LETTERS

I read with interest Petrūska's paper entitled 'Sex for therapist and other human beings' I considered her text and felt that there were several important points and references made, however when I reached the section 'have I missed something' I felt the urge to reply. I am a consultant psychosexual psychotherapist, I was responsible for the largest psychosexual and relationship training programme, accredited through BASRT (British Association for Sexual and Relationship therapy) in the UK. Our orientation was integrative and we taught and worked within our clinic from a non pathological and non medicalised ethos. A rare phenomenon within the NHS!

Some of our students have formally trained in counselling or psychotherapy, some came only to train in what was regarded as a specialism. I would suggest that it is not that therapists/counsellors do not deal with sexual and relationship matters, it is more that important and often fundamental information regarding physiology, anatomy and the organic causes of sexual difficulties and dysfunction are lacking from most if not all psychotherapy and counselling trainings. This is certainly evidenced when I am asked to facilitate workshops within existing courses and counselling agencies on relationships, sexuality, sensuality and intimacy.

Psychosexual therapists come away from their training with a comprehensive body of knowledge about the possible physical causes of sexual difficulties, they know when to refer on to the medical profession and they know when to work in parallel with colleagues who may take a more pharmacological view of sexual difficulties. They understand both organic and non organic causes of sexual dysfunction and the complexities of relationship/couple issues. In my experience this is not the case within the more generalist approaches taught on many counselling and psychotherapy trainings.

Recently an experienced therapist asked for my help and recommendations for a client who clearly had physical difficulty that needed medical intervention. This therapist simply did not have the

basic information which he could have passed on to his client had he had the comprehensive practical and academic learning experience and consequent expertise that sex therapists have.

I would also take issue with the notion that sexuality is hormonally driven, whilst hormones indeed play a part the landscape of desire and functioning it is much broader that this. Thus I would uphold the worth of specialism within the psychosexual and relationship domain.

Judi Keshet-Orr MSc. UKCP reg. MAHPP. BASRT Accred. BASRT recognised supervisor. UPA Clinical member
Web site: www.partnertherapy.com
E-mail: judiko@ulfie.demon.co.uk

Some thoughts on reading Professor Clarkson's paper:

Sex for therapists and other human beings

First of all I would like to thank Professor Clarkson for her thoughtful and informative article. There are just a few points that I would like to make as a response, although I wholeheartedly agree that there is a manufactured divide between psychotherapy and traditional sex therapy. In this country however we have a category recognised as psychosexual therapy, and the training that I undertook endeavoured to integrate both. However I believe Professor Clarkson does not mention sexual dysfunction such as rapid/premature ejaculation, or dyspareunia – pain on intercourse, and the fact that an understanding of basic human sexual biology might be considered an essential part of working with sexual problems. Much as I detested some of the medical lectures I sat through in my training, being rather squeamish, they have certainly informed my practice by giving me a broader canvas to consider what might be going on with my client, and why...Plus an understanding of the various medical interventions that are now available, and may suit some clients.

Secondly I was a little sad that Professor Clarkson never mentioned the brain as being as equally an important sex organ as any part of the genitalia: top down - bottom up is a significant part of both the psychological and neurological sexual circuits. The two might be considered interwoven.

Thirdly anal sex is mentioned, but not the importance of proper lubrication, and that it is generally considered advisable to use condoms. The anus is not designed for two-way traffic, unlike the vagina, so is liable to tear easily, which can both cause discomfort and transmit any STI's between partners more easily.

I realise that I may sound as though I am standing in the medical camp, but I would really welcome more therapists who are comfortable working with sex. It would be wonderful if trainees could learn to work with all aspects of sexuality, including helping clients overcome dysfunction as much as any other difficulty in living. It might be equally important to consider that this should be an integral part of training, rather split off into a separate compartment as another 'schoolism'.

Sarah Collings
BASRT accred. Psychosexual therapist; MAHPP accred. Psychotherapist

Dear Petrūska Clarkson,

I am a therapist and have been a member of AHPP for years now. I am writing to confirm something which is astounding me experientially but which actually makes a lot of sense.

Sometime last year I found in the Evening Standard an advert of yours about gourmet sex coaching - and I found myself disapproving of and judging you, whose high profile I have always been aware of some way or another in the therapeutic world.

I have had an opportunity to revise my position due to changing life circumstances and beginning a new relationship which has opened up for me a whole new world: being in a loving and trusting relationship such as I have never experienced before has enabled me to understand much more of what you were writing about. In the context of love and mutual respect I find what you write about absolutely thrilling.

So today I was able to read with a wholly different appreciation your contribution to Self and Society and indeed agree with you that this experience could have the effect of deepening my self-understanding as a human being in such a way as to enable me

to become a better therapist and guide my clients (so many of whom suffer from inhibited sex lives) in a wise-woman way, lovingly rather than disapprovingly as I might have done just a few months ago.

I thank you and salute you for your commitment to being human and for sharing that humanity with others in such an open, thorough and fearless way.

Tamara Callea

Dear S & S,

Thank you for those people who responded to my last paper. I appreciate your opinions and contribution to this important debate.

1. Judy is upholding the worth of specialism within the psychosexual and relationship domain. I also think that is 'a good thing[1] and offer highly valued Continuing Professional Development workshops to this purpose.

2. I am making a plea for anatomically accurate psychosexual teaching to be integrated into **all** counselling, psychotherapy and psychoanalytic courses, supervision and practice.

3. I am warning that the psychotherapy professions, buttressed by the medical and the pharmaceutical industries, are exploiting millions by propagating harmful sexual norms which pathologise all extra-coital naturally orgasmic sexual activities (e.g. 5 mentions of sexual 'dysfunction' and difficulties in Judy's short letter, the to me absurd and abusively pathologising label of 'premature ejaculation' in Sarah's.)

4. I am intrigued that Sarah thought I had omitted the sexual role of the brain (as if I would!) and that Judy concluded I had 'the notion' that sex is only 'hormonally driven'. I quote from my article: *'... a full-body - often multiple - orgasm lasting anywhere from seconds to hours can be triggered by intellectual excitement, sexual fantasies, certain physical exercises, spiritual practices (e.g. St Theresa) and a variety of sights and sounds.'* (*new* italics) Also refer my seven-level model in e.g. Clarkson, On Psychotherapy Volume 2, chapter 10, London: Whurr)

5. The use of condoms is generally indicated by the word SAFE - as I did in my article. I think we've all heard of them by now. My

findings suggest that the use of artificial lubrication is *frequently* simply an indication that the partners have not been taught how to have anal (or any other) sex naturally and enjoyably. In fact, excessive use of unnatural 'lubricants' can be equally or more dangerous to people's health and erotic pleasure. (As vibrators are.)

6. *Contrary* to the experience of some of my respondents, my own researches into the 'medical camp' have exposed the most deplorable and damaging dissemination of ignorance, misinformation, shame and iatrogenic sales of 'pharmaceutical interventions' where a little bit of correct information could so often and so quickly lead to multiple orgasmic pleasures for any person when approached from a NATURAL and WHOLISTIC seven-level perspective.

7. Finally, let's leave the last word to a workshop participant from an unnamed psychotherapy course : 'Petrūska enabled me to feel like a woman for the first time in my life. I had nine orgasms with my current man after only the **first** day of the two-day women¹s sex workshop. This is something I have never experienced before in 25 years of having sex.'

Petrūska Clarkson

Petrūska.c@dial.pipex.com

Dear S&S

Michael Soth on paradox stirred a wonderfully rich stream of surfacing awarenesses - my acute dilemma (known less acutely as 'mixed feelings') experienced as client between wanting anaesthesia and wanting experience; experienced as therapist as how to create enough safety for experience to flow - to reach the magical knowledge beyond the either.. or.... debate that all parts can co-exist, in relationship, however paradoxical/ contradictory/ opposite, which is for me the true meaning of integration.

Then I returned to Petrūska Clarkson on sex (thoroughly enjoyed first time), and re-enjoyed her enquiry into therapists who refer sexual issues exclusively to 'sex therapist,' exploring my own take on dis/ integration, considering how and how much I reflect wider attitudes.

A nourishing edition indeed! With thanks -

Jane Barclay