

So Where Do We Go from Here?

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Binik and Meana's (2009) article criticizes sex therapy as an institution and as a psychotherapy specialty, but these criticisms are not new. Many of us in the field have lamented about these problems (as well as few others that they did not mention) for years. There are serious problems with the field of sex therapy, including poor insurance reimbursement, essentially no money for research, difficulty with standardization, lack of an agreed-upon knowledge base, "media stars" diagnosing a "caller" after a few minutes on the air for the amusement of the audience, plus all the other problems that Binik and Meana identified. So far, the field and its practitioners do not have a remedial plan or even the collective will to create such a plan, which is quite unfortunate. I am going to let other sex therapists valiantly defend their turf and I will make a different point.

What response did the authors expect? Did they think sex therapists would agree that sex therapy is a fraud, voluntarily disband their organizations, meekly offer abject apologies for misleading the public, or some other mea culpa? Is it possible they had another purpose?

Why would Binik and Meana preach to sex therapists? Sex therapists really cannot change the situation; it is up to the general psychotherapists to take up Binik and Meana's challenge. Sex therapists will continue to sit in their offices until those who need (or think they need) sex therapy stop making appointments. If general psychotherapists would just assume the care of these sexually troubled souls, sex therapy would wither and die.

Why publish this article in a sexology journal and speak at sex therapy conferences? Binik and Meana should publish in general psychotherapy journals and speak at general psychotherapy conferences. A few papers in mainstream psychotherapy journals explaining how easily cognitive-behavior therapy, psychodynamic, or other therapeutic approaches can treat sexual concerns will set the stage. The authors can demystify sex therapy, expose all our tricks (maybe even the secret handshake), and nip those referrals in the bud. If there is nothing special about sex therapy, all the well-trained psychotherapist needs to do is read a couple of articles or attend a lecture or two. Once the sex therapist is unmasked as a fake, the general therapist will have a new source of clients and the sex therapy institutions will crumble as all unused relics do.

Those papers and presentations will give Binik and Meana the needed platform to urge the professors at psychotherapy training programs to demand all basic psychotherapy textbooks cover sex therapy. The faculties of these programs decide which textbooks to use and the publishers want to please them; if they demanded that the textbooks cover sex therapy, they would. Binik and Meana are excellent writers and respected scholars; they can even write the needed chapters. I hope they have more success than the rest of us who have tried to interest these editors in sex therapy chapters previously. It has been the editors—not the sex therapists—who have refused to consider these chapters in the past.

Binik and Meana should not bemoan the lack of a Sex Therapy Division at the American Psychological Association—they should start one. I am sure that many sex therapists, some of whom are also card-carrying psychologists, would be interested. It also would generate increased interest among general psychologists about sex therapy and its practice. Or could it be that the psychologists just have not been interested?

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I agree it would be a better world if all psychotherapists (and other health care professionals for that matter) had a working knowledge of sexuality. I think that everyone (professionals and the public) should be comfortable and knowledgeable about sex; now that is a truly revolutionary idea worthy of another commentary. Unfortunately, there are far too many sex therapists who still have not achieved an adequate comfort level; I doubt the general therapists will have an easy time of it. One reason the sexually concerned seek out sex therapists is to find, hopefully, a therapist who will not blush and guffaw at the problem. Discomfort with anything having to do with sex is still a huge problem, yet most health care practitioners have to be cajoled or forced to take courses designed to increase their competency to deal with these issues.

Nevertheless, Binik and Meana could run SARs and workshops to help general psychotherapists get up to speed, just as the sex therapy organizations run these programs now. If the demand leads to a need for more workshops, Binik and Meana could easily recruit the now underemployed sex therapists for help. Of course, many sex therapists already have tried to provide these workshops to training programs, counseling centers, and groups of therapists in the community. Those attempts are often rebuffed; apparently, the general psychotherapists have other training priorities. Maybe they are just not interested or comfortable with the subject matter (see above), but after hearing Binik and Meana's appeal, I am sure that will change.

One of my complaints about sex therapy is that it is accessible only to individuals with the money and time to take part in the treatment. The poor often have no options for any psychotherapy except what is offered at community clinics. These community clinics could (or should) reorder

their priorities and provide sex therapy services; PTSD, depression, support for the chronically mentally ill, domestic violence, and chemical dependency all seem less urgent in comparison.

Sex therapy would continue, but more as a tertiary referral resource for the really complicated cases, in the same way as referral to a chemical dependency, grief, eating disorders, marital, group, child, or other tertiary specialist is sometimes (albeit rarely) warranted.

Of course, the "Law of Unintended Consequences" might come into play and create another ending for Binik and Meana's scenario. Responsible therapists working in a new area might want to familiarize themselves with the peculiarities of this genre of psychotherapy. They might feel the need for a continuing education course or maybe even attend a sex therapy conference. Some of those individuals might become interested and join the sex therapy organizations, even start attending these conferences regularly. In the end, this solution might actually give sex therapy the push it needs to legitimately become its own specialty. It might spur more research and add the needed structure to become a real specialty. I wonder how Binik and Meana will feel if it works out that way. Seriously, I do not think that is their purpose, but then again...

So I ask our esteemed authors, where do we go from here?¹

Reference

- Binik, Y. M., & Meana, M. (2009). The future of sex therapy: Specialization or marginalization? *Archives of Sexual Behavior*, 38. doi: [10.1007/s10508-009-9475-9](https://doi.org/10.1007/s10508-009-9475-9)

¹ In case there was any doubt, this entire commentary was written with my tongue firmly embedded in my cheek.