

SECOND EDITION

New Directions in

Sex Therapy

INNOVATIONS
AND ALTERNATIVES

Edited by
Peggy J. Kleinplatz



New Directions in

**Sex
Therapy**

Praise for the second edition of *New Directions in Sex Therapy*

“This is a groundbreaking book, innovative, and forward looking. It exposes some current myths about sexuality, sexual dysfunction, and the goals of sex therapy. It is humane, responsive to human needs, and creative.”

—**Arthur C. Bohart, Ph.D., Professor Emeritus, California State University Dominguez Hills**

“This is an excellent book—both scholarly and accessible! Instead of emphasizing mechanistic techniques as so many ‘sex therapy’ books do, Dr. Kleinplatz’ book presents a wise and deeply human approach that honors the client. I strongly recommend this book.”

—**David N. Elkins, Ph.D., President, Division 32, Society for Humanistic Psychology,
American Psychological Association**

“In this era of medicalization and insurancification of human sexuality, *New Directions in Sex Therapy* is a crucial read for all mental health professionals. The authors are powerful voices of a paradigm shift that should change the field forever.”

—**Lin Myers, Ph.D., Professor of Psychology, CSU Stanislaus, California**

“The innovations are supported with case studies to help the therapist to approach sexual concerns in ways that are ‘outside the box.’ A comprehensive guide for both new and seasoned sex therapists and an excellent read for others interested in sexual health.”

—**Beverly Whipple, Ph.D., R.N., F.A.A.N., Professor Emerita, Rutgers, The State University
of New Jersey**

“Dr. Kleinplatz and her fine group of authors encourage us to take a hard look at how we conceptualize and address sexual problems and, indeed, how we and our patients even define what comprises a meaningful sexual experience.”

—**S. Michael Plaut, Ph.D., Adjunct Professor, Department of Psychology, University of
North Carolina Wilmington; Past President, Society for Sex Therapy and Research; former
editor, Journal of Sex Education and Therapy**

New Directions in

**Sex
Therapy**

INNOVATIONS
AND ALTERNATIVES

Edited by
Peggy J. Kleinplatz

 **Routledge**
Taylor & Francis Group
New York London

Routledge
Taylor & Francis Group
711 Third Avenue
New York, NY 10017

Routledge
Taylor & Francis Group
27 Church Road
Hove, East Sussex BN3 2FA

© 2012 by Taylor & Francis Group, LLC

Routledge is an imprint of Taylor & Francis Group, an Informa business

Printed in the United States of America on acid-free paper

Version Date: 20120126

International Standard Book Number: 978-0-415-88752-6 (Hardback)

For permission to photocopy or use material electronically from this work, please access www.copyright.com (<http://www.copyright.com/>) or contact the Copyright Clearance Center, Inc. (CCC), 222 Rosewood Drive, Danvers, MA 01923, 978-750-8400. CCC is a not-for-profit organization that provides licenses and registration for a variety of users. I organizations that have been granted a photocopy license by the CCC, a separate system of payment has been arranged.

Trademark notice: Product or corporate names may be trademarks or registered trademarks, and are used only for identification and explanation without intent to infringe.

Library of Congress Cataloging in Publication Data

New directions in sex therapy : innovations and alternatives / edited by Peggy J.

Kleinplatz. -- 2nd ed.

p. cm.

Includes bibliographical references and index.

ISBN 978-0-415-88752-6 (hardback)

1. Sex therapy. 2. Sexual disorders--Treatment. I. Kleinplatz, Peggy J.

RC557.N49 2012

616.85'8306--dc23

2011049289

Visit the Taylor & Francis Web site at

<http://www.taylorandfrancis.com>

and the Routledge Web site at

<http://www.routledge mentalhealth.com>

[Acknowledgments](#)

[Editor](#)

[Contributors](#)

[Advancing Sex Therapy or Is That the Best You Can Do?](#)

PEGGY J. KLEINPLATZ, Ph.D

[PART I. CRITIQUES OF CONVENTIONAL MODELS OF SEX THERAPY](#)

[A Preview of the Critiques and Their Implications](#)

1. [On the Need for a New Direction in Sex Therapy](#)

BERNARD APFELBAUM, Ph.D.

2. [The “New View” Campaign: A Feminist Critique of Sex Therapy and an Alternative Vision](#)

LEONORE TIEFER, Ph.D.

3. [Sex Therapy for Men: Resolving False Dichotomies](#)

GARY R. BROOKS, Ph.D. AND WILLIAM B. ELDER, M.S.

4. [A Phenomenology of Sexual Experiencing](#)

CHRISTOPHER M. AANSTOOS Ph.D.

5. [The Challenging Landscape of Problematic Sexual Behaviors, Including “Sexual Addiction” and “Hypersexuality”](#)

PAUL JOANNIDES, Psy.D.

6. [Ethics and Sex Therapy: A Neglected Dimension](#)

DANIEL N. WATTER, Ed.D.

7. [Is That All There Is? A New Critique of the Goals of Sex Therapy](#)

PEGGY J. KLEINPLATZ, Ph.D.

[PART II. New Alternatives/Innovations in Sex Therapy: A Preview of New Clinical Alternatives and Innovations](#)

8. [Sexual Medicine, Sex Therapy, and Sexual Health Care](#)

9. [Sexual Choreography™: “Am I Enjoying This Right Now?” Not “How Am I Doing?”](#)

CAROL RINKLEIB ELLISON, Ph.D.

10. [Cultural Diversity and Sensitivity in Sex Therapy](#)

DAVID S. RIBNER, D.S.W.

11. [Approaching Your Highest Sexual Function in Relationship: A Reward of Age and Maturity](#)

JEANNE SHAW, Ph.D.

12. [Feedback-Informed Treatment \(FIT\): Improving the Outcome of Sex Therapy One Person at a Time](#)

SCOTT D. MILLER, Ph.D. AND KAREN M. DONAHEY, Ph.D.

13. [The Good Enough Sex \(GES\) Model: Perspective and Clinical Applications](#)

MICHAEL E. METZ AND BARRY W. MCCARTHY

14. [Goodbye Sex Therapy, Hello Undergoing My Own Transformation](#)

ALVIN R. MAHRER, Ph.D.

15. [Hearts' Desires](#)

DAVID TREADWAY, Ph.D.

16. [Healing the Sexual Repercussions of Sexual Abuse](#)

WENDY MALTZ., D.S.T

17. [The Honeymoon Is Over: Narrative Sex Therapy for Long-Term Lesbian Partners](#)

MARNY HALL, Ph.D.

18. [HIV Serodiscordant Male Couples: Special Considerations for Sex Therapy](#)

ALEX CARBALLO-DIÉGUEZ, ROBERT H. REMIEN AND TIMOTHY FRASCA

19. [Understanding Gender Nonconformity and Transgender Identity: A Sex-Positive Approach](#)

ARLENE ISTAR LEV, I.C.S.W.-r., C.A.S.A.C. AND SHANNON SENNOTT, L.M.S.W.

20. [Keys to the Sexual Mysteries: An Integrative Model for Exploring Clients' Stories](#)

GINA OGDEN, Ph.D., LMFT

[Index](#)

Acknowledgment

The first edition of this book resulted from Alvin R. Mahrer, Ph.D. encouraging me to try to improve the field of sex therapy. He asked me about the writers I admired, had learned from, and respected. Could I bring these innovative thinkers and clinicians together, creating a forum for them to provide an alternative vision? With his guidance, the plan for *New Directions in Sex Therapy: Innovations and Alternatives* began to take shape. Twelve years later, I am still calling my mentor of a lifetime for advice, honest feedback, clarity and transfusions of courage. The brilliant illumination of his model philosophy of science, psychotherapy research and practice remain the guideposts for my work. He continues to tell me to say what I believe in candid, lucid, undisguised sentences. Al, I am working on it.

I would like to thank George P. Zimmar, Ph.D., Publisher at Routledge for pointing out the need for a second edition of *New Directions in Sex Therapy*. In a time of exploding research, it is all the more critical to ground clinical practice in theory. He and his staff at Routledge/Taylor and Francis, particularly Marta Moldvai, Senior Editorial Assistant and Prudence Taylor Board, Project Editor have been invaluable in their unflinching enthusiasm for *New Directions in Sex Therapy* and their ideas for strengthening it. Their professionalism and sense of devotion to the contributors' own voices have sharpened and clarified our thoughts. Their kindness has made it a pleasure to work together.

I also appreciate the willingness of those colleagues who contributed chapters to this book to entrust their writing to me and to this endeavor. I am especially indebted to long-time collaborators and friends Daniel N. Watter, Ed.D., David S. Ribner, D.S.W. and comrade in advocacy Charles Moser, M.S.W., Ph.D., M.D.

Margaret Lubowiecka and Andy Lubowiecki's organizational skills, glowing warmth, caring and friendship made it possible for me to keep my energies focused, again, throughout the duration of the project.

I am especially appreciative of the support and encouragement of my students at the University of Ottawa and at Saint-Paul University, as well as from my fellow BESTCO members (Board of Examiners in Sex Therapy and Counselling in Ontario).

I want to thank all the members of the University of Ottawa Optimal Sexuality Research Team, especially stalwarts and dear friends, Dana Ménard, M.A., Nicolas Paradis, M.Ed. and Meghan Campbell, Psy. D. for puzzling with me as we attempt to discover what makes sex worth wanting and whether an old lover can experience erotic ecstasy.

Thanks also to two extraordinary editors, Michael Barrett, Ph.D., and Thomas Greening, Ph.D., who continue to inspire those fortunate enough to witness their life-long passions for their work.

I owe heartfelt gratitude to the family and friends, old and new, who offered the nurturance that sustained me in the completion of this book. These people include Charles Moser, M.S.W., Ph.D., M.D. and lifelong buddies Mitchell Caplan, Daniel Ziniuk, Jack Buksbaum and Shirah Weinberg-Hecht, Ph.D. No one could ask for a more devoted sister than Irit Sterner, Ph.D. I am enriched for having all of them in my life.

Finally, I thank my beloved. Any old magician can perform sleight of hand, creating illusions that disappear all too quickly. Only an alchemist can perform enduring magic, transforming time itself. I am blessed to share our past and future together. Thank you for continuing to fill my life with awe and delight.

Peggy J. Kleinplatz, Ph.D., is Professor of Medicine and Clinical Professor of Psychology at the University of Ottawa. She is a clinical psychologist, Certified in Sex Therapy, Sex Education, and as a Diplomate in and Supervisor of Sex Therapy. Since 1983, she has been teaching human sexuality at the School of Psychology, University of Ottawa, where she received the Prix d'Excellence in 2000. She is a former Chair of Certifications for the American Association of Sexuality Educators, Counselors and Therapists. She has published extensively on sexual problems with the intent to challenge, expand, and diversify the field of sex therapy. Her clinical work focuses on eroticism and transformation. Her current research focuses on optimal sexuality, with a particular interest in sexual health in the elderly, disabled, and marginalized populations.

Christopher M. Aanstoos earned his Ph.D. in psychology at Duquesne University. He is a Professor of Psychology and member of the graduate faculty at the University of West Georgia. He has lectured widely on four continents, authored over a hundred publications, edited three books, most recently *Studies in Humanistic Psychology*, and served as a past editor of the journal *The Humanistic Psychologist*. He is a fellow of the American Psychological Association and has also served as president of its Division of Humanistic Psychology. Address: Department of Psychology, University of West Georgia, Carrollton, GA, 30117. Email: aanstoos@westga.edu.

Bernard Apfelbaum received his Ph.D. in clinical psychology from the University of California, Berkeley, served on the staff of the campus Psychiatric Clinic and as part-time faculty in the Psychology Department Graduate Program, and has been in full-time private practice since then. The approach he is known for, Ego Analysis, informs his chapter as well as his workshops, seminars, and publications in three categories: general therapy issues, sex and sex therapy, and psychoanalysis. For selected papers and bibliography, see www.bapfelbaumphd.com.

Gary R. Brooks, Ph.D., is a Professor in the Doctor of Psychology Program at Baylor University, after having been employed for 28 years as a psychologist with the Central Texas VA. He is a fellow of the American Psychological Association and has been president of APA's Division of Family Psychology and the Society for the Psychological Study of Men and Masculinity. He received the 1996 Distinguished Practitioner Award of the APA Division of Men and Masculinity, the 1997 Texas Distinguished Psychologist Award, and the 2010 Outstanding Contribution Award of the APA Division of Men and Masculinity. He has authored or coauthored six books, the latest of which is *Beyond the Crisis of Masculinity: A Transtheoretical Model for Male-Friendly Therapy* (APA Books).

Alex Carballo-Diéguez, Ph.D., is a Professor of Clinical Psychology in the Department of Psychiatry at Columbia University. He is also Associate Director and senior Research Scientist at the HIV Center for Clinical & Behavioral Studies at New York State Psychiatric Institute. His research focuses on primary prevention of HIV transmission: acceptability of and adherence to vaginal and rectal microbicide use among women and men, use of rapid HIV home tests to screen sexual partners, and determinants of sexual risk behavior among men who have sex with men. He is particularly interested in exploring the application of information technology tools to social and behavioral research. His studies are being conducted both in the United States and in Latin America (Argentina).

Maura Devereux, P.A.-C., is a Physician Assistant working with Dr. Charles Moser in San Francisco. She received her physician assistant training with the Primary Care Associate Program at the Stanford School of Medicine and has a Master's in Medical Science from Saint Francis University. She has a Bachelor of Science in Journalism and a Bachelor of Arts in Humanities from the University of Colorado at Boulder. Her practice with Dr. Moser focuses on sexual medicine.

Karen M. Donahey, Ph.D., is an Associate Professor in the Feinberg School of Medicine Northwestern University in Chicago, Illinois, and the former director of the Sex and Marital Therapy Program in the Department of Psychiatry and Behavioral Sciences. She works with individuals and couples in private practice.

William B. Elder, M.S., is a Ph.D. candidate (Counseling Psychology Program) at the University of Utah. He received bachelor's degrees in psychology and gender studies at the University of Utah, as well as a master's degree in Counseling. He currently works in private practice and is an adjunct faculty member of the Gender Studies Program at the University of Utah. His clinical and research interests are in marriage and relationships.

Carol Rinkleib Ellison, Ph.D., is a California psychologist in private practice and author of *Women's Sexualities: Generations of Women Share Intimate Secrets of Sexual Self-Acceptance*. From 1990 to 2005, she was an Assistant Clinical Professor with the Department of Psychiatry at the University of California, San Francisco. A Fellow with the Society for the Scientific Study of Sexuality, Ellison is an esteemed researcher and instructor of courses for nurses and mental health professionals. She is a AASECT-certified Sexuality Educator and Diplomate of Sex Therapy. Her Ph.D. is in Medical Psychology.

Timothy Frasca, M.P.H., is a Research Project Manager at the HIV Center for Clinical & Behavioral Studies. He spent 20 years as a journalist in Latin America and cofounded and directed the first HIV prevention and advocacy organization in Chile.

Marny Hall, Ph.D., psychotherapist and author, specializes in sex therapy with lesbian couples. She has presented aspects of her work at conferences and seminars in North America, the Netherlands, Italy, and the United Kingdom. Her publications include numerous articles and four books: *The Lavender Couch: Women's Sexualities*, *The Lesbian Love Companion*, and *Queer Blues* (coauthored with Kimeron Hardin). Hall lives and works in the San Francisco Bay Area.

Paul Joannides, Psy.D., is a research psychoanalyst. He is a past member of the editorial board of the *American Journal of Sexuality Education* and is currently on the board of directors of the *Journal of Sexual Medicine*. Paul is the author of the *Guide to Getting It On*, currently in its sixth edition, which is used in college and medical-school sex education courses. He has also authored chapters in the four-volume *Praeger Perspectives: Sexual Health and Taking Sides*. He is an NCAA-approved speaker for college athletes and writes a Psychology-Today blog on sexuality.

Peggy J. Kleinplatz, Ph.D., is Professor of Medicine and Clinical Professor of Psychology at the University of Ottawa. She is a clinical psychologist, Certified in Sex Therapy, Sex Education, and a Diplomate in and Supervisor of Sex Therapy. Since 1983, she has been teaching human sexuality at the School of Psychology, University of Ottawa, where she received the Prix d'Excellence in 2000. She was former Chair of Certifications for the American Association of Sexuality Educators, Counselors and Therapists. She has published extensively on sexual problems with the intent to challenge, expand, and diversify the field of sex therapy. Her clinical work focuses on eroticism and transformation. Her current research focuses on optimal sexuality, with a particular interest in sexual health in the elderly, disabled, and marginalized populations.

Arlene (Ari) Istar Lev, L.C.S.W.-R., C.A.S.A.C., is a social worker, family therapist, educator, and writer whose work addresses the unique therapeutic needs of lesbian, gay, bisexual, and transgender people. She is the Founder and Clinical Director of Choices Counseling and Consulting and the Training Institute for Gender, Relationships, Identity, and Sexuality (TIGRIS) in Albany, New York, and is a part-time lecturer at the University at Albany, School of Social Welfare and Empire College. Lev has authored numerous journal articles and essays including authoring two books: *The Complete Lesbian and Gay Parenting Guide* and *Transgender Emergence: Therapeutic Guidelines for Working with Gender Variant People and Their Families*, winner of the American Psychological Association (Division 42) Distinguished Book Award, 2006.

Alvin R. Mahrer, Ph.D., is a Professor Emeritus, School of Psychology, University of Ottawa. He is the author of 25 books, 11 on the implications of philosophy of science for psychotherapy since his “retirement” and over 250 other publications. He was the 1997 recipient of the American Psychological Association (APA) Division of Psychotherapy’s Distinguished Psychologist Award, the 2002 Living Legend in Psychotherapy Award, APA, and the 2005 Rollo May Award for Pursuit of New Frontiers, APA, Division 32. He is probably best known for his Experiential Psychotherapy, his experiential model of personality, his discovery-oriented approach to psychotherapy research, and his philosophy of science for the field of psychotherapy. Address: 519 King Edward Avenue, Ottawa, Ontario, K1N 7N3 Canada.

Wendy Maltz, L.C.S.W., DST, is an internationally recognized author, psychotherapist, and certified diplomate sex therapist with more than 30 years in the field. Her books include *The Sexual Healing Journey: A Guide for Survivors of Sexual Abuse*, *The Porn Trap: The Essential Guide to Overcoming Problems Caused by Pornography*, *Private Thoughts: Exploring the Power of Women’s Sexual Fantasies*, *Intimate Kisses: The Poetry of Sexual Pleasure*, and *Passionate Hearts: The Poetry of Sexual Love*. Maltz is the producer of *Partners in Healing* and *Relearning Touch*, two highly acclaimed video productions for couples who are healing intimate problems caused by sexual abuse. She is codirector of Maltz Counseling Associates and an adjunct professor at the University of Oregon Graduate Program in Couples and Family Therapy in Eugene, Oregon. Her web site is www.HealthySex.com.

Barry W. McCarthy, Ph.D., is a Professor of Psychology at American University, practices individual, couple, and sex therapy at the Washington Psychological Center, and is the author of over 90 professional articles, 23 book chapters, and 14 lay public books. He has presented over 350 workshops in the United States and overseas. His main clinical and conceptual interest is in understanding, assessing, treating, and preventing relapse of sexual problems, especially involving sexual desire issues. His work with Michael Metz on the Good Enough Sex model emphasizes a biopsychosocial approach for both clinicians and couples to focus on integrating intimacy, pleasuring, and eroticism to promote positive, realistic sexual expectations throughout the life span.

Michael E. Metz, Ph.D., is a psychologist and marital/couple sex therapist in private practice in Minneapolis/St. Paul, Minnesota. He earned his Ph.D. with distinction from the University of Pennsylvania, Philadelphia and for 12 years served on the faculty of the University of Minnesota Medical School, Department of Family Practice, and directed its marital and sex therapy clinic and postdoctoral

clinical/research fellowship in human sexuality. He is a major proponent for an integrative biopsychosocial approach to resolving relationship and sexual problems and enhancing relationship satisfaction. He has authored 6 books and more than 65 professional articles on relationship and sexual therapy, couple conflict dynamics, relationship satisfaction, sexual medicine, and aging. Web site: www.MichaelMetzPhD.com.

Scott D. Miller, Ph.D., is the founder of the International Center for Clinical Excellence, an international consortium of clinicians, researchers, and educators dedicated to promoting excellence in behavioral health services. He is one of a handful of “invited faculty” whose work, thinking, and research is featured at the prestigious Evolution of Psychotherapy Conference. Miller is the author of numerous articles and books, including *Escape from Babel: Toward a Unifying Language for Psychotherapy Practice* (with Barry Duncan and Mark Hubble [Norton, 1997]), *The Heart and Soul of Change: What Works in Therapy* (with Mark Hubble and Barry Duncan [APA Press, 1999]), *The Heroic Client: A Revolutionary Way to Improve Effectiveness through Client-Directed, Outcome-Informed Therapy* (with Barry Duncan [Jossey-Bass, 2000], and Jacqueline Sparks [revised, 2004]), *Staying on Top and Keeping the Sand Out of Your Pants: The Surfer’s Guide to the Good Life* (with Mark Hubble and Seth Houdeshell [HCI Books, 2003]), and the forthcoming *Achieving Clinical Excellence in Behavioral Health: Empirical Lessons from the Field’s Most Effective Practitioners* (with Mark Hubble and William Andrews).

Charles Moser, Ph.D., M.D., received his Ph.D. in Human Sexuality from the Institute for Advanced Study of Human Sexuality in San Francisco and his M.D. from Hahnemann University (now known as Drexel University College of Medicine). He is Board Certified in Internal Medicine by the American Board of Internal Medicine and is a Fellow of the American College of Physicians (FACP). He is Professor and Chair of the Department of Sexual Medicine at the Institute for Advanced Study of Human Sexuality. He is also affiliated with Sutter Pacific Medical Foundation, where he practices Internal Medicine and Sexual Medicine (the sexual aspects of medical concerns and the medical aspects of sexual concerns). He has authored or coauthored over 40 scientific papers or books. His complete CV can be accessed at <http://home.netcom.com/~docx2/CV.htm>.

Gina Ogden, Ph.D., LMFT, is a sex therapy diplomate and supervisor, and an associate professor at the Institute for Advanced Study of Human Sexuality. Her nationwide survey, “Integrating Sexuality and Spirituality” (ISIS), was supported by visiting scholarships at the Radcliffe Institute for Advanced Study at the Wellesley College Centers for Research on Women, and Harvard Divinity School’s Center for the Study of World Religions. Her most recent books are *The Return of Desire, The Heart & Soul of Sexuality*, and *Women Who Love Sex*. She is working on her next book, *Expanding the Practice of Sex Therapy*, which is the basis for her chapter in *New Directions in Sex Therapy*. She lives in Cambridge, Massachusetts, and teaches internationally. Web site: www.GinaOgden.com.

Robert H. Remien, Ph.D., is Professor of Clinical Psychology (in Psychiatry) at Columbia University. Dr. Remien is director of the HIV Center’s Global Community Core, faculty mentor for HIV Center postdoctoral fellows, and Clinical Supervisor to psychiatric residents in training. His research is focused on mental health, sexual risk behavior, HIV and couples, and adherence to treatment and care; and he has

developed and tested several behavioral interventions in these domains in both domestic and international settings. He also maintains a part-time private practice in clinical psychology in New York City.

David S. Ribner, D.S.W., earned his B.A., Smicha (Rabbinic Ordination), M.S. (history), and M.S.W. degree from Yeshiva University and his doctorate from Columbia University. He is the founder and director of the Sex Therapy Training Program, School of Social Work, Bar-Ilan University, Israel, and is certified as a sex therapist in Israel and the United States. He is in private practice as a sex and marital therapist in Jerusalem, has authored some 40 articles and book chapters, and writes and lectures extensively on cultural sensitivity and sexuality. He is also the coauthor, along with Dr. Jennie Rosenfeld, of *Et Le'ehov (A Time to Love): The Newlywed's Guide to Physical Intimacy*. This groundbreaking volume is the first book to offer guidance and advice on sexual and marital intimacy for Orthodox Jewish couples, and is a model for understanding the interface between religion and sexuality.

Shannon Sennott, L.M.S.W., is an educator, gender justice activist, and a psychotherapist. She was trained at the Smith School for Social Work and the Eastern Group Psychotherapy Society in New York City. She currently practices in the Pioneer Valley of Massachusetts. She founded the advocacy and education organization, TRANSLATE GENDER, Inc. She has developed a transfeminist therapeutic approach in working with differently gendered adolescents, individuals, and families and has introduced this model in her writing. Her therapeutic interests extend to working with couples, polyamorous relationships, BDSM relationships, as well as working with those in alternative family structures. Sennott's clinical orientation is influenced by both the narrative and the open dialogue traditions.

Jeanne Shaw, Ph.D., was a licensed psychologist, clinical nurse specialist, AASECT-Certified Sex Therapist, mother of four, and grandmother of fifteen. She died during the completion of this book and made fulfillment of each of her commitments, including writing [Chapter 11](#), a priority. She has conducted sexuality workshops, seminars, consultation, and supervision in the United States, Australia, Israel, and Canada since 1976. Her publications included the *Journey Toward Intimacy* handbooks for singles, gay, straight, and lesbian couples, and numerous professional articles. She was in the independent practice of psychotherapy in Atlanta, Georgia, for more than 25 years, and spent her final years traveling around the country in her motor home, writing, working occasionally, and playing. (Please see also the Introduction to this book.)

Leonore Tiefer, Ph.D., is a scholar, activist, researcher, and clinician who has specialized in sexuality since the 1970s. Her collected essays, *Sex Is Not a Natural Act*, summarize her social constructionist ideas, and her role in the 2010 documentary, *Orgasm, Inc.*, displays her activism. Follow and join her work on newviewcampaign.org.

David Treadway, Ph.D., is a nationally known therapist and author who has been giving workshops and trainings around the country for the past 30 years. He is the coauthor of *Home before Dark: A Family's Portrait of Cancer and Healing* (Union Square Press, 2010). His previous books are *Intimacy, Change, and Other Therapeutic Mysteries: Stories of Clinicians and Clients* (Guilford, 2004), *Dead Reckoning: A Therapist Confronts His Own Grief* (Basic, 1996), and *Before It's Too Late: Working with Substance Abuse in the Family* (Norton, 1989). He is the author of over 100

articles and is a 2002 Psychotherapy Networker award winner for an article selected as one of the best pieces in their 25-year history.

Daniel N. Watter, Ed.D., is a psychologist, marital and family therapist, and specializes in the treatment of individuals and couples experiencing sexual and/or relationship problems. He received his doctorate degree from New York University in 1985, and has also earned a postgraduate certificate in Medical Humanities (with a concentration in Medical Ethics) from Drew University. He is currently an adjunct professor of Psychology at Seton Hall University, a clinical instructor of OB/GYN and Women's Health at the University of Medicine and Dentistry of New Jersey-New Jersey Medical School, and a clinical assistant professor of psychiatry and behavioral medicine at the New York College of Osteopathic Medicine. He has recently completed two terms on the New Jersey Psychological Association's Ethics Committee, including two years as the committee's chairperson. In 2009, Dr. Watter was appointed by the governor of New Jersey to the State Board of Psychological Examiners.

Advancing Sex Therapy or Is That the Best You Can Do

PEGGY J. KLEINPLATZ, Ph.D.

Ten years ago I began the first edition of this book by stating that I had a love-hate relationship with sex therapy. That was in the good old days. Increasingly, the field of sex therapy has become fragmented while the call for new treatments for sexual problems—albeit, not necessarily from patients—has grown. Ten years ago, I worried that popular myths about sexuality might have a deleterious effect on the development of the field. Increasingly, both the Internet and sexologists are disseminating the old/new “truths” that are accepted and entrenched so readily that they eclipse the possibility of analyzing and investigating their basis. Ten years ago, I noted that we behaved as though we had answers to some fundamental questions. Today, the questions themselves have been buried increasingly by a lay and professional discourse that presupposes that we have all the answers we need and the goal now is only to disseminate the existing, received wisdom and to find new treatments for well-understood conditions. Ten years ago I hoped that the field could benefit from new blood and new ways of thinking that might accompany fresh bodies. Ten years later, it is the future of sex therapy itself that is imperiled; it is disconcerting when even our leaders question if we have anything distinctive or, indeed, worthwhile to offer as clinicians.

I realize that this is a dreadful way to introduce a book, except that none of the problems enumerated here is insoluble. Each of these issues will be explored in this introductory chapter. I remain enthusiastic about our collective abilities to respond to these challenges, and it is for that reason that this new edition has been assembled. You are invited to join the contributors to this book as we take a critical look at the issues to be resolved and attempt to advance the work of sex therapy.

I am a Professor at the University of Ottawa and have been teaching Human Sexuality since 1983 as well as teaching Sex Therapy at the affiliated Saint-Paul University. I am certified as a sex therapist, educator, and supervisor and spend most of my time in the practice of sex therapy with individuals and couples (as well as the occasional group). On the side, I study and write about sexuality.

I like the people I meet in the field. The students are eager to learn more about sex, for personal and professional reasons. The clients are hoping to improve their sex lives. The educators, counselors, researchers, and therapists are generally open-minded, progressive, tolerant, and compassionate individuals who seek to broaden the acceptance of sexuality, in all of its manifold manifestations, in society. This has been a good profession, but it is at a crossroads and we must be honest, circumspect, and bold in choosing new directions.

This book takes a critical look at the field of sex therapy or clinical sexology and will try to improve it. The contributors to this book are individuals who would like to strengthen our field. These authors suggest that the cutting edge of sex therapy requires innovations in, alternatives to, and a redefinition of sex and sex therapy as we know it.

The major criticisms and challenges facing the field of sex therapy provide the focus of [Part I](#) of this book, as well as suggesting a need for new alternatives and innovations to advance our work, which a

Current Trends Reify and Dress Up Old Assumptions as the Latest Science

The cultural and intellectual backdrop for our clinical practice is always relevant, whether by facilitating or impeding our efforts. At this time, curiously, it is having paradoxical effects, both making it more likely that individuals/couples will be seeking professional help for their sexual problems and hampering our efforts to actually help them. Everywhere there is talk of sex. In a world where the news cycle—and public attention spans—keep diminishing and becoming shorter, sexual factoids float about that everybody knows. Their veracity or lack thereof is beside the point and gets lost before they can be scrutinized.

What this means is that we have a newly evolving problem: Twenty or thirty years ago, professionals were clearer on which myths were “theirs”, that is, the myths of the uninformed and misinformed lay public versus “our” reality arising from scientific endeavors. Part of our mandate was to distinguish between the falsehoods and the facts. It is far murkier now; we and they seem to hold a lot of shared beliefs that have melded into a huge, amorphous morass.

Here is a sampling of the latest “truths”: Sexual functioning is a normal, natural bodily function. What is natural is good. Sexual satisfaction results from effective genital stimulation. Sexual satisfaction is equated with orgasm. A woman’s attractiveness is determined by her waist-to-hip ratio. Size matters. There are fundamental differences between men’s and women’s sexuality. Men are more naturally sexual than women. Sex should occur within a particular range of frequency (rarely articulated but imagined nonetheless). There is a correct amount of desire. Desire is caused by testosterone. Intimacy is caused by oxytocin. If desire is low, testosterone levels should be checked. Lack of desire is necessarily problematic. Lots and lots of sexual desire is suspect at best. Sexual addiction is a disease. Women’s sexuality is far more complicated than male sexuality. Men are after one thing...and are hard-wired that way. Women need to be wooed to respond to men’s sexual overtures. Sexuality is essentially driven by the need to reproduce. Sexual desire is designed to be hot and heavy for about two years—a process determined by evolution—after which the bonding chemical takes over. Homophobia is a thing of the past. Orgasms should be properly timed: Men should not reach orgasm too soon; women cannot reach orgasm soon enough. Birth control is synonymous with hormonal contraceptives, primarily oral contraceptive pills. Ask your doctor.

Adhering to conventional ideas of sex and feeding into normative performance standards creates a myriad of problems (Irvine, 2005; Reiss, 1990). To the extent that we behave as if these unproven assumptions are facts, we are poorly situated to understand sexual difficulties and to help people deal with them.

Sociocultural Changes and Their Impact in the New Millennium

The role of the Internet and the Web in defining, narrowing, and expanding sexual options, norms, and ideals has had a huge impact on our society and our clinical practices in recent years. On the one hand, the Web in general and social media in particular have enabled sexual minority members of every conceivable variety to feel they are not alone. The Web has allowed individuals who once felt freakish

and alone to connect with like-minded souls and to have a sense of belonging. That alone has an important and therapeutic value.

On the other hand, it has created several clinical and intellectual challenges that confront us daily: The same technology that has provided breadth and diversity at the margins has narrowed and flattened norms, creating the perception of homogeneity at the center. Images of mainstream sexuality as depicted in Internet pornography have increasingly set the standards for the new “normal”. Prevailing images of “sex” are now *more* focused on performance than in the 1970s (see Zilbergeld [1978], who warned of the dangers of the performance orientation even then); correspondingly, there is less focus on pleasure, desire, feeling turned on during sex, communication, or intimacy than ever (Kleinplatz, 2011).

In mainstream porn, heterosexual intercourse is portrayed as the normal route to instant female satisfaction; sex is effortless and easy; men are always completely erect; sex is unrelated to intimacy—fact, sex is separate from everything else; anal intercourse is eagerly welcomed by all men and women; all women love “facials”; sex is never interrupted unless it is by a third party who suddenly materializes for a threesome; girl-on-girl action is always desired and desirable; male orgasm is inevitably accompanied by women’s loud moans and groans. Along the way, Internet porn has created new aesthetics, including the now standard Brazilian wax jobs; cosmetic staining for one’s labia minora, color-coded by race, so that every woman’s lips can look “fresh”, “youthful”, and pink (i.e., rosier for white women, paler for black women); anal bleaching and the impression that the labia minora should never extend past the labia majora.

The message promulgated is that when women are aroused, they, too, become lust-driven animals willing to do anything, just as men are. Actually, this notion is hardly new. It was the same message conveyed in Victorian pornography 130 years ago. The idea that men and women are ineluctably different is hardly new. The essentialism that predominated during the Victorian era is back—or perhaps it never left. To the extent that the cultural Zeitgeist enforces the idea that men and women are fundamentally opposite sexes—then as now—our sexual fantasies are bound to the notion that underneath the posturing and pretenses, we are really all alike.

The prevalence, penetration, and saturation of these impressions into the consciousness of the public has been facilitated or exacerbated by the ready and ubiquitous access to porn. The private nature of the viewing experience makes it harder to question, let alone unpack the sex script portrayed in porn, while at the same time leaving the viewer with the sense of instant expertise that can be conferred upon him/her by virtue of watching material usually hidden from public view and scrutiny.

The Public Discourse Is Everywhere Juxtaposed Alongside Institutionalized Ignorance, Private Shame, and Their Fallout for Our Field

The messages cleverly packaged in pornographic imagery would be of little consequence in a culture where we could talk openly with one another about sex. If there were some way of countering the omnipresent messages, we could indulge in them for what they are—tantalizing fiction—no more and no less. However, in a culture that actually aims for institutionalized ignorance, the consequences of having a limitless supply of drivel with scarce access to comprehensive sex education means that sex therapists are left to contend with the casualties of abstinence-only sex education. The United States currently has the highest rate of unwanted pregnancies in the Western world. Even that pales in comparison to the

skyrocketing rates of sexually transmitted infections. Those data are relatively easy to measure. The impact on private, sexual intimacy is much harder to delineate. It seems as if everywhere, we are surrounded by public attention to sex. It is in private, particularly in heterosexual relationships, that couples are unable to share with each other how they really feel, what they really want, and how each feels special, contrary to stereotypes. This leaves many people feeling alone, alienated, and defective. People everywhere are sure that they are having less sex than their neighbors, fewer orgasms, more performance difficulties, and that only their problems are unique.

The Internet has also brought with it all manner of perceived new dangers, real or imagined, that threaten conventional society with yet another form of sexual licentiousness. "Sexting" is everywhere and should it include adolescents, reactions to it have created a new category of sex offenders, listed on criminal registries for the rest of their lives. Although there is no consensus among professionals about "sexual addiction", the term has rapidly taken hold as has the new scourge of "Internet porn addiction." Celebrities from politicians to athletes to actors have been at the center of sex scandals, which have led to public shaming; acts of contrition; apologies to their families, constituents, and fans; and confession of the evils of pornography and temptation, with further repentance by way of sex addiction rehabilitation programs.

Public Consensus and Professional Controversy: Men, Women, and Desire "Disorders"

Although the public believes we have consensus, considerable controversy surrounds clinical conceptions of high and low sexual desire. Outside the celebrity spotlight, real people are drawn or dragged into our offices in the mistaken belief that we have already established diagnosis and treatment protocols for "sex addicts". We are now confronted by individuals and spouses who want us to treat the patient/addict and restore normal sexuality when the complaint itself and the vision of the "fixed" patient are themselves illuminating and somewhat disturbing. Just as our society is conflicted about appropriate sexual behavior, the field remains divided along ideological as much as by clinical differences regarding what sorts of sexuality should be normalized and which should be pathologized.

Kafka (2010) has proposed adding Hypersexuality Disorder to the *DSM-5*, which would, theoretically, apply to both sexes. However, Kafka acknowledges that in practice, much less is known about hypersexuality in women than in men and that the prevalence of hypersexuality would seem to be low in women, too, so the diagnosis would apply primarily to men. This proposal has been criticized from all sides: from those who conceptualize the problem as addiction to those who question if the problem is *sexual* to those who question if there is a ***problem at all***.

Equally contentious are notions on the other end of the spectrum about low desire. It has been proposed (Brotto, 2010) that, in women, low arousal and low desire be combined in one category: Sexual Interest/Arousal Disorder or Sexual Arousability Disorder in women. (The existing *DSM* nosology, which distinguishes between erectile dysfunction and low desire, would remain unchanged for men.) The rationale for collapsing the categories in women includes the beliefs that women cannot distinguish between their own arousal and desire and that women's sexual desire may be more fundamentally responsive than men's (Brotto, 2010). Men's sexual desire is hypothesized to be spontaneous and initiatory, while women's sexual desire is said to be more receptive (Basson, 2001, 2002).

2010). Although this model has been endorsed by only one-third of women (Sand & Fisher, 2007), it has become popular among clinicians (e.g., Weiner-Davis, 2003).

It has become “politically correct” to focus on the fundamental differences between men and women (Bancroft, 2009) on both ends of the political spectrum. No profit is generated from the discourse on how men and women are alike (Kleinplatz, 2011). Although the similarities between male and female sexuality are greater than the differences, and some areas have even converged in recent years (e.g., reports of intercourse incidence, extramarital sex, sexual permissiveness), ideas about these behaviors (e.g., the double standard) have actually diverged over time (Peterson & Hyde, 2010). Similarities between men and women are no longer highlighted in this and other contexts (Peterson & Hyde, 2010). It may be time for a more balanced reconsideration of gender and desire (Meana, 2010).

What Do We Know, and When Did We Know It?

The field acts as if we had answers to questions that have seldom been asked, and so the assumptions built into the practice of sex therapy are never articulated and remain difficult to identify, challenge, dislodge, etc. These questions include: What is sexuality? What makes an experience “sexual”? What is the role of the body in sexual experience? Why do some things seem powerfully erotic to some people and abhorrent to others, and irrelevant to still others, leaving them cold? To what extent are fantasies, desires, or preferences subject to change? Are all people capable of some kind of sexual feeling? What is “normal” sexuality? What is the relationship between “normal” and “abnormal” sexuality, and what can we learn about one from the other? What kinds of sex do we want to promote? How are we to conceptualize sexual problems? What is the context in which certain things come to be defined and come into existence as sexual problems? What should our goals be in dealing with sexual problems? These questions seem to be so laughably simple as to be almost absurd, but we have yet to tackle them. This seems ironic given that it is practitioners, unlike theoreticians, who most need answers to these questions or at least to have working hypotheses. It is clinicians who require a set of provisional principles in order to engage in therapy.

The Adverse Impact of Professional Trends: What Is “Sex Therapy” at the Moment?

Four interrelated trends have converged to isolate sex therapy from the broader worlds of psychotherapy in particular and health care in general. The first of these is the current conceptualization of sexuality itself and the resulting/corresponding limitations around our clinical parameters. The second is the simultaneous narrowing of the field and splintering of our professional bodies. The third is the reduction in training at the same time that patients are being told to “ask their doctors” for help with sexual problems. The fourth is the estrangement of sex therapy from developments in psychotherapy research over the last 20 years, which have left our treatment models impoverished and our clinicians relegated to using paradigms that are not necessarily applicable to human sexual difficulties. Together, these trends have thwarted the advancement of sex therapy as follows.

Sex Therapy Has Devolved Into Treatment of Symptoms of Sexual Dysfunctions

Social and technological changes have led to increased public attention to sexuality, thereby concealing and accentuating personal discomfort with one's own sexuality. Consequently, more people seek clinical services. But whose services they will actually receive is quite another matter.

In 2001, I wrote of the coming of age of sex therapy as a profession. The situation has changed quite dramatically in the interim. Although individuals and couples are still seeking more fulfilling sex lives, the emphasis is increasingly limited to treatment of symptoms of sexual dysfunctions and disorders. These are not necessarily the same thing, but the distinction between promoting sexual gratification versus merely ameliorating sexual symptoms may be lost on both the public and the new frontline providers of services. The more groundbreaking project of sex therapy itself has been eclipsed as we have settled for fixing performance problems rather than optimizing sexual potential (Kleinplatz, 1999, 1996, 2006, 2010; Ogden, 2007; Schnarch, 1991, 1997; Shaw, 1997).

Almost from the moment that Viagra™ was released in the U.S. market in March 1998, the advertising slogan, "Ask your doctor," helped to open discussion in physicians' offices about sexuality. That is unquestionably a laudable development. My objection here is to the implication that sexual problems are to be understood primarily as technical difficulties, subject to treatment and cure devoid of the psychological, relational, and social contexts in which they come to be perceived as problematic. More fundamentally, even the difference between carefully assessing and/or dealing with the underlying problems versus treating only the presenting sexual symptom has been obscured. In fact, to the extent that we confound sexual symptoms with the underlying problems they mask, clinicians may be inclined to target the wrong problem, which can make matters worse instead of better. To go yet a step further, if we ignore the underlying purpose—not the cause—of the symptom, we will fail to appreciate how the symptom is generated by these same contexts (Kleinplatz, 1998, 2004, 2006, 2007). Patients referred for treatment of dyspareunia are further hurt when lubricants are prescribed instead of careful attention to the hurried sexual stimulation that turns them off. When the man with the soft penis is enabled to attain erections sufficient for penetration despite his lack of attraction to a partner who belittles him, his subjective experience has been denied and designated irrelevant. The possibility that any man whose functions well would and should be *unable* to get an erection is often barely considered (Kleinplatz, 2004). When the woman who is so reluctant to become pregnant in this marriage that her vagina introitus quietly objects to the intrusion of a penis is treated by Botox™ for vaginismus, her concerns about her family's future have been circumvented and silenced anew.

Is it any wonder that in recent years, as mechanical problems that obstruct intercourse have been treated "successfully", there have been increasing reports of far more complex problems such as low desire (Leiblum, 2010), delayed ejaculation (Hartmann & Waldinger, 2007; Perelman, 2010; Perelman, McMahon, & Barada, 2004; Perelman & Rowland, 2008; Waldinger, 2010), and of young men faking orgasm (Muelenhard & Shippee, 2010)?

Narrowing of the Field: The (Further) Rise of Biological Reductionism

In 2001, I expressed concern over the consequences of "success" in the field of sex therapy leading to our being isolated from the larger field of psychotherapy. A variety of forces have contributed to the further

intellectual deprivation of the field of sex therapy as our rightful allies in related therapy disciplines continue to grow. In 1994, Schover and Leiblum warned presciently of the medicalization of sex therapy. By the time the “Viagra™ moment” had left its mark upon our society and our field, their prediction had more than been realized, although perhaps not in the ways many would have predicted. In 1998, just before the release of sildenafil citrate, the first of the phosphodiesterase type-5 inhibitors [PDE-5], our physician colleagues warned us that our business would soon be reduced dramatically, with men seeking out urologists (and later family physicians) instead of sex therapists. On the contrary, our business doubled; it was precisely the fact that men—and their partners—could no longer avoid seeing the complexity of men’s sexual functioning in interpersonal context that led to the flourishing of our practices and, not so coincidentally, a spate of articles on “the role of the mental health professional in dealing with patient non-compliance” (e.g., Althof, 2002; Wise, 1999). Nonetheless, one major impact of the new emphasis on organic factors in the treatment of sexual dysfunctions was the reconceptualization of sexual problems—and sexuality itself—in terms of biological reductionism (Loe, 2004).

Increasing Estrangement From Psychotherapy and Its Research Data

We increasingly gave lip service to “biopsychosocial” (in that order) models of sexual dysfunction as we touted the value of interdisciplinary teams. In reality, what truly had begun as an interdisciplinary field became increasingly cut off from its admixture of roots. We increasingly colluded to profit from a model that advocated randomized clinical trials (RCTs), “best practices”, and empirically validated treatment (EVTs) as if these notions and the intellectual baggage cached cleverly inside of them were theoretically neutral. Research models that may be ideal for pharmaceutical investigation, i.e., the “gold standard” double-blind RCT, may neither be relevant nor appropriate for measuring complex outcomes in psychotherapy practice. Heiman (2002) notes, “endpoints are more restricted and unidimensional in pharmacology clinical trials than in psychosexual studies” (p. 74). The realization that multifactorial, multidetermined problems require commensurately complex clinical strategies—not simple treatment algorithms—and therefore demand more sensitive research paradigms was well established in the world of psychotherapy outcome research more than 10 years ago. Even though the field of psychotherapy has spent the last decade going beyond the crude EVT and HMO fights of the 1990s (c.f., Bohart, 2000; Duncan, Miller, Wampold, & Hubble, 2009; Goldfried & Burum, 2007; Greenberg, 2008; Mahrer, 2000; 2010; Norcross, Beutler, & Levant, 2005; Wampold, 2005, 2007), sex therapy has been blinded to the broader field’s progress.

“Progress” in sex therapy seems increasingly to be predicated on being oblivious to the factors that research has proven lead to patient improvement in psychotherapy. In other words, the increasing isolation of the field of sex therapy (Kleinplatz, 2003) has led us to narrow our vision of available or even possible research/treatment options to those advocated by the natural and biological sciences, whether or not these models are ideally suited to a field claiming the need for comprehensive treatment modes. Astonishingly, we ignore the salient literature (American Psychological Association Presidential Task Force on Evidence-Based Practice, 2006; Bohart, Elliott, Greenberg, & Watson, 2002; Castonguay, Beutler, 2005; Duncan, Miller, Wampold, & Hubble, 2009; Goldfried & Burum, 2007; Greenberg, 2000; Norcross, 2002; Norcross, Beutler, & Levant, 2005; Wampold, 2001, 2005, 2007) that shifts the focus to empirically validated principles of practice. This body of outcome data demonstrates that the factors that

lead to change in psychotherapy comprise, for example, the therapist-patient relationship more than any other variable, including treatment technique, and account for the majority of the variance in outcome.

Splintering of the Profession and Professional Bodies: The Fragmentation of Sex Therapy

The demise of our field as an interdisciplinary meeting ground for clinicians of diverse backgrounds reflected in the current composition of our major professional organizations. The number of clinicians who identify primarily or are trained as sex therapists has dropped dramatically, at least as indicated by the records of the American Association of Sexuality Educators, Counselors and Therapists (AASECT). The number of AASECT-Certified sex therapists has dropped from 928 in 1987 to 442 at present, a drop of 52% over the last 25 years. Of the current certified sex therapists and counselors combined, fewer than 5% (15) are physicians. Similarly, the interdisciplinary Society for the Scientific Study of Sexuality (SSS) lost 42% of its membership over the last 20 years, which has fallen from 1,198 in 1992 to 700 as of 2011. Only the Society for Sex Therapy and Research (SSTAR), the smallest of our “major” organizations, has remained relatively constant by design, at 263 in 1993 and 271 at present. A new organization was established in 1999, originally known as the Female Sexual Function Forum and since 2001 as the International Society for the Study of Women’s Sexual Health (ISSWSH). As of 2011, ISSWSH membership had swelled to 909 members, with 52% physicians (of whom 108 are urologists and 112 gynecologists) rather than clinicians trained/identifying as sex therapists. (It had followed the establishment in 1982 of the International Society for Impotence Research.) The latter is currently known as the International Society for Sexual Medicine and now boasts 1,982 members. Approximately 75% of its members are urologists.

It seems a shame that we are losing the critical mass of colleagues with a similar or at least complementary base of training in sex therapy and the opportunity to meet on a regular basis and cross-fertilize. We may never have had the kind of multidisciplinary brain-trust required for our profession to develop and thrive, each benefiting from the knowledge base and perspective of the other’s home discipline; however, whatever collective, intellectual meeting ground we shared has surely been eroded by the splintering of our field into separate specialty domains. Many conferences are now marketed toward and attended by physicians rather than clinicians who identify as sex therapists. Similarly, conferences populated primarily by social scientists are impoverished by the absence of our medical and biologically oriented colleagues. It is to our mutual detriment when we fail to incorporate the insights and advances of our fellow professionals who deal with sexual issues and concerns (Kleinplatz, 2003).

As a result of this professional fragmentation, one cannot count on seeing a clinician who has received a fundamental core of training in the biological, psychological, interpersonal, and social aspects of human sexuality (Kleinplatz, 2003).

Lack of Training in Sex Therapy and in Sexual Health Care

There is an alarming deficit of training opportunities for clinicians in sexology/sex therapy, and it is exceedingly rare to find them offered in an interdisciplinary fashion. Training in human sexuality and

- [*A Most Secret Squadron: The First Full Story of 618 Squadron and Its Special Detachment Anti-U-Boat Mosquitos online*](#)
- [Don't Know Much About Geography: Everything You Need to Know About the World but Never Learned pdf, azw \(kindle\), epub](#)
- [read online Going Ashore pdf, azw \(kindle\), epub, doc, mobi](#)
- [**Knitting Knee-Highs: Sock Styles from Classic to Contemporary pdf**](#)
- [**download online Sheltering Rain**](#)
- [**The Contradictions of Austerity: The Socio-Economic Costs of the Neoliberal Baltic Model \(Routledge Studies in the European Economy\) here**](#)

- [http://thewun.org/?library/A-Most-Secret-Squadron--The-First-Full-Story-of-618-Squadron-and-Its-Special-Detachment-Anti-U-Boat-Mosquitos.](http://thewun.org/?library/A-Most-Secret-Squadron--The-First-Full-Story-of-618-Squadron-and-Its-Special-Detachment-Anti-U-Boat-Mosquitos)
- <http://qolorea.com/library/Complete-Triathlon-Guide.pdf>
- <http://fitnessfatale.com/freebooks/Liberty-Abroad--J--S--Mill-on-International-Relations--Ideas-in-Context-.pdf>
- <http://toko-gumilar.com/books/Ecocriticism-and-the-Idea-of-Culture--Biology-and-the-Bildungsroman.pdf>
- <http://aneventshop.com/ebooks/The-Comedy-Errors--The-Complete-Shakespeare-Translated-by-Liang-Shiqiu--Book-5---Bilingual-Edition-.pdf>
- <http://interactmg.com/ebooks/The-Teflon-Queen.pdf>