

**MESSAGE FROM THE PRESIDENT****The SSTAR Art of Balancing an Integrated Group**

Who is best at researching, treating, or teaching about sexuality? Psychologists? Psychiatrists? Other physicians? Social workers? Nurses? Therapists? I learned a long time ago that the best answer is usually “Yes, all of the above.” Yet it is a difficult task to hold and respect different (sometimes contradictory) concepts and views with educated professionals of diverse backgrounds. Turf battles can arise; egos can ignite. One group can feel disrespected, devalued, threatened or patronized. Those obsessed with their own perspective can become radical and paranoid.

*Bonnie R. Saks, MD*

SSTAR does a remarkably good job of maintaining interest and integrity as a true multi-specialty, not watered-down, group of sexual experts through its balanced programs appealing to all of us who try to stretch our minds around complex concepts of medical, anatomical, psychological and behavioral aspects of our field. I daresay most of us enjoy both research and clinical presentations. We even enjoy hearing conflicting opinions as long as they have scientific merit and depth.

So why am I thinking about this now? Well, I always feel that SSTAR has a solid, rich integrative tradition and that matrix could, at the same time, regress and break at any moment. We do lose talented people because they see themselves solely as a researcher or clinician. Does that mean researchers are not concerned with the clinical application of their research? Do clinicians not want to understand the research on which they base their practice? I have heard affirmative answers to both questions. “Oh, I don’t do that.” or “I’m bored with esoteric stuff. It doesn’t apply to my practice.” In SSTAR, I find more intellects who can appreciate multiple dimensions.

We also have lost some very gifted sexologists because they could not tolerate “the medical model” or any pharmaceutical industry contributions despite the Executive Board’s great efforts to maintain thoughtful guidelines. (The point is fairly moot now since industry support is so scarce and difficult to

come by.) It is my view that it is just as ridiculous to focus solely on the medical model as to reject it. On the other hand, I have been quite heartened to see experts who employ the medical models welcomed by SSTAR members.

I was impressed by the depth of presentation at last year’s Fall Clinical Meeting by Lisa Anllo, who covered psychological as well as medical aspects (via consultations from Adam Ashton and a host of other physicians as well as her own extensive

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knowledge) of a case of prostate cancer and its sexual sequellae. Stan Althof's discussion was also multi-disciplinary and brilliant. I am looking forward to this year's Fall meeting which, I am sure, will give my mind a medical and psychological stretch with Sophie Bergeron presenting, and Marta Meana discussing, the case of a women with pelvic pain, and Steve Levine presenting a workshop on love and sexual desire. And I look forward to our next Annual Meeting with Eli Coleman, and Brian Zamboni as scientific chairs, strengthening even more the psychological/medical/research/clinical matrix of SSTAR.

Bonnie R. Saks
SSTAR President

Donations to SSTAR

Sharon G. Nathan

SSTAR wishes to acknowledge and thank the following members who have made recent donations, all of them in honor of Bill Maurice upon his receiving the SSTAR Service Award:

Blanche Freund
Marta Meana
Sharon Nathan
Michael Perelman
Bonnie Saks

SSTAR welcomes donations of any amount. If a donation is made in honor of, or in memory of, someone, SSTAR will send a gift card with your personalized message. Donations are US tax-deductible.

Good Times in the Windy City

Richard Carroll
2008 Local Arrangements Chair

In addition to an excellent scientific program, the recent SSTAR meeting provided many opportunities to enjoy a great American city.



The first treat was the hotel itself, which is an architectural treasure. The hotel, built in 1929 as the Medinah Athletic Club is an eclectic mix of Assyrian, Celtic, Moorish, medieval and other styles. Part of the pleasure of the meeting was wandering around the hotel's enchanting interiors.

The highlight of the local events was a private tour of the Art Institute of Chicago, one of the premier art museums in the world. Our guide, an art historian, prepared a special tour designed as an exploration of "Sexuality through the Eyes of the Artist". She focused on just a few European paintings and one Roman sculpture. For each item, however, she revealed the many hidden meanings that the artist intended. It was a great reminder of the diverse ways that



cultures have attempted to express the complexity of human love and lust. For example, we studied the "Girl with Cat" by Bathus, an eccentric Polish nobleman painting in Paris in the late 19th century. This painting captures budding femininity, but we aren't sure whether it is the innocence or the sexuality that is more captivating. And who knew that the house cat was often a figure associated with sexual intimacy in European painting?



Following the museum tour I acted as a guide on a walking tour of Millennium Park and Michigan Avenue. This tour highlighted the beautiful new public park and its engaging sculptures, as well as the history and notable architecture of the city of Chicago.

We were fortunate enough to be in Chicago for St. Patrick's Day when everyone is Irish for a day. We witnessed the Chicago River, and most of the Chicago beer, turn green. Given the sunny weather and the spirited mood, it was a great time to be strolling the city. Many attendees commented on how beautiful and cosmopolitan the city is.

As usual at SSTAR meetings, there were special opportunities to spend time with old friends and meet new ones over fine food at several fellowship dinners. In sum, the meeting once again provided many opportunities to learn, to connect, and to have a great time!

SSTAR 2008: The Scientific Program

Caroline F. Pukall
2008 Scientific Program Chair

The 33rd SSTAR Annual Meeting was a successful and exciting one, featuring local and international speakers on a variety of topics that enlightened our attendees. The special essence of SSTAR—its warm and welcoming nature, its inclusion of hot topics in diverse areas of sexuality research and treatment—continued. Two new features—a Student Poster Award and two student-only paper sessions—reflected the increased student membership in SSTAR and the immense productivity of the new generation of leaders in the area of sexuality.

On Thursday, the opening day of the meeting, three pre-conference workshops were offered. The full-day workshop, “Sexual Disorders: Evaluation and Management,” a workshop offered for clinicians who are not sexuality experts, provided cutting-edge, evidence-based lectures on the evaluation and treatment of sexual dysfunctions by Drs. Michael Metz, Leah Millheiser, Sophie Bergeron, Lori Brotto, and Michael Krychman. I heard from several of the impressive number of registrants that much important information was learned from these “sexperts,” allowing the attendees to feel more able to deal with the variety of their patients’ sexual concerns in their practices. The two half-day workshops, “Psychosocial and Medical Aspects of Dyspareunia,” co-presented by Drs. Sophie Bergeron and Andrew Goldstein, and “Couples From a Tourist Lens: A Multicultural Approach to Sexuality and Intimacy,” presented by Esther Perel, left attendees informed and intrigued for the rest of the meeting. In fact, several attendees asked me to extend these half-day workshops to full-day workshops in the future and to add a pelvic floor physical therapy component to the dyspareunia workshop. This feedback indicated that these workshops were a resounding success that left attendees wanting more.

On Thursday evening, attendees mingled over drinks and appetizers at the welcome reception, which was followed by the presentation of the Health Professional Book Award to Sharon Lamb (who, unfortunately was unable to be present to accept the award in person) for her book entitled *Sex, Therapy, and Kids*. Following this, the film *Betty Dodson: Her Life of Sex and Art* was shown, and Derek Polonsky offered insight into the movie and Betty’s life. Discussion followed, with many in the audience commenting on the fact that they were not aware of the extent of Betty’s “art side.”

The program continued on Friday, with Dr. Rachel Maines presenting an invited lecture on sexual technologies and the double standard. Although Dr. Maines lectured on a topic that is familiar to us all, we learned something new about the history of “personal massagers” and the climate in which sex toys came to be, and she did this in a humorous and informative manner. The



Mélanie Jodoin accepts the Student Research Award from Stephanie Kuffel.

symposium that followed, “Sexual Pain Disorders: Latest Research and Treatment,” was also a hit thanks to the intriguing and comprehensive bodies of work presented by Dr. Christina Petersen, Dr. Sophie Bergeron, and PhD Candidate Marie-Andrée Lahaie.

During lunch on Friday, we had the opportunity to hear the presentation by the winner of the SSTAR Student Research Award, Mélanie Jodoin, who summarized her stimulating work on the role of attributions on psychosexual and relationship adjustment in women with vestibulodynia. Following lunch, a paper session entitled “Theoretical and Practical Issues in Sexual Health” featured well-received talks by Dr. Anne Katz, Talli Rosenbaum, Dr. Michael Metz, and Dr. Michael Perelman. We all learned much about the relationship between prostate cancer and erectile dysfunction, the role of the pelvic floor in male and female sexual dysfunctions, and the complexity of male sexuality. The program ended on Friday with an invited lecture by Dr. Stacy Tessler Lindau on the prevalence, impact and treatment of sexual problems experienced by women in later life. In addition to being a fabulous speaker, Dr. Lindau presented important information that has many implications in the area of sexuality research and treatment for a significant part of the population that has been understudied.

After this full day attendees were given some time off to explore Chicago on their own or to attend the excursion organized by the Local Arrangements Chair, Dr. Richard Carroll. That evening students were invited to a pizza dinner hosted by Dr. Stephanie Kuffel. This dinner was well attended by students and several members of the Executive Council.

Saturday morning started with Breakfast Roundtables hosted by Drs. Rachel Maines, Anne Katz, Christina Petersen, and Derek Polonsky. The sound level was very high and lively, and more chairs were added so that extra people could have a chance to interact with these popular individuals. Of special note, Dr. Polonsky’s roundtable topic, “Starting a Career in Sex Therapy,” was so well attended that I think a workshop on this topic could well be held in the future. The lively morning continued with a symposium on traditional and non-traditional medical treatments for sexual dysfunctions featuring Drs. Bonnie Saks, Leah Millheiser, and Kevin McVary. The first paper

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OP-ED**The DSM-V and the Gender Diagnoses**

Charles Moser

With the appointment of the Work Groups to update the next edition of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association, it is time to rethink the Sex and Gender Identity Disorders diagnostic category. When homosexuality was removed from the DSM, it signaled a change from diagnosing individuals for who they are rather than for the distress or impairment they report.



Charles Moser, MD

The Scientific Program (continued from page 3)

session presenting student research followed with Tuuli Kukkonen, Amy Lykins, and Jane Woo presenting their exciting and novel work on topics ranging from thermal imaging of sexual arousal, eye tracking during the presentation of erotic pictures, and the effects of acculturation on sex research participation.

Before lunch on Saturday, a one-hour, moderated poster session took place. There were a record number of posters (19), many of which were presented by students. This session was a popular one because attendees had a chance to view the posters throughout the meeting and to ask questions to the presenters during this one-hour period. Three judges—Drs. Sophie Bergeron, Lori Brotto, and Michael Plaut—assessed these posters to come up with a winner: Melissa Farmer from the Department of Psychology at McGill University won the first-ever SSTAR Student Poster Award with her unique work in the development of a mouse model of vestibulodynia.

During the lunch-time SSTAR business meeting, Dr. Michael Perelman presented the SSTAR Service Award to Dr. William Maurice for his immense dedication to SSTAR. New members were welcomed and locations for future meetings were discussed.

A second student-only paper session followed lunch, featuring excellent presentations on predictors, correlates, and issues in the development of sexual pain by Robyn Donaldson, Kelly Smith, Geneviève Desrochers, and Katherine Sutton. Next, Dr. Meredith Chivers, in an invited lecture, presented her intriguing research on sex and sexual orientation differences in the specificity of arousal. Ending the program was a stimulating case presentation by Dr. Kathryn Hall on “The Partition of Self and Sexuality in a Pakistani Man” followed by discussion from the floor.

It seems that, analogously, we are still diagnosing individuals with Gender Identity Disorder (GID), for who they are, rather than for the distress or impairment for which they seek treatment.

Gender Identity Disorder is a misnomer. The “afflicted” individuals often have no doubt about their gender identity; it just does not match their genitalia or societal expectations. The real problem is *gender dysphoria*, the discomfort with one’s assigned gender or the profound feeling that one is the wrong gender. Treatment is usually directed at alleviating or decreasing the sense of gender dysphoria and the resulting discomfort – not changing the individual’s sense of his own gender identity. So I suggest the replacement of GID with the following:

Gender Dysphoria Disorder (GDD)

- A. Persistent and profound discomfort with the individual’s assigned gender or the persistent desire to change their gender.
- B. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

A separate GDD in Children category is needed, because the “disorder” is often transient in children. GDD in Adults or Adolescents tends to be more persistent, but often individuals with the diagnosis can resolve their distress or impairment by “transitioning” to the other gender or to a point between the genders.

There are some important advantages of this proposed schema: The colloquial term “transsexual,” which is descriptive but does not signify a mental disorder, is not included in the diagnostic language. Not all transsexuals complain of gender dysphoria and it is not clear if non-gender dysphoric individuals are helped by mental health interventions. Whether an individual is taking hormones or seeking surgery to make bodily changes is not an indication of a mental disorder. Indeed individuals without a sex or gender diagnosis often take hormones or resort to surgery to effect bodily changes (e.g., oral contraceptives, rhinoplasty, breast augmentation). A psychiatric evaluation can be useful in determining whether an individual seeking hormonal or surgical treatment is an appropriate candidate for that treatment. The standard of care in the community may require a psychiatric evaluation as well as other indications that the individual is ready for the intervention (e.g., real life test, coming out to family and friends). Nevertheless, the management of these hormones and the surgical interventions are not psychiatric

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The Newsletter welcomes opinion pieces of about 1000 words on sex therapy and sex research issues. Please send these Op-Eds to the Newsletter Editor at snathan@alum.mit.edu.

OP-ED (continued from page 4)

issues. The DSM also notes that some conditions (V Codes) can be the focus of clinical intervention in an individual without a mental disorder (e.g., academic or relationships problems). Changing one's gender identity may present problems (e.g., explaining one's transition to loved ones, planning transition at work.) that could be helped by clinical interventions. Therefore, a V code may be the appropriate designation for this type of intervention.

The concept of autogynephilia (i.e., erotic arousal to the thought of image of oneself as woman) is not mentioned either. Autogynephilia exists, but its importance in the diagnostic process is not clear – although there are conflicting data associating regrets related to sex reassignment surgery with autogynephilia. There are theorists who would suggest that autogynephilia is related to the etiology and motivation of some gender dysphoric individuals, but the DSM is a descriptive document that specifically strives to be neutral with respect to theories of etiology. Therefore, the diagnostic criteria should be devoid of theoretical constructs of etiology.

In DSM-IV-TR, individuals with an intersex condition (also called Disorders of Sexual Development, although this term is also controversial) are specifically excluded from a Gender Identity Disorder (GID) diagnosis, though they can be diagnosed with Gender Identity Disorder, Not Otherwise Specified (GIDNOS). This exclusion appears to be based more on political than scientific or clinical studies. Individuals with an intersex condition can and do have gender dysphoria (as recognized by its inclusion in GIDNOS). There is no reason to distinguish between the

gender dysphoria of individuals with and without intersex conditions in the diagnostic process.

GDD would now include individuals who were previously ignored by the GID and GIDNOS diagnostic categories but who can still suffer from gender dysphoria. This includes individuals who are transgendered (those who feel they are the other sex, but deny any desire for surgery and/or hormones), the bi-gendered (those who choose to live some of the time as male and some of the time as female), the mixed gendered (those who choose to live androgynously or maintain both male and female stereotypical characteristics), and the intersex conditions as mentioned above. Of course, some individuals in all these groups may *not* experience gender dysphoria and then would *not* be subject to the diagnosis. Gender variance is not a sign of a mental disorder. The DSM-IV-TR definition of a mental disorder specifically excludes deviant sexual behavior and should be broadened to exclude deviant gender behavior or identity.

Gender dysphoria is treatable and an individual may fulfill the GDD diagnostic criteria at one time but not others. It may be useful to designate the individual with GDD as in remission or in partial remission; alternatively it may be appropriate to diagnose GDD only when it affects the individual's functioning.

The complete transition of an individual to the other sex is not necessarily a sign of GDD resolution and we should not imply that resolution of GDD requires transition. Further research is needed to understand the reasons and factors that lead to transition and the functionality of those that do not transition completely.

Adoption of this revision by the DSM-V Sex and Gender Work Group would be a significant improvement of the oft-criticized DSM-IV-TR version.

The 2008 Fall Clinical Meeting

Bonnie Saks

At this year's Fall Clinical Meeting, which will be held on Friday, September 19th at the Penn Club in New York City, we are privileged to have Sophie Bergeron, PhD from the Universite du Quebec in Montreal present a complex case of pelvic pain. Dr. Bergeron is a world-renowned researcher on this subject, and we are so fortunate to have her present. The title of her presentation is "A Case of Primary Dyspareunia in a Young North African Woman: Working with Inherent Paradoxes." Our own Marta Meana, PhD, Professor of Psychology at University of Nevada-Las Vegas, always a provocative speaker, will be the discussant. In the afternoon SSTAR Past President, author, and international expert, Stephen Levine, MD, will present an in-depth, up-to-date workshop entitled "Love and Sexual Desire."

The Fall Clinical Meeting is an opportunity to learn about, and participate in, in-depth, intimate,

sophisticated presentations and discussions of complex, ongoing cases. The meeting, limited to 50 participants, is attended by experienced SSTAR clinicians and a few non-SSTAR members who are lucky enough to subscribe. The audience adds insight and suggestions from their diverse perspectives. The result is an enhanced knowledge of clinical entities and techniques for everyone present.

The Penn Club at 30 West 44th Street is a perfect location in Manhattan, close to the theater district, Rockefeller Center, and Fifth Avenue shopping. Registration for the meeting includes not only the case presentations but also a delicious lunch and a cocktail hour after the program; both are occasions to talk with old friends and meet new people.

It should be a fascinating day. Sign up early!

See pages 13-14 for registration materials.

WHAT'S NEW IN RESEARCH

The University of British Columbia Sexual Health Lab

By Lori Brotto

The University of British Columbia (UBC) Sexual Health Lab is located in the Department of Obstetrics and Gynaecology at Vancouver Hospital, in British Columbia, Canada. I direct the lab in addition to being actively involved in research, teaching, training ob/gyn residents and medical students, co-supervising Clinical Psychology graduate students and clinical practice in my capacities as Assistant Professor in the Department of Obstetrics and Gynaecology and associate member of the Department of Psychiatry, UBC. Our research team consists of graduate students, recent graduates of both master's and undergraduate programs, and individuals wishing to gain greater experience in research and human sexuality.

Although the UBC Sexual Health Lab is still in its infancy (established in 2005), we are prolific with over a dozen publications, 40 conference paper presentations and invited presentations, 13 poster presentations, and 15 active research projects. We have been funded by 14 different grants in the past three years with the majority of our research funding from the Canadian Institutes of Health Research.

A central focus of our work is female sexual health and gynecologic cancer; however, we are also involved in projects examining the relative contribution of androgens and psychosocial factors in women's low desire and arousal, the relationship between hormones and genital sexual arousal, treatment outcome studies of psychoeducational interventions for female sexual dysfunction, the interactions of culture and acculturation on sexuality and cancer screening, asexuality, validation studies of newer models of sexual response, and a study on fear of cancer recurrence.

We have a number of active studies looking at the impact of gynecologic cancer on sexual health. Sexual sequelae of gynecologic cancers are common, and at present there are few resources available for women with such complaints. One of our studies is a treatment outcome study examining the efficacy of a brief psychoeducational intervention for women with sexual difficulties following hysterectomy for cervical or endometrial cancer. This project builds on the work I began during my post doctoral fellowship with Dr. Julia Heiman at the University of Washington from 2003-2004.

Other cancer-related studies explore women's knowledge about and concerns around the Human Papilloma Virus (HPV) after they've been treated for cervical cancer, and whether such concerns change over time as there is increased public awareness about HPV. Knowledge about HPV among fertile women is poor, and this research seeks to understand whether having cervical

cancer treatment (a) increases knowledge about HPV, and (b) increases distress over HPV. We are also exploring the impact of prophylactic ovary removal on sexual response in women with and without the BRCA1/BRCA2 mutation (and the associated increased risk of ovarian and breast cancer). Our gynecologic oncology surgeon colleagues are regularly performing radical trachelectomies, a surgical procedure for treatment of cervical cancer in which the cervix, but not the uterus, is removed to preserve fertility. There has been a long-standing controversy whether or not the cervix and/or uterus contribute to sexual response in women. In this study, we are comparing trachelectomy with radical hysterectomy (i.e., removal of the uterus and cervix) on sexual health, mood, and quality of life in order to explore the relative contributions of cervix versus uterus to sexual response. Finally, we are conducting a longitudinal study of women with newly diagnosed advanced ovarian cancer and tracking sexual health, relationship satisfaction, and mood over time. There are almost no available resources to preserve sexual health among patients in the palliative phase of their cancer treatment and this study seeks to identify the sexual health needs of such women, then to modify our existing psychoeducational intervention to meet the needs of women with advanced cancer.

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Left to right: Lisa Mehak, Yvonne Erskine, Morag Yule, Lori Brotto, Jane Woo and Katherine Rhodes.

What's New in Research *(continued from page 6)*

Jane Woo, my PhD student in Clinical Psychology, is currently involved in a number of studies dealing with acculturation in East Asian-Canadians, cancer screening behaviours and sexuality. Her recently completed thesis explored the role of acculturation in the interaction between barriers to cancer screening and sexual knowledge, attitudes, and sexual response in Chinese-, Korean-, and Japanese-Canadian female undergraduate students. She is currently expanding this study to the community by interviewing Chinese (in Mandarin or Cantonese) and Euro-Canadian women about pap screening, sexuality, and acculturation. Jane has also mentored several undergraduate students on various projects, including a male version of her thesis research.

Our lab also has an active interest in mindfulness techniques and we have developed a mindfulness-based cognitive behavioral intervention which we are testing in three different groups of women: individually in women with sexual arousal disorder due to gynecologic cancer, in a group format for women with low sexual desire, and in women with provoked vestibulodynia. Our mindfulness techniques are borrowed from the work of Jon Kabat-Zinn. I also regularly incorporate mindfulness techniques into my clinical practice as well as into my own life.

Morag Yule (soon to be a graduate student) works part-time as a Research Assistant. Her areas of interest include effects of culture on sexuality and the biological influence on sexual behavior and asexuality. She is overseeing our study of asexual women in which we are measuring psychophysiological sexual arousal, as well as other measures (e.g., finger length ratio, handedness) previously linked to sexual orientation. This study seeks to explore the potential biological aspects that might underlie being asexual (i.e., having a lifelong lack of sexual attraction to anyone).

Lisa Mehak, our other part-time Research Assistant, has her bachelor's degree from the University of Ottawa, where she worked with Dr. Peggy Kleinplatz. She is very interested in yoga as a therapeutic intervention for women with sexual difficulties. We are publishing a review paper on the vast literature that has found yoga to be an important method for boosting sexual response in men and women with and without sexual difficulties.

The lab's full-time Research Coordinators are Katherine Rhodes and Yvonne Erskine. Katherine has a master's degree in Family Studies, focused on the role of sex-typed toys as indicators of parent-child gender socialization, and the effects of this gender socialization on adulthood academic, career, familial and relationship outcomes and expectations. Yvonne has master's degree in Counselling Psychology, and is interested in sexuality, grief and loss, trauma, and mood. In addition to her duties as a Research Coordinator, Yvonne co-facilitates psychoeducational groups for women with low arousal



LIFE MEMBERSHIP IN SSTAR

Sharon G. Nathan

At its March meeting, the SSTAR Executive Board approved a new category of membership: Life Membership. For a contribution of \$2,500—either in one lump-sum payment or in three installments over three years—a member can become a Life Member, freed forever from paying dues. In addition, Life Members will be acknowledged in the SSTAR *Newsletter* and listed as Life Members in the SSTAR Membership Directory.

Why do it? For younger members with a commitment to a career in sex therapy and research, the Life Membership can be quite a bargain. When SSTAR Life Membership was under discussion in the Executive Committee, two members recalled having purchased lifetime AASECT memberships for \$500 in the early 1980's. (The current one-year cost of AASECT membership is \$225.) For older members, Life Membership is a way of supporting SSTAR in perpetuity. Even after a member is no longer active in SSTAR, or dies, his Life Membership contributes to SSTAR's financial well-being through the interest that continues to be earned on the Life Membership principal.

For more information on Life Membership, please contact the Membership Chair, Kathryn Hall.

and desire. Katherine and Yvonne oversee recruitment in all of our many research studies and assist in managing the lab.

We have nine volunteers and many other medical trainees involved in various aspects of our research. Our collaborators in the Vancouver area include Dr. Rosemary Basson, Dr. Gail Knudson, Dr Sydney Thomson, Dr Boris Gorzalka, Dr Neil Watson, Dr Lynda Balneaves, in addition to many other national and international colleagues.

MEMBER PROFILE

Linda Perlin Alperstein

First of all, thank you, Sharon Nathan, for asking me to write a member profile. I feel especially honored because I think of myself as a relative newcomer to SSTAR. I first joined at the urging of Diane Morrisette when SSTAR met on the west coast several years ago. She kept telling me what a great organization it was and how excellently the conferences were organized. And she was right!

As I think about my career, I've been extremely fortunate to look back and see it evolve in a most natural way. Of course I've made many decisions, but they were based on pretty good instincts. For example, although I didn't realize it at the time, I fled from teaching junior high into social work school — mostly because of the thought that I would be miserably restricted in my social and intellectual life!

Moreover, I never realized that developing a specialty in sexuality would be so lucrative— especially considering my earliest days in the “field” in high school, when I would be the kid standing outside one of the girls' bathroom doors, giving instructions as to how to insert a tampon. Thanks to my mother and my own very inquisitive mind, I received a pretty good (although not entirely accurate) sex education. I was very curious and my mother did her very best to answer my questions. (I was particularly well known for my questions about horrible illnesses as well as sex.)

My professional interest in sex therapy developed about thirty-five years ago when I was a few years into my career as a clinical social worker in private practice. I received a brochure from the Human Sexuality Program at the University of California Medical School in San Francisco. It advertised a fifty hour, intensive training in sex therapy. Realizing that I knew next to nothing about human sexuality, I signed up and discovered that, indeed, I had much to learn beyond my personal experiences.

That training was a fascinating and enlightening experience. The program was in its heyday, with budding luminaries in this relatively new field — Lonnie Barbach, Rebecca Black, Bernie Zilbergeld, Jay Mann, to name a few—some on the brink of publishing their first books in the field.

When the fifty hours were completed, I was captivated. I applied to the six-month training program in couples sex therapy. This was a commitment of twenty hours a week. Mind you, I already had a busy clinical practice, two kids (5 and 8) and was teaching assertiveness training workshops all over the Bay Area. (I'd kill for that much energy again!)

Luckily, I had already had considerable training in family and couples therapy, which turned out to be extremely useful. My original training had been quite analytical and rather formal, although I had been exploring new modes of couple and group therapy. And

California had an abundance of everything. Some were brilliant and genuinely innovative, such as the work of Salvatore Minuchin or Milton Erickson. And others (who shall remain nameless) who were too weird or flaky for me.

When I finished my first six-month training, I felt quite honored to be asked by the staff to stay on as co-preceptor in the Couples Program for the next group of trainees. UCSF was an amazing place to be regarding the search for knowledge in the field of sexuality. In addition to the Couples Program, there was Barbach's Pre-Orgasmic Women's Groups and Zilbergeld's Men's Program. Moreover, an entire unit, Sex and Disability, was devoted to teaching clinicians with disabilities to do sex counseling with people with disabilities. And if all that wasn't enough, there was a program for Sex Education and an all-inclusive Research Unit. Clinicians came to the UCSF program from all over the country. I can't imagine a more rich, lively and exciting place to work — and all in my own backyard.

After my six months of teaching in the couples program, I realized that my weakest area of expertise was with men. (What can I say?—it was the “feminist” seventies!) So I signed up to train with the late Bernie Zilbergeld for another six months in the Men's Program. Although all of the training was quite rigorous (taping every session and receiving feedback as part of each supervision meeting), Bernie, in my opinion, was a most innovative and interesting teacher. As many of you may remember, he could be quite challenging, but I actually enjoyed the intellectual and thought-provoking debates.

As luck would have it, at this point in time (1978), the State of California passed a law requiring all mental and medical health professionals to complete a minimum of ten hours of training in human sexuality as a prerequisite to licensure and re-licensure. Talk about being in the right place at the right time! I was hired by the California Chapter of the National Association of Social Workers to travel throughout the state, giving weekend workshops for social workers and other mental health professionals.

Standing in front of these classes of a hundred grumpy mental health professionals, who initially felt they were wasting a weekend, was incredibly instructive. I learned how to share my own enthusiasm for the study of sexuality with thousands of people. As my mother used to say, I brought sex to people all over the country, whether they wanted it or not!



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Profile (continued from page 8)

I also had the good fortune to be able to choose a teaching partner for these classes. For many years I taught with Dr. Harvey Gochros from the University of Hawaii. Harvey was one of the best teachers I've ever met — knowledgeable, reliable, smart, funny and able to share the podium! Together, we presented lively, poignant and funny workshops that focused on the sexually disenfranchised populations basic to a social work perspective. I used to tease him, however, that I only hired him because he could operate the AV equipment. (Hopefully, some of you remember schlepping films and projectors?)

At this era of my career I was pretty determined to develop as much expertise as possible as a sex therapist and educator. I became an active member of SSSS and AASECT (no one on the west coast knew much about SSTAR) and a frequent presenter at regional and national meetings. I developed and presented all kinds of workshops — “Speaking Up While Lying Down” (assertiveness training in sexually intimate relationships), “How to Talk to Kids About Sex,” “Romancing the Alliance” (understanding sexual attraction between client and therapist), “Homework Assignments in Sex Therapy” (why our brilliant clinical interventions don't always succeed).

Over the years, I was SSSS Secretary twice and Treasurer once. I was Chair of the Ethics Committee for many years and also served on numerous committees for both organizations. SSSS became my “sex-professional family” — probably because I'm *not* a researcher and the organization filled that gap very nicely. I might add that SSTAR now does the same for me and I hugely appreciate the mixture of clinical research and practice.

I continued to soak up knowledge from the experts, I spent a week in St. Louis with Masters and Johnson, who, to me, were the “grandma and grandpa” of sex. I also had opportunities to learn from Helen Singer Kaplan, Sol Gordon, Vern Bullough and almost all the luminaries in the study of human sexuality. Oh, yes, Betty Dodson, too! Yes, naked.

Meanwhile, I continued teaching at UCSF and in 1979 I became Co-Director of the Couples Program. Unfortunately, as most of us involved with medical education know, sexuality training programs are among the most vulnerable, often viewed as a second-class citizen. Everyone wants the information and services provided, but few want to admit we actually belong there with equal importance and rights. (There are exceptions to this ranking, but mainly due to the amazing talents and efforts of the politically astute.)

Sadly, with the death of our one ally in the Department of Psychiatry, the tenuous link to the medical school was irreparably broken. By 1981, we had lost the entire program. We just didn't have the leadership — neither the right M.D. nor the political clout. I still feel sad when I think about the enormous loss to the community at large. As best I know, for example, there

is no clinic available in the Bay Area that provides low-fee sex counseling.

Shortly after the Program shut down, I applied for a Clinical Faculty appointment in the Department of Psychiatry. I began to teach an ongoing, weekly seminar for third and fourth year residents in “Addressing Sexual Concerns as Part of Couple Therapy.” This has continued into the present, with a couple of “time outs” for health and family crises. Each year, I get a new crop of residents and the opportunity to mix didactic training with supervision of couple therapy, as the residents feel ready to try out new skills with patients wanting sex therapy.

Meanwhile, despite the loss of the Human Sexuality Program, the medical school still had a required twenty-hour course for all second year students, “Sexual Issues in Medical Practice.” When the faculty who had been teaching the class retired, my colleague, David Bullard, and I were asked to take over. So, from 1990 to 1997, we brought information, ideas, challenges and some extraordinary guest speakers to a very diverse population of medical students.

Then UCSF underwent a radical shift in medical education and in the organization of its entire curriculum. Almost every department was scrambling to keep a toe-hold in place. Our course was subsumed under a generalist curriculum with the notion that sexuality education would be integrated throughout all of the four years.

These days, I'm working fewer hours, but still enjoy the mixture of teaching and clinical work. And I'm joyfully busy raising my grandson who just turned five at the end of May. He has lived with me since the sudden death of my daughter in 2004. I must say, he's a delightful little boy — funny, smart, bossy and exhausting! He spends weekends with his dad, and adores his Uncle Michael (my son) who spends many hours during the week with him.

Thank you, Sharon, once again, for the opportunity to reflect upon my career and to talk uninterruptedly about myself! How often does a therapist get to do that?

SSTAR Elects Seven New Members

SSTAR welcomes the following new Full and Student Members:

Full

Bat Sheva Marcus, PhD, Purchase, NY, USA
Cynthia LeShawn McGlothlin, MSN, WHNP,
Bristol, TN, USA

Student

Seth Davis, Montreal, QC, Canada
Geneviève Desrochers, Montreal, QC, Canada
Melanie Jodoin, Montreal, QC, Canada
Salih Sele, Gaziantep, Turkey
Kate Sutton, Kingston, ON, Canada

BILL MAURICE'S REMARKS ON ACCEPTING THE SSTAR SERVICE AWARD

Thank you, Michael [Perelman], you've always been such a large personal supporter and so generous with your compliments over the years. I can't thank you enough.

There is simply no greater honor for *any* working person than to be recognized by one's colleagues. And I am enormously grateful to SSTAR for that. And as much as this might sound like a cliché, the meaning of this award to me is much more than words could describe.

It is a double honor to follow Mike Plaut in receiving this award, a person who we all greatly respect and one who has done so much for this organization.

I'd like to provide a few comments about why I cherish SSTAR and why I put so many hours into strengthening this organization.

I came to SSTAR 20 years ago (I think it was Steve Levine who supported my membership; he was the only person I knew in SSTAR at that time so it must have been him) because I firmly believed then, and even more so now, that no one discipline in the health professions has a monopoly in understanding sexual matters, and that the key to discovery lies in a multidisciplinary group, which SSTAR exemplifies. Judging by the content of the annual meetings of some other sexology organizations, not everybody subscribes to that idea.

I owe Sandra Leiblum a great debt of gratitude. Not only has she become a good friend and huge supporter (and shown good financial judgment by buying a condo in Vancouver some years ago), [but] she's the one who got me involved in the workings of SSTAR's Executive Council when she asked me if I wanted to be the Treasurer. I had *no* idea what I was getting into and said yes—with great trepidation since I was not exactly skilled at balancing my own checkbook.

STARGAZE: Judging by the survey of SSTAR members that Mike Plaut conducted a few years ago, it looks like SSTARGAZE has been a great success. I started the listserv in 1996 thinking that one of the great strengths of this organization is the ability of members to share experiences and opinions about issues and patients. SSTARGAZE promoted that idea, and 12 years later, the listserv is still going strong. That, itself, is probably a testimony to its value.

SEXOLOGY STUDENTS: One of the things that concerned me most when I was SSTAR President was finding ways to attract students here and to make it easy for them to be included in our activities. It's obvious to everyone that our membership is aging and that if we're not relentless in attracting students to SSTAR, the organization will not survive. I owe a great deal to Irv Binik for that concern since in his soft and gentle way, he has been a great advocate for students and a



SSTAR Service Award winner Bill Maurice with his wife Rosamund Harrison.

magnificent role model for all of us. Eric Corty also deserves credit, not only for finding out how long people have intercourse, but for having the inspired idea of providing free membership for a year to students who apply for the SSTAR Student Research Award. And Stephanie Kuffel has made this Award work and deserves a great deal of thanks. When Marta Meana brought five of *her* students to a meeting a few years ago, many of us were blown away by the implications of this to our organization.

For the past four years (including this one) Taylor and Francis has agreed to pay all expenses related to the Student Research Award, and I'm hoping to get them to agree to a multi-year commitment so that we don't have to go back to them for funds each time we have a meeting.

THE BOOK AWARDS: They were an attempt to recognize the contributions to the field by book writers and, at the same time, to bring the best of clinical sexology information to SSTAR members (in the case of the Health Professional Award) and to the public (in the case of the Consumer Book Award). It was also meant to be a way of bringing SSTAR to the attention of health professionals who didn't know much about us and to advertise the organization to the public. Peggy Kleinplatz, in the case of the Health Professional Award, and Sheryl Kingsberg and Richard Carroll, in the case of the Consumer Award, have made this work. Only time will tell whether or not the purposes of these awards have been realized.

SSTARNET: Developing our website into one which was professionally attractive, easy to use, informative for members as well as the public, providing another avenue for member communication (besides the excellent work that Sharon Nathan has been doing as Newsletter Editor), and one which contains some of the history of SSTAR, advertising some of the accomplishments of members – all this *had* to be done. There was no choice. Almost

(continued on next page)

Boldface Names

RONNY SHTARKSHALL of the Hebrew University and Hadassah Medical Organization in Jerusalem has received a grant to conduct a workshop on Israeli-Palestinian cooperation in public health. One of the working groups will focus on sexual and reproductive health. In addition, Ronny's program for training sex therapists at Bar-Ilan University has received AASECT recognition.

The State University of New York (SUNY) at Buffalo has awarded **ADAM ASHTON** its 2007 Psychiatry Teaching Award for Outstanding Contributions to Medical Student Education.

MICHAEL PERELMAN has won tennis championships in Greenwich, CT this year in both "Pro Am" and "45 and Older" tournaments. He says that full disclosure requires him to acknowledge Wyeth Consumer Healthcare support in the form of Advil caplets.

MIKE PLAUT retired from the University of Maryland School of Medicine this June after 35 years on the faculty. His retirement year was marked by a number of recognitions, including his receipt of the inaugural Exemplary Service Award from the Northeast Group on Student Affairs (AAMC) and his appointment as both mace bearer and honorary marshal for students at the pre-commencement and commencement ceremonies, respectively. Mike and Judy will move to their Topsail Island, North Carolina home in July, and Mike plans to continue his professional activities at a somewhat reduced level in that area.

After spending three months in Vancouver this summer with her treasured Canadian friends (Rosemary Basson, **BILL MAURICE**, **LORI BROTT**, Cindy Meston, Ron Stevenson, and Stacy Elliott), **SANDRA LEIBLUM** will be launching her new clinic in the fall—the New Jersey Center for Sexual Wellness in Bedminster, New Jersey—with her colleagues, a gynecologist and a sex educator. So much for retirement!

More non-retirement news: **STEVE LEVINE** and **CANDACE RISEN** have renewed their lease for their Center for Marital and Sexual Health in Beachwood, OH, for five more years and have expanded its space, staff, and activities. Steve and Candace along with **STAN ALTHOF** are also in the process of revising their *Handbook of Clinical Sexuality for Mental Health Practitioners*, which has many chapters written by SSTAR members.

In June a new center, The Center for Sexual Health and Intimacy, opened in Lynchburg, Virginia, with **MIRANDA BREIT** serving as the sex therapist on a staff that includes a urologist, gynecologist, nurse practitioner, and physical therapist.

Impressive recognition for **ALINE ZOLDBROD**'s book *Sex Smart: How Your Childhood Shaped Your Sexual Life and What To Do about It*. It was named on a list of 17 memorable books in an APA *Monitor* article, "Recommended Reading: Psychologists Share the Contents of Their Self Help Shelves." Aline also addressed her Oberlin 40th reunion on "Sex in the Sixties," which she says she purposely titled ambiguously.

ELI COLEMAN is celebrating his 30th anniversary at the Program in Human Sexuality (PHS) at the University of Minnesota Medical School. Eli came to PHS as an intern in 1977 and just never left, joining the faculty in 1978 and eventually rising to hold the first ever endowed academic chair in sexual health (which Eli himself was instrumental in creating).

BONNIE SAKS's oldest son, David Minnen, will marry on July 19th. David is just about to receive his PhD in artificial intelligence, and his fiancée will receive her masters in molecular genetics. Bonnie will also be attending another wedding in Addis Ababa this summer, and she hopes that the long flight will be less eventful than two she took last month; on those trips Bonnie found herself variously doing CPR, starting an IV, and giving oxygen to fellow-passengers who became ill mid-flight.

Maurice Award (continued from page 10)

every significant enterprise in the world has a website, and for us to be credible we had to have one too. And so Richard Carroll, Mike Plaut and myself set about creating one with the help of Mark Graves at ACOG; and we now have one of which all members could be proud.

THE SSTAR LOGO: The logo was changed—a bit, not a lot—and the change was symbolic, as are logos themselves. The phrase "founded in 1975" was

added. Not a big deal, one might say. But to me it was. I saw in the addition of that phrase a statement to those who are *not* members that SSTAR is *not* a fly-by-night organization, but rather a group that has existed for over 30 years, and by implication, a group of highly experienced and accomplished health professionals who have devoted their careers (not as a sideline) to helping people with sexual problems.

To be given the SSTAR Service Award by such a group represents a great personal honor, and I thank you again for this.

**SSTAR EXECUTIVE COUNCIL
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and Local Arrangements Chair**

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 Bill Maurice's E-mail address:
 Maurice@interchange.ubc.ca



CALL FOR PAPERS SSTAR 2009

Papers are now being accepted to review for the 34th Annual Meeting of the Society for Sex Therapy and Research (SSTAR) being held April 2-5, 2009 in Arlington, Virginia. SSTAR meetings are devoted to understanding and treating sexual disorders such as sexual dysfunctions, gender identity disorders, and paraphilias. Presentations may include hypothesis driven research or theoretical formulations. Abstract submission information may be found at the SSTAR website, www.sstarnet.org. Submission deadline is **Friday, September 5, 2008.**

Upcoming Meetings

SSTAR 2008 Fall Clinical Meeting

Friday, September 19, 2008
 The Penn Club of New York
 30 West 44th Street
 New York, New York 10036



SSTAR 2009: 34th Annual Meeting

April 2-5, 2009
 Ritz Carlton
 Pentagon City
 Arlington, Virginia



CONTINUING EDUCATION REGISTRATION

To be completely registered for the SSTAR 2008 Fall Clinical Meeting, please complete the information below and include your registration payment. For questions regarding CE credits, please

contact the SSTAR CE Officer, Dr. Eric Corty, at (814) 898-6238 or ssstar.ce.officer@gmail.com.

NAME: _____ (AS IT WILL APPEAR ON CE CERTIFICATE/S)

DEGREE/S: _____ (AS IT WILL APPEAR ON CE CERTIFICATE/S)

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

PHONE: (____) _____

E-MAIL: _____

Type of continuing education credits desired:

- Physicians
- Sex Educators, Counselors & Therapists
- Psychologists
- Marriage & Family Therapists
- Clinical Social Workers

ACCME Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of The American College of Obstetricians and Gynecologists (ACOG) and the Society for Sex Therapy and Research (SSTAR).

AMA PRA Category 1 Credit(s)[™] or ACOG Cognate Credit(s)

The American College of Obstetricians and Gynecologists (ACOG) designates this educational activity for a maximum of 6 AMA PRA Category 1 Credits[™] or up to a maximum of 6 Category 1 ACOG Cognate Credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.

An application for "Continuing Education Provider" by the American Association of Sexuality Educators, Counselors and Therapists (AASECT) has been submitted and is expected to be approved. This program qualifies for up to 6 hours.

SSTAR is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. SSTAR maintains responsibility for this program and its content. This program qualifies for up to 6 hours.

The California Board of Behavioral Sciences approved SSTAR as a "Provider of Continuing Education" (PCE #1719) for Licensed Marriage and Family Therapists (LMFT) and Licensed Clinical Social Workers (LCSW). This program qualifies for up to 6 hours.

SOCIETY FOR SEX THERAPY AND RESEARCH



SSTAR 2008 FALL CLINICAL MEETING

Continuing Medical Education Credit
is provided through joint sponsorship with
The American College of Obstetricians and Gynecologists (ACOG)

The Penn Club of New York
Friday, September 19, 2008

The SSTAR 2008 Fall Clinical Meeting will be held Friday, September 19, 2008, at the Penn Club, 30 West 44th Street, New York, NY. This meeting is designed for practicing sex therapists, psychologists, physicians, advanced practice nurses, marriage and family therapists, clinical social workers, other health care professionals, and researchers seeking state-of-the-art information on the rapidly evolving field of human sexuality. Registration and continental breakfast will begin at 8:30 am. The meeting will begin with a welcome from the President of SSTAR, Bonnie R. Saks, MD at 8:50 am.

The primary goal of the meeting is to serve as a multidisciplinary forum in which to discuss the clinical assessment and management, ethical and societal issues, and outcome of sex therapy interventions in clinical cases.

The morning case, A Case of Primary Dyspareunia in a Young North

African Woman: Working with the Inherent Paradoxes, by Case Presenter, Sophie Bergeron, PhD, and Case Discussant, Marta Meana, PhD will begin at 9:00 am.

After attending this presentation, the participants will be able to:

1. Describe at least two therapeutic pitfalls in managing a case of dyspareunia.
2. Recognize the importance of using a multimodal approach in the treatment of vulvo-vaginal pain.
3. Identify the main biopsychosocial contributors to dyspareunia.

Lunch at the Penn Club will be served at 12:25 pm. The afternoon workshop, **Love and Desire** by Stephen B. Levine, MD will follow lunch at 1:30 pm.

After attending this presentation, the participants will be able to:

1. Use a practical and erudite vocabulary of love with patients.
2. Define the elusive and illusive nature of love while conceptualizing its realities.
3. Clarify the relationship between the vagaries of love and desire.

SSTAR 2008 FALL CLINICAL MEETING

Friday, September 19, 2008
The Penn Club of New York
30 West 44th Street
New York, New York 10036

PROGRAM

- 8:30 am – 8:50 am Coffee & Registration
- 8:50 am – 9:00 am Introduction
Moderator: Bonnie R. Saks, MD
- 9:00 am – 10:30 am Case Presentation: Sophie Bergeron, PhD
A CASE OF PRIMARY DYSPLASIA IN A YOUNG NORTH AFRICAN WOMAN: WORKING WITH THE INHERENT PARADOXES
- 10:30 am – 10:45 am Break
- 10:45 am – 12:15 pm Case Discussant: Marta Meana, PhD
Group Discussion
- 12:25 pm – 1:30 pm Luncheon at The Penn Club of New York
(advance registration required)
- 1:30 pm – 3:00 pm Workshop Presentation: Stephen B. Levine, MD
LOVE AND SEXUAL DESIRE
- 3:00 pm Break
- 3:15 – 4:45 pm Workshop continued: Stephen B. Levine, MD
Group Discussion

Registration is limited to 50 participants and only SSTAR members may register before Monday, July 21, 2008. Both SSTAR members and non-members are welcome to register from Monday, July 21, 2008 through Friday, September 12, 2008 on a "space available basis." The registration fee is \$150, which includes the luncheon. The student registration fee is \$45. Please note that the fee is the same for those who will not attend the luncheon.

The Penn Club is a small exclusive hotel with limited accommodations. Meeting participants can not stay at the Penn Club and are responsible for making their own hotel arrangements. If you require hotel arrangements, please make your reservation as soon as possible. September is a peak season in New York City and hotels sell out early.

STAR Website: www.sstarnet.org

CONFERENCE REGISTRATION FORM

Please register me for the SSTAR 2008 Fall Clinical Conference to be held Friday, September 19, 2008 at The Penn Club of New York. A registration payment of \$150 (\$45 for students) is enclosed. (Note: there is no reduction in fee if one forgoes the luncheon at The Penn Club.)

(Please print or type.)

Name: _____

Badge Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ E-Mail: _____

Luncheon (Please select one.)

- I will have lunch at The Penn Club
- I will NOT have lunch at The Penn Club
- Please check here and specify if you require a vegetarian meal or if you have requirements for special assistance during the meeting.

Payment Information

- Check (payable to SSTAR) Check # _____
 - or
 - Master Card Visa AMEX
- Credit Card Number: _____
- Exp. Date: ____/____/____ Last 3 or 4 Digits on the Back of the Credit Card _____
- Amount to Charge: \$ _____ (Students must include verification of their status to receive the discounted rate of \$45).
- Signature: _____

The above signature hereby authorizes this transaction.

Please complete this conference form and CE Registration form on the backside and mail with a check to:

Yvonnada McNeil, SSTAR National Office
409 12th Street, S.W.
Washington, DC 20024-2188
Or fax with credit card information to: (202) 554-0453

Cancellation Policy: Written cancellations must be received prior to Friday, September 12, 2008. If you are not a student, a US \$50 administrative fee will be subtracted. No refund will be issued after this deadline