A further reply to Petruska Clarkson's response to a letter in S&S Vol.30 No6)

Dear Petruska

We, Judi Keshet-Orr and Sarah Collings, (Sarah trained at the Whittington under the guidance and course directorship of Judi Keshet-Orr and who have come together to write a reply to your letter in S&S Vol.30 No6) read your response with interest, particularly your comments regarding 'pathologising' sexual problems. If a client comes to see either of us stating that she is suffering from depression we understand this to be her description of how she is experiencing her life at present, rather than a diagnostic label. Equally if a man tells us that he comes too quickly, too slowly or not at all, regardless of the terminology he uses, he is asking for help with a problem that is causing distress in his life. It is the client who seeks help for a stated problem, not the therapist who tells him or her that there is one. Some men may consider five minutes of sexual intercourse before orgasm perfectly acceptable, others may feel this is far too little, and there are still others who are unable to effect penetration successfully. We try to resonate with the client, not lay down some prescriptive rule. Secondly, the continuing increase of STI's would indicate that there are still a significant number of sexually active men and women who have not taken the safer sex message on board. Syphilis in particular is on the increase. Casual anal sex is a high risk activity without protection, and we believe that as therapists, it behoves us to be aware of real and present danger.

However those are perhaps lesser quibbles. What does concern us is the clients with medical conditions that modern pharmacology can certainly benefit; men with diabetes, spinal cord injuries, and war/torture trauma who without such drugs as sidenafil (Viagra) would be unable to have penetrative sex, particularly if this is their chosen preference within sexual activity and intimacy. We agree that drug companies would like to increase their profits and sexually targeted drugs may seem an easy market, however these drugs do have a place in helping people whose health problems have rendered them

incapable physically of enjoying the basic human right to have sexual intercourse. Equally our experience of the medical world has shown us that there are many doctors who feel a profound sense of compassion for their patients, and are open to acknowledging that sexuality and its wondrous ways may not be their speciality. The doctors who refer us clients from the gynaecology and obstetrics clinics generally display a marked lack of arrogance and a genuine desire to want their patients to have an opportunity to have non-medical talking therapy, as well as medical intervention for their fibroids, endometriosis, birth trauma, imperforate hymen or other organic conditions that may cause sexual intercourse to be painful. We include in this menopausal and post menopausal women, who may or may not wish to take HRT and may suffer from a thinning of the vaginal walls and women with prolapse.

A significant population would also include those women who have suffered genital mutilation, in your paper you asked if any one knew of an 'abusive word' for the clitoris – we suggest 'female circumcision'.

We accept that there are both organic and non-organic causes of sexual difficulties and that these will almost always have an emotional component. The focus of our argument is quite simply not to exclude the medical profession, to work with them cooperatively and indeed in some cases to educate them so that our clients receive the best care and support which can be offered.

We continue to uphold the worth and value of a specialism with the psychosexual and relationship domain.

Judi Keshet-Orr & Sarah Collins
Psychosexual Psychotherapists
(contact and addresses as before)

Response from Petruska Clarkson

1. On the point of the Medical Profession, *when* they are not being sexually ignorant, abusive or harm-full, doctors can be wonderfully helpful - just the same as counsellors and psychotherapists.

2. The point - 'It is the client who seeks help for a stated problem, not the therapist who tells him or her that there is one.' - deserves a book in itself - or see my Ethics book. In the meantime, a

short true case study: Man, paralyzed by depression and guilt in his relationship comes for counselling because he is married and still masturbates ('his stated problem'). Therapist shows him research statistics which show that 90+% of married men masturbate. Client leaves happily and guilt-free *without* a problem, knowing that he is just normal - after paying for only one session! Person and marriage immediately improves - and just gets better and better...

3. On the point of 'to uphold the worth and value of a specialism with the psychosexual and relationship domain' - OK, OK, you have persuaded me to start a new 2-year Diploma Training Course called the DEVELOPMENT OF ***ORGASMIC*** HUMAN SEXUALITY in September 2003. . My new book *'Everything you ever wanted to know about extraordinary sex ...Volume 1'*, available from www.PHYSIS.co.uk, explains my position about the ***fulfilment of human sexual potential*** in more depth. Thank you for your contribution. petruska.c@dial.pipex.com

To the editors,

Far be it for me, as a therapist working at the Cambridge Body Psychotherapy Centre, to take up yet more editorial space after 21 pages in the last issue but I just wanted to express my thanks to one of my colleagues, Kathryn Stauffer, for her time and commitment in writing about the centre.

Unfortunately, her name was missed off the second part of the feature on which she had spent a lot of care and attention in consulting with us and attempting to convey something of the work done here.

Kathryn is always willing to devote her time to the centre in so very many ways, outside her client work, that it felt churlish not to write to point out the omission and also to offer her a public expression of both my appreciation and, I'm sure, that of all my colleagues at the centre.

Sincerely yours,

Alastair McNeilage