

Society for Sex Therapy and Research



SSTAR 2005: ***30th Annual Meeting***

Jointly Sponsored by
The American College of Obstetricians and Gynecologists
(ACOG)

Hyatt Regency Cambridge
Boston, Massachusetts USA
April 7 - 10, 2005

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PRESIDENT'S WELCOME

SSTAR is 30 years old and so this 2005 meeting is truly momentous! The age of thirty in the life of any organization means to me maturity, stability, commitment, durability, and endurance. SSTAR is indeed all of those and I am deeply honored to be its President, especially at this auspicious time. As such I have the very great honor of welcoming you to this conference.

And welcome too to the city of Boston, memorable in many ways including a superb SSTAR annual meeting just a few years ago. As is the case now, the prior conference in Boston was hosted by Derek Polonsky who has demonstrated himself to be a trivia buff extraordinaire as well as an extremely attentive and responsive Local Arrangements Chair. As the Scientific Program Chair, Eric Corty has planned this meeting with considerable patience, tact, humor, not to mention awareness of the ingredients in the recipe of a successful annual meeting program.

Eric has front-loaded some new component parts to the 2005 meeting: an all-day pre-conference workshop delivered by SSTAR members and directed towards health professionals who are *not* sexuality specialists (conceived of and organized by Derek); an ethics-related pre-conference workshop (especially applicable to those needing ethics continuing education credits; a poster session following the welcome reception on Thursday evening; and a PBS documentary on Kinsey following the poster session.

The 2005 SSTAR Student Research Award will be presented to Nicole Flory (from the Psychology Department at McGill University) by the able and seemingly unflappable Caroline Pukall who chaired the committee this year, a committee that also included Emily Impett (who won the 2004 Award) and Stephanie Washington Kuffel (who is presently Senior Postdoctoral Fellow in the Reproductive & Sexual Medicine Clinic at the University of Washington).

The 2005 Masters & Johnson Award is being presented to the distinguished and talented Cleveland triumvirate of Stan Althof, Steve Levine, and Candace Risen. It seems especially fitting for this group of long-time SSTAR members and talented teachers, researchers and clinicians to win this Award at this particular anniversary meeting.

SSTAR now boasts a colorful, organized and useful Web site. For new visitors, the location is: www.sstarnet.org. And it is not finished yet - additions are still being planned (for example, we will be adding a Frequently Asked Questions page in the near future). Those who are not yet SSTAR members might want to consider the benefits (outlined on SSTARNET) and if membership is appealing, using the membership form that could be downloaded from the site. Ever mindful of student financial stringencies, SSTAR has made student annual dues and conference registration costs particularly attractive.

A reminder: the 2006 SSTAR meeting will be in Philadelphia on March 16-19. Local Arrangements will be in the hands of Julian Slowinski who has already been working diligently on this project for several months, and the Scientific Program Chair will be organized by the academically and personally prolific Lori Brotto. I can guarantee it will be a first-class meeting!

Bill Maurice MD, FRCPC
President
Society for Sex Therapy and Research

PLAN TO ATTEND THE 2006 SSTAR ANNUAL MEETING!

March 16 – 19, 2006

Hyatt Regency at Penn's Landing

Philadelphia, PA

Join us next March at a wonderful modern Hyatt Hotel on the Delaware River at the foot of Philadelphia's historic district as SSTAR moves into its fourth decade.

In addition to national and international speakers, local scientific talent from Philadelphia's many fine universities and medical centers will be highlighted at our 31st Annual Meeting.

As for après meeting activities, there is much to do and see in the hotel area. Philadelphia has a "walkable" downtown with nearby historic sights like Independence Hall, The Liberty Bell, and the must see new National Constitution Center. Just strolling or taking a horse and carriage ride through the historic Society Hill neighborhood is a treat.

For music lovers, the Philadelphia Orchestra now resides in a magnificent new home, while the opera and ballet companies remain a few blocks away at the former symphony hall. Local theater and musical venues are also nearby. The Philadelphia Museum of Art (yes, where Rocky ran the steps) is currently bringing visitors from around the nation for the Dali exhibit. While Dali will be long gone by the SSTAR meeting, there is still much to see at this famous landmark on Philadelphia's museum row.

Restaurants? Within a brief walk, more than you can imagine. The expanded New Jersey Aquarium will be reopened and is directly across the Delaware River from the Hyatt.. The Battleship New Jersey is moored next to the aquarium and is open to the public.

If you have any questions or suggestions, feel free to contact either of us.

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**Plan to attend the
SSTAR 2005 Fall Clinical Meeting**

September 16, 2005

**The Penn Club
New York, New York**

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CONTINUING EDUCATION ACCREDITATIONS & APPROVALS

NOTE: The SSTAR 2005 Annual Meeting is fully accredited or approved to award continuing education credits to psychologists, sexologists, physicians, social workers, marriage and family therapists, and nurses. For questions or concerns about continuing education credits, please contact:

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1. **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 CME Category 1 Credit and ACOG Cognate Credit

The American College of Obstetricians and Gynecologists (ACOG) designates this educational activity for a maximum of 15 category 1 credits toward the AMA Physician's Recognition Award or up to a maximum of 15 category 1 ACOG cognate credits. Each physician should claim only those credits that he/she actually spent in the activity.

In addition, participants may earn additional credits for attending the pre-conference workshops. The Sexuality in Clinical Practice for Health Professionals workshop is worth up to 6 CME credits; Ethical Issues in Sex Therapy is worth up to 3 CME credits and A Biopsychosocial, Integrative Couple Approach to Male Sexual Dysfunction is worth up to 3 CME credits.

Disclosure of Faculty and Industry Relationships

In accordance with ACOG policy, all faculty members have signed a conflict of interest statement in which they have disclosed any significant financial interests or other relationships with the industry relative to topics they will discuss at this program. At the beginning of the program, faculty members are expected to disclose any such information to participants. Such disclosure allows you to evaluate better the objectivity of the information presented in lectures. Please report on your evaluation form any undisclosed conflict of interest you perceive. Thank you!

2. **American Association of Sex Educators, Counselors and Therapists (AASECT)**

This program meets the requirements of the AASECT and is approved for up to 15 Continuing Education credits (CEs) for the main meeting. In addition, The Sexuality in Clinical Practice for Health Professionals workshop is worth up to 6 CE credits; Ethical Issues in Sex Therapy is worth up to 3 CE credits and A Biopsychosocial, Integrative Couple Approach to Male Sexual Dysfunction is worth up to 3 CE credits. These CEs may be applied toward AASECT certification and renewal of certification.

- 3. American Nurses Credentialing Center -Maryland Nurses Association (ANCC - MNA)**
This offering has been approved for up to 18 Contact Hours by the Maryland Nurses Association, which is accredited as an approver of continuing education in nursing by the American Nurses Credentialing Center’s Commission on Accreditation. In addition, The Sexuality in Clinical Practice for Health Professionals workshop is worth up to 7.2 Contact Hours; Ethical Issues in Sex Therapy is worth up to 3.6 contact hours and A Biopsychosocial, Integrative Couple Approach to Male Sexual Dysfunction is worth up to 3.6 Contact Hours.
- 4. American Psychological Association (APA)**
The American Psychological Association (APA) approved SSTAR as a “Continuing Education Sponsor” (#0997) to offer continuing education for psychologists. SSTAR maintains responsibility for the program. This program qualifies for up to 15 hours for the main meeting. In addition, The Sexuality in Clinical Practice for Health Professionals workshop is worth up to 6 CE credits; Ethical Issues in Sex Therapy is worth up to 3 CE credits and A Biopsychosocial, Integrative Couple Approach to Male Sexual Dysfunction is worth up to 3 CE credits.
- 5. California Board of Behavioral Sciences (CBBS)**
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 15 hours for the main meeting. In addition, The Sexuality in Clinical Practice for Health Professionals workshop is worth up to 6 CE credits; Ethical Issues in Sex Therapy is worth up to 3 CE credits and A Biopsychosocial, Integrative Couple Approach to Male Sexual Dysfunction is worth up to 3 CE credits.

ACKNOWLEDGEMENTS

SSTAR gratefully acknowledges and appreciates the generous commercial support of unrestricted educational grants provided by the following companies to help defray the costs of the SSTAR 2005: 30th Annual Meeting.

UNRESTRICTED EDUCATIONAL GRANTS:

P&G Pharmaceuticals, Inc.

Solvay Pharmaceuticals

SUPPORT OF SSTAR STUDENT RESEARCH AWARD:

Taylor & Francis, Inc.

PROGRAM SCHEDULE

THURSDAY, APRIL 7, 2005

Pre-Conference Workshops

8:30 AM - 4:45 PM Sexuality in Clinical Practice for Health Professionals
Moderator: Derek C. Polonsky, MD

Talking About Sex in Clinical Practice
8:30 – 9:30 AM
Presenter: Derek C. Polonsky, MD

Sexual Dysfunctions in Women: An Overview of Assessment and Treatment
9:30 – 10:30 AM
Presenter: Sandra Leiblum, PhD

Break
10:30 – 10:45 AM

Male Sexual Dysfunction: Current Treatment Approaches
10:45 – 11:45 AM
Presenter: Stanley E. Althof, PhD

Lunch

This Thing Called Desire
1:30 – 2:30 PM
Presenter: Stephen B. Levine, MD

Selecting Medicine for a Dark, Dark Place: Sexual Pharmacology and its Use
to Reverse Anti-Depressant Induced Sexual Dysfunction
2:30 – 3:30 PM
Presenter: Adam Keller Ashton, MD

Break
3:30 – 3:45 PM

Everything You Want to Know About Sex and Now You Can Ask
3:45 – 4:45 PM
*Panelists: Stanley E. Althof, PhD, Adam Keller Ashton, MD, Sandra Leiblum,
PhD, Stephen B. Levine, MD & Derek C. Polonsky, MD*

2:00 - 5:00 PM Ethical Issues in Sex Therapy
Presenters: Peggy J. Kleinplatz, PhD & Daniel N. Watter, EdD
Moderator: Daniel N. Watter, EdD

THURSDAY, APRIL 7, 2005, CONTINUED

2:00 - 5:00 PM A Biopsychosocial, Integrative Couples Approach to Assess, Treat, and Prevent Relapse of Male Sexual Dysfunction
Presenters: Michael E. Metz, PhD & Barry W. McCarthy, PhD
Moderator: Blanche Freund, PhD, RN

1:00 - 5:00 PM Meeting Registration

ANNUAL MEETING BEGINS

6:00 - 7:00 PM Welcome Reception

7:00 - 8:00 PM **Poster Session**
Moderator: Eric W. Corty, PhD

The Role of Cognitive Factors in Pain and Sexual Functioning of Women with Vulvar Vestibulitis Syndrome
Presenter: Geneviève Desrocher, BSc

The Relation of Dyadic Adjustment to Psychosexual Functioning of Women with Vulvar Vestibulitis Syndrome
Presenter: Mélanie Jodoin, BSc

Sexual Arousal and Sensory Functioning in Vulvar Vestibulitis Syndrome
Presenter: Kimberly A. Payne, BA

Tender Point Examination in Women with Vulvar Vestibulitis Syndrome: Evidence for Generalized and Heightened Pain Sensitivity to Manual Palpation
Presenter: Caroline F. Pukall, PhD

The Hole in the Sheet: Perceptions of Orthodox Jewish Sexuality and Implications for Clinical Practice
Presenter: Richard D. Rapoport, MSW, PSW

Sexual Functioning and Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS): An Overview and Future Directions
Presenter: Kelly B. Smith, BA

8:00 – 9:30 PM Screening of Kinsey documentary

9:30 – 10:00 PM Kinsey: Lessons for Sex Therapists
Discussant & Moderator: Richard A. Carroll, PhD

FRIDAY, APRIL 8, 2005

- 7:45 - 8:30 AM Continental Breakfast
- 7:45 AM - 5:00 PM Meeting Registration
- 8:30 - 8:45 AM Welcome
SSTAR President: William L. Maurice, MD, FRCPC
Scientific Program Chair: Eric W. Corty, PhD
Local Arrangements Chair: Derek C. Polonsky, MD
Continuing Education Officer: Maryann Schroder, PhD, APN, CFNP, FAACS
In Memoriam to Al Cooper, PhD
Gale Golden, LICSW
- 8:45 - 10:15 AM **Invited Lecture**
Exotic Becomes Erotic: Explaining the Enigma of Sexual Orientation
Presenter: Daryl J. Bem, PhD
Moderator: Eric W. Corty, PhD
- 10:15 - 10:30 AM Break
- 10:30 -11:50 AM **Invited Lecture**
Subjective Sexual Well-Being in Mature Adults: Findings of the Global Survey of Sexual Attitudes and Behavior (GSSAB)
Presenter: Edward O. Laumann, PhD
Moderator: Richard A. Carroll, PhD
- 12:00 - 1:00 PM Lunch
- 1:00 - 1:15 PM Break
- 1:15 - 1:45 PM **SSTAR Student Research Award Recipient's Presentation**
Psychosocial Effects of Hysterectomy
Presenter: Nicole Flory, MA
Moderator: Caroline Pukall, PhD
- 1:45 - 3:05 PM **Invited Lecture**
Testosterone and Genital Blood Flow in Men and Women
Presenter: André T. Guay, MD, FACP, FACE
Moderator: Bonnie R. Saks, MD
- 3:05 - 3:20 PM Break
- 3:20 - 4:40 PM **Invited Lecture**
Women's Orgasms: Teaching Masturbation Skills
Presenter: Betty Dodson, PhD
Moderator: Derek C. Polonsky, MD

SATURDAY, APRIL 9, 2005

- 7:30 - 8:30 AM Continental Breakfast Roundtables
Stanley E. Althof, PhD, Stephen B. Levine, MD & Candace B. Risen, LISW
Daryl J. Bem, PhD
Betty Dodson, PhD
Nicole Flory, MA
Jean L. Fourcroy, MD, PhD, MPH
Edward O. Laumann, PhD
Michael E. Metz, PhD & Barry W. McCarthy, PhD
Bianca Rucker, RN, PhD & Aline P. Zoldbrod, PhD
Daniel N. Watter, EdD
- 8:30 - 10:00 AM **Invited Lecture**
Genital Cutting: Impact on a Woman's Sexuality?
Presenter: Jean L. Fourcroy, MD, PhD, MPH
Moderator: Sharon G. Nathan, PhD
- 10:00 - 10:15 AM Break
- 10:15 - 11:45 AM **Presentations in Response to Call for Papers**
Moderator: Mark D. Ackerman, PhD
- 10:15 - 10:45 AM Is HIV a Risk Factor for Female Sexual Dysfunction?
Presenter: Charlotte Bell, BSc, MBBS, MRCP
- 10:45 - 11:15 AM Hysterectomy Improves Pain and Sexuality
Presenter: Nicole Flory, MA
- 11:15 - 11:45 AM Why Do So Many Men from Islamic Backgrounds Present with Premature Ejaculation: A Qualitative Study
Presenter: Daniel Richardson, BSc, MBBS, MRCP
- 11:45 - 12:00 PM Break
- 12:00 - 1:30 PM Lunch and Business Meeting (*SSTAR Members Only*)
- 1:30 - 1:45 PM Break
- 1:45 - 2:45 PM **Masters and Johnson Award Recipients' Presentation**
The Evolution of a Vision
Presenters: Stanley E. Althof, PhD, Stephen B. Levine, MD & Candace Risen, LISW
Moderator: Eric W. Corty, PhD
- 7:30 - 10:30 PM Gala Dinner and Dance

SUNDAY, APRIL 10, 2005

8:00 - 9:00 AM Continental Breakfast

9:00 - 11:00 AM **Clinical Case Presentation**

Clinical Hypnosis As an Adjunct to the Treatment of Sexual Pain Disorders

Case Presenter: Bianca Rucker, RN, PhD

Case Discussant: Aline P. Zoldbrod, PhD

Moderator: Pat M. Rubin, MEd

11:00 - 11:15 AM Closing and Farewell

SSTAR President: Blanche Freund, PhD, RN

Continuing Education Officer:

Maryann Schroder, PhD, APN, CFNP, FAACS

Pre-Conference Workshops

TALKING ABOUT SEX IN CLINICAL PRACTICE

Derek C. Polonsky, MD

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Most clinicians have no instruction regarding sexual history taking in clinical practice. Between 30 - 45% of the population have serious, long standing sexual difficulties that have significant effects on their emotional wellbeing.

The lecture will consider an outline of sexual dysfunctions, why health professionals do not take a sexual history, and why there is a need for sexual history taking. The components of a general sexual history will be outlined and specific areas to be covered with specific dysfunctions will be addressed.

Behavioral Learning Objectives:

After attending this presentation, participants will be able to:

1. Discuss the reluctance to taking a sexual history.
2. Articulate the range of sexual difficulties in the general population.
3. Initiate a discussion of sexual issues with their patients.
4. Discuss what lines of questioning are helpful in specific clinical situations.

References:

Maurice, W. (1999). *Sexual Medicine in Clinical Practice*. Mosby.

(Excellent book. Current information and very useful guide about what questions to ask.)

Leiblum, S. R. & Rosen, R. C., Eds. (2000). *Principles and Practice of Sex Therapy, 3rd edition*. New York: Guilford. (Leiblum and Rosen are leaders in the field and have edited several excellent books.)

Rosen, R. C. & Leiblum, S. R., Eds. (1995). *Case Studies in Sex Therapy*. New York: Guilford Press. (This book has a wealth of material, filled with detailed accounts by several therapists. It is filled with unique approaches to problems, with authors sharing their reservations and failures.)

Biography:

Derek Polonsky is a graduate of Harvard Medical School, completed his internship in Medicine at Mt. Sinai Hospital, New York, and complete his psychiatric residency at the Beth Israel Hospital in Boston. He directed the Couples and Sexual Dysfunction clinic at New England Medical Center from 1980 to 1984, and is currently in private psychiatric practice. He has been involved in the field of sexuality for the past 30 years.

SEXUAL DYSFUNCTIONS IN WOMEN: AN OVERVIEW OF ASSESSMENT AND TREATMENT

Sandra Leiblum, PhD

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Women of all ages have a high prevalence of sexual complaints and disorders. The recent consensus conference on female sexuality (Basson, Leiblum, et al, 2003) identified and updated the description of the four major classes of female disorders: sexual interest/desire disorder, female sexual arousal disorders (genital, subjective and combined), orgasmic disorder and sexual pain disorders (vaginismus and dyspareunia). Additionally, a new disorder was identified as a provisional diagnosis, namely that of persistent sexual arousal disorder. Etiological contributions to female sexual disorders include intrapsychic, interpersonal, biological/medical, contextual and cultural factors: all should be assessed when evaluating women's sexual complaints. Menopausal women, especially those who have undergone a surgical menopause, tend to have higher rates of sexual desire/arousal disorders than younger women. Hormonal insufficiency appears to play a greater role in both etiology and treatment for postmenopausal women than premenopausal women. For most women, intrapsychic and interpersonal factors play a greater role in causing and maintaining sexual problems than biological factors. Ideally, treatment of women's sexual disorders should include attention to *all* of the contributing factors that thwart sexual pleasure, interest and performance. At present, there are no U.S. Food and Drug Administration approved medications that reliably enhance female sexual function; consequently, treatment should focus on resolving intrapsychic, interpersonal and contextual issues.

Behavioral Learning Objectives:

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

1. Identify and diagnose the four major classes of female sexual dysfunction.
2. Describe the prevalence of sexual dysfunction in premenopausal and postmenopausal women.
3. Discuss the importance of interpersonal and contextual factors in the etiology and treatment of female sexual disorders.
4. Review treatment options for the remediation of female sexual complaints.

References:

- Bachmann, G. & Leiblum, S. (2004). Sexuality and menopause: The role of hormones. *Menopause*.
- Basson, R., Leiblum, S., Brotto, L., Derogatis, L, et. al. (2003). Definitions of women's sexual dysfunction reconsidered: Advocating expansion and revision. *Journal of Psychosomatic Obstetrics & Gynecology*, 221-229.
- Basson, R., Althof, S., Davis, S., Goldstein, I., Leiblum, S., Meston, C., Rosen, R. & Wagner, G. (2004). Summary of the recommendations on sexual dysfunctions in women. *The Journal of Sexual Medicine*, 1.
- Leiblum, S. (2004). Identifying sexual dysfunction among populations of postmenopausal women. *Menopause Management*, 13, 26-29.

Biography:

Dr. Leiblum received her Ph.D. from the University of Illinois in Champaign-Urbana, Illinois and is a professor of psychiatry and obstetrics, gynecology and reproductive medicine at UMDNJ-Robert Wood Johnson Medical School. She is also the Director of the Center for Sexual and Relationship Health and Director of the Internship Program in clinical psychology. She conducts research in female sexuality, consults on sexual assessment instruments and lectures nationally and internationally. She is the author of 10 books and over 110 journal articles and is a past-president of SSTAR.

MALE SEXUAL DYSFUNCTION: CURRENT TREATMENT APPROACHES

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The approval of sildenafil by the Food and Drug Administration in March, 1998 transformed the treatment and research landscape of male sexual dysfunction. Today we have novel treatments not only for erectile dysfunction (ED), but also for hypoactive sexual desire disorder (HSDD) and rapid ejaculation (RE). These therapies have altered the traditional role of the mental health professional from only managing psychogenic difficulties to conduct combined or integrated pharmacological and psychological treatments.

This presentation will review the new pharmacological treatment options (both approved and off-label treatments) for ED, HSDD and RE and discuss how psychological interventions can be integrated with medical treatment. Clinicians will come to appreciate how psychosocial variables function as resistances in the treatment of male sexual dysfunctions.

Behavioral Learning Objectives:

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

1. Describe the pharmacological and psychological treatments available for the male sexual dysfunctions.
2. Discuss the important biopsychosocial contributions to male sexual dysfunction and appreciate how they can interfere with ongoing treatment efforts.

References:

- Althof, S.E. (2002). When an erection alone is not enough: Biopsychosocial obstacles to lovemaking. *International Journal of Impotence Research*, 14(Sup 1), S99 -S104.
- Althof, S. & Seftel, A. (1999). The evaluation and treatment of erectile dysfunction. In J. Oldham & M. Riba (Eds.), *Annual Review of Psychiatry*. Arlington, VA: American Psychiatric Press.
- Althof, S. E. (2003). Therapeutic weaving: The integration of treatment techniques. In S.B. Levine, C.B. Risen, and S.E. Althof (Eds.), *Handbook of Clinical Sexuality for Mental Health Professionals*. New York: Taylor and Francis.

Biography:

Stanley E. Althof, Ph.D., is Professor of Psychology in the Department of Urology at Case Western Reserve University School of Medicine in Cleveland, Ohio. He recently moved his clinical practice to West Palm Beach, Florida where he opened the Center for Marital and Sexual Health of South Florida. In addition to teaching and clinical practice, Dr. Althof also consults with several major pharmaceutical companies to develop and validate outcome measures, design research methodologies, and conduct clinical trials on a variety of new treatment options for male and female sexual problems.

Dr. Althof is President of the International Society for the Study of Women's Sexual Health (ISSWSH), Past-President of the Society for Sex Therapy and Research (SSTAR) and the Tri-State

Group Psychotherapy Society. He serves on the editorial boards of the *Journal of Sex and Marital Therapy*, *Menopause* and the *International Journal of Impotence Research* and is an ad hoc reviewer for several other journals.

As a skilled clinician and scientist, Dr. Althof's research focuses on the psychosocial aspects of sexual dysfunction and their impact on men, women, and couples. He has been instrumental in the development of sex therapy as a sub-specialty. Dr. Althof is the author of many original publications and has contributed numerous chapters to leading textbooks in psychiatry, urology, and sex therapy.

Dr. Althof is a highly sought after lecturer and travels extensively both internationally and within the United States to present his research findings. Regarded as an outstanding educator and an articulate writer, he is the Associate Editor of two books - *Handbook of Clinical Sexuality for Mental Health Professionals* and *Male and Female Sexual Dysfunction*. Recent articles by Dr. Althof have been published in *Urology*, *Journal of Urology*, and the *Journal of Sex and Marital Therapy* and focus on the efficacy of agents used to treat erectile dysfunction, female sexual dysfunction, clinical trial endpoints, and scale development for rapid ejaculation.

Dr. Althof received his Ph.D. in clinical psychology from Oklahoma State University in Stillwater, Oklahoma. He completed an internship in clinical psychology at University Hospitals of Cleveland, which was followed by additional postgraduate work at the Menninger Foundation in Topeka, Kansas. He continues to maintain his Professorship and staff affiliation at Case Western Reserve University School of Medicine and University Hospitals of Cleveland.

THIS THING CALLED DESIRE

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In this pre-conference workshop lecture on the nature of sexual desire, I will review the centrality of the concept of desire to sexual identity and function and then provide an arbitrary definition. Desire's components will be defined and then what is known about desire will be presented concerning: age, gender, health, and social circumstances. The last portion of the presentation will be on desire's paradoxes which help us to understand personal struggles in this domain over long periods of time. The latest research approaches to measuring desire will be reviewed.

Behavioral Learning Objectives:

After attending this presentation, participants will be able to:

1. Make sense of patients' complaints about sexual desire.
2. Clarify the components of sexual desire.
3. Explain the ordinary paradoxes of sexual desire.
4. Describe the intimate relationship between desire and arousal and how research processes deal with it.

References:

Basson, R. (2003). Women's difficulties with low sexual desire and sexual avoidance. In S. Levine, C. Risen, & S. Althof (Eds.). *Handbook of Clinical Sexuality for Mental Health Professionals*. New York: Brunner/Routledge.

Levine, S.B. (2003). The nature of sexual desire: A clinician's perspective. *Archives of Sexual Behavior*, 32(3), 279-286.

Biography:

Dr. Levine is Clinical Professor of Psychiatry at Case Western Reserve University School of Medicine. He is the solo author of three books, *Sex Is Not Simple* in 1989 (translated to German in 1992 and reissued in English in 1997 as *Solving Common Sexual Problems*); *Sexual Life: A clinician's guide* in 1992; and *Sexuality in Midlife* in 1998. He is the Senior Editor of the *Handbook of Clinical Sexuality for Mental Health Professionals* (2003). He has been teaching, providing clinical care, and writing since 1973 and has generated over 160 articles including original research, invited papers, commentaries, chapters, and book reviews. He has served as a journal manuscript and book prospectus reviewer for many years. He is co-director of the Center for Marital and Sexual Health in Beachwood, Ohio. Along with Candace Risen and Stanley Althof, he is the recipient of the 2005 SSTAR Masters and Johnson Award.

SELECTING MEDICINE FOR A DARK, DARK PLACE: SEXUAL PHARMACOLOGY AND ITS USE TO REVERSE ANTIDEPRESSANT-INDUCED SEXUAL DYSFUNCTION

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Sexual dysfunction is a common problem even in relatively young reproductive age individuals. This difficulty frequently is compounded by antidepressant use. This presentation will describe phenomenology involved with prevalence of this problem and ways to assist with diagnosis clinically. Many strategies have been proposed to manage this problem, including waiting for a spontaneous remission, dosage reduction, drug holiday, and adjunctive pharmacologic antidote use, with the later often the most successful intervention. Off-label use of many agents has been proposed. This lecture will conclude with evaluation of the literature and clinic discussion of how to use medications to reverse antidepressant-induced sexual dysfunction in both men and women.

Behavioral Learning Objectives:

After attending this presentation, participants will be able to:

1. Differentiate antidepressant-induced sexual dysfunction from a primary sexual problem.
2. Describe strategies to manage iatrogenic sexual dysfunction.
3. Suggest specific pharmacologic interventions to help minimize sexual dysfunction caused by antidepressants.

References:

- Ashton, A.K. (In press). Reversal of SSRI-induced sexual dysfunction by switching to escitalopram. *Journal of Sex and Marital Therapy*.
- Ashton A.K., Rosen R.C. (1998). Accommodation to serotonin reuptake inhibitor-induced sexual dysfunction. *Journal of Sex and Marital Therapy*, 24, 191-192.
- Balon R. (1999). Management approaches to antidepressant-induced sexual dysfunction. *Primary Psychiatry*, 6(11), 50.
- Clayton, A.H., Pradko, J.F., Croft, H.A, Montano, C.B., Leadbetter, R.A., Bolden-Watson, C., Bass, K.I., Donahue, R.M.J., Jamerson, B.D., Metz, A. (2002). Prevalence of sexual dysfunction among newer antidepressants. *Journal of Clinical Psychiatry*, 63, 357-366.

Biography:

Adam Keller Ashton is Clinical Professor of Psychiatry with the State University of New York at Buffalo, distinguished fellow of the American Psychiatric Association, along with working in full-time private practice with the Buffalo Medical Group. He has over 50 published abstracts, posters, and articles and has written extensively for psychiatric journals of treatment induced sexual dysfunction. He has lectured widely, having given over 700 presentations and has been an invited guest at numerous national symposia.

Dr. Ashton received his medical degree from the State University of New York at Buffalo School of Medicine after completing his master's degree at the same facility. He completed his residency also at the State University of New York at Buffalo with subsequent training in sex therapy at the Robert Wood Johnson School of Medicine in New Jersey.

ETHICAL ISSUES IN SEX THERAPY

Peggy J. Kleinplatz, PhD and Daniel N. Watter, EdD

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Many authors have commented on the “stagnation” of the field of sex therapy (Kleinplatz, 2003; Leiblum and Shover, 1994). While this challenge has typically addressed the theory and practice of sex therapy, the same challenge can be applied to the discussion of what constitutes the ethical practice of our field. The presenters believe that it is the responsibility of each field, and its practitioners, to examine their principles and practices and debate the ethical and moral integrity of a profession’s foundation. It is only through the acceptance of such challenges that we can be assured that our practices remain sound, and that our patients are well-served. Although many workshops on ethics have been offered, it is the concern of the presenters that many of these workshops have consisted of little more than admonitions on how to avoid a lawsuit. This workshop aspires to go beyond such concerns and examine the ethical and moral values inherent in the foundations of our practice. Through a combination of didactic presentation, case examples/vignettes, and spirited discussion, the presenters hope to guide the participants to an awareness of our ethical responsibility to ourselves, our patients, our profession, and perhaps even to our society. Ethical dimensions of our clinical goals, methods, expectations and outcomes will be examined in light of the limited research base for our current knowledge and the context in which treatment delivery occurs, particularly in the United States. Ethical concerns to be addressed will include those related to: current approaches to the diagnosis and treatment of a variety of sexual disorders; desire discrepancies; sexual addictions; relationship issues related to sexuality; and the assessment and treatment of sexual offenders.

Behavioral Learning Objectives:

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

1. Identify several ethical dilemmas and their impact on the practice of sex therapy.
2. Develop a framework for making ethical/moral decisions as they relate to the treatment of a variety of sexual disorders.

References:

- Kleinplatz, P.J. (Ed.). (2001). *New directions in sex therapy: Innovations and alternatives*. New York: Brunner-Routledge.
- Szasz, T. (1980). *Sex by prescription*. New York: Penguin Books.

Biographies:

Dr. Kleinplatz is a clinical psychologist, certified sex therapist, and sex educator. Since 1983, she has been teaching Human Sexuality at the School of Psychology, University of Ottawa, where she recently received the Prix d’Excellence award for her teaching (2000). She also teaches Sex Therapy at the affiliated Saint Paul University’s Institute of Pastoral Studies. The author of numerous

professional articles on sexuality, Dr. Kleinplatz is the editor of *New Directions in Sex Therapy: Innovations and Alternatives* (2001). She is a member of SSTAR, International Society for the Scientific Study of Women's Sexual Health, International Academy for Sex Research, The Society for the Scientific Study of Sexuality, International Society for Sexual and Impotence Research, Board of Examiners in Sex Therapy and Counseling in Ontario, and serves on the Board of The American Association of Sex Counselors, Educators & Therapists.

Dr. Watter is a clinical psychologist and certified sex therapist in private practice. He is an adjunct professor of psychology at both Seton Hall and Fairleigh Dickinson Universities, where he teaches graduate courses in Sex Therapy. In addition, he is a clinical instructor of OB/GYN and Women's Health at UMDNJ Medical School, and a clinical assistant professor of psychiatry and behavioral medicine and the New York College of Osteopathic Medicine. A frequent lecturer and author, Dr. Watter has been a member of SSTAR since 1989, and currently serves as the organization's Membership Officer.

A BIOPSYCHOSOCIAL, INTEGRATIVE COUPLES APPROACH TO ASSESS, TREAT, AND PREVENT RELAPSE OF MALE SEXUAL DYSFUNCTION

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Effective sexual therapy utilizes all resources – medical, psychological, and relationship. This workshop summarizes the multidimensional, biopsychosocial approach to comprehensive sex therapy for male sexual problems developed by Metz and McCarthy as published in *Coping with Premature Ejaculation* (2003) and *Coping with Erectile Dysfunction* (2004). This approach conceptualizes sexual problems as multidimensional (physical, cognitive, behavioral, emotional, and interpersonal) issues, with multiple causes and multiple effects on the man and his intimate relationship.

Sex dysfunction (SD) is best conceptualized, assessed, and treated using the model of the male being responsible for his sexuality and the couple working together as an “intimate team.” The presentation reviews the “Diagnostic Decision Tree” process of exploring sources of SD → four physical/medical (bio-neurological system, physical illness, physical injury, pharmacologic side-effect), four psychological/relational (psychological system, psychological distress, relationship distress, psychosexual skills) and one mixed type (multiple sexual dysfunctions). The comprehensive treatment plan addresses all “types” and features for maximum outcome effectiveness.

The emphasis is on understanding sex dysfunction as multi-causal and multi-dimensional in terms of both causes and effects and utilizing all “resources” for effective treatment. Typically, the treatment plan involves a number of interventions tailored to the type(s) of SD and the physical, psychological, relationship, and psychosexual skills factors. There are medical, individual, and couple interventions. Addressing SD within the context of one’s relationship and socio-cultural situation includes cognitive, behavioral, and emotional dimensions as well as the interpersonal features of relationship “identity” (expectations), conflict resolution and cooperation skills, and emotional empathy skills. Medical, physiological, and pharmacological techniques are not used as “stand alone” interventions, but are integrated into the comprehensive approach. Cognitive-behavioral interventions include a variety of techniques to develop couple communication for sexual comfort, relaxation training, monitoring and using the pelvic muscles, learning “easy erections,” arousal pacing, pleasure saturation, developing flexible sexual arousal scenarios, vaginal acclimation, relaxed and “playful” intercourse, and “good enough” sex. The couple learns to implement specific psychosexual skills for sexual desire, arousal, and satisfaction.

The workshop will emphasize the importance of designing a realistic, individualized treatment plan and relapse prevention program, and discuss important clinical issues. Data does indicate high rates of non-compliance with pharmacologic therapies (e.g., sildenafil), as well as problem regression or relapse with traditional sex therapy, so it is crucial to establish positive, realistic sexual expectations including how to cope with a lapse.

Behavioral Learning Objectives:

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

1. Define a comprehensive, biopsychosocial approach to assessment and treatment in sexual therapy with men and couples.
2. Use a biopsychosocial “diagnostic decision tree” and “severity index” to assess and guide individualized sex dysfunction treatment planning.
3. Identify important psychosexual skills for men and couples to resolve sexual dysfunction.
4. Define an effective relapse prevention plan.

References:

- McCarthy, B. W. (2002). Sexuality, sexual dysfunction, and couple therapy. In A. Gurman & N. Jacobson (Eds.). *Clinical Handbook of Couple Therapy (3rd edition)*, pp. 629-652. New York: Guilford Press.
- McCarthy, B. W. (2003). *Rekindling Desire*. NY: Brunner/Routledge.
- Metz, M. E. & McCarthy, B. (2003). *Coping With Premature Ejaculation: How to Overcome PE, Please Your Partner & Have Great Sex*. Oakland, CA: New Harbinger.
- Metz, M. E. & McCarthy, B. (2004). *Coping With Erectile Dysfunction: How to Regain Confidence & Have Great Sex*. Oakland, CA: New Harbinger.
- Metz, M. E., & Pryor, J. L. (2000). Premature ejaculation: A psychophysiological approach for assessment and management. *Journal of Sex & Marital Therapy*, 26 (4).

Biographies:

Michael E. Metz, Ph.D., a Licensed Psychologist and Licensed Marital & Family Therapist, in private practice, Meta Associates, St. Paul, Minnesota, and Adjunct Assistant Professor, Marriage & Family Therapy Program, Department of Family Social Science, University of Minnesota. For 12 years he served on the faculty of the University of Minnesota Medical School, Minneapolis, MN. after receiving his Ph.D. doctorate (1983) with distinction from the University of Pennsylvania, Philadelphia, with marital and sex therapy training at the Pennsylvania Center for Relationships (formerly the Marriage Council of Philadelphia), Family Studies Division, Department of Psychiatry, University of Pennsylvania Medical School. He is the author of more than 50 professional publications on marital and sexual therapy, couple conflict dynamics, sexual medicine, aging, and *The Styles of Conflict Inventory (SCI)* (for the psychometric assessment of couples conflict) published by Consulting Psychologists Press. He recently authored, with Barry McCarthy, *Coping with Premature Ejaculation*, and *Coping with Erectile Dysfunction*.

Barry W. McCarthy, Ph.D. is a tenured professor of psychology at American University, a board certified clinical psychologist (ABPP), and a certified marital and sex therapist. He maintains a private practice at the Washington Psychological Center, where he treats individuals and couples. Barry has presented over 150 workshops nationally and internationally on a range of relational and sexual topics. Dr. McCarthy has published more than 55 professional articles and 16 book chapters. With his wife, Emily, he has co-authored 8 books on relationships and sexuality including *Sexual Awareness* (2002), *Rekindling Desire* (2003), and *Getting It Right the First Time* (2004). Dr. McCarthy earned his B.A. from Loyola University and his M.A. and Ph.D. from Southern Illinois University. His professional memberships include the American Psychological Association, American Association of Sex Educators, Counselors, and Therapists, Association for the Advancement of Behavior Therapy, and the Society for Sex Therapy and Research.

Poster Presentations

THE ROLE OF COGNITIVE FACTORS IN PAIN AND SEXUAL FUNCTIONING OF WOMEN WITH VULVAR VESTIBULITIS SYNDROME

**Geneviève Desrochers, BSc, Sophie Bergeron, PhD, Samir Khalifé, MD,
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The present study aimed to determine whether self-efficacy and pain catastrophizing could predict changes in levels of pain during intercourse and in global sexual functioning in women with vulvar vestibulitis syndrome. Data were obtained from 67 participants who took part in a gynaecological examination, a structured interview, and standardized questionnaires focusing on pain self-efficacy, pain catastrophization, anxiety, and pain during intercourse. The results of hierarchical regression analyses revealed that self-efficacy ($F= 7.99$) $p <.01$ and catastrophization ($F = 11.76$) $p<.01$ predicted the intensity of pain during intercourse. Higher levels of catastrophization and lower self-efficacy were both associated with more intense pain during intercourse. Results also show that catastrophization predicted the severity of pain symptoms reported by these women even if the effect of state-trait anxiety and self-efficacy was controlled ($F= 16.36$) $p<.001$. Therefore, higher levels of catastrophization were related to more severe pain. Moreover, only self-efficacy was a good predictor of global sexual functioning after controlling for pain intensity and state-trait anxiety ($F= 15.35$) $p <.001$. Lower self-efficacy was related to increased sexual impairment. Finally, it was found that state anxiety mediated the role of catastrophizing in pain intensity. These results suggest that cognitive factors (self-efficacy and catastrophization) are excellent predictors of pain intensity and sexual impairment in women with vulvar vestibulitis syndrome. Finally, these results are consistent with a cognitive-behavioral model of chronic pain and they may be important components to consider for sex therapy with this population of women.

Behavioral Learning Objectives:

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

1. Explain the importance of cognitive factors (catastrophization and self-efficacy) in the prediction of pain during intercourse.
2. Discuss the role of self-efficacy in the variation of the global sexual functioning within this population of women.
3. Identify new directives toward sex therapy in the treatment of VVS.

References:

- Meana, M., Binik, Y.M., Khalifé, S., & Cohen, D. (1997) Biopsychosocial profile of women with dyspareunia. *Obstetrics and Gynecology*, 90, 583-589.
- Pukall, C., Binik, Y.M., Khalifé, S., & Abbott, F. (2001). Vestibular tactile detection and pain thresholds in women with vulvar vestibulitis syndrome and matched controls. *Pain*, 96, 163-75.
- Vlaeyen, J.W., & Linton, S.J. (2003). Fear-avoidance and its consequences in chronic musculoskeletal pain: a state of the art. *Pain*, 85, 317-32.

Biography:

Geneviève Desrochers B.Sc. is a Ph.D. candidate in psychology at University of Quebec at Montreal (UQAM). She's a member of the Laboratory for study of gynaecological pain directed by Sophie Bergeron Ph.D., teacher and researcher in the department of sexology at UQAM. Her doctoral research is directed on psychological variables that may modulate the pain experience.

THE RELATION OF DYADIC ADJUSTMENT TO PSYCHOSEXUAL FUNCTIONING OF WOMEN WITH VULVAR VESTIBULITIS SYNDROME

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The present study aimed to determine whether dyadic adjustment is associated with global sexual functioning and psychological distress in women with vulvar vestibulitis syndrome, independently of pain intensity. Data were obtained from 67 participants who took part in a gynaecological examination, a structured interview, and standardized questionnaires focusing on dyadic adjustment, psychological distress, anxiety and pain during intercourse. The results of hierarchical regression analyses revealed that dyadic adjustment predicts both the degree of psychological distress ($F= 4.63$) $p < .05$ and the sexual functioning ($F= 5.68$) $p < .05$ of these women after controlling for the intensity of pain during intercourse. Higher levels of dyadic adjustment were associated with better sexual functioning and lower psychological distress. Results also show that state anxiety predicted dyadic adjustment reported by these women even if the effect of psychological distress and the intensity of pain was controlled ($F=17.00$) $p < .001$. Therefore, higher levels of state anxiety were related to more dysfunctional dyadic adjustment. Overall, in relation with gynaecological pain, these results suggest that dyadic adjustment is a powerful predictor of psychological distress and sexual impairment in women with vulvar vestibulitis syndrome despite their pain intensity.

Behavioral Learning Objectives:

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

1. Recognize the importance of dyadic adjustment in the prediction of psychological distress and sexual functioning.
2. Define the role of anxiety in the variation of dyadic adjustment within this population of women.
3. Consider the integration of the partner in the treatment of VVS.

References:

- Flor, H., Turk, D., & Rudy, T.E. (1989). Relationship of pain impact and significant other reinforcement of pain behaviors: The mediating role of gender, marital status and marital satisfaction. *Pain*, 38 (1), 45-50.
- Romano, J.M., Turner, J.A., Jensen, M.P., Friedman, L.S., Bulcroft, R.A., Hops, H., & Wright, S.F. (1995). Chronic pain patient-spouse behavioral interactions predict patient disability. *Pain*, 63 (3), 353-360.
- Meana, M., Binik, Y.M., Khalife, S., & Cohen, D. (1999). Psychosocial correlates of pain attributions in women with dyspareunia. *Psychosomatics*, 40 (6), 497-502.

Biography:

Mélanie Jodoin B.Sc. is pursuing a Ph.D. in psychology at the University of Quebec at Montreal. She's a member of the Laboratory for Study of Gynaecological Pain directed by Sophie Bergeron Ph.D., teacher and researcher in the Department of Sexology at UQAM. Her doctoral research is related to the influence of psychosexual variables on sexual pain experience.

SEXUAL AROUSAL AND SENSORY FUNCTIONING IN VULVAR VESTIBULITIS SYNDROME

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The present study assessed pain-related variables, sexual arousal, and sensory functioning in women with Vulvar Vestibulitis Syndrome (VVS) as compared with pain-free controls. In addition to completing questionnaire measures related to pain, participants underwent sensory testing in the vulvar vestibule, labium minus, and the volar surface of the forearm at baseline and in response to visual erotic and neutral-control stimuli. According to preliminary results, women with VVS were found to exhibit more fear of pain, catastrophizing and hypervigilance for intercourse and non-intercourse-related pain as compared with controls. Both groups evidenced physiological sexual arousal in response to the erotic film, yet this effect was less pronounced in women with VVS. Both groups found the erotic film more sexually arousing than the control film, however, the control group paid more attention to the erotic film and had more desire to have sex with a partner after viewing the film compared with the VVS group. Women with VVS were more sensitive to pain at all locations and, across both groups, the vulvar vestibule became more sensitive to pain during the sexual arousal condition.

Behavioral Learning Objectives:

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

1. Identify several cognitive mechanisms involved in the maintenance of chronic vulvar pain.
2. Discuss the relationship between sexual arousal and sensation in healthy women and those suffering from vulvar vestibulitis syndrome.

References:

- Binik, Y. M., Meana, M., Berkley, K., & Khalifé, S. (1999). The sexual pain disorders: Is the pain sexual or is the sex painful? *Annual Review of Sex Research, 10*, 210-235.
- Whipple, B. & Komisaruk, B. R. (1985). Elevation of pain threshold by vaginal stimulation in women. *Pain, 21*, 357-367.
- Wouda, J. C., Hartman, P. M., Bakker R. M., Bakker, J. O., van de Wiel, H. B. M., & Weijmar Schultz, W. C. M. (1998). Vaginal plethysmography in women with dyspareunia. *Journal of Sex Research, 35*, 141-147.

Biography

Kimberley Payne received her BA in psychology at the University of Ottawa in 2000, and is currently working on her PhD dissertation at McGill University under the supervision of Dr. Binik. Kim's current research interests include exploring the link between sexual arousal and sensation.

TENDER POINT EXAMINATION IN WOMEN WITH VULVAR VESTIBULITIS SYNDROME: EVIDENCE FOR GENERALIZED AND HEIGHTENED PAIN SENSITIVITY TO MANUAL PALPATION

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Introduction: Vulvar vestibulitis syndrome (VVS) is a common cause of painful intercourse, affecting up to 12% of pre-menopausal women in the general population. In addition to recent evidence pointing to the importance of peripheral processes involved in the development and maintenance of VVS (e.g., increase in innervation), emerging data indicate that the central nervous system may also be involved: women with VVS report more pain-related complaints and have lower non-genital tactile, pain, and pressure thresholds than non-affected women. The primary goal of the present study was to examine whether women with VVS are more sensitive to pressure in non-genital areas of the body than control women.

Methods: Sixteen women with VVS and 16 control participants (mean age 27) underwent a standardized physical examination typically used for the diagnosis of fibromyalgia. An experienced, blinded rheumatologist manually palpated 9 non-genital body locations bilaterally (including left and right gluteal, low cervical, and supraspinatus regions). The number of painful tender points was noted, and pain intensity and unpleasantness ratings were recorded on a scale from 0 to 10.

Results: Despite the fact that none of the participants reported a pain history consistent with fibromyalgia (the main criterion being chronic and widespread pain), results indicated that women with VVS had a significantly higher number of painful areas than control women overall ($p < 0.05$). In addition, women with VVS rated pain intensity and unpleasantness significantly higher than control women overall (p 's < 0.001); planned comparisons revealed that this was true at each area examined (p 's < 0.05).

Discussion & Conclusions: Women with VVS reported significantly higher pain intensity and unpleasantness ratings in response to palpation to various non-genital body regions than control participants. These results are consistent with the idea that women with VVS may suffer from a more generalized sensory abnormality than is currently believed.

Behavioral Learning Objectives:

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

1. Explain what constitutes a tender point examination and to what chronic pain population this examination usually applies.
2. Describe why only non-vulvar areas were examined in this study.
3. Compare vulvar vestibulitis syndrome to fibromyalgia.

References:

- Danielsson, I., Eisemann, M., Sjöberg, I., & Wikman, M. (2001). Vulvar vestibulitis syndrome: A multi-factorial condition. *British Journal of Obstetrics and Gynecology, 108*, 456-461.
- Granot, M., Friedman, M., Yarnitsky, D., & Zimmer, E.Z. (2002). Enhancement of the perception of systemic pain in women with vulvar vestibulitis. *British Journal of Obstetrics and Gynecology, 109*, 863-866.
- Pukall, C.F., Binik, Y.M., Khalifé, S., Amsel, R., & Abbott, F.V. (2002). Vestibular tactile and pain thresholds in women with vulvar vestibulitis syndrome. *Pain, 96(1-2)*, 163-175.

Biography:

Caroline Pukall received her PhD from the Department of Psychology at McGill University in October 2003, and is currently an Assistant Professor in the Department of Psychology at Queen's University. Her main research interests lie in the area of vulvodynia, with a particular focus on the pain component of Vulvar Vestibulitis Syndrome (VVS). Caroline has contributed unique and specialized research examining VVS from a pain perspective to the scientific community in the form of publications in reputable journals and numerous oral and poster presentations at sexuality, pain, and neuroscience conferences. Her work has been recognized through numerous awards and invitations to speak at conferences and universities. She has been a member of SSTAR since 1999 and won the SSTAR Student Research Award in March 2000.

THE HOLE IN THE SHEET: PERCEPTIONS OF ORTHODOX JEWISH SEXUALITY AND IMPLICATIONS FOR CLINICAL PRACTICE

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The likelihood of encountering Orthodox Jewish clients seeking sex therapy appears to be increasing for therapists which has, in part, been provoked by the unrestricted inroads that the Internet has made into their communities. Internet pornography may be portrayed as having an unsettling effect on family relationships, but also serves as a source of previously unavailable information on sexuality as well. Clinical intervention requires that the non-Orthodox Jewish or non-Jewish clinician show sensitivity to the unique cultural codes that can separate therapist and client, and that the clinician be aware of their perceptions of Orthodox Jewish sexuality and the misunderstandings these might create between therapist and client. These can be minimized through familiarity with useful reference points and interventions. The therapeutic relationship might also be affected by the broadly-held Freudian view that religious behaviour has compulsive characteristics. Discussion will conclude with references to the biblical, Talmudic and other sources that would support and reinforce a very relationship-oriented vision of the sexual act.

Behavioral Learning Objectives:

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

1. Utilize important informational reference points and specific and concrete intervention strategies in working with Orthodox Jewish clients in sex therapy.
2. Put into question their own personal cultural assumptions and as therapists to more objectively engage their Orthodox Jewish clients from their client's own religious, cultural, social and communal points-of-view.
3. Generalize useful aspects of Judaism's model of sexuality to their own view of sexual behaviour and to other clients of differing religious, cultural or ethnic backgrounds.

Biography:

Richard Rapoport received his M.S.W. from Washington University in 1982 having conducted research with the U.S. Army on the prevention of post-traumatic stress disorders in military personnel. He completed post-graduate clinical training in couple and family therapy and has been in private practice since 1993, at which time he completed a 2-year internship with the Sex & Couple Therapy Service of the Psychology Department of the McGill University Health Centre – Royal Victoria Hospital, with whom he has continued his affiliation. Richard completed a certification in Human Sexuality from the Faculty of Medicine of Laval University in 2000 and is a member of St. Mary's Hospital's Trauma & Disassociation Study Group.

SEXUAL FUNCTIONING AND CHRONIC PROSTATITIS/CHRONIC PELVIC PAIN SYNDROME (CP/CPPS): AN OVERVIEW AND FUTURE DIRECTIONS

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Chronic Prostatitis/Chronic Pelvic Pain Syndrome (CP/CPPS) is a condition in men that involves pain in the external genitalia, perineum, pelvis, or suprapubic area and includes sexual dysfunction, voiding difficulties, and ejaculatory problems. A widespread problem, it is estimated that up to 50 percent of men will experience symptoms of prostatitis within their lifetime. Unfortunately, the etiology of CP/CPPS is poorly understood and efforts to treat this syndrome are largely unsuccessful. Men with CP/CPPS thus often endure recurrent and painful symptoms without effective relief for several months or years at a time, and initial evidence shows that CP/CPPS negatively impacts sexual functioning and sexual relationships. For example, CP/CPPS is related to painful intercourse, impotence, ejaculatory dysfunction, decreases in sexual activity and sexual interest, dissolution of sexual relationships, and reductions in the quality of intimate relationships. While such research highlights the sexual problems that may affect men with CP/CPPS, more extensive research is needed to fully understand such problems among men with this syndrome. The research that has been conducted in this area has been limited in its methodology, as most of the research has been qualitative, scarce in its use of standardized assessment measures, and lacking in comparison groups. This presentation will highlight the sexual symptoms and problems associated with CP/CPPS and provide an overview of previous research examining such problems. In addition, future directions for research investigating sexual functioning among men with CP/CPPS, and recent research proposed by the authors to examine sexual and intimate relationships of patients with CP/CPPS and their partners will be discussed.

Behavioral Learning Objectives:

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

1. Describe the sexual problems that affect men with CP/CPPS.
2. Discuss prior research that has examined sexual dysfunction among patients with CP/CPPS.
3. Recognize the need for further research in this area and discuss ideas for future research.

References:

- Berghuis, J.P., Heiman, J.R., Rothman, I., & Berger, R.E. (1996). Psychological and physical factors involved in chronic idiopathic prostatitis. *Journal of Psychosomatic Research, 41* (4), 313-325.
- Egan, K.J., & Krieger, J.L. (1994). Psychological problems in chronic prostatitis patients with pain. *Clinical Journal of Pain, 10* (3), 218-226.
- Mehik, A., Hellstrom, P., Sarpola, A., Lukkarinen, O., & Jarvelin, M.R. (2001). Fears, sexual disturbances and personality features in men with prostatitis: A population-based cross-sectional study in Finland. *British Journal of Urology International, 88*, 35-38.
- Nickel, J.C., Nigro, M., Valiquette, L., Anderson, P., Patrick, A., Mahoney, J., et al. (1998). Diagnosis and treatment of prostatitis in Canada. *Urology, 52*, 797-802.

Biography:

Kelly Smith received her B.A. in Honours Psychology from the University of British Columbia in November 2002 and is currently completing her M.A. in Clinical Psychology at Queen's University under the supervision of Drs. Dean A. Tripp and Caroline F. Pukall. Her research focuses on chronic pain and its impact on sexual, marital, and family relationships, particularly with regards to chronic pelvic pain. Kelly has presented her work on pain at both national and international conferences and has been supported by travel awards from the Canadian Institutes of Health Research, American Pain Society, Canadian Pain Society and Canadian Psychological Association. Currently, she is supported by an award from the Natural Sciences and Engineering Research Council of Canada. Kelly is looking forward to becoming a member of SSTAR and continuing sexuality research.

Oral Presentations

KINSEY: LESSONS FOR SEX THERAPISTS

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The documentary “Kinsey” is an attempt to present the life and work of Alfred Kinsey to a wide public audience. Through interviews with his research assistants, his children, his biographers, and historians, this documentary assesses Kinsey's achievements, while examining how his personal life shaped his career. The film does an excellent job of setting the context for Kinsey’s work in the milieu of 1940s America, highlighting both society’s need for scientific knowledge about sexuality, as well as the social forces that impede such efforts. It also presents a balanced perspective on the man behind the work, including the psychological experiences that shaped his interest in sexuality and the toll that attacks on his research took on him personally. The discussion will focus on the lessons that we, as clinicians and researchers in the field, can learn from his life and work.

Behavioral Learning Objectives:

After attending this presentation participants will be able to:

1. Distinguish between fact and fiction regarding the impact of Alfred Kinsey’s research on social attitudes regarding sex.
2. Discuss the possible impact of political and social forces on the science of sexology.
3. Identify the major contributions Kinsey has made to sexuality research and the treatment of sexual disorders.

References:

The American Experience: Kinsey. (2005). Produced by Public Broadcasting System, US

Gathorne-Hardy, J. (1998). *Kinsey: Sex the Measure of All Things.* Bloomington, IN: Indiana University Press.

Biography:

Richard Carroll received his Bachelor’s degree from Princeton University and his Ph.D. in Clinical Psychology from the University of Pittsburgh. He has been on the faculty of the University of Chicago Medical School and the Northwestern University Medical School. He is currently the Director of the Sex and Marital Therapy Program at Northwestern University Medical Center. He is the Past-President of the Society for Sex Therapy and Research.

EXOTIC BECOMES EROTIC: EXPLAINING THE ENIGMA OF SEXUAL ORIENTATION

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In this presentation, I outline my “Exotic-Becomes-Erotic” theory of sexual orientation (Bem, 1996), which provides the same basic account for both opposite-sex and same-sex erotic desire—and for both men and women. It proposes that biological variables do not code for sexual orientation per se but for childhood temperaments that influence a child’s preferences for sex-typical or sex-atypical activities. These preferences lead children to feel different from opposite-sex or same-sex peers—to perceive them as “exotic.” This, in turn, produces heightened physiological arousal that subsequently gets eroticized to that same class of peers: Exotic becomes erotic. The theory claims to accommodate both the empirical evidence of the biological essentialists and the cultural relativism of the social constructionists. I also discuss sex differences in sexual orientation and the political implications of trying to explain homosexuality.

Behavioral Learning Objectives:

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

1. Discuss the major empirical findings concerning the antecedents of sexual orientation
2. Outline the exotic-becomes-erotic (EBE) theory of sexual orientation
3. Discuss the political implications of EBE theory and similar experiential theories

References:

- Bell, A. P., Weinberg, M. S., & Hammersmith, S. K. (1981). *Sexual preference: Its development in men and women*. Bloomington: Indiana University Press.
- Bem, D. J. (1996). Exotic becomes erotic: A developmental theory of sexual orientation. *Psychological Review*, *103*, 320-335.
- Bem, D. J. (1998). Is EBE theory supported by the evidence? Is it androcentric? A reply to Peplau et al. *Psychological Review*, *105*, 395-398.

Biography:

Professor Bem obtained his BA degree in physics from Reed College and his PhD degree in social psychology from the University of Michigan in 1964. He has taught at Carnegie-Mellon University, Stanford, Harvard, and Cornell University, where he has been since 1978. He has published on several diverse topics in psychology, including group decision making, self-perception, personality theory, ESP, and sexual orientation. He is coauthor of an introductory textbook in psychology and the author of *Beliefs, Attitudes, and Human Affairs* (1970).

SUBJECTIVE SEXUAL WELL-BEING IN MATURE ADULTS: FINDINGS OF THE GLOBAL SURVEY OF SEXUAL ATTITUDES AND BEHAVIOR (GSSAB)

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(Acknowledgements: Anthony Paik, PhD, Dale Glasser, PhD, Jeong-han Kang, MA, Tianfu Wang, PhD, Edson Moreira, MD, Alfredo Nicolosi, MD, & Clive Gingell, MD)

In this study, subjective sexual well-being refers to the cognitive and emotional evaluation of an individual's sexuality. The objective of the paper is to define subjective sexual well-being, explore its various aspects, and examine determinants across different cultures. It will also investigate a possible association between subjective sexual well-being, overall happiness, and selected health conditions, including sexual dysfunction.

Survey data were collected from 27,500 men and women aged 40 to 80 years from 29 countries in the GSSAB. The cross-national variation of four aspects of sexual well-being (the emotional and physical satisfaction of sexual relationships, satisfaction with sexual health or function, and the importance of sex in one's life) was examined using cluster analysis and the relationship among these aspects of sexual well-being, general happiness, and overall health was explored using ordered logit analysis.

The cluster analysis assigned the 29 countries to three clusters. The first cluster reflects a gender-equal regime (most Western countries are found in this cluster); the second and third clusters are male-centered sexual regimes (the second cluster includes Middle East countries and several Asian countries; the third consists of five East Asian countries). Despite this substantial cultural variation, the determinants of subjective sexual well-being, which included physical and mental health, sexual practices and the context of relationships, were found to be consistent across world regions. There was strong evidence for a gendered response, regardless of socio-cultural context. Subjective sexual well-being was found to be correlated with overall happiness in both men and women and with a variety of positive and adverse health conditions.

Behavioral Learning Objectives:

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

1. Discuss the methodological challenges in conducting cross-national research.
2. Discuss cross-national variation in four aspects of sexual well-being.
3. Discuss, from a cross-national perspective, the determinants of subjective sexual well-being.

References:

- Diener, E., Oishi, S., & Lucas, R. E. (2003). Personality, culture, and subjective well-being: Emotional and cognitive evaluations of life. *Annual Review of Psychology*, 403-425.
- Laumann, E.O., Nicolosi, A., Glasser, D.B., Paik, A., Gingell, C., Moreira, E., & Wang, T. (In press). Sexual problems among women and men aged 40 to 80 years: Estimates of prevalence and correlates in the Global Study of Sexual Attitudes and Behavior. *Journal of Impotence Research*.

Biography:

Dr. Laumann received his Ph.D. from Harvard University in 1964, has been on faculty in the Department of Sociology at the University of Chicago since 1973, and has been occupant of the George Herbert Mead Distinguished Service Professorship since 1985. He has been conducting population-based research on sexual behavior since 1987.

**THE 2005 SSTAR STUDENT RESEARCH AWARD:
NICOLE FLORY, MA**

THE PSYCHOSOCIAL EFFECTS OF HYSTERECTOMY

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With the development of less invasive treatments, the suitability of hysterectomy as a treatment for benign symptoms is being re-evaluated. This paper critically and comprehensively reviews psychosocial outcomes of hysterectomy in the areas of sexuality, pain, and psychological functioning. Special attention is devoted to design, sampling, and measurement issues as well as different surgical approaches with regard to hysterectomy-oophorectomy. While hysterectomy appears to reduce pain, there do not appear strong psychosexual or psychosocial effects. Nonetheless, there may be a subgroup of women who report negative psychosocial outcomes. More research is necessary to establish which patients may benefit most and which may not. Alternative treatment options such as subtotal or laparoscopic hysterectomy as well as directions for future research are addressed.

Behavioral Learning Objectives

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

1. Critically evaluate the hysterectomy literature.
2. Communicate the psychosocial outcomes of hysterectomy to the public.
3. Discuss directions for future research in an important area of women's health.

References

- Ayoubi, J.M., Fanchin R., Monrozies X., Imbert P., Reme J.M., & Pons J.C. (2003). Respective consequences of abdominal, vaginal, and laparoscopic hysterectomies on women's sexuality. *European Journal of Obstetrics, Gynecology, and Reproductive Biology*, 111(2), 179-82.
- Kuppermann M., Varner R.E., Summitt R.L., Learman L.A., Ireland C., Vittinghoff E., Stewart A.L., Lin F., Richter H.E., Showstack J., Hulley S.B., & Washington A.E. (2004). Effect of hysterectomy vs. medical treatment on health-related quality of life and sexual functioning: the medicine or surgery (Ms) randomized trial. *Journal of the American Medical Association*, 291(12), 1447-55.
- Meston, C.M. (2004). The effects of hysterectomy on sexual arousal in women with a history of uterine fibroids. *Archives of Sexual Behavior*, 33(1), 31-42.

Biography:

Nicole Flory received an MA in psychology from the University of Berlin, Germany, and is currently completing her PhD in clinical psychology at McGill University.

TESTOSTERONE AND GENITAL BLOOD FLOW IN MEN AND WOMEN

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Libido is complicated in both men and women, and is multifactorial. Androgens, as well as estrogens play a role, although the extent of each has not been defined precisely. Libido, or central arousal, is affected by hormones, health, emotional state, relationships, medications, to mention a few of the more important variables. Androgens, especially testosterone has been also shown to affect blood flow. There is more data in men but the evidence is mounting in female physiology as well. In men, testosterone has been shown to affect endothelial function, a major regulatory organ in circulation. Endothelial function is mainly affected through vasodilating substances, the major one being nitric oxide. Testosterone also has been shown to have endothelial-independent activity, affecting the smooth muscles of the blood vessels directly. The vascular smooth muscle is relaxed, allowing an increase in blood flow. In addition, testosterone has been shown to modulate adrenergic tone, which, in turn, can indirectly affect the amount of blood flow in blood vessels. Peripheral arousal in women is dependent on increasing blood flow to the female erectile tissue in the clitoris, labia minora and distal vagina. In addition, there is increasing evidence that androgens, as well as estrogens, are necessary for vaginal lubrication. Early evidence suggests that estrogens regulate the water content of vaginal secretions, while androgens modulate the mucinogenous content. Much of the evidence has been from animal studies, but more and more clinical evidence is becoming available.

Behavioral Learning Objectives:

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

1. Explain that testosterone stimulates peripheral sexual arousal as well as central sexual arousal.
2. Present evidence that testosterone's role in peripheral sexual arousal is related to its ability to modulate genital blood flow.
3. Discuss the increasing availability of data on female genital physiology.

References:

- Aversa, A. & Isidori A. (2004). Hormone supplementation and erectile dysfunction. *European Urology*, 45, 535-538.
- Traish, AM, & Kim N. (2004). Female genital sexual arousal: biochemical mediators and potential mechanisms of dysfunction. *Drug Discovery Today: Disease Mechanisms*, 1, 1-7.
- Tuiten, A, & Von Honk, J. (2000). Time course of effects of testosterone administration on sexual arousal in women. *Archives of General Psychiatry*, 57, 149-153.
- Wu, F, & von Eckardstein, A, (2003). Androgens and coronary artery disease. *Endocrine Reviews*, 24, 183-217.

Biography:

André Théodore Guay, MD, is currently clinical assistant professor of medicine at Harvard Medical School and Director of the Center For Sexual Dysfunction at Lahey Clinic Northshore in Peabody, Massachusetts. He is a senior staff physician in the Department of Endocrinology at the Lahey Clinic

Medical Center, Burlington, Massachusetts. After receiving his bachelor's degree from Boston College, Dr Guay received his MD degree from the New Jersey College of Medicine in 1968. His internship and residency in Internal Medicine were performed at Saint Vincent Hospital / U. Mass. Medical School in Worcester, Massachusetts. His specialty training in Endocrinology and Metabolism was carried out at the Mayo Clinic in Rochester, Minnesota. After three years in the US Navy, where he was Head of Endocrinology, Chief of Clinical Research and held an appointment at Eastern Virginia Medical School, he joined the Lahey Clinic in Boston in 1977. He was Head of the Endocrinology Department for nearly 10 years, after which he started the Center For Sexual Function. He has published in the areas of reproductive endocrinology and neuroendocrinology. His current areas of interest are male and female sexual dysfunction, and specifically, male and female testosterone deficiency.

WOMEN'S ORGASMS: TEACHING MASTURBATION SKILLS

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Most women clients struggling to enjoy orgasms learn quickly after receiving basic sex information that is presented verbally, visually and physically. During a sex coaching session, we view her genitals under a bright light naming all the parts and locating the clitoris. She takes her first steps in developing positive genital self-esteem. She locates and feels the pubococcygeal (PC) muscle with her finger inside her vagina. Lying down, she experiences slow vaginal penetration under her control while using a well-lubricated resistance device. While she squeezes and releases the PC muscle she adds pelvic rocking and coordinates her breathing. Next she uses different methods of stimulating her clitoris: manual masturbation, a small battery vibrator and two electric vibrators of varying intensities. While she masturbates, I observe and encourage her to go beyond current boundaries of tolerating intense pleasurable sensations. Sex coaching heals her confusion about orgasm. She learns that using a vibrator is a valid sexual preference. She knows the importance of spending more time building up sexual excitement and continuing stimulation to have more than one orgasm. She now has more choices when it comes to experiencing pleasure and orgasm during masturbation and partner sex. She feels more sexually confident and informed.

Behavioral Learning Objectives:

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

1. Describe Dodson's step by step approach to teaching masturbation skills.
2. Augment traditional sex therapy by integrating Dodson's video, DVD, *Orgasm Handbook* into clinical practice so patients can practice orgasm at home.
3. Gain additional comfort with a less formal language to discuss specifics of learning sexual skills through the practice of masturbation.

References:

Dodson, B. (1996). *Sex for One: The joy of self-loving*. New York: Three Rivers Press.

Dodson, B. (2002). *Orgasms for Two: The joy of partner sex*. Easton, PA: Harmony.

Biography:

Betty Dodson achieved international recognition with several ground breaking erotic art exhibitions in the sixties and seventies. She is the author of *Sex for One* and *Orgasms for Two*. She received a Ph.D. in sexology from the Institute for Advanced Study of Human Sexuality in San Francisco in 1992. Dodson has produced several videos that document her innovative teaching methods. She has a private practice as a hands-on Sex Coach in New York City and maintains an active website answering a variety of sex questions from people around the world. Her website is: www.bettydodson.com

GENITAL CUTTING: IMPACT ON A WOMAN'S SEXUALITY?

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Sexual Health is an assumed right for every individual. It is a state of physical, emotional, mental and social well-being related to sexuality; it is not merely the absence of disease, dysfunction or infirmity (Cook, 1994). What is the role of culture and/or customs in a woman's sexual health? Female genital cutting (also called female genital circumcision or mutilation) is a custom defined by the World Health Organization as any procedure that involves the partial or total removal of the female external genitalia and/or injury to the female genital organs for cultural or any other non-therapeutic reasons. To understand the impact of a cultural custom on a woman's sexuality one must understand the origin, perpetuation, and prevalence of the custom as well as an understanding of the procedure itself. Only then can one begin to understand the impact of this procedure on a woman's sexuality in the culture in which it is practiced. The mores of a culture dictate a woman's freedom during her entire live span – childhood, marriage, pregnancy, menses and postpartum. Cultural mores identify specific customs that should or must be followed. Thus, tradition, law, education, and the status of women are important indicators of sexual health. Only by understanding each can we understand the role of FGC on a woman's sexuality.

Behavioral Learning Objectives:

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

1. Report the prevalence of FGC worldwide.
2. Discuss FGC procedure(s) and complications
3. Refer to appropriate pathways of provider care.

References:

- Cook, R.J. (1994). *Women's Health and Human Rights*. Geneva: World Health Organization.
- Fourcroy, J.L. (1983). L'eternal Couteau: Review of female circumcision. *Urology*, 22, 458-461.
- Osaku, G. I.& Martin-Hilber, A. (1998). Women's sexuality and fertility; Nigeria breaking the Culture of Silence. In R. Petchesky & K Judd (Eds.). *Negotiating Reproductive Rights: Women's Perspectives Across Countries and Cultures*. London: Zed Books.
- Wasunna, A. (2000). Towards redirecting the female circumcision debate: Legal, ethical and cultural considerations. *McGill Journal of Medicine*, 5, 104-110.

Biography:

Dr. Fourcroy received her MD from the Medical College of Pennsylvania in 1964 and PhD from the University of California in San Francisco in 1977, and Master's in Public Health in 1999. As a urologist, regulatory scientist and current consultant in the development of new drugs and devices, she has had a long interest in the appropriate diagnosis and treatment of male and female sexuality.

IS HIV A RISK FACTOR FOR FEMALE SEXUAL DYSFUNCTION?

**Charlotte Bell, BSc, MBBS, MRCP, Daniel Richardson, BSc, MBBS, MRCP,
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HIV and sexual dysfunction seem unlikely bedfellows but the two conditions do coexist. Autonomic neuropathy, reactive affective disorders, hormonal dysfunction and more recently iatrogenic atherosclerotic disease cause much of the sexual dysfunction burden in HIV positive men. The aetiology of female sexual dysfunction is generally considered more complex and even less is known about it.

An estimated 46 million people are living with HIV/AIDS world-wide and currently 1 million people are living with HIV in North America. This is set against a backdrop of 43% of women in the general population who complain of sexual problems.

The causes of female sexual dysfunction in women with HIV include, medical, anthropological, psychosocial, relationship/contextual issues as well as grief reactions and reactive affective disorders. Hormonal, neuropathic and arteriosclerotic diseases are other likely causes.

In this paper we discuss these issues and management of female sexual dysfunction in women with HIV in the light of evidence from the literature. In our own clinic cohort we asked 34 sexually active HIV positive women a set of questions. 16 (47%) had not been satisfied with sex over the past 12 months. They complained of a number of sexual problems and dysfunctions that will be discussed.

Behavioral Learning Objectives:

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

1. Explain how HIV infection and the drugs used to treat it may increase women's risk of developing sexual dysfunction.
2. Diagnose and manage women who are HIV positive and suffer with female sexual dysfunction.

References:

- Laumann E, Paik A, & Rosen R. (1999). Sexual dysfunction in United States: Prevalence & predictors. *Journal of the American Medical Association*, 281, 537-544.
- Morrison M, Petitto J, Have, T. et al. (2002). Depressive and anxiety disorders in women with HIV infection. *The American Journal of Psychiatry*, 159(5), 789-796.
- Wall, M., Richardson, D., Goldmeier, D., Bell, C. & Walsh, J. (2004, October). Sexual dysfunction in HIV infected women. Paper presented at the meeting of the International Society for the Study of Women's Sexual Health, Atlanta, GA.

Biography:

Dr. Charlotte Bell completed her medical training at University College London in 1996; she completed a degree in psychology in 1993. Charlotte trained in internal medicine then sexual health and HIV medicine at various London hospitals. Charlotte has a special interest in the management of the sexual health of women who are HIV positive.

HYSTERECTOMY IMPROVES PAIN AND SEXUALITY

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The psychosexual and pain outcomes of hysterectomy remain controversial. While theoretical arguments and retrospective studies suggest negative outcomes, prospective studies indicate positive outcomes following hysterectomy. This prospective randomized-controlled trial consisted of 170 women in 4 groups; 2 hysterectomy groups (with a random assignment to either total or subtotal hysterectomy), 1 surgical control group (minor gynecological surgeries), and 1 normal control group (healthy women undergoing no surgery). To date, 61 hysterectomy patients completed assessment sessions at Time 1 (2-3 weeks before) and Time 2 (6-7 months after surgery). Assessments included semi-structured interviews, standardized questionnaires, and standardized gynecological examinations. For the two hysterectomy groups, sexual interest, sexual arousal, and sexual frequency all significantly increased at Time 2 compared to Time 1. Hysterectomy also significantly decreased chronic pain in the abdomen but not in the vulva or vagina. Our findings document overall improved psychosexual functioning and reduced abdominal pain following the removal of a diseased uterus.

Behavioral Learning Objectives:

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

1. Discuss controversial theories and empirical evidence with regard to the psychosexual outcomes of hysterectomy.
2. Explain the importance of prospective randomized-controlled trials.
3. Present accurate information on hysterectomy to the public.

References:

- Bachmann, G.A. (1990). Hysterectomy: A critical review. *The Journal of Reproductive Medicine*, 35(9), 839-862.
- Meston, C.M. (2004). The effects of hysterectomy on sexual arousal in women with a history of uterine fibroids. *Archives of Sexual Behavior*, 33(1), 31-42
- Rhodes et al. (1999). Hysterectomy and sexual functioning. *Journal of the American Medical Association*, 282(20), 1934-41.

Biography:

Nicole Flory received an MA in psychology from the University of Berlin, Germany, and is currently completing her PhD in clinical psychology at McGill University.

WHY DO SO MANY MEN FROM ISLAMIC BACKGROUNDS PRESENT WITH PREMATURE EJACULATION? A QUALITATIVE STUDY

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Introduction: Premature ejaculation is a common sexual problem in men, affecting up to 31% of the population. The aetiology is unclear; however there is emerging evidence that men from different ethnic backgrounds may be more at risk. We have demonstrated a preponderance of men from Islamic backgrounds attend our unit in central London with premature ejaculation. We wanted to explore this further using a qualitative approach.

Aims and Objectives: To generate themes and hypotheses around the aetiology of premature ejaculation with particular reference to men from Islamic backgrounds.

Method: By using in-depth semi-structured interviews with 10 male volunteers with a clinical diagnosis of premature ejaculation: using grounded theory we generated themes and subsequent hypotheses with regard to our central research question from transcripts of interviews. This study received prior ethical approval from our local ethics committee.

Results: This is an ongoing study. Themes which have come to light are: '**stress**', in particular family worries, work worries, problems living in a country whose culture is different; **anxious coitarche**, fear of being found, especially if a culturally/religious forbidden event; **religious pressures** (Islam) sexual problem is a punishment for sex before marriage, unable to discuss sex openly; **exposure to Western images**, having exposure to western media images and living in an environment where women were more revealing clothes.

Conclusion: Based on the data input from this study so far: Stress, anxious coitarche, religious pressure and exposure to Western imagery seem to be associated with premature ejaculation in patients with Islamic backgrounds. Further qualitative work and hypotheses testing of these putative causative factors will be undertaken.

Behavioral Learning Objectives:

After attending this presentation, participants will be able to:

1. Discuss themes as to why men from Islamic backgrounds living in London complain of premature ejaculation.
2. Identify and generate hypotheses as to why men from Islamic backgrounds have a preponderance of premature ejaculation.

References:

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Biography:

Daniel Richardson completed his medical training at St Mary's Hospital Medical School, University of London in 1997 with a BSc in pathology (Haematology). He then trained in general (Internal medicine), HIV medicine and sexual health in London. He is currently a Specialist Registrar in HIV and Sexual Health at St. Mary's Hospital, with a special interest in sexual dysfunction working alongside Dr. David Goldmeier, a leading UK expert.

SOCIETY FOR SEX THERAPY AND RESEARCH MASTERS AND JOHNSON AWARD 2005

THE EVOLUTION OF A VISION

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This honor from our peers has prompted reflection, gratitude and satisfaction. We will share our individual memories of important moments during our personal and professional evolution over thirty years together. Although not our original plan, we came to create a university independent, self-supporting center devoted to sexual difficulties with a three part emphasis on clinical work, education, and research. We have played the roles of co-teacher, co-therapist, co-researcher, colleagues and friends in each other's lives.

Behavioral Learning Objectives:

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

1. Discuss one model for developing a multidisciplinary sexuality treatment center.
2. Discuss how the field of sexuality research, treatment, and education has changed over the past three decades.

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Biographies:

Stanley Althof, Steve Levine, and Candace Risen are Co-Directors of the Center for Marital and Sexual Health in Beachwood, Ohio, founded in 1977.

Stan Althof received his bachelor's and master's degrees from New York University (1969 & 1971) and his Ph.D. from Oklahoma State University in 1975. He is Professor of Psychology in the Department of Urology at Case Western Reserve University School of Medicine and has recently founded the Center for Marital and Sexual Health of South Florida.

Steve Levine received his bachelor's degree from Washington and Jefferson College in 1963 and his M.D. from Case Western Reserve University in 1967. He is Clinical Professor of Psychiatry at Case Western Reserve University School of Medicine.

Candace Risen received her bachelor's degree in 1969 from Tufts University and her M.S.S.A. from the School of Applied Social Sciences at Case Western Reserve University. She is Assistant Clinical Professor of Social Work in the Department of Psychiatry at Case Western Reserve University.

CLINICAL HYPNOSIS AS AN ADJUNCT TO THE TREATMENT OF SEXUAL PAIN DISORDERS

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The case presentation will describe how clinical hypnosis was used during therapy with a female patient who presented with a sexual pain disorder. Sexual pain requires a multidisciplinary approach. A variety of health professionals who are called upon to deal with such patients can use the specific visualization techniques that will be demonstrated, regardless of whether or not the clinicians have had experience using clinical hypnosis. Since pain is always subjective, it is important to address the mind-body relationship in therapy. Clinical hypnosis is a powerful tool to help the patient develop mind-body communication in positive ways. Specific clinical interventions include helping the patient replace negative or anxious thoughts with positive dynamic imagery, and visualization to facilitate physical practice at home. The patient learns how to use self-hypnosis regularly at home to overcome fear, reduce pain, address contributing emotional factors, and promote healing.

Behavioral Learning Objectives:

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

1. Define clinical hypnosis.
2. Explain why mind-body techniques are particularly important as an adjunct to the treatment of sexual pain disorders.
3. Describe two visualization techniques and how they can be used to help patients with sexual pain disorders.

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Biographies:

Bianca Rucker has a BS in Nursing degree and her MA and PhD in Counselling Psychology. She has been in private practice specializing in sexual and relationship therapy for 18 years. Dr. Rucker did her training in clinical hypnosis through a variety of programs offered by the American Society of Clinical Hypnosis. Dr. Rucker has been an executive board member of the Canadian Society of Clinical Hypnosis (BC Division) for 10 years and is an active clinical member of the American Association for Marriage and Family Therapy (AAMFT). She has taught clinical hypnosis applications for sex therapy to physicians, marriage and family therapists, psychologists, nurses, social workers, counselors, and dentists.

Aline Zoldbrod, who is in private practice in Lexington, Massachusetts, has a bachelor's degree from Oberlin College and a doctorate from Brandeis University. She is a licensed psychologist and AASECT-certified sex therapist and Diplomate, whose varied training and approaches include imagery, multi-modal behavior therapy, eye movement desensitization and reprocessing, and emotional freedom techniques. Her books include *Men, Women and Infertility: Intervention and Treatment Strategies* (MacMillan, 1993), *Sex Smart: How Your Childhood Shaped Your Sexual Life and What to Do About It* (New Harbinger, 1998), and *Sex Talk: Uncensored Exercises for Exploring What Really Turns You On* (co-authored with Lauren Dockett), New Harbinger, 2002.) *Sex Smart*, which won a ForeWord Magazine award in the self-help category, is about to be re-issued by Page Free Publishing.