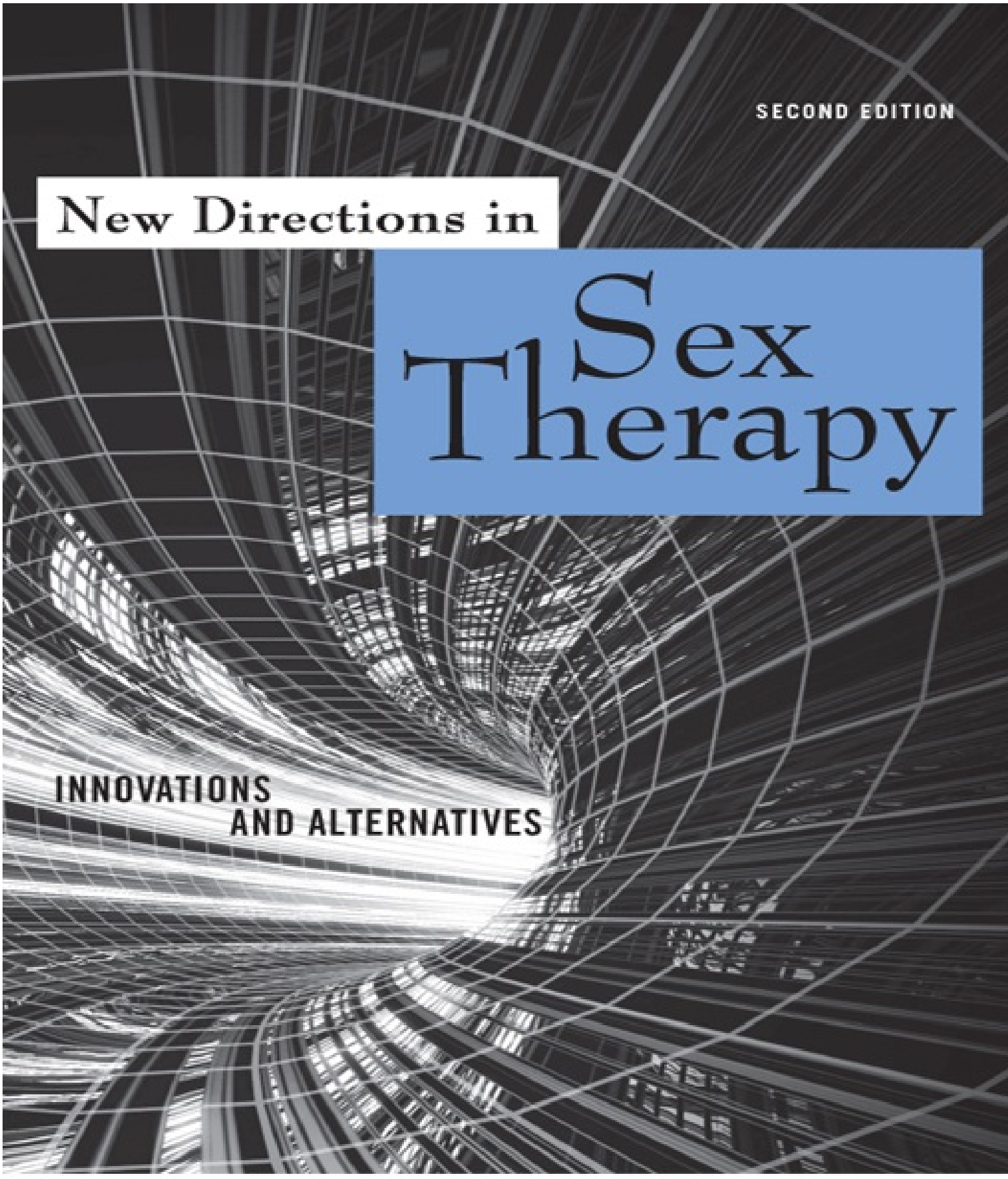

Edited by

Peggy J. Kleinplatz

ROUTLEDGE

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 b
Peggy J. Kleinplat

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Content

Acknowledgment

The first edition of this book resulted from Alvin R. Mahrer, Ph.D. encouraging me to try to improve th field of sex therapy. He asked me about the writers I admired, had learned from, and respected. Could bring these innovative thinkers and clinicians together, creating a forum for them to provide an alterna vision? With his guidance, the plan for ***New Directions in Sex Therapy: Innovations an Alternatives*** began to take shape. Twelve years later, I am still calling my mentor of a lifetime fo advice, honest feedback, clarity and transfusions of courage. The brilliant illumination of his mode philosophy of science, psychotherapy research and practice remain the guideposts for my work. H 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 second edition of ***New Directions in Sex Therapy.*** In a time of exploding research, it is all the mo critical to ground clinical practice in theory. He and his staff at Routledge/Taylor and Francis, particular Marta Moldvai, Senior Editorial Assistant and Prudence Taylor Board, Project Editor have bee invaluable in their unflagging enthusiasm for ***New Directions in Sex Therapy*** and their ideas f strengthening it. Their professionalism and sense of devotion to the contributors' own voices hav sharpened and clarified our thoughts. Their kindness has made it a pleasure to work together.

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I owe heartfelt gratitude to the family and friends, old and new, who offered the nurturance th 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 my life.

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

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

I realize that this is a dreadful way to introduce a book, except that none of the problems enumerate here is insoluble. Each of these issues will be explored in this introductory chapter. I remain enthusiast about our collective abilities to respond to these challenges, and it is for that reason that this new editio has been assembled. You are invited to join the contributors to this book as we take a critical look at th 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 well as teaching Sex Therapy at the affiliated Saint-Paul University. I am certified as a sex therapis educator, and supervisor and spend most of my time in the practice of sex therapy with individuals an 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 an professional reasons. The clients are hoping to improve their sex lives. The educators, counselor researchers, and therapists are generally open-minded, progressive, tolerant, and compassiona individuals who seek to broaden the acceptance of sexuality, in all of its manifold manifestations, society. This has been a good profession, but it is at a crossroads and we must be honest, circumspect, an bold in choosing new directions.

This book takes a critical look at the field of sex therapy or clinical sexology and will try to improv it. The contributors to this book are individuals who would like to strengthen our field. These autho suggest that the cutting edge of sex therapy requires innovations in, alternatives to, and a redefinition 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 th book, as well as suggesting a need for new alternatives and innovations to advance our work, which a

the focus of Part II of the book.

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

What this means is that we have a newly evolving problem: Twenty or thirty years ago, professiona were clearer on which myths were "theirs", that is, the myths of the uninformed and misinformed la public versus "our" reality arising from scientific endeavors. Part of our mandate was to distinguis between the falsehoods and the facts. It is far murkier now; we and they seem to hold a lot of share 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. Wha is natural is good. Sexual satisfaction results from effective genital stimulation. Sexual satisfaction equated with orgasm. A woman's attractiveness is determined by her waist-to-hip ratio. Size matte There are fundamental differences between men's and women's sexuality. Men are more natural sexual than women. Sex should occur within a particular range of frequency (rarely articulated b imagined nonetheless). There is a correct amount of desire. Desire is caused by testosterone. Intimacy caused by oxytocin. If desire is low, testosterone levels should be checked. Lack of desire is necessaril problematic. Lots and lots of sexual desire is suspect at best. Sexual addiction is a disease. Women sexuality is far more complicated than male sexuality. Men are after one thing…and are hard-wired th way. Women need to be wooed to respond to men's sexual overtures. Sexuality is essentially driven b the need to reproduce. Sexual desire is designed to be hot and heavy for about two years—a proce determined by evolution—after which the bonding chemical takes over. Homophobia is a thing of th past. Orgasms should be properly timed: Men should not reach orgasm too soon; women cannot rea orgasm soon enough. Birth control is synonymous with hormonal contraceptives, primarily or contraceptive pills. Ask your doctor.

Adhering to conventional ideas of sex and feeding into normative performance standards creates myriad of problems (Irvine, 2005; Reiss, 1990). To the extent that we behave as if these unprove assumptions are facts, we are poorly situated to understand sexual difficulties and to help people de 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, an ideals has had a huge impact on our society and our clinical practices in recent years. On the one han the Web in general and social media in particular have enabled sexual minority members of ever conceivable variety to feel they are not alone. The Web has allowed individuals who once felt freakis

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

On the other hand, it has created several clinical and intellectual challenges that confront us daily: Th same technology that has provided breadth and diversity at the margins has narrowed and flattene norms, creating the perception of homogeneity at the center. Images of mainstream sexuality as depicte in Internet pornography have increasingly set the standards for the new "normal". Prevailing images o "sex" are now ***more*** focused on performance than in the 1970s (see Zilbergeld [1978], who warned of th dangers of the performance orientation even then); correspondingly, there is less focus on pleasur 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 fema satisfaction; sex is effortless and easy; men are always completely erect; sex is unrelated to intimacy—in fact, sex is separate from everything else; anal intercourse is eagerly welcomed by all men and wome all women love "facials"; sex is never interrupted unless it is by a third party who suddenly materializ for a threesome; girl-on-girl action is always desired and desirable; male orgasm is inevitab accompanied by women's loud moans and groans. Along the way, Internet porn has created ne aesthetics, including the now standard Brazilian wax jobs; cosmetic staining for one's labia minora, colo coded by race, so that every woman's lips can look "fresh", "youthful", and pink (i.e., rosier for whit women, paler for black women); anal bleaching and the impression that the labia minora should nev extend past the labia majora.

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

The prevalence, penetration, and saturation of these impressions into the consciousness of the publ has been facilitated or exacerbated by the ready and ubiquitous access to porn. The private nature of th viewing experience makes it harder to question, let alone unpack the sex script portrayed in porn, whi at the same time leaving the viewer with the sense of instant expertise that can be conferred upo 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 cultu 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 n less. However, in a culture that actually aims for institutionalized ignorance, the consequences of having limitless supply of drivel with scarce access to comprehensive sex education means that sex therapists a left to contend with the casualties of abstinence-only sex education. The United States currently has th highest rate of unwanted pregnancies in the Western world. Even that pales in comparison to th

skyrocketing rates of sexually transmitted infections. Those data are relatively easy to measure. Th impact on private, sexual intimacy is much harder to delineate. It seems as if everywhere, we a surrounded by public attention to sex. It is in private, particularly in heterosexual relationships, th couples are unable to share with each other how they really feel, what they really want, and how each special, contrary to stereotypes. This leaves many people feeling alone, alienated, and defective. Peop everywhere are sure that they are having less sex than their neighbors, fewer orgasms, mo 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, th threaten conventional society with yet another form of sexual licentiousness. "Sexting" is everywhe and should it include adolescents, reactions to it have created a new category of sex offenders, listed c criminal registries for the rest of their lives. Although there is no consensus among professionals abo "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 public shaming; acts of contrition; apologies to their families, constituents, and fans; and confession of th evils of pornography and temptation, with further repentance by way of sex addiction rehabilitatio programs.

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

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

Kafka (2010) has proposed adding Hypersexuality Disorder to the ***DSM-5***, which would, theoreticall apply to both sexes. However, Kafka acknowledges that in practice, much less is known abou 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 a sides: from those who conceptualize the problem as addiction to those who question if the problem ***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 bee 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 ***DS*** nosology, which distinguishes between erectile dysfunction and low desire, would remain unchanged f men.) The rationale for collapsing the categories in women includes the beliefs that women cann distinguish between their own arousal and desire and that women's sexual desire may be mo fundamentally responsive than men's (Brotto, 2010). Men's sexual desire is hypothesized to b spontaneous and initiatory, while women's sexual desire is said to be more receptive (Basson, 2001, 200

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

It has become "politically correct" to focus on the fundamental differences between men and wome
(Bancroft, 2009) on both ends of the political spectrum. No profit is generated from the discourse on ho
men and women are alike (Kleinplatz, 2011). Although the similarities between male and fema
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 behavio
(e.g., the double standard) have actually diverged over time (Peterson & Hyde, 2010). Similariti
between men and women are no longer highlighted in this and other contexts (Peterson & Hyde, 2010).
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 assumptio
built into the practice of sex therapy are never articulated and remain difficult to identify, challeng
dislodge, etc. These questions include: What is sexuality? What makes an experience "sexual"? What
the role of the body in sexual experience? Why do some things seem powerfully erotic to some peopl
abhorrent to others, and irrelevant to still others, leaving them cold? To what extent are fantasies, desire
or preferences subject to change? Are all people capable of some kind of sexual feeling? What
"normal" sexuality? What is the relationship between "normal" and "abnormal" sexuality, and what ca
we learn about one from the other? What kinds of sex do we want to promote? How are we
conceptualize sexual problems? What is the context in which certain things come to be defined and com
into existence as sexual problems? What should our goals be in dealing with sexual problems? Th
questions seem to be so laughably simple as to be almost absurd, but we have yet to tackle them. Th
seems ironic given that it is practitioners, unlike theoreticians, who most need answers to these questio
or at least to have working hypotheses. It is clinicians who require a set of provisional principles in ord
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 psychotherap
in particular and health care in general. The first of these is the current conceptualization of sexuali
itself and the resulting/corresponding limitations around our clinical parameters. The second is th
simultaneous narrowing of the field and splintering of our professional bodies. The third is the reductio
in training at the same time that patients are being told to "ask their doctors" for help with sexu
problems. The fourth is the estrangement of sex therapy from developments in psychotherapy researc
over the last 20 years, which have left our treatment models impoverished and our clinicians relegated
using paradigms that are not necessarily applicable to human sexual difficulties. Together, these trend
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 concealin and accentuating personal discomfort with one's own sexuality. Consequently, more people seek clinic 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 qui dramatically in the interim. Although individuals and couples are still seeking more fulfilling sex live the emphasis is increasingly limited to treatment of symptoms of sexual dysfunctions and disorde These are not necessarily the same thing, but the distinction between promoting sexual gratificatio versus merely ameliorating sexual symptoms may be lost on both the public and the new frontli providers of services. The more groundbreaking project of sex therapy itself has been eclipsed as w have settled for fixing performance problems rather than optimizing sexual potential (Kleinplatz, 199 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, th 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 sexu problems are to be understood primarily as technical difficulties, subject to treatment and cure devoid the psychological, relational, and social contexts in which they come to be perceived as problemat More fundamentally, even the difference between carefully assessing and/or dealing with the underlyin problems versus treating only the presenting sexual symptom has been obscured. In fact, to the exte that we confound sexual symptoms with the underlying problems they mask, clinicians may be incline to target the wrong problem, which can make matters worse instead of better. To go yet a step further, we ignore the underlying purpose—not the cause—of the symptom, we will fail to appreciate how th symptom is generated by these same contexts (Kleinplatz, 1998, 2004, 2006, 2007). Patients referred f treatment of dyspareunia are further hurt when lubricants are prescribed instead of careful attention the hurried sexual stimulation that turns them off. When the man with the soft penis is enabled to atta erections sufficient for penetration despite his lack of attraction to a partner who belittles him, h subjective experience has been denied and designated irrelevant. The possibility that any man wh functions well would and should be ***unable*** to get an erection is often barely considered (Kleinplat 2004). When the woman who is so reluctant to become pregnant in this marriage that her vagin introitus quietly objects to the intrusion of a penis is treated by Botox™ for vaginismus, her concer 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 bee treated "successfully", there have been increasing reports of far more complex problems such as lo desire (Leiblum, 2010), delayed ejaculation (Hartmann & Waldinger, 2007; Perelman, 2010; Perelma McMahon, & Barada, 2004; Perelman & Rowland, 2008; Waldinger, 2010), and of young men fakin 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 ou being isolated from the larger field of psychotherapy. A variety of forces have contributed to the furth

intellectual deprivation of the field of sex therapy as our rightful allies in related therapy disciplin
continue to grow. In 1994, Schover and Leiblum warned presciently of the medicalization of sex therap
By the time the "Viagra™ moment" had left its mark upon our society and our field, their prediction ha
more than been realized, although perhaps not in the ways many would have predicted. In 1998, ju
before the release of sildenafil citrate, the first of the phosphodiesterase type-5 inhibitors [PDE-5
physician colleagues warned us that our business would soon be reduced dramatically, with men seekir
out urologists (and later family physicians) instead of sex therapists. On the contrary, our busine
doubled; it was precisely the fact that men—and their partners—could no longer avoid seeing th
complexity of men's sexual functioning in interpersonal context that led to the flourishing of o
practices and, not so coincidentally, a spate of articles on "the role of the mental health professional
dealing with patient non-compliance" (e.g., Althof, 2002; Wise, 1999). Nonetheless, one major impact
the new emphasis on organic factors in the treatment of sexual dysfunctions was the reconceptualizatio
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 w
touted the value of interdisciplinary teams. In reality, what truly had begun as an interdisciplinary fie
became increasingly cut off from its admixture of roots. We increasingly colluded to profit from a mod
that advocated randomized clinical trials (RCTs), "best practices", and empirically validated treatmen
(EVTs) as if these notions and the intellectual baggage cached cleverly inside of them were theoretical
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
psychotherapy practice. Heiman (2002) notes, "endpoints are more restricted and unidimensional
pharmacology clinical trials than in psychosexual studies" (p. 74). The realization that multifactoria
multidetermined problems require commensurately complex clinical strategies—not simple treatme
algorithms—and therefore demand more sensitive research paradigms was well established in the wor
of psychotherapy outcome research more than 10 years ago. Even though the field of psychotherapy h
spent the last decade going beyond the crude EVT and HMO fights of the 1990s (c.f., Bohart, 200
Duncan, Miller, Wampold, & Hubble, 2009; Goldfried & Burum, 2007; Greenberg, 2008; Mahrer, 200
2010; Norcross, Beutler, & Levant, 2005; Wampold, 2005, 2007), sex therapy has been blinded to th
broader field's progress.

"Progress" in sex therapy seems increasingly to be predicated on being oblivious to the facto
research has proven lead to patient improvement in psychotherapy. In other words, the increasin
isolation of the field of sex therapy (Kleinplatz, 2003) has led us to narrow our vision of available or ev
possible research/treatment options to those advocated by the natural and biological sciences, whether
not these models are ideally suited to a field claiming the need for comprehensive treatment mode
Astonishingly, we ignore the salient literature (American Psychological Association Presidential Tas
Force on Evidence-Based Practice, 2006; Bohart, Elliott, Greenberg, & Watson, 2002; Castonguay,
Beutler, 2005; Duncan, Miller, Wampold, & Hubble, 2009; Goldfried & Burum, 2007; Greenberg, 200
Norcross, 2002; Norcross, Beutler, & Levant, 2005; Wampold, 2001, 2005, 2007) that shifts the focus t
empirically validated principles of practice. This body of outcome data demonstrates that the factors th

lead to change in psychotherapy comprise, for example, the therapist-patient relationship more than an 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 clinician who identify primarily or are trained as sex therapists has dropped dramatically, at least as indicated b 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 dro of 52% over the last 25 years. Of the current certified sex therapists and counselors combined, fewer tha 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 201 Only the Society for Sex Therapy and Research (SSTAR), the smallest of our "major" organizations, ha remained relatively constant by design, at 263 in 1993 and 271 at present. A new organization w established in 1999, originally known as the Female Sexual Function Forum and since 2001 as th International Society for the Study of Women's Sexual Health (ISSWSH). As of 2011, ISSWS membership had swelled to 909 members, with 52% physicians (of whom 108 are urologists and 1 gynecologists) rather than clinicians trained/identifying as sex therapists. (It had followed th establishment in 1982 of the International Society for Impotence Research.) The latter is currently know as the International Society for Sexual Medicine and now boasts 1,982 members. Approximately 75% its members are urologists.

It seems a shame that we are losing the critical mass of colleagues with a similar or at lea complementary base of training in sex therapy and the opportunity to meet on a regular basis and cros fertilize. We may never have had the kind of multidisciplinary brain-trust required for our profession t develop and thrive, each benefiting from the knowledge base and perspective of the other's hom discipline; however, whatever collective, intellectual meeting ground we shared has surely been erode 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. Similarl 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 th insights and advances of our fellow professionals who deal with sexual issues and concerns (Kleinplat 2003).

As a result of this professional fragmentation, one cannot count on seeing a clinician who h received a fundamental core of training in the biological, psychological, interpersonal, and social aspec 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 exceedingly rare to find them offered in an interdisciplinary fashion. Training in human sexuality and