teaching, family silence, school-level education that covered risk and reproduction but never pleasure, and a double standard in which the same behaviour makes a man experienced and a woman cheap.

The mechanics are worth seeing clearly. Guilt says 'I did something wrong'; shame says 'I am something wrong'. Guilt can be resolved by repair. Shame has no exit, which is why it drives silence — and silence is exactly what keeps women from asking questions, seeking care, or telling a partner what is uncomfortable.

There are costs that go beyond feeling bad. Shame delays medical appointments for symptoms that need attention. It makes it harder to say no, because refusing requires believing your comfort matters. It makes it harder to say yes honestly. And it interferes directly with pleasure, because you cannot be absorbed in an experience while simultaneously judging yourself for having it.

Unpicking it starts with sourcing, exactly as in Module 1. Take a belief — 'wanting this makes me less respectable', 'my pleasure is secondary', 'good women don't discuss this' — and ask who taught it to you, who benefits from you believing it, and whether you would apply it to a friend or a daughter. That last question is usually decisive; almost nobody is willing to hand their own shame on to someone they love.

One important boundary: rejecting shame is not the same as obligation. This programme is not telling you that you should want more sex, or any sex, or that liberation looks like a particular behaviour. Asexuality is valid. Low interest is valid. Choosing celibacy is valid. The absence of shame simply means your choices — including the choice of no — belong to you rather than to anyone else's expectations.

PRACTICE

Write one belief that carries shame for you. Answer three questions: who taught it, who benefits, would I say it to my daughter or closest friend?

JOURNAL PROMPT

"What have I stayed silent about because I was taught it was indecent to ask?"

CARRY THIS

Shame was given to me. I am allowed to give it back.

YOUR WRITING SPACE

Desire and arousal

Accelerators and brakes

The most useful model in modern sexology is also the simplest: your sexual response works like a car with both an accelerator and a brake. The accelerator notices everything that says 'this is appealing'. The brake notices everything that says 'not now, not safe, not comfortable'. Both are always running.

This explains something that confuses a great many women. If desire is low, the instinct is to look for more stimulation — more novelty, more effort, more pressure to feel something. But very often the accelerator is working perfectly well and the brake is simply fully engaged: exhaustion, a to-do list, an unresolved argument, worrying about how your body looks, children awake down the corridor, feeling obligated, or not feeling emotionally safe with the person in question.

So the productive question is rarely 'how do I want more?' It's 'what is pressing the brake?' Removing brakes almost always achieves more than adding stimulation. Sleep, a locked door, an apology given or received, an unhurried evening, warmth, privacy, and the genuine knowledge that you can stop at any point without consequence — these change more than anything marketed as a solution.

Add the responsive-desire finding from Module 2 and a common pattern resolves itself: waiting to feel desire before allowing any closeness can mean waiting indefinitely, because for many women desire follows willingness and pleasant context rather than preceding it. Willingness is not the same as pressure. It means choosing to begin something you can stop, from a genuine yes, and letting desire arrive or not.

Finally, know what commonly lowers desire so you don't take it personally: chronic stress, poor sleep, depression and anxiety, certain contraceptives and antidepressants, hormonal changes across the cycle, postpartum and menopause, pain, illness, and relationship resentment. Most of these have options. If a change is persistent or distressing, speak to a GP, gynaecologist or a qualified sex therapist — it is an ordinary health conversation, not an embarrassing one.

PRACTICE

Make two lists: what presses your brakes, and what makes ease more likely. Choose one brake you could realistically remove this week.

JOURNAL PROMPT

"Is my desire actually low, or is my brake permanently pressed?"

CARRY THIS

Take the brakes off before asking for more accelerator.

The mind and sexuality

Attention, safety, state

Sexual experience happens in the nervous system before it happens anywhere else. Which means that what your mind is doing — where your attention is, how safe you feel, what state your body is in — shapes the experience far more than technique ever will.

The biggest single interference is spectating: watching yourself from the outside during intimacy, monitoring how you look, how long you're taking, whether the other person is enjoying it, whether your stomach looks a certain way in this position. It is extremely common, and it reliably reduces both arousal and satisfaction, because attention spent on evaluation is attention subtracted from sensation.

The correction is not to think positively; it is to return attention to sensory detail. Temperature, texture, pressure, breath, sound. When you notice you've drifted into commentary, come back to one physical detail. This is the same principle as mindfulness practice, and it is one of the better-supported interventions in sexual wellbeing — not because it's spiritual, but because attention is the mechanism.

Then there is state. Anxiety and threat-detection are incompatible with pleasure at a physiological level: a nervous system scanning for danger will not prioritise anything else. This is why safety is not a romantic nicety but a functional requirement — safety from judgement, from pressure, from consequences for saying stop, and, in a relationship, from unresolved resentment carried into the bedroom.

Two honest notes. Depression, chronic stress, burnout and some medications genuinely alter desire and response; that is medical information, not a character failing, and it is worth discussing with a doctor rather than absorbing as personal inadequacy. And if intimacy triggers flashbacks, dissociation, panic or numbness, that is a sign to work with a trauma-informed therapist. This programme is education and can sit alongside that work — it cannot replace it.

PRACTICE

Practise two minutes of sensory attention daily this week — warm water, fabric, breath — returning to one physical detail whenever commentary starts. Note what you observe.

JOURNAL PROMPT

“During intimacy, where does my attention usually go?”

CARRY THIS

Sensation, not surveillance.

Communication and boundaries

Consent as an ongoing conversation

Nobody can read your body accurately, and expecting them to is how women end up tolerating things they never wanted. Communication is the skill that converts private self-knowledge into an experience that is actually yours — and it is learnable, even if you have never done it.

Start with consent, stated precisely, because it underpins everything else. Consent is freely given, informed, specific, reversible and ongoing. It cannot be given under pressure, obligation, fear, intoxication that removes capacity, or the weight of a relationship's history. Silence is not consent. A previous yes is not a current yes. Being married or in a long relationship is not consent. And, as covered in Module 2, physical response is not consent. You may stop at any point, for any reason or none, and needing a reason is itself a red flag.

For talking about preferences, three formats do almost all the work. Ahead of time, outside the bedroom, when nobody is vulnerable: 'I've been thinking about what I like — can we talk about it?' In the moment, positively framed: 'more of that', 'slower', 'not tonight'. And afterwards, generously: 'I really liked when...'. Positive direction is easier to give and far easier to receive than criticism, and it produces better results.

Limits deserve the same clarity. It helps to know your own categories: things you enjoy, things you're curious about, and things that are simply no. A no does not require justification, and 'I don't want to' is a complete sentence. Note also that boundaries can change in both directions, and a previous yes never obligates a future one.

Then judge the response, because it tells you almost everything about the relationship. A good partner hears a no and stays warm; they may feel disappointed, and that's human, but they don't sulk, argue, withdraw affection, or make you pay for it later. Persistent pressure, guilt-tripping, sulking after a refusal, or ignoring a limit is not miscommunication — it is coercion, and in a relationship it is a form of abuse. If that is happening, support exists: in Portugal APAV on 116 006, in the UK Rape Crisis on 0808 500 2222; in an emergency call 112 or 999.

PRACTICE

Write three things you enjoy, three you're curious about and three that are a clear no. Then write one sentence you could realistically say out loud this month.

JOURNAL PROMPT

“What have I agreed to because refusing felt harder than allowing it?”

CARRY THIS

'I don't want to' is a complete sentence.

Intimacy

Safety, trust and being known

Intimacy is broader than sex and often more difficult. It is the experience of being known and remaining welcome — and for many women it is the missing ingredient rather than technique, novelty or effort.

It has several strands worth distinguishing, because a couple can be rich in one and starving in another. Emotional intimacy: being able to say something true and be met kindly. Physical affection outside of sex: touch that leads nowhere in particular, which is often the first thing to disappear and the most missed. Intellectual intimacy: being interested in each other's minds. And experiential intimacy: shared time that isn't logistics.

Trust is the foundation and it is built by small consistencies rather than declarations — being told the truth, having a confidence kept, being taken seriously when something is difficult, and seeing someone repair after they get it wrong. Notice that these are ordinary behaviours. Intimacy is rarely destroyed by one dramatic event; it is usually eroded by a hundred small dismissals.

Vulnerability is how intimacy deepens, and it should be graduated rather than total. You share something slightly more real; it is received well; the ground holds; you go further. If it is received with mockery, indifference, or later used against you, the correct response is to slow down and reassess the relationship — not to conclude that you are too much.

It is also worth naming that intimacy without desire is common, and desire without intimacy is common, and neither is a failure. Long relationships move between them. What tends to restore both is unhurried, unpressured contact with no expected destination — which only becomes possible when both people genuinely believe that stopping is allowed. Safety first, always; pleasure follows it, never the other way round.

PRACTICE

Rate the four strands — emotional, physical affection, intellectual, shared time — in your current or most recent relationship. Choose the weakest and write one small change.

JOURNAL PROMPT

“Where do I feel most known, and where do I feel most performed?”

CARRY THIS

Safety first. Pleasure follows it.

Loving your sexual self

Acceptance without a prescription

This module has no target. It is not asking you to want more, feel more, or arrive at any particular version of a sexual self — that would simply replace one set of expectations with another, which is exactly the pattern this programme is trying to interrupt.

What it does ask is that you form an accepting relationship with your own sexuality as it actually is. That includes its variability across a month, a year and a lifetime; the influence of your history; the things you like that you were told you shouldn't; the things you're expected to like and don't; and the possibility that it is quieter or louder than the people around you assume.

Sexuality also changes across a life, and much of the distress women feel comes from treating change as loss. It shifts with age, hormones, pregnancy, postpartum, perimenopause and menopause, illness, medication, grief, and the arrival and departure of relationships. Different is not broken. A body at fifty-five is not a failed version of a body at twenty-five, and expecting it to behave identically is a guarantee of unnecessary sadness.

Be careful, too, with the modern pressure to be sexually 'liberated'. Wellness culture has quietly created a new obligation: be adventurous, be uninhibited, want things. That is the same coercion wearing a friendlier face. Autonomy means your sexuality can be modest, private, occasional, absent, or exuberant — and it is nobody's business to grade it.

The practical shape of self-acceptance is unremarkable and steady: knowing what you like and not apologising for it; knowing what you don't and not performing it; caring for your sexual health as ordinary healthcare; letting the volume rise and fall without panic; and speaking to yourself, when something changes, the way you would speak to a friend rather than an inspector.

PRACTICE

Write a short, honest description of your sexuality as it is now — not as you think it should be. Keep it private; it is for you.

JOURNAL PROMPT

“What would change if I stopped grading my sexuality altogether?”

CARRY THIS

Different is not broken.

YOUR WRITING SPACE

Pleasure and partnership

Mutual, not managed

The last module brings everything into the place it usually has to live: a relationship, with another person who has their own preferences, moods and history. Everything you now know about your body and your limits becomes useful only when it can be spoken and received.

Start with the standard, plainly stated. In a healthy sexual relationship your no is respected without cost; your yes is genuine rather than negotiated out of you; both people's pleasure is treated as equally relevant; you can say something didn't work without an argument; and you can change your mind at any moment. If any of those are missing, that is the problem to address — not your responsiveness.

For long relationships there are two ordinary, unglamorous truths. Frequency almost always declines and this is not evidence of failure; and desire discrepancy — one person wanting more than the other — is one of the most common situations in couples, not a fault line. It is resolved through honest conversation, unpressured affection, and a shared understanding that neither obligation nor rejection is the only alternative. It is never resolved by keeping score.

Then a caution about the peace-keeping habit many women learn early: agreeing to avoid disappointing someone, faking enjoyment to protect a partner's feelings, or treating your own comfort as the flexible item. It works briefly and then it teaches your partner an inaccurate map of you — which means the relationship becomes harder to fix the longer it runs on false information. Kindness that erases you isn't kindness; it's a slow disappearance.

Close with the principle that runs through the entire programme. Your body belongs to you. Your sexuality does not exist to satisfy someone else, prove your love, keep a relationship together, or meet an expectation you never agreed to. Pleasure without shame, sexuality without prejudice, connection without losing yourself — and if anything here surfaced pain, health concerns or memories that need care, take that to a doctor, a gynaecologist or a qualified sex or trauma therapist. This programme is education, and a good next step, not a substitute for it.

PRACTICE

Write the standard you hold for a sexual relationship in five lines. Then write one sentence you will say to a partner — current or future — about something that matters to you.

JOURNAL PROMPT

“Where have I treated my own comfort as the flexible item?”

CARRY THIS

My body is mine. My yes and my no are both real.

