

Society for Sex Therapy and Research



SSTAR 2010: 35th Annual Meeting

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

**April 8-10, 2010
Hyatt Regency Cambridge Hotel
Boston, Massachusetts**



On January, 29, 2010 the SSTAR Executive Council voted unanimously to recognize the passing of our esteemed colleague and friend Sandra Leiblum, Ph.D. by dedicating this 2010 SSTAR ANNUAL MEETING in honor of her memory.

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PRESIDENT'S WELCOME

Welcome to the 35th Annual Meeting of the Society for Sex Therapy and Research. This year's program continues the tradition of past SSTAR meetings. Our podium and poster presentations reflect the most comprehensive and cutting edge work in sex therapy practice and research, thanks to the hard work of our Scientific Program Chair, Don Strassberg. Those new to SSTAR will experience discussions reflecting extraordinary clinical sophistication; and we hope you will share the special feeling of warmth, and inclusion, typical of our meetings. Welcome back again, to so many of you, who like myself consider SSTAR your favorite meeting! In addition you will be entertained, find fine food, and have a fascinating excursion thanks to our knowledgeable and enthusiastic Local Arrangements Chair, Derek Polonsky. The sex therapists and researchers whose articles you read and lectures you most want to hear, will also engage you in fascinating conversations throughout the meeting in the intimate atmosphere characteristic of a SSTAR gathering.

For those seeking an overview of assessment and treatment, Thursday provides a one-day pre-conference workshop entitled "Sexual Disorders: Evaluation and Management." There are other half-day workshops for clinicians new to the field as well as those interested in the finer nuances of theory and clinical practice.

Our Thursday evening "Welcome Reception", will include a presentation of the **SSTAR Health Professional Book Award** to: Principles and Practice of Sex Therapy (4th Edition) edited by **Sandra Leiblum, Ph.D.** A prolific author, Sandra was also a former SSTAR President, Founding Charter Member, distinguished teacher, clinician, colleague and friend. The Executive Council of SSTAR voted unanimously to recognize Sandy's untimely passing by dedicating this year's annual meeting to her memory. At the reception all will be invited to briefly share memories of her following initial remarks by her great friend and former SSTAR President, Pat Engel. Subsequently, we will view submitted posters, with their authors available to discuss their new work.

On Friday morning the impressive formal program begins, reprising last year's exciting symposium with the DSM-V workgroup, and allowing for even greater interaction between the audience and the panel. That lively discussion will be followed by the first of our invited lectures: **Testosterone and Prostate Cancer: Implications for Sex Therapy** presented by the thoughtful and provocative **Abe Morgentaler, MD.**

Friday evening will feature a private tour of Boston's famous **Museum of Fine Arts**, followed by **Fellowship Dinners at Local Restaurants.** Don't forget to sign up for the tour and for the fellowship dinners. For **students**, SSTAR will host a **Pizza Party** on Friday evening.

Saturday will feature invited lectures including a fascinating talk on the **Neurobiology of Sexual Desire** presented by, **Jim Pfaus, PhD**, and later **Asexuality** presented by **Anthony Bogaert, PhD.**

On Saturday we are also privileged to feature an address by **Dr. Joycelyn Elders**, former Surgeon General of the United States! Throughout Friday and Saturday there will also be practical instruction for addressing a myriad of sexual problems and concerns, posters and paper presentations on the latest research, and an in-depth case presentation and discussion by the leading experts in the field.

We hope you will plan on joining us at our **Fall Clinical Meeting on Friday, October 8, 2010 at the Penn Club in New York**, and/or come to our next **Annual Meeting, March 31, 2011 at the Four Seasons Hotel in Palm Beach, Florida.** In order to join SSTAR, obtain a membership application at the registration desk from our administrator, Mr. Marion Johnson.

I look forward to seeing all of you in Boston and welcoming you to our annual meeting.

A handwritten signature in black ink, appearing to read "Michael A. Perelman". The signature is fluid and cursive, with the first name being the most prominent.

Michael A. Perelman, Ph.D.
President, Society for Sex Therapy and Research
Clinical Associate Professor of Psychiatry,
Reproductive Medicine and Urology
NY Weill Medical College of Cornell University

SAVE THE DATES!

**36th SSTAR Annual Meeting
March 31st through April 2nd, 2011**

**Four Seasons Resort, Palm Beach, Florida
5 Star hotel, right on a beautiful sandy beach
20 minutes from Palm Beach Airport
\$250 room rate**

The local arrangements chair is Blanche Freund



***Plan to attend the
SSTAR 2010 Fall Clinical Meeting***

***Friday, October 8th, 2010
The Penn Club of New York
30 West 44th Street
New York, New York***

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ACKNOWLEDGEMENTS

SSTAR extends appreciation to the following valued friends from industry and SSTAR membership for their generous support of the educational and scientific objectives of the SSTAR 2010 Annual Meeting.

PLATINUM

Boehringer Ingelheim Pharmaceuticals, Inc.

For 125 years Boehringer Ingelheim has been committed to researching, developing, manufacturing and marketing innovative medicines that help improve the lives of patients and their families.”

ADDITIONAL SUPPORTERS

Guilford Publications, Inc.
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CONTINUING EDUCATION ACCREDITATIONS & APPROVALS

NOTE: The SSTAR 2010 Annual Meeting is fully accredited or approved to award continuing education credits to psychologists, sexologists, physicians, social workers, and marriage and family therapists. 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 and the Society for Sex Therapy and Research (SSTAR).

AMA PRA Category 1 Credit(s)™ or College Cognate Credit(s)

The American College of Obstetricians and Gynecologists designates this educational activity for a maximum of 20 AMA PRA Category 1 Credits™ or up to a maximum of 20 Category 1 College Cognate Credits. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Disclosure of Faculty and Industry Relationships

In accordance with College policy, all faculty members have signed a conflict of interest statement in which they have disclosed any significant financial interests or other relationships with 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 20 hours. These CEs may be applied toward AASECT certification and renewal of certification.

3. **American Psychological Association (APA)**

SSTAR is approved by the American Psychological Association to sponsor continuing education for psychologists. SSTAR maintains responsibility for this program and its content. This program qualifies for up to 20 hours.

4. 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 20 hours.

2010 Award Recipients

Health Professional Book Award

Sandra Leiblum, Ph.D. (Editor)

Principles and Practice of Sex Therapy (4th Edition)

The Guilford Press, 2007

SSTAR Student Research Award

Jane S.T. Woo, M.A.

Department of Psychology

University of British Columbia

Vancouver, British Columbia

PROGRAM SCHEDULE: SSTAR 2010
What's New and What's True in Sexuality:
Toward a Greater Understanding of Contemporary
Issues in Sex Therapy and Research

Thursday, April 8, 2010

PRECONFERENCE WORKSHOPS

FULL-DAY WORKSHOP (8:30 AM – 4:15 PM)

*Moderators: Derek Polonsky, M.D. (AM), Michael A. Perelman, Ph.D. (PM)
& Marty Miner, M.D. (PM)*

8:30 – 9:30 AM

Talking About Sex in Clinical Practice
Presented by Derek C. Polonsky, M.D.

9:30-10:30 AM

Medical Issues Associated with Sexual Disorders
Presented by Marty Miner, M.D.

10:30-10:45 AM BREAK

10:45AM-11:45 AM

Etiology, Diagnosis & Treatment of Female Sexual Dysfunctions
Presented by Sheryl Kingsberg, Ph.D.

11:45 AM- 1:00 PM Lunch (on your own)

1:00-2:00 PM

Etiology, Diagnosis & Treatment of Male Sexual Dysfunctions
Presented by Michael A. Perelman, Ph.D.

2:00-3:00 PM

Sexual Pain Disorders
Presented by Yitzhak M. Binik, Ph.D.

3:00-3:15 PM BREAK

3:15-4:15 PM Question and Answer Period

HALF-DAY WORKSHOP #1 (2:00-5:00 PM)

So You Want to be a Sex Therapist?
Presented by Derek C. Polonsky, M.D.

HALF-DAY WORKSHOP #2 (2:00-5:00 pm)

Assessment & Treatment of Sexual Compulsivity/Impulsivity
Presented by Eli Coleman, Ph.D.

HALF-DAY WORKSHOP #3 (2:00-5:00 PM)

The Heart & Soul of Sex: A Clinical Model for Exploring Sex & Intimacy
Presented by Gina Ogden, Ph.D.

THURSDAY, APRIL 8, 2010 continued

- 1:00-5:00 PM Meeting Registration
- 6:00-7:00 PM Welcome Reception
- 6:30 PM Health Professional Book Award Presentation
Book Title: Principles and Practice of Sex Therapy, (4th Edition)
Recipient: Sandra Leiblum, Ph.D.
Presented by: Peggy Kleinplatz, Ph.D.
- 6:00-8:00 PM POSTERS (Empress Room) (see pages 15-16)

Friday, April 9, 2010

- 7:30 AM-5:00 PM Meeting Registration
- 7:30-8:30 AM Continental Breakfast
- 8:30-8:45 AM Welcome
SSTAR President: Michael A. Perelman, Ph.D.
Scientific Program Chair, Donald S. Strassberg, Ph.D.
Local Program Chair, Derek C. Polonsky, M.D.
Continuing Education Officer, Brian D. Zamboni, Ph.D.
- 8:45-10:45 AM Symposium I: Follow-up on DSM-V: The Sexual Dysfunctions; Updates and Discussion by members of the DSM-V Workgroup on Sexual and Gender Identity Disorders
Moderator: Marta Meana, Ph.D.
Presented by Kenneth J. Zucker, Ph.D., Cynthia Graham, Ph.D., Yitzchak M. Binik, Ph.D., & R. Taylor Segraves, M.D., Ph.D.
- 10:45-11:00 AM BREAK
- 11:00 AM-12:00 PM Paper Session I: Understanding Sexual Arousal & Desire
Moderator: Bonnie Saks, Ph.D.
- Psychophysiological Assessment of Sexual Activity Preferences in Women
Presented by Meredith L. Chivers, Ph.D.
- The Role of Response Bias in the Concordance Between Physiological and Subjective Arousal
Presented by Stéphanie C. Boyer, MSc

"Inherent" or "Reflective": Exploring the Utility of a Proposed Distinction in Talking About Women's Sexual Desire in Partnered Relationships
Presented by Aline P. Zoldbrod Ph.D.

12:00–1:15 PM Lunch Break (on your own)

Friday, April 9, 2010 continued

1:15-2:15 PM Invited Lecture I: Testosterone and Prostate Cancer: Implications for Sex Therapy
Moderator: Michael A. Perelman, Ph.D.
Presented by Abe Morgentaler, M.D.

2:15-3:15 PM Paper session II: Challenges in Sex Therapy
Moderator: Donald S. Strassberg, Ph.D.

Ejaculatory Concerns in Men Who Have Sex with Men
Presented by Stanley E. Althof, Ph.D.

My Body My Self: The Effects of Cancer on Body Image and Sexuality
Presented by Anne Katz, RN, Ph.D.

Women's Sexuality After Hysterectomy
Presented by Julie Askew, PhD.

3:15-3:45 PM BREAK

3:45-5:00 PM Symposium II: Fantasy & Eroticism
Moderator: Kathryn S. K. Hall, Ph.D.

In Search of a Science of Eroticism: What We Can Learn from Women's Sexual Desire
Presented by Marta Meana, Ph.D.

The Dynamics of Withholding vs Disclosing of Sexual Fantasies in Couple Therapy: The "Ideal Sexual Scenario"
Presented by Ulrich Clement, Ph.D.

Sexual Fantasy and Eroticism
Presented by Esther Perel, MA, LMFT.

5:30-7:30 PM Special Excursion (Boston's *Museum of Fine Arts*)

7:30-9:00 PM Pizza Dinner for Students

7:30-9:00 PM Fellowship Dinners at Local Restaurants

SATURDAY, APRIL 10, 2010

7:30-8:30 AM Breakfast Roundtables

8:30-9:45 AM Invited Lecture II: Neurobiology of Sexual Desire

Moderator: Michael A. Perelman, Ph.D.

Presented by, Jim Pfaus, Ph.D.

9:45-10:00 AM BREAK

10:00-11:00 AM Invited Lecture III: Revolutionizing Our Sexually Dysfunctional Society: Are Americans Ready to Talk, Listen, and Learn?

Moderator: Eli Coleman, Ph.D.

Presented by Joycelyn Elders, M.D.

11:00AM-12:15 PM Sex, Relationships, & Adolescent Boys

Moderator: Derek Polonsky, M.D.

Presented by David Treadway, Ph.D.

12:15-1:15 PM Business Meeting & Lunch (Members Only)

1:15-1:30 PM BREAK

1:30-2:30 PM Invited Lecture IV: Asexuality

Moderator: Brian D. Zamboni, Ph.D.

Presented by Anthony Bogaert, Ph.D.

2:30-3:00 PM Student Paper Award (*The role of sex guilt in the relationship between culture and women's sexual desire*)

Moderator: Stephanie Kuffel, Ph.D.

Recipient: Jane Woo

3:00-3:15 PM BREAK

3:15-4:30 PM Paper Session III: Pornography & Sexual Compulsion/Addiction

Moderator: Daniel N. Watter, Ph.D.

Why Men View Child Pornography: A Retrospective
Analysis of 18 cases

Presented by Candace B. Risen, LISW

What is Sexual Addiction?

Presented by Stephen B. Levine, M.D.

Treating the Pain Around Porn

Presented by Marty Klein, Ph.D.

4:30-6:00 PM Clinical Case Presentation: A Case of Normophilic
Impulsive/Compulsive Sexual Behavior
Moderator: Sharon G. Nathan, Ph.D.
Presented by Eli Coleman, Ph.D.

6:00 PM SSTAR Meeting Ends

7:00-9:00 PM Fellowship Dinners at Local Restaurants

POSTERS

Sex and Cancer

1. The Sexual Self of Young Adult Cancer Survivors and as Compared to Their Healthy Peers
Sage Bolte, ABD, MSW, LCSW, OSW-C
2. Psychological Interventions for the Sexual Sequelae of Cancer: A Review of the Literature
Lori A. Brotto, PhD, Morag Yule, BSc, BA, Erin Breckon, BA (Hons)
3. Generational Differences in Cervical Cancer Screening Beliefs and Practices of Chinese Women Living in Canada
Sabrina C.H. Chang, A, Jane S.T. Woo, MA, Boris B. Gorzalka, PhD & Lori A. Brotto, PhD

When Sex Causes Pain

4. The Application of Laser Doppler Imaging to Sexual Dysfunction: Sexual Arousal in Women with Provoked Vestibulodynia
Stéphanie C. Boyer, MSc, Caroline F. Pukall, PhD, Samantha E. Waxman, MA
5. Pelvic Floor Muscle Responsiveness in Women with Vestibulodynia
Evelyne Gentilcore-Saulnier, MSc, Corrie Goldfinger, MSc, Linda McLean, PhD, Caroline Pukall, PhD, and Susan Chamberlain, MD
6. Physical Therapy Effectiveness for Women with Vestibulodynia: An Investigation of Pelvic Floor Behavior
Evelyne Gentilcore-Saulnier, MSc, Corrie Goldfinger, MSc, Linda McLean, PhD, Caroline Pukall, PhD, and Susan Chamberlain, MD
7. When Dyspareunia Begins During Adolescents: How Prevalent is it and Who is at Risk?
Tina Landry, MPs and Sophie Bergeron, PhD
8. Attachment Orientations of Women with Dyspareunia and Their Partners: Implications for Sexuality Outcomes
Bianca Leclerc, BSc, Sophie Bergeron, PhD and Gaëlle Piché, BSc
9. Psychosexual and Relational Functioning Among Partners of Women with Provoked Vestibulodynia: A Controlled Examination
Kelly B. Smith, MA and Caroline F. Pukall, PhD

Sex and the Body

10. Low Cardiovascular Event Rate in Post-Menopausal Women with Increased Cardiovascular Risk: Initial Findings From the Ongoing Blinded Libigel (Testosterone Gel) Cardiovascular Safety Study
Michael C. Snabes, MD, PhD
11. To Lube or Not to Lube: Experiences and Perceptions of Lubricant Use in Women with PVD and Healthy Controls
Kate S. Sutton, MA, Stéphanie Boyer, MSc, Corrie Goldfinger, MSc, Karen Blair, MSc, & Caroline Pukall, PhD
12. The Correlates of Sexual Activity among HIV-Infected Persons with a History of Injection Drug Use
Kelly B. Smith, MA, Conall M. O’Cleirigh, PhD, Jacqueline Bullis, BA, Jared Israel, BA and Steven A. Safren, PhD

Sexual Arousal and Appeal

13. Daily Stress and Sexual Arousal and Survivors of Childhood Sexual Abuse
Danielle E. Desrochers and Alessandra H. Rellini, PhD
14. The Effect of Sexual Orientation and Masculinity-Femininity on Perceived Sexual Appeal
Julia Mackaronis, BA, and Donald Strassberg, PhD
15. Cues for Desire and Sexual Arousal in Women
Lauren E. McKay and Alessandra H. Rellini, PhD
16. Subjective Sexual Arousal and Risky Sex in CS A Survivors
Sarah P. Roberts, and Alessandra H. Rellini, PhD
17. Comparing the Perception of Orgasm in Young and Middle-Aged Men
Jessica Spape, BA, James Pfaus, PhD
18. Female Sexual Arousal: A Closer Look at Biopsychosocial Variables
Samantha Waxman, MA and Caroline Pukall, PhD

Sexuality: General

19. Are Long Distance Dating Relationships Doomed To fail?
Emma Dargie, BAH, Karen Blair, MSc, Corrie Goldfinger, MSc, Caroline Pukall, PhD, and Sara Caird, BAH
20. Pursuing and Distancing on the Relationship Between Childhood Trauma and Adult Sexual Function
Jennifer M. Staples, and Alessandra H. Rellini, PhD
21. The Sending and Receiving of Sexually Explicit Cell Phone Pictures (“Sexting”) by Teens
Michael Sustaita, Donald S. Strassberg, PhD, Jordan Rullo, MA, and Ryan McKinnon
22. Physiological and Subjective Arousal in Asexual Women: A Pilot Study of Sexual Orientation Groups
Morag A. Yule, BSc, BA, and Lori A. Brotto, PhD
23. Sex Guilt Mediates the Relationship Between culture and Sexual Desire in Men
Jane S.T. Woo, MA, Lori A. Brotto, PhD, & Boris B. Gorzalka, PhD

FULL-DAY WORKSHOP ABSTRACTS

TALKING ABOUT SEX IN CLINICAL PRACTICE

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Derek C. Polonsky, M.D.

In most training programs, discussions regarding human sexuality is given short shrift, and is often ignored entirely. This is a paradox given the prevalence of sexual dysfunction in the general population. Taking a detailed sexual history adds a richness to psychotherapy and provides a place in which patients can begin to talk about an intimate part of their lives. Sex usually plays an important part in relationships, and understanding both the relational and sexual dynamics adds a useful perspective in treatment.

Behavioral Learning Objectives:

Attending this presentation, will provide participants:

1. A brief overview of the field of sexuality, including the common sexual dysfunctions.
2. Guidance in talking directly with their patients about sex.

Biography:

Derek Polonsky is a psychiatrist who has been a SSTAR member since 1980. He practices includes individual, couples and sexual therapy. The population in his practice ranges in age from 15 to 90. He has authored books on Marriage and Divorce and Talking about Sex, and has contributed chapters on Premature Ejaculation, and Adolescent Sexuality. He is on the faculty of Harvard Medical School and has a private practice in Brookline, Mass.

ETIOLOGY, DIAGNOSIS AND TREATMENT OF MALE SEXUAL DYSFUNCTION

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This workshop presentation will describe the application of the Sexual Tipping Point[®] model (a biopsychosocial-cultural framework) to the etiology, diagnosis and treatment of Male Sexual Dysfunction (MSD). Both Combination Treatment (CT) and Integrated Sex Therapy (IST) approaches will be taught. These approaches are an extension of sex therapy's early professional history and teachings. Over a generation ago, Annon's PLISSIT model presciently anticipated the need to fuse counseling with the appropriate use of sexual pharmaceuticals (CT). Primary Care Physicians (PCP) will want to improve the guidance and counseling they provide, but other professionals must also be ready and trained to provide counseling which will optimize response to appropriately prescribed sexual pharmaceuticals. All healthcare professionals (HCP) can learn to provide permission (P), limited information (LI) and specific suggestions (SS) which can be combined judiciously with sexual pharmaceuticals to improve risk/benefit ratios for patients suffering from sexual concerns.

It is clear that both organic and psychosocial factors play a role in the etiology of MSD. However, the mind and body both inhibit and excite sexual response, as described by the Sexual Tipping Point[®] model. The STP model postulates a set-point or threshold for the expression of any sexual response for any individual. This is a dynamic and not a static process. Therefore, that response may vary within and between any given sexual experience(s) and refers to any combination of desire, arousal, orgasm or resolution. The specific threshold for the sexual response is determined by multiple factors for any given moment or circumstance, with one factor or another dominating, while others recede in importance. Being turned on is mental and physical and so is being turned off. Positive mental and physical factors increase the likelihood of a response, while negative mental and physical factors inhibit the sexual response. All these factors combine to determine a unique threshold or Sexual Tipping Point[®]. Importantly, this model is a useful heuristic device to describe the variety of vectors impacting both normal and dysfunctional sexual response in both women and men.

The workshop will incorporate diagnostic and case management examples of male sexual dysfunction from the perspective of a CT, including: 1) etiology; 2) a focused sex history; 3) partner issues; 4) pharmaceutical selection, patient preference and expectations; 5) follow-up highlighting the use of sexual pharmaceuticals as a "therapeutic probe" illuminating causes of failure or non-response; 6) "weaning" and relapse prevention; 7) referral.

Behavioral Learning Objectives:

Attending this presentation, will enable participants to:

1. Identify and describe the Sexual Tipping Point[™] model.
2. Describe the use of STP as a model for conceptualizing CT where sexual pharmaceuticals and counseling are combined to restore sexual function and satisfaction for men suffering from a variety of male sexual dysfunctions.

References:

- Perelman M. "Sex Coaching for Physicians: Combination Treatment for Patient and Partner." *International Journal of Impotence Research*, Volume 15, Supplement 5, October 2003.
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- Perelman M. "Psychosocial Evaluation and Combination Treatment of Men with Erectile Dysfunction." ED Issue, *Urologic Clinics of North America* [Ed. Culley Carson III]. Elsevier, Philadelphia, Pennsylvania, 2005:32:4, 31-45.
- Perelman MA. "A New Combination Treatment for Premature Ejaculation: A Sex Therapist's Perspective". *Journal of Sexual Medicine*. 2006; 3:1004–1012.
- Perelman MA. "The Impact of Relationship Variables on the Etiology, Diagnosis and Treatment of Erectile Dysfunction. *Advances in Primary Care Medicine: Clinical Update*, 2007;3:3-6.
- Perelman M. "Integrated Sex Therapy: a Psychosocial-Cultural Perspective Integrating Behavioral, Cognitive, and Medical Approaches." In Textbook of Erectile Dysfunction, 2nd Edition [Eds: CC Carson, RS Kirby, I Goldstein, & MG Wyllie]. Informa Healthcare, London, UK, 2008, pp. 298-305.
- Perelman M. "The Sexual Tipping Point[®]: A Mind/Body Model For Sexual Medicine." *Journal of Sexual Medicine*, 2009;6(3):629-32.

Biography:

Dr. Michael A. Perelman is a Clinical Associate Professor of Psychiatry, Reproductive Medicine, and Urology at Weill Medical College of Cornell University. He is the Co-Director of the Human Sexuality Program, Payne Whitney Clinic of the N Y Presbyterian Hospital in New York City, founded by his late mentor Dr. Helen S. Kaplan. Additionally, he is the Senior Consulting Sex Therapist to the Department of Urology at Greenwich Hospital.

Dr. Perelman maintains an independent practice in Manhattan, specializing in sex and marital therapy, and is certified by New York State and listed in the National Register of Health Service Providers in Psychology. The American Association of Sex Educators, Counselors, and Therapists (AASECT) certify him as a sex therapy diplomate, supervisor, sex educator, and sex counselor.

Dr. Perelman is on the Board of Directors for the *Journal of Sexual Medicine*, and is a consulting editor and/or reviewer for numerous journals, including: *British Journal of Urology International*, *Journal of Sex and Marital Therapy*, *Journal of Urology*, *Urology*, *International J. of Impotence Research* and *Current Sexual Health Reports*. In 1985, he co-authored *Late Bloomers*. He has published countless peer reviewed journal articles, abstracts, posters, chapters in sexual medicine texts and delivered over 250 invited presentations. Dr. Perelman consults to industry, conducting clinical trials, serving on advisory boards and speakers' bureaus. Additionally, his work in sex and marital therapy is often featured in the media.

MALE SEXUAL HEALTH: DISEASE DETECTION AND PREVENTION

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Erectile dysfunction (ED) is an early marker of penile vasculature oxidative stress and vascular dysfunction. Vasculogenic ED has been suggested to be a risk factor for the presence of occult cardiovascular disease. ED must be perceived as no longer a secondary complication of its concomitant comorbid disease states- diabetes, cardiovascular disease, hypertension, and dyslipidemia. It must be recognized in a new paradigm as one of the earliest manifestations of atherosclerosis and a precursor to systemic vascular disease.

Analysis of Massachusetts Male Aging Study (MMAS) data revealed an increase in the rate of incident ED as the quartile of 10 year CHD risk increased. This implies that ED is a sensitive (although not necessarily specific) indicator of wider arterial insufficiency. If this could be further supported, erectile problems could call attention to coronary risk and contribute to CVD prevention efforts.

In his landmark 2005 report of over 9400 men, Thompson et al pose the following questions: "With the high prevalence of erectile dysfunction (ED) in aging men, do pharmacologic, lifestyle, or behavioral interventions that are cardioprotective also reduce or delay onset of erectile dysfunction? Could erectile dysfunction serve as a surrogate measure of treatment efficacy in preventive interventions for cardiac disease?" Today, four years later, these questions remain unanswered.

The meaning of these findings is most significant. While ED and CAD may be different manifestations of an underlying vascular pathology, when ED occurs in a younger man (< age 60) it is associated with a marked increase in the risk of future cardiac events while in older men it has less prognostic value. The importance of this study cannot be understated. While ED had little relationship to impact on the development of incident cardiac events in men aged 70 years and older, it was associated with a nearly fifty-fold increase in the 10-year incidence in men 49 years and younger. This raises the possibility of a "window of curability" whereby progression of cardiac disease might be slowed or halted by medical intervention. Younger men with ED could provide the ideal populations for future studies of primary cardiovascular risk prevention.

Behavioral Learning Objectives:

After attending this presentation, participants will be able to:

1. The role of ED and Endothelial dysfunction as a means to improve overall Men's Health
2. The relationship of ED and Co-Morbid Medical Conditions: Does ED come prior or after?
3. The role of testosterone in overall Men's Health
4. The role of lifestyle and sexual function in providing an opportunity to improve Men's Health.

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Biography:

Dr. Martin Miner currently practices as the Co-Director of the Men's Health Center at the Miriam Hospital in Providence, Rhode Island,. He is also a Clinical Associate Professor in Family Medicine at the Brown University School of Medicine in Providence, Rhode Island and has been charged with the development of a multidisciplinary Men's Health Center within the Lifespan/Brown University system. He graduated Phi Beta Kappa from Oberlin College with his AB in Biology and received his Doctor of Medicine from the University of Cincinnati College of Medicine. Upon receiving his MD, he completed his residency at Brown University and spent time working with the Indian Health Service Corps and the Public Health Service.

Dr. Miner presently holds memberships in the American Academy of Family Physicians and the Massachusetts Academy of Family Physicians, American Urologic Association, and was recently elected a Fellow of the Sexual Medical Society of North America. He has published extensively in the areas of ED and CVD, BPH and LUTS and male sexuality and hormonal replacement therapy in men. He has given numerous presentations within the US and internationally, and is currently active in several research studies on men's health. He is a reviewer and active on several journal editorial boards, and holds an appointment as a consultant for the International Society of Sexual Medicine Consensus Panel. He was chosen the Brown Teacher of the Year in 2003 and 2007.

ASSESSMENT, DIAGNOSIS AND TREATMENT OF FEMALE SEXUAL DISORDERS

Sheryl A. Kingsberg, Ph.D.

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Since the Victorian era discovery that female orgasm was not necessary for conception, female sexuality has, at best been ignored, and often demonized. Women have had a long slow struggle against cultural taboos to reclaim their right to a satisfying sexual life. In 2009, the concept of healthy sexuality has, in theory, become an accepted entitlement of women and sexual problems have become more widely discussed. Further, epidemiologic research has now confirmed a high prevalence (12%) of female sexual disorders. Yet, for a myriad of reasons, such as lack of time, patient or provider embarrassment, lack of FDA approved treatments, healthcare providers and their patients continue to evade the topic in clinical visits which results in a significant void in comprehensive healthcare. Although varying models for understanding the female sexual response have been proposed, all generally include the elements of desire, arousal, orgasm, and resolution and current research also emphasizes the importance of evaluating pain as a source of sexual problems. Current models reflect the biopsychosocial and multifactorial nature of the female sexual response. Basson's model of female sexual function acknowledges the importance of emotional intimacy, psychological factors, and sexual stimuli and posits that in women arousal often precedes desire. This description updates the traditional linear models of Masters and Johnson as well as Kaplan, in which desire precedes arousal. Levine suggests that desire has 3 distinct but interrelated components—drive (spontaneous biologically driven sexual interest), cognitive factors (expectations, beliefs, and values about sex), and motivation (emotional and interpersonal factors)—further emphasizing the complexity of female sexuality. In this workshop, I will provide an overview of the female sexual disorders, how to assess and diagnose female sexual disorders, provide treatment options and review patient related outcome measures for screening and diagnosis.

Behavioral Learning Objective

Attending this presentation, will enable participants to:

1. Define the Female Sexual Disorders
2. Outline techniques for assessing, diagnosing and treating these disorders

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Biography:

Sheryl A. Kingsberg is a clinical psychologist and Professor in the Department of Reproductive Biology at Case Western Reserve University School of Medicine, and is the chief of the division of behavioral medicine in the department of OB/GYN at Case Medical Center, University Hospitals of Cleveland. Dr. Kingsberg is the immediate Past President of the International Society for the Study of Women's Sexual Health (ISSWSH) and is an active member in numerous other national and international organizations including the American Psychological Association (APA), the American Society for Reproductive Medicine (ASRM), and the North American Menopause Society (NAMS). She has been a member of SSTAR since 1991.

**WHO'S AFRAID OF THE VAGINAL WOLF:
A "NEW" APPROACH TO THE DIAGNOSIS AND TREATMENT OF VAGINISMUS
Yitzchak M. Binik, Ph.D.**

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Until recently there has been little new research interest or therapeutic innovation concerning vaginismus. This stagnation has probably occurred for at least two reasons. First, the DSM-IV-TR definition of vaginismus (i.e. "involuntary vaginal spasm that interferes with intercourse") has been accepted with little discussion for almost 150 years. Second, the Masters and Johnson vaginal dilatation based treatment is considered highly efficacious. Recent research has challenged both of these ideas. This recent diagnostic and therapy outcome research will be reviewed with a view to suggesting a new definition of vaginismus and a more comprehensive treatment program.

Behavioral Learning Objectives:

Attending this presentation, will enable participants to:

1. Review the history of and problems with the diagnosis of vaginismus.
2. Review the treatment outcome literature for vaginismus.
3. Suggest a new diagnostic formulation and more comprehensive treatment strategy.

References:

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HALF-DAY WORKSHOP ABSTRACTS

SO YOU WANT TO BE A SEX THERAPIST

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Human Sexuality in clinical practice is largely ignored by mental health training programs in all disciplines. This is not only unfortunate, it leads to a gap in therapists' knowledge that is significant. Nearly half the population suffers with serious long standing sexual difficulties, and yet most clinicians have little guidance in how to approach the topic.

This seminar will review the history of the field of Sexual Therapy, and describe the social climates in which it has developed. Psychological theories of individual and couple development will be discussed as well as the principles of taking a sexual history.

Several clinical illustrations will be presented to demonstrate initial assessments, and how a treatment plan is formulated. The question of 'what do I say' is of crucial importance, and will be an important focus of the workshop.

A solid grounding in the principles of individual psychodynamics and an understanding of couple dynamics provides the foundation with which to integrate the techniques of sexual therapy. Knowing what 'emotional baggage' an individual carries in terms of psychological challenges helps the therapist tailor therapy to address specific issues. Similarly, the details of the sexual interactions often reveal in a more intense forum the challenges an individual or couple faces in their relationships. The workshop will be informal and interactive, and of course, fun.

Behavioral Learning Objectives:

Attending this presentation, will enable participants to:

- 1 Develop an historical perspective of the field of human sexuality
- 2 Learn 'who's who' – the people who were pioneers in sexuality.
- 3 Review theories of individual and couples' dynamics
- 4 Acquire basic skills in taking a sexual history
- 5 Understand the range of sexual difficulties

ASSESSMENT AND TREATMENT OF IMPULSIVE AND COMPULSIVE SEXUAL BEHAVIOR

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The workshop will provide an introduction to the assessment and treatment of impulsive/compulsive sexual behavior. Impulsive/compulsive sexual behavior (ICSB) has been defined as a clinical syndrome characterized by the experience of sexual urges, sexually arousing fantasies, and sexual behaviors that are recurrent, intense, and a distressful interference in one's daily functioning. CSB has also been referred to in the literature as hypersexuality, sexual addiction, sexual compulsivity, sexual impulsivity, or paraphilia-related disorder. Individuals with ICSB often perceive their sexual behavior to be excessive but are unable to control it; they act out impulsively and/or are plagued by intrusive, obsessive thoughts and driven behaviors. Some have more problems with impulsivity and, for others, it is more of a problem of a compulsive drive. CSB can cause emotional suffering and potentially lead to social, ethical, and legal sanctions and increased health risks, such as HIV infection.

This workshop will describe assessment and treatment approaches and practical techniques for the various types of ICSB with an emphasis on the non-paraphilic types. Assessment approaches will include history taking, testing and questionnaires. Treatment approaches will include psychoeducational, psychotherapeutic and pharmacologic approaches. Various techniques in psychotherapy will be discussed within the main treatment modalities - individual, group and family therapy. The goals of the therapy are not only to gain control over impulsive/compulsive behaviors but to improve sexual functioning and overall sexual health. The various pharmacotherapies that have been found to be effective will also be reviewed. A multimodal, multidisciplinary approach to impulsive/compulsive sexual behavior will be described.

Behavioral Learning Objectives:

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

1. Diagnose the various types of impulsive/compulsive sexual behavior
2. Provide new treatment approaches to treat impulsive/compulsive sexual behavior
3. Describe both psychological and medical methods of treatment.

References:

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Biography:

Eli Coleman, PhD is professor and director of the Program in Human Sexuality, Department of Family Medicine and Community Health, University of Minnesota Medical School in Minneapolis. He is the author of numerous articles and books on compulsive sexual behavior, sexual offenders, sexual orientation, gender dysphoria, chemical dependency and family intimacy and on the psychological and pharmacological treatment of a variety of sexual dysfunctions and disorders. Professor Coleman is the founding editor of the *International Journal of Transgenderism* and is the founding and current editor of the *International Journal of Sexual Health*. He is one of the past-presidents of the Society for the Scientific Study of Sexuality, the World Professional Association for Transgender Health (formerly the Harry Benjamin International Gender Dysphoria Association), the World Association for Sexual Health, and the International Academy for Sex Research. He has been a frequent technical consultant on sexual health issues to the World Health Organization (WHO) and the Pan American Health Organization (the regional office of WHO). He has been the recipient of numerous awards including the US Surgeon General's Exemplary Service Award for his role as senior scientist on *Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior*, released in 2001. He was given the Distinguished Scientific Achievement Award from the Society for the Scientific Study of Sexuality and the Alfred E. Kinsey Award by the Midcontinent Region of the Society for the Scientific Study of Sexuality in 2001. In April, 2007, he was awarded the Gold Medal for his lifetime contributions to the field of sexual health by the World Association for Sexual Health. In May of 2007, he was appointed the first endowed Chair in Sexual Health at the University of Minnesota Medical School. In May of 2009, he was awarded the Masters and Johnson Award by the Society for Sex Therapy and Research.

**THE HEART AND SOUL OF SEX:
A CLINICAL MODEL FOR EXPLORING SEX AND INTIMACY
Gina Ogden, Ph.D., LMFT**

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Sexual experience is multidimensional, yet most accepted methods of research, diagnosis, and therapy focus on physiological function, which represents only a fraction of our human sexual potential. This interactive workshop looks beyond performance definitions to present a clear and teachable model of sexual multidimensionality that is grounded in clinical research, developed by the presenter as an effective method of sex therapy and supervision, and published in *The Heart and Soul of Sex* (2006) and *The Return of Desire* (2008) as a guide for general readers. Participants will explore Ogden's ISIS template of sexual experience that informs a complex range of issues, including emotional feelings, mental constructs, and spiritual meanings, as well as genital and extragenital sensations.

Theoretical applications of the ISIS model locate these sexual issues within a context of cultural, scientific, and religious teachings that range from ancient Tantric and shamanic practices to Maslow's peak experiences, Jungian archetypes, sex survey methods, therapy modalities, and current brain research. Clinical applications demonstrate how the ISIS model can function as an organizing principle for helping clients/patients of all sexual and spiritual orientations explore multiple aspects of sexual experience to enhance desire, pleasure, and intimacy as well as move beyond histories of misinformation, disappointment, pain, and trauma.

Workshop design includes exercises to illustrate the layers of complexity and nuance inherent in sexual experience, and to demonstrate how the ISIS model can be used with individuals and couples in a variety of therapeutic scenarios. Also included is discussion about how this model can expand research questions, function as a diagnostic tool for clinicians, and serve as a shorthand for health providers who have limited time to interact with patients/clients. Emphasis is on expanding the context for the skills participants already possess rather than adding a new level of prescriptive treatment. The supervisory objective of this workshop is to encourage ways to enable clients/patients to intervene in their own behalf, through self-assessment, curiosity, and innovative means to interrupt the entrenched physical patterns and story lines that have kept them locked into self-defeating sexual attitudes and behaviors.

Behavioral Learning Objectives:

Attending this presentation, will enable participants to:

1. Identify at least four cultural concepts that determine parameters of sexual experience for women, men, and/or transgender individuals.
2. Name three strategies for helping clients/patients describe nuances of their own issues.
3. Specify a clinical diagnosis or research objective that might be expanded by applying the ISIS model as an organizing principle.

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Biography:

Gina Ogden, PhD, LMFT is an independent sex therapist and researcher in Cambridge, Mass. She conducts workshops, trainings, and teleseminars internationally and is the author of the national survey, "Integrating Sexuality and Spirituality" (ISIS), which she developed through visiting scholarships the Radcliffe Institute, Harvard Divinity School, and the Wellesley Centers for Research on Women. Her latest books are: *The Heart and Soul of Sex* (2006), *Women Who Love Sex* (3rd Ed.) (2007), and *The Return of Desire* (2008). www.GinaOgden.com .

INVITED SPEAKER ABSTRACTS

FOLLOW-UP ON THE DSM-V: AN INTRODUCTION

Kenneth J. Zucker, Ph.D.

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This Symposium will provide an update on the work of the DSM-5 Sexual Dysfunctions subworkgroup, which is part of the Sexual and Gender Identity Disorders Work Group. Since the SSTAR meeting in 2010, the subworkgroup has completed its literature reviews, advanced proposals for the reform of the DSM-IV sexual dysfunction categorical diagnoses, and advanced proposals for dimensional measurement of each diagnosis. This Introduction will provide an update of the general progress of the DSM-5 Task Force, including preparation for upcoming field trials. A public website (www.dsm5.org) will be noted, in which interested parties can provide feedback to the sexual dysfunctions subworkgroup.

Behavioral Learning Objectives:

1. To familiarize the audience with the progress of the DSM-5 Task Force.
2. To identify the key proposals for change between DSM-IV and DSM-5.

Reference:

Zucker, K. J. (2009). Reports from the DSM-V Work Group on Sexual and Gender Identity Disorders [Editorial]. *Archives of Sexual Behavior*, doi: 10.1007/s10508-009-9548-9.

Biography:

Dr. Zucker received his Ph.D. in developmental psychology at the University of Toronto in 1982. He is the Psychologist-in-Chief at the Centre for Addiction and Mental Health and the Head, Gender Identity Service in the Child, Youth, and Family Program at CAMH. Dr. Zucker is the Chair of the DSM-5 Work Group on Sexual and Gender Identity Disorders and has been Editor of the *Archives of Sexual Behavior* since 2002.

FEMALE SEXUAL DISORDERS IN DSM-5: UPDATES ON PROPOSALS FOR CHANGE

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Recent literature reviews (Brotto, 2009; Graham, 2009a, 2009b) have critically appraised the DSM-IV diagnostic criteria for female sexual disorders and included proposals for reform and revision. These newly proposed changes to the diagnostic criteria for Hypoactive Sexual Desire Disorder (HSDD), Female Sexual Arousal Disorder (FSAD), and Female Orgasmic Disorder (FOD) will be presented and the rationale underlying the recommendations will be reviewed. Among the proposed major changes are the merging of the HSDD and FSAD diagnostic categories and the use of a polythetic approach to diagnosis. The use of “specifiers” in diagnosis and more precise definitions (including severity and duration criteria) are other proposed changes. Some of the dilemmas and unresolved issues associated with these proposals will be discussed.

Behavioral Learning Objectives:

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

1. Discuss the major changes that are being proposed for the female sexual disorders in DSM-5.
2. Explain the rationale behind the proposed changes in DSM-5 diagnostic criteria for the female sexual disorders.

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Biography:

Dr. Graham obtained her Master’s degree in 1982 from the University of Glasgow and her Ph.D. in Clinical Psychology in 1990 from McGill University. She is a Chartered Psychologist and an Associate Fellow of the British Psychological Society. Dr. Graham is currently Research Tutor on the University of Oxford Doctoral Course in Clinical Psychology, Senior Research Fellow at Harris Manchester College, University of Oxford, a Research Fellow at the Kinsey Institute for Research in Sex, Gender, and Reproduction, and a Research Fellow at the Rural Center for AIDS/STD Prevention, Indiana University. She is Editor-in-Chief of the *Journal of Sex Research* and is current President of the International Academy of Sex Research. She is a member of the Sexual Dysfunctions subworkgroup of the DSM-5 Sexual and Gender Identity Disorders Work Group. Dr. Graham’s current research interests include: factors that affect sexual arousal in women, condom errors and problems reported by men and women, effects of contraception on mood and sexuality, and cognitive factors relevant to sexual problems in women.

MALE SEXUAL DYSFUNCTION AND THE DSM V

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Some of the goals of a diagnostic system are to define homogenous groups for research, to differentiate Normal variations in function from clinical disorder, to have a common language for communication between clinicians . Diagnostic systems also influence which professional services are reimbursed and influence new drug development. A literature review has lead to proposals for modification of definitions of sexual disorders. Specific duration and severity criteria are proposed for male sexual dysfunctions. In addition, the concept of an adjustment disorder with disturbed sexual behavior will be introduced. This diagnosis would be used when the problem is clearly in response to relationship discord or life stress and would imply that psychosocial interventions would be indicated as first line interventions.

Behavioral Learning Objectives:

1. To appreciate the limitations of the criteria sets for sexual disorders in DSM IV TR
2. To be able to explain the rationale behind proposed changes in diagnostic criteria for DSM V

References:

- Segraves R, Balon R. Clayton A. Proposal for changes in diagnostic criteria for sexual dysfunction.
Journal of Sexual Medicine. 2007, 4, 567-580.
- Segraves R, Considerations for an evidenced-based definition of premature ejaculation in the DSM V.
Journal of Sexual Medicine, 2010, 7, 672-679.

Biography:

Dr Segraves received his MD from Vanderbilt University, his PhD from the University of London, and did his psychiatric residency at the University of Chicago. He currently is professor of psychiatry at Case Western reserve University in Cleveland, Ohio. Accomplishments include being a past president of SSTAR, being editor of the Journal of Sex and Marital Therapy, and being a member of the sexual dysfunction subgroups of DSM III R, DSM IV, DSM IV TR And DSM V.

SEXUAL PAIN OR GENITAL PAIN PENETRATION DISORDER?

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Two major changes are being proposed relevant to the Sexual Pain Disorders as defined in the DSM-IV-TR. The first is to collapse the two current sexual pain disorders, dyspareunia and vaginismus into one disorder called “genital pain/penetration disorder.” The second proposed change is to remove genital pain/penetration disorder from the list of sexual dysfunctions and consider it as a pain disorder. The data and theory justifying these proposed changes as well as the initial feedback concerning them will be reviewed.

Behavioral Learning Objectives:

1. To understand the history of the classification of sexual pain
2. To understand the implications of changing these proposals

References:

- Binik, Y. M. (2010). The DSM diagnostic criteria for Dyspareunia: Review and recommendations prepared for the sexual and gender identity disorders work group for DSM-V. *Archives of Sexual Behavior*. 39, 292-304
- Binik, Y. M. (2010). The DSM diagnostic criteria for Vaginismus: Review and recommendations prepared for the sexual and gender identity disorders work group for DSM-V. *Archives of Sexual Behavior*. 39, 278-291.

Biography:

Dr. Binik received his PhD from the University of Pennsylvania and did his clinical internship at the Warneford Hospital in Oxford, England. He is currently a professor of psychology at McGill University and director of the Sex and Couple Therapy Service at the McGill University Health Center. He is the recipient of a “Distinguished Contribution to Professional Psychology Award” given by the Canadian Psychological Association and the Masters and Johnson Lifetime Achievement Award given by SSTAR.

TESTOSTERONE AND PROSTATE CANCER: IMPLICATIONS FOR SEX THERAPY

Abraham Morgentaler, M.D., FACS

Abraham Morgentaler, M.D., FACS

Director, Men's Health Boston
Associate Clinical Professor of Urology
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Over the last twenty years there has been growing awareness of the symptoms of testosterone deficiency (TD) and the benefits of testosterone therapy (TTh). However, there has been a longstanding fear that higher testosterone levels will increase the risk of prostate cancer (PCa). This has led many clinicians to hold off on TTh even when classic symptoms of TD exist, such as decreased libido, erectile dysfunction, chronic fatigue, depressed mood, and decreased muscle mass and strength. And until very recently there has been an absolute prohibition against the use of TTh in men with any history of prostate cancer. However, the scientific evidence strongly suggest that TTh does not increase the risk of PCa, and a number of studies have reported that TTh did not result in cancer recurrences among men treated for PCa.

There is thus a new opportunity to consider TTh for men with a variety of sexual complaints. This presentation will cover the original basis for the concerns regarding TTh and PCa, the evidence suggesting its safety, and the implications for sex therapists. Since the lifetime risk of being diagnosed with PCa is one in six, there are now very large numbers of men who have been diagnosed with PCa but have undergone treatment, with excellent prognosis for cure. These men may now be candidates for treatment.

Moreover, it is incumbent on the sex therapist to become familiar with the symptoms and presentation of TD, an important entity not only in the field of sexual medicine, but also for general health considerations as well. Cases will be presented that illustrate the presentation of men with TD, and the potential utility of TTh as therapy for a number of sexual problems.

Behavioral Learning Objectives:

Attending this presentation, will enable participants to:

1. Understanding of the effect of testosterone deficiency and its treatment on sexuality
2. Understanding of the historical basis for the fear that higher testosterone increases prostate cancer risk
3. Understanding of the scientific evidence supporting the use of testosterone therapy in the man with a history of prostate cancer

References:

- Morgentaler A. Two years of testosterone therapy associated with decline in prostate specific antigen in a man with untreated prostate cancer. *J Sex Med.* 2009; 6:574-7.
- Morgentaler A, Traish AM. Shifting the paradigm of testosterone and prostate cancer: the Saturation Model and the limits of androgen-dependent growth. *Eur Urol* 2009; 55:310-21.
- Huggins C, Hodges CV. Studies on prostatic cancer. I. The effect of castration, of estrogen and of androgen injection on serum phosphatases in metastatic carcinoma of the prostate. *Cancer Research* 1941; 1:293-7.
- Morgentaler A. Testosterone and prostate cancer: an historical perspective on a modern myth. *Eur Urology*, 50:935-9, 2006.

Rhoden EL, Morgentaler A. Symptomatic response rates to testosterone therapy and the likelihood of completing 12 months of therapy in clinical practice. *J Sex Med* 2010; 7: 277-283.

Biography:

Abraham Morgentaler, MD, is Associate Clinical Professor of Urology at Harvard Medical School, in Boston, Massachusetts. He is Founder and Director of Men's Health Boston and affiliated with Beth Israel Deaconess Medical Center, also in Boston. Dr Morgentaler received a medical degree from and completed a urology residency at Harvard Medical School. Among Dr Morgentaler's primary research interests are male hypogonadism and erectile dysfunction (ED). He teaches the pathophysiology of male reproductive and sexual disorders at Harvard Medical School and regularly lectures internationally on the topics of sexuality, ED, and issues related to low testosterone.

Dr Morgentaler's journal articles have been published in such journals as *New England Journal of Medicine*, *Lancet*, and *Journal of the American Medical Association*. In addition to numerous book chapters, Dr Morgentaler has published 3 books, including, most recently, *Testosterone for Life: Recharge Your Vitality, Sex Drive, Muscle Mass, and Overall Health*.

Dr Morgentaler is a Fellow of the American College of Surgeons and a member of the American Society of Reproductive Medicine, the International Society for Impotence Research, the Sexual Medicine Society of North America, the Society for the Study of Male Reproduction, and the American Society of Andrology. In addition, he is Co-Chair of the Endocrine Forum at the annual meeting of the American Urological Association and has been a State-of-the-Art Lecturer at the annual meeting of the American Society for Reproductive Medicine. He has received the prestigious New Investigator Award granted by the American Foundation for Urological Disease.

ASEXUALTY

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Asexuality can be defined as an enduring lack of sexual attraction. Thus, asexual individuals do not find (and perhaps never have found) others sexually appealing. This definition is broadly consistent with a psychological conceptualization of sexual orientation, which can be defined as one's "sexual attraction" to others. As such, some psychological models incorporate "asexuality" as a fourth category of sexual orientation, distinct from heterosexuality, homosexuality, or bisexuality. In this talk, I explore some definitional and conceptual issues associated with asexuality (e.g., who can be defined as "asexual?"). I also address some current controversies (e.g., "Is asexuality a disorder?" and "Should it be treated?" and "Is it a truly a unique sexual orientation, different from heterosexuality, homosexuality, and/or bisexuality?"). I also explore variations in asexuality. For example, do men and women differ in rates of asexuality? Do some asexual people have sexual desire, but no attraction for others (and vice versa)? Do some asexual people masturbate, and do some asexual people have unusual, nonpartnered sexual attractions? Finally, I explore the phenomenology of asexuality, including attempting to answer such questions as "What is it like to be asexual?" and "How does it feel to look at or be close to a member of the opposite or the same sex?" and "Can an asexual person still be romantically attracted to someone, even if they feel no sexual interest and attraction to them?".

Behavioral Learning Objectives:

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

1. Better understand who should be considered asexual
2. Better understand some of the current issues in the study of asexuality
3. Better understand how asexuality reveals what it is to be sexual

References:

- Bogaert, A. F. (2006). Toward a conceptual understanding of asexuality. *Review of General Psychology, 10*, 241-250.
- Bogaert, A. F. (2004). Asexuality: Prevalence and associated factors in a national probability sample. *The Journal of Sex Research, 41*, 279-287.

Biography:

Anthony F. Bogaert received his PhD from the University of Western Ontario in London Canada in 1993. He was then a Social Sciences and Humanities Research Council of Canada (SSHRC) postdoctoral fellow at the University of Toronto. He is currently Professor of Community Health Sciences and Psychology at Brock University in St. Catharines, Canada. He has published extensively on various aspects of human sexuality, including in 1996 co-identifying with Ray Blanchard the Fraternal Birth Order Effect in men's sexual orientation. He is on the editorial board of *Archives of Sexual Behavior*. He is a recipient of Brock University's Chancellor's Chair for Research Excellence.

SEX, RELATIONSHIPS AND ADOLESCENT BOYS

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The Women's Movement that began in the 1960s heralded the beginnings of our understanding the unique aspects of psychological development for girls. The advent of the 'Pill' had a profound impact of women's sexuality. Rather than being passive, receptive participants, women were encouraged to invest in their own sexuality. The sophistication of the presentations at our meetings regarding women's sexual responses and challenges is testament to the changes that have occurred.

However, it has been relatively recent that attention has been paid to the psychological developments and challenges that are unique to boys. While boys were 'allowed' to be vulnerable in their early years, past the age of 8 vulnerability became seen as a negative quality. 'Be a man' or the more recent 'man up!' became the more familiar refrain. As we have come to understand, many boys (and men) struggle with feelings and have a constricted language with which to express them. Overt aggression is often valued, even when it is problematic. (Boys will be boys!)

Boys are confused when it comes to dating; girls are often viewed as strange, and for gay teens, the pressures to keep their feelings hidden are great. When it comes to their sexuality, boys are given little guidance and it is rare for them to have an adult they trust with whom to discuss their worries and from whom they can get reliable information. Adolescent boys are hungry for information about sexuality, and recent studies have indicated that most of the information they get is either from television and porn, or from their friends.

In this symposium we will discuss the developmental tasks for boys, and ways in which we can help both the boys we see in treatment and their parents. The prevalence of relational and sexual problems for men is high, and the origins of these difficulties are often connected to the 'rules' of the family of origin, and their early sexual experiences. Using several clinical examples, sexual discussions and treatment with adolescent and later adolescent boys will be presented.

Therapists, even with training in child and adolescent psychiatry, are often loathe to broach the topic of sex in a direct, explicit and guiding way. We hope that this symposium will broaden your approach with the emerging adult boys you help.

Behavioral Learning Objectives:

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

1. The unique aspects to the psychological development of boys, including the specific issues that relate to their attachments to their mothers, and the transition to attachments outside the family of origin.
2. The ways in which many boys have fathers who are unavailable both emotionally and physically and the impact this has on future relationships.
3. The development of sexual feelings, masturbation and experimentation with a partner.
4. Therapy with adolescent boys around sexual dysfunctions.

References:

Brown, RT, Brown, JD: Adolescent Sexuality. Primary Care: Clinics in Office Practice 33(2), June 2006 *Vol. 33 Issue 2 June 2006.*

Cornog M: The Big book of Masturbation. Down There Press, San Francisco, 2004.

Just when you wondered what more could be written about masturbation, Cornog reviews the topic from an historical, ethnic and cultural perspective. This book is excellent, covering not only masturbation, but beliefs and customs held by different cultures regarding sexuality.

Fonseca, H, Greydanus, D: Sexuality in the child, teen and young adult. Concepts for the Clinician. Primary Care: Clinics in Office Practice 34(2) June 2007 *Vol. 34 Issue 2 June 2007.*

The authors review with clarity the developmental issues, both emotionally and sexually for children, teens and young adults. They have excellent summary charts of development and behavior, and comprehensive references.

Joannides, Paul., The Guide to Getting it On. Goofy Foot Press, 2008

This is a book I often recommend for many of my patients, students and friends. It is written with a sense of humor, no moral judgments, is gender neutral and describes about every sexual activity you can imagine in a direct way. He lists the positives and negatives of different activities, with advice regarding safety and wellbeing.

Lamb S: Sex, Therapy, and Kids. W.W. Norton and Co., 2006

Richardson J, Schuster M: Everything you never wanted your kids to know about sex, and were afraid they would ask. Crown Publishers. New York. 2003

For parents and therapist, it is as the title suggests.

Thompson M, and Kindlon D: Raising Cain – Protecting the Emotional Life of Boys. Ballantine Books, New York. 2000.

This is a well written and I found moving book about the psychological needs for boys. Using much case material, the authors deal with a range of problems boys confront providing a social and cultural context in which to understand them.

THE DYNAMICS OF WITHHOLDING VS DISLOSING OF SEXUAL FANTASIES IN COUPLE THERAPY: THE “IDEAL SEXUAL SCENARIO”

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Sexual fantasies and sexual wishes play an important role in the treatment of sexual desire problems. In a couple therapy setting, however, the disclosure of individual sexual fantasies bears some risk with respect to the partner's reaction. Clients tend to adapt their fantasies to the assumption of what the other will accept or not. Therefore, the communication of sexual fantasies is limited by two selection mechanisms: (1) selective information and (2) selective perception. Both mechanisms are interdependent and establish the borders of an avoidant sexual comfort zone to the prize of reduced erotic inspiration and low sexual desire.

The Ideal Sexual Scenario (ISS) technique focuses on the ambivalence about sharing sexual fantasies in a relationship. In a differentiated procedure, the pros and cons of withholding vs disclosing for each partner are negotiated. The ISS is useful a tool to promote erotic differentiation in a long-term relationship.

Technical information is presented and illustrated by brief case vignettes.

Behavioral Learning Objectives:

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

1. understand a systemic concept of communicating sexual fantasies in a relationship
2. integrate the ISS technique in their sex/couple therapy practice

References:

Clement, U. (2009): Systemische Sexualtherapie. Stuttgart: Klett Cotta (4th Ed.)

Biography:

Dr. Clement received his Ph.D. at the University of Hamburg (Germany) in 1986 and has been on faculty in the University of Heidelberg Medical School, since 1992. He was President of the International Academy of Sex Research (IASR) in 2000-2001. He is a licenced clinical psychologist and senior family therapy trainer, co-founder and co-director of the Institute of Sex Research Aachen/Heidelberg. His scientific work encompasses sex surveys, sex and couple therapy, behavioral aspects of AIDS/HIV, body image, and family therapy.

**IN SEARCH OF A SCIENCE OF EROTICISM:
WHAT WE CAN LEARN FROM WOMEN'S SEXUAL DESIRE**

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The rise of positive psychology in mainstream psychological research, with its emphasis on the study of well-being and resilience, has not been accompanied by a parallel development in sexology. The latter continues to be focused on sexual dysfunction and on problematic sexual experience and expression, rather than on eroticism and its properties. Eroticism is not protected by the legitimacy and funding mantle of health and medicine. It thus represents a riskier academic pursuit. However, it is here argued that it is a risk worth taking. The scientific study of the properties and determinants of desire across a number of dimensions (i.e., gender, ethnicity, socio-economic status, orientation) has rich potential to inform us about both biological predispositions as well as socio-cultural influences that influence what is considered sexy in any time, place and group of persons.

The study of women's sexual desire may be particularly fertile ground for the development of a science of eroticism. Women's higher threshold for subjective arousal, their sexual fluidity, and their greater array of subjective arousal contingencies provide a window into eroticism that has yet to be adequately investigated. Results are likely to inform both basic research and clinical practice.

Behavioral Learning Objectives:

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

1. Evaluate reasons for the current avoidance of eroticism in sexology.
2. Identify ways in which a science of eroticism can inform biological and social construction concerns.
3. Evaluate potential origin of subjective arousal contingencies in women

References:

- Graham, C. A., Sanders, S. A., Milhausen, R. R., McBride, K. R. (2004). Turning on and turning off: A focus group study of the factors that affect women's sexual arousal. *Archives of Sexual Behavior*, 33, 527-538.
- Kleinplatz, P. J. (in press). "Desire disorders" or opportunities for optimal erotic intimacy. In S. R. Leiblum (Ed.). *Treating sexual desire disorders: A clinical casebook*. New York: Guilford Press.
- Meana, M. (in press). Elucidating women's (hetero)sexual desire: Definitional challenges and content expansion. *Annual Review of Sex Research/Journal of Sex Research*.
- Morin, J. (1995). *The erotic mind: Unlocking the inner sources of sexual passion and fulfillment*. New York: HarperCollins Publishers.

Biography:

President-Elect of SSTAR, Marta Meana received her Ph.D. at McGill University in Montreal in 1996. After an internship at the University of California, San Diego and a post doctoral fellowship at the University of Toronto, Dr. Meana joined the faculty of the Department of Psychology, University of Nevada, Las Vegas where is currently Full Professor and a licensed clinical psychologist in the state of Nevada. She serves on the editorial boards of the *Archives of Sexual Behavior*, the *Journal of Sex Research*, the *Journal of Sexual Medicine* and she is an advisor to the DSM-V Task Force on Sexual Disorders.

EROTIC FANTASY RECONSIDERED: FROM TRAGEDY TO TRIUMPH

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Many people approach the inner workings of their erotic mind with great trepidation, believing that the content of their fantasy life is inappropriate in the context of a loving relationship. In this talk we will look at fantasy as an ingenious way our creative mind overcomes all sorts of relational and intra psychic conflicts around desire and intimacy. Therapists can help clients develop a view of fantasy as a narrative that creates a safe space to experience the pleasure that can invigorate their loving relationship. They decipher the meaning of sexual fantasies approaching them more as dreams or complex symbolic structures than as literal narratives of secret intentions.

In recognizing the depth, complexity and healing qualities of the erotic imagination, we explore sexual fantasy as a staging ground for action and escape that turns the tables on those responsible for earlier experiences of demoralization, defeat, and even trauma.

Our cultural taboos about erotic fantasy are so strong that, for many people, the very idea of discussing sexual fantasy leads to anxiety and shame. As therapists we need a clearer distinction between issues of privacy and secrecy in the arena of sexuality, as well as a range of clinically valuable ideas about when and how to bring fantasy into a relationship and-- just as importantly-- when and how *not* to.

Behavioral Learning Objectives:

1. Discuss how to decipher sexual fantasies: their symbolic meaning, performative qualities, and their healing attributes
2. Show the relation between attachment history, erotic blueprints, and sexual fantasies.
3. Demonstrate “when and how” to help couples bring their erotic imaginings into their relationship

References:

Erotic Fantasy Reconsidered:

@Esther Perel, April 2010

www.estherperel.com

Perel, Esther. (2003) *Erotic Intelligence: Reconciling Sensuality and domesticity*.
The Networker, (May/June).

Perel, Esther. (2006) *Mating in Captivity: Reconciling The Erotic and the Domestic*. Harper
Collins. New York

Bader, Michael J. (2002) *Arousal: The Secret Logic of Sexual Fantasies*. New York: St.Martin.

Frank, Katherine. (2002). *G-Strings and Sympathy: Strip Club Regulars and Male Desire*.
Durham: Duke University Press.

Morin, Jack. *The Erotic Mind* (1995) York: Harper Collins

Biography:

Esther Perel, MA, LMFT Esther is a licensed marriage and family therapist and an acknowledged international authority on couple therapy, cross-cultural relations and culture and sexuality. She is the author of the international bestseller: “Mating in Captivity: Unlocking Erotic Intelligence” now available 25 languages. Fluent in nine of them, Ms. Perel brings a rich multicultural perspective to her work on couples and sexuality. She was trained and supervised by Dr. Salvador Minuchin and she serves on the faculty of The Family Studies Unit Department of Psychiatry, NYU School of Medicine, the International Trauma Studies Program and the Ackerman Institute for the Family and she is a member of the American Family Therapy Academy.

NEUROBIOLOGY OF SEXUAL DESIRE

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Although sexual desire has been difficult to define objectively, it has behavioral, attentional, and learned components that reliably reflect an individual's trajectory toward interacting with sex-related stimuli. Sexual desire is thus controlled by brain systems involved in sexual excitation and inhibition. Hypoactive Sexual Desire Disorder (HSDD) may result from hypofunctional excitation, hyperfunctional inhibition, or some mix of the two. This review merges data from the human and animal literatures, and will focus on the effects of drugs and conditions that stimulate sexual arousal and desire (excitatory systems) versus those involved in the stimulation of sexual reward, sedation, and satiety (inhibitory systems). Brain dopamine systems (incertohypothalamic and mesolimbic) that link the hypothalamus and limbic system appear to form the core of the excitatory system. This system also includes melanocortins, oxytocin, and noradrenaline in the stimulation of components of sexual desire. Brain opioid, endocannabinoid, and serotonin systems are activated during periods of sexual inhibition or refractoriness, and blunt the ability of excitatory systems to be activated by sexual incentive stimuli. Notably, despite the fact that opioid activation during sexual reward leads to a short-term sexual inhibition, this activation also sensitizes incertohypothalamic and mesolimbic dopamine release in response to sex-related stimuli, forming a basis for learned associations, expectations, and a focusing of attention on particular sexual cues when individuals are "horny". Hormones, drugs, or situational events that elevate hypothalamic dopamine, or that blunt serotonin, or endocannabinoid release and/or postsynaptic binding, appear to be effective in stimulating sexual desire in animals and humans.

Behavioral Learning Objectives:

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

1. Understand the basic neuroanatomy and neurochemistry of sexual excitation and inhibition, and how the two are integrated during sexual activity.
2. Have a sense of how preclinical animal models of sexual desire are constructed and validated, and their data interpreted.
3. Evaluate the pharmacological and behavioral actions of drug, hormone, and behavioral interventions to treat HSDD.

References:

- Pfaus, J. G. (2009). Pathways of sexual desire. *Journal of Sexual Medicine*, 6, 1506-1533.
- Pfaus, J. G., Kippin, T. E., & Coria-Avila, G. A. (2003). What can animal models tell us about human sexual response? *Annual Review of Sex Research*, 14, 1-63.

Biography:

Originally from the US, Dr. Pfaus received his Ph.D. in behavioral neuroscience from the University of British Columbia, Vancouver in 1990. After postdoctoral training in molecular biology and behavior at the Rockefeller University in New York City with Dr. Donald Pfaff, he joined Center for Studies in Behavioral Neurobiology, Department of Psychology, at Concordia University in Montréal in 1992 where he is currently a professor of neuroscience and psychology, with cross-appointments to the graduate programs in Biology, Chemistry and Biochemistry, and Exercise Science. His research is generally concerned with the neurochemical and molecular events that subserve sexual behavior and neuroendocrine functions. His particular interests are in the role of brain monoamine and neuropeptide systems in sexual arousal, desire, reward, and inhibition in laboratory animals, and the role played by steroid hormones and cell-signalling mechanisms in the neuronal and behavioral responses to primary and conditioned sexual stimuli, especially those that induce sexual partner preferences. His research in human sexual function is focused on subjective measures of sexual desire and pleasure in women and men, and exploring the sexual functioning of individuals under stress or with anxiety disorders. His research is funded by operating grants from CIHR, FRSQ (Québec), and NSERC (Canada). In addition, he holds consulting grants from several pharmaceutical and biotech companies to work on the sexual side-effects of different psychiatric medications and on the identification of new drugs to treat male and female sexual dysfunctions. He has published over 100 research papers, reviews, and book chapters in peer-reviewed journals and books, and presented his research at numerous scientific conferences and consultations worldwide. He is an Associate Editor of the *Journal of Sexual Medicine* and sits on the editorial boards of the *Annual Review of Sex Research*, *Behavioral Neuroscience*, *Journal of Sex Research*, and *Physiology & Behavior*. He has served on the program committees for the International Academy of Sex Research, International Society for the Study of Women's Sexual Health, and the Society for Behavioral Neuroendocrinology. He also serves as a member of the Standards Committee for International Society for Sexual Medicine, and is co-chair of the preclinical research committee for the 2009 Paris Consultation in Sexual Medicine. Dr. Pfaus also serves as the Chair of the Concordia University Human and Animal Research Ethics Committees. He currently supervises the research of 1 postdoctoral fellow, 8 graduate students, and 16 undergraduates in his laboratory.

THE ROLE OF SEX GUILT IN THE RELATIONSHIP BETWEEN CULTURE AND WOMEN'S SEXUAL DESIRE

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Introduction: A large body of literature has found that women of East Asian (Chinese, Japanese, and Korean) descent have lower sexual desire compared to those of European descent. In contrast, there has been a paucity of research examining feelings of guilt surrounding sexuality. With the exception of Abramson and Imai-Marquez (1982) who explored cultural differences in sex guilt among Japanese Americans and Euro-Americans, sex guilt in East Asian individuals has received no empirical attention. Furthermore, although numerous studies have shown that there are significant ethnic differences in sexual desire between women of East Asian and European descent, most have explained these differences by referring to general culture-linked differences in attitudes towards sexuality rather than empirically examining the potential role of specific constructs such as sex guilt.

In addition to studying ethnic differences in sexuality, recent research has highlighted the importance of considering individuals who are acculturating to western culture when studying sexuality. Acculturation is the process whereby values of the new culture (Mainstream, or western, culture) are incorporated into one's self-identity and culture of origin (Heritage culture).

The purpose of the current study was twofold: (1) to examine the effect of culture on sex guilt by comparing levels of sex guilt in East Asian and Euro-Canadian women, as well as by studying the relationship between sex guilt and the 2 dimensions of acculturation among the East Asian women, and (2) to explore the role of sex guilt in the relationship between culture and sexual desire.

Method: Euro-Canadian ($n = 111$) and East Asian ($n = 151$) female university students completed questionnaires online which included measures of sexual desire, sex guilt and acculturation.

Results: Euro-Canadian women reported significantly higher levels of sexual desire and significantly lower levels of sex guilt. In analyses of the whole sample, sex guilt mediated the relationship between ethnicity and sexual desire, such that women with higher levels of sex guilt reported significantly lower sexual desire. Among the East Asian women, sex guilt mediated the relationship between Mainstream acculturation and sexual desire such that women with higher levels of sex guilt reported lower sexual desire.

Discussion: Consistent with our hypothesis, East Asian women reported higher levels of sex guilt and lower levels of sexual desire than their Euro-Canadian counterparts. The mediation analysis suggests that sex guilt may be one mechanism by which these two ethnic groups differ in sexual desire. Similarly, among the East Asian women, mediation results suggest that sex guilt may be one mechanism that underlies the relationship between mainstream acculturation and sexual desire.

Utility/Limitations/Risks: The finding that sex guilt mediates the relationship between ethnicity and sexual function is a fascinating finding that helps to narrow down the mechanisms underlying the well-documented ethnic differences in sexual function. Clarifying the role of a specific construct such as sex guilt in level of sexual functioning may be helpful to clinicians working to address sexual difficulties. However, our results may be limited by our use of a university convenience sample.

Behavioural Learning Objectives:

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

1. Discuss the importance of taking culture into account when studying sexual desire in different cultures.
2. Recognize the impact of sex guilt on sexual desire in East Asian and Euro-Canadian women.

References:

- Abramson, P. R., & Imai-Marquez, J. (1982). The Japanese-American: A cross-cultural, cross-sectional study of sex guilt. *Journal of Research in Personality, 16*, 227-237.
- Brotto, L. A., Woo, J. S. T., & Ryder, A. G. (2007). Acculturation and sexual function in Canadian East Asian men. *Journal of Sexual Medicine, 4*, 72-82.
- Ryder, A. G., Alden, L. E., & Paulhus, D. L. (2000). Is acculturation unidimensional or bidimensional? A head-to-head comparison in the prediction of personality, self-identity, and adjustment. *Journal of Personality and Social Psychology, 79*, 49-65.
- Woo, J. S. T., & Brotto, L. A. (2008). Age of first sexual intercourse and acculturation: Effects on adult sexual responding. *The Journal of Sexual Medicine, 5*, 571-582.

Biography:

Jane Woo received her MA in Economics from the University of British Columbia in 2002. She decided early in her banking career that her true interest lay in how culture impacts sexuality and has been conducting research in this area since 2005. She is currently enrolled in the PhD program in Clinical Psychology at the University of British Columbia under the supervision of Dr. Broto. She has been a member of SSTAR since 2007.

A CASE OF NORMOPHILIC IMPULSIVE/COMPULSIVE SEXUAL BEHAVIOR

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Sharon Nathan, Ph.D., MPH (Discussant)

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This case presentation will discuss a young gentleman who developed normophilic impulsive/compulsive sexual behavior. This man presented for evaluation and treatment at the Program in Human Sexuality as a result of experiencing serious occupational problems linked to his sexual behavior and accompanying anxiety and depression.

This man grew up in South East Asia. His family history included a series of events leading to feelings of abandonment. His parents then entrusted him to a highly respected monk where he went to school and became part of the religious community. There he was sexually abused by the monk. This was very confusing for him as he saw this monk like a “god.” While he felt uncomfortable with the sexual behavior, he appreciated the closeness and position of importance that this relationship brought him. He then became disillusioned with this monk’s true motivation, powers and methods for helping others and his feelings of being trapped and guilty because of the continued sexual behavior. He “fled” his country and the monastery to study here in the United States. Lost without a value system and driven to seek solace in brief sexual encounters and romantic relationships, he found himself trapped in a cycle of impulsive/compulsive sexual behavior. This involved one-night stands, multiple and brief romantic relationships, online sex seeking, use of internet erotica, and masturbation.

He has been treated with a combination of individual, group, and pharmacotherapy. Throughout the course of therapy he has struggled to maintain healthy sexual boundaries that he has set for himself. Unlocking and addressing his family of origin issues, clarifying and developing comfort with his sexual orientation, gaining greater impulse control through pharmacotherapy, learning healthy coping skills, and learning healthy interpersonal and intimacy skills have all contributed to his progress in therapy.

Behavior Learning Objectives:

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

1. Describe a developmental pathway for a case of impulsive/compulsive sexual behavior.
2. Describe the various theories of etiology of impulsive/compulsive sexual behavior
3. Describe the various treatment options for nonparaphilic impulsive/compulsive sexual behavior

Biographies:

Eli Coleman, Ph.D., is professor, director, and academic chair of sexual health at the Program in Human Sexuality, Department of Family Medicine and Community Health, University of Minnesota Medical School in Minneapolis. He is the author of numerous articles and books on impulsive/compulsive sexual behavior, sexual offenders, sexual orientation, gender dysphoria, chemical dependency and family intimacy and on the psychological and pharmacological treatment of a variety of sexual dysfunctions and disorders. Professor Coleman is the founding editor of the *International Journal of Transgenderism* and is the founding and current editor of the *International Journal of Sexual Health*. He is one of the past-presidents of the Society for the Scientific Study of Sexuality, the World Professional Association for Transgender Health (formerly the Harry Benjamin International Gender Dysphoria Association), the World Association for Sexual Health, and International Academy for Sex Research. He has been a frequent technical consultant on sexual health issues to the World Health Organization (WHO) and the Pan American Health Organization (the regional office of WHO). He has been the recipient of numerous awards including the US Surgeon General's Exemplary Service Award for his role as senior scientist on *Surgeon General's Call to Action to Promote Sexual Health and Responsible Sexual Behavior*, released in 2001. He was given the Distinguished Scientific Achievement Award from the Society for the Scientific Study of Sexuality and the Alfred E. Kinsey Award by the Midcontinent Region of the Society for the Scientific Study of Sexuality in 2001. In April, 2007, he was awarded the Gold Medal for his lifetime contributions to the field of sexual health by the World Association for Sexual Health. In May of 2007, he was appointed the first endowed Chair in Sexual Health at the University of Minnesota Medical School. In May of 2009, he was awarded the Masters and Johnson Award by the Society for Sex Therapy and Research.

Sharon G. Nathan, Ph.D., MPH, is a psychologist and sex therapist in private practice in New York City. Trained in sex therapy by Helen Singer Kaplan at the Human Sexuality Program at New York Hospital-Cornell Medical School, she was for many years the program's Associate Director. Sharon has been treating sexual addiction/compulsivity patients for 25 years and is a Certified Sexual Addiction Therapist (CSAT). She studied with Patrick Carnes and is a member of his national Advanced Studies Group. Sharon believes that she holds the distinction of being the first person to present a case of sexual addiction at a SSTAR meeting; this was at the Fall Clinical Conference in 1988.

PRESENTER ABSTRACTS

Psychophysiological Assessment of Sexual Activity Preferences in Women Meredith L. Chivers, Ph.D., & Michael C. Seto, Ph.D.

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Introduction: Our research has demonstrated that women show a lower degree of correspondence between genital response and sexual orientation when compared to men (Chivers, Seto, & Blanchard, 2007; Chivers & Bailey, 2005; Chivers, Rieger, Latty, & Bailey, 2004). Men's sexual responses are *category-specific*, because they show sexual responses that are consistent with their sexual orientation, whereas women's sexual arousal is best characterized as *nonspecific* with respect to sexual orientation. But is women's sexual arousal also nonspecific with regard to sexual activity? That is, do women show greater sexual arousal, both subjectively and genitally, to stimuli depicting preferred sexual activities? We examined the relationship between sexual activity preferences and sexual response in women by comparing genital and subjective sexual responses of women who self-identify as being interested in masochistic sexual activities with non-masochistic controls.

Method: NOTE: DATA COLLECTION FOR THIS STUDY IS IN PROGRESS

Self-identified masochistic women (n = 20, to date) and nonmasochistic women (to be recruited & tested) listened to 90s, second-person descriptions of consenting sexual intercourse, a neutral interaction, and consensual masochistic interactions with a male and with a female partner. Genital sexual response was assessed using vaginal photoplethysmography and self-reported sexual response was assessed using post-trial items. Preference for masochistic sexual activities was confirmed using questionnaire items designed for this study.

Results: TBA

Discussion: The results will have implications for research on assessment of sexual arousal, female paraphilia, the nature of gender differences in sexual arousal, and models of sexual response: These will be reviewed and discussed.

Utility/Limitations/Risks: The results of this study will help therapists and researchers treating and studying variant sexuality and sexual response. Results are limited by the use of laboratory data.

Behavioural Learning Objectives:

1. Explain gender differences in the specificity of sexual arousal
2. Discuss how sexual arousal relates to female masochistic interests

References:

- Chivers, M. L., & Bailey, J. M. (2005). A sex difference in features that elicit genital response. *Biological Psychology*, *70*, 115–120.
- Chivers, M. L., Rieger, G., Latty, E., & Bailey, J. M. (2004). A sex difference in the specificity of sexual arousal. *Psychological Science*, *15*, 736–744.

Chivers, M. L., Seto, M. C., & Blanchard, R. (2007). Gender and sexual orientation differences in sexual response to the sexual activities versus the gender of actors in sexual films. *Journal of Personality and Social Psychology*, 93, 1108–1121.

Biography:

Dr. Meredith Chivers received her Ph.D. in clinical psychology from Northwestern University in 2003. She joined the Psychology faculty at Queen's University as a Queen's National Scholar in 2009.

**THE ROLE OF RESPONSE BIAS IN THE CONCORDANCE BETWEEN
PHYSIOLOGICAL AND SUBJECTIVE AROUSAL**
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Introduction: The desire to present oneself in a favorable manner (i.e., impression management; IM) has been shown to affect self-report in sexuality research. The association between socially desirable responding and sexual arousal (subjective arousal (SA) and physiological arousal (PA)) was explored in women with and without sexual problems.

Method: Fifteen women with and without dyspareunia (i.e., pain during intercourse; N=30) completed a measure of IM. PA in response to an erotic film was assessed with laser Doppler imaging (LDI; direct measure of superficial blood flow). SA was rated after the film presentation.

Results: Concordance between PA and SA was non-significant in women with and without dyspareunia ($r_s = .22$ and $.25$). SA and IM scores were negatively related in both groups ($r = -.40$, $p < .05$). Preliminary findings indicated that IM showed a trend toward moderating the relationship between PA and SA ($F^2 = .13$, $p = .08$). Individuals with high IM scores had a strong relationship between PA and SA, while low and moderate levels of IM were not associated with this relationship.

Discussion: The results support an association between socially desirable responding and SA ratings in an experimental setting; implications for the concordance between PA and SA will be discussed.

Utility/Limitations/Risks: The findings are preliminary and based on a limited sample; however, they highlight the importance of measuring response biases in sexuality studies and have implications for the generalizability of research findings examining sexual arousal.

Behavioral Learning Objectives:

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

1. Recognize the importance of assessing response bias in sexuality research.
2. Discuss the implications of IM in the concordance between physiological and subjective arousal.

References:

Meston, C. M., Heiman, J. R., Trapnell, P. D., & Paulhus, D. L. (1998). Socially desirable responding and sexuality self-reports. *The Journal of Sex Research*, 35, 148-157.

Paulhus, D. (1998). *Paulhus Deception Scales (PDS): The Balanced Inventory of Desirable Responding-7: User's manual*. North Tanawanda, NY: Multi-Health Systems.

Biography:

Stéphanie Boyer recently defended her Master's thesis in Clinical Psychology at Queen's University under the supervision of Dr. Caroline Pukall. She has been a student member of SSTAR since 2007.

**" INHERENT" OR "REFLECTIVE":
EXPLORING THE UTILITY OF A PROPOSED DISTINCTION IN TALKING
ABOUT WOMEN'S SEXUAL DESIRE IN PARTNERED RELATIONSHIPS
Aline P. Zoldbrod Ph.D.**

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Introduction: Most intimate relationships start out with high levels of sexual desire in both partners. The frequent later development of low sexual desire in women in ongoing, stable relationships is common. Many theories seek to explain this shift. The inherent/reflective label proposed here looks at one aspect of this shift in women's desire. Some women develop ego-syntonic "inherent" sexual drive, based (among other things) in their sense of owning their body, feeling safe in their body, and their own enjoyment of sexuality and sensual/sexual sensations. For other women, what they understood as their "own" sex drive was actually an internal reflection of the other's desire, based mostly in pleasure in their power to incite desire in the partner and/or their excitement over the possibility of potentially having a future life partner. Sexual desire which is "reflective" often fades once the highly-valued sexual partnership and ongoing relationship has been attained. "Inherent" desire can be developed in women throughout their life cycle and is more stable than "reflective" desire.

Method: Theoretical presentation. The inherent/reflective difference is important in both assessment/history taking and in treatment planning. Case examples will be used to illustrate how this distinction can elucidate subtle but important aspects of a woman's changing internal experience of sexual desire. Explicitly labeling and understanding the distinction helps the patient and the couple. Discussion will include reference to how the inherent/reflective concept interacts with other modern concepts and discussions of women's sexual desire (Basson, Levine, Fisher, Ogden, Perel). If time permits, family-of-origin factors leading to the development of inherent desire will be described.

Results: N/A.

Discussion: See Method, above, for discussion.

Utility/limitations/risks: I anticipate a very interesting, animated and possibly heated discussion of the nature of female sexual desire from the highly informed audience and a welcome critique of whether Dr. Zoldbrod's proposed distinction has any utility whatsoever.

Behavioral Learning Objectives:

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

1. Identify the difference between women's reflective and inherent sexual drive.
2. Use two new tools to assess women's inherent or reflective desire.

References:

Basson, R. (2001). Using a Different Mode 1 for Female Sexual Response to Address Women's Problematic Low Sexual Desire. *Journal of Sexual and Marital Therapy*, 27, 395-403.

Wood, J.M., Koch, P.B., & Mansfield, P.K. (2006) Women's Sexual Desire: A Feminist Critique.
Journal of Sex Research, 43, 236-244.

Zoldbrod, A. (1998) *SexSmart: How Your Childhood Shaped Your Sexual Life and
What to Do About It*. Oakland, CA: New Harbinger Publications.

Biography:

Dr. Zoldbrod is in private practice in Lexington, Massachusetts and is the Consultant Sex Therapist at the Lahey Center for Sexual Function in Peabody, Massachusetts. She is the author of three books on sexuality and intimacy.

EJACULATORY CONCERNS IN MEN WHO HAVE SEX WITH MEN
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Introduction: Like other sexual dysfunctions, premature ejaculation, has primarily been studied in heterosexual men. There is a noticeable gap in the literature regarding premature and delayed ejaculation in men who have sex with men. By conducting an observational study on various aspects of ejaculation we sought to begin filling this void. Other sexual function data such as desire, erectile function and sexual satisfaction were also collected.

Method: Men over 18 who self-identified as having sex with men were recruited and asked to complete a brief questionnaire via an online survey program or by completing a printed version of the questionnaire. Subjects were recruited via several methods: 1) Psychotherapists provided gay-identified willing patients an online link to the questionnaire or provided them with a printed version; 2) Gay community organizations provided members with a web link to the questionnaire; 3) Researchers distributed the questionnaire to friends or colleagues willing to complete the measure and; 4) Recruitment of willing participants in a local gay bar. The study was approved by the Institutional Review Board of Good Samaritan Hospital.

Results: Ninety-three men with a mean age of 34 years (range 18-62) completed either the electronic or printed version of the questionnaire. Forty-three percent of the sample were in a monogamous relationship; the remainder were either not in a relationship or had more than one partner.

Of the men who masturbated, received oral stimulation, manual stimulation or performed anal intercourse their mean estimated ejaculatory latencies were 9, 16, 16 and 17 minutes, respectively. Of these men, 1%, 22%, 13% and 5% did not ejaculate with masturbation, oral stimulation, manual stimulation or anal sex, respectively. Nine percent of men said they either did not ejaculate or only ejaculated occasionally.

Nine percent reported always or almost always ejaculating too quickly. Qualitatively, ejaculating too quickly was seen as a serious problem, moderately serious problem, minor problem, not a problem and a positive quality in 7.5%, 20.4%, 50%, 20% and 2%, respectively.

Discussion: These data provide some insight into ejaculatory concerns in men who have sex with men.

Utility/Limitations/Risks: The major limitations of this study are the relatively small numbers of subjects and the use of a convenience sample. Also, these data are men's self-reports of problems, which are not synonymous with diagnosis or dysfunction.

Behavioral Learning Objectives:

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

1. Compare the prevalence of self-reported sexual problems in a population of men who have sex with men with a heterosexual population

2. Appreciate the psychological impact of self-identified sexual problems in men who have sex with men.

References:

- Bancroft, J., Carnes, L., Janssen, E., Goodrich, D., & Long, J. (2005). Erectile and ejaculatory problems in gay and heterosexual men. *Archives of Sexual Behavior, 34*, 285-297.
- Patrick, D., Althof, S., Barada, J., Pryor, J., Rosen, R., Rowland, D., et al. (2005). Premature ejaculation: An observational study of men and their partners. *Journal of Sexual Medicine, 2*, 358-367.

Biography:

Dr. Althof is the Executive Director of the Center for Marital and Sexual Health of South Florida and Voluntary Professor at the University of Miami Miller School of Medicine. He is Past-President of SSTAR.

MY BODY MY SELF: THE EFFECTS OF CANCER ON BODY IMAGE AND SEXUALITY

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Introduction: The experience of cancer, from suspicion of disease through the diagnostic and treatment trajectory, presents the woman with a number of challenges to self, body image and sexuality. For many women, body image is a central aspect of sexuality and sexual self esteem. Body image alteration is not unique to the more traditional female cancers (breast and gynecological) and occurs in many different kinds of cancers.

Method: In this presentation, evidence of the sexual and bio-psycho-social consequences of cancer and its treatments will be presented.

Results and Discussion: These impacts occur across the life span, from young women to elderly women, in straight and lesbian women, and in different ethnic and racial groups.

Utility/Limitations/Risks: Strategies to enable the health care provider to address these issues will be presented.

Behavioral Learning Objectives:

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

1. Recognize the effects on body image of cancer and its treatments.
2. Discuss strategies to help women come to terms with this problem.
3. Identify relationship issues secondary to body image issues

References:

- Bukovic, D., Fajdic, J., Hrgovic, Z., Kaufmann, M., Hojsak, I., & Stanceric, T. (2005). Sexual dysfunction in breast cancer survivors. *Onkologie*, 28, 29-34.
- Fobair, P., Stewart, S. L., Chang, S., D'Onofrio, C., Banks, P. J., & Bloom, J. R. (2006). Body image and sexual problems in young women with breast cancer. *Psycho-Oncology*, 15, 579-594.
- Katz, A. (2009). Altered body image. In *Woman Cancer Sex* (pp. 17 – 29). Pittsburgh, PA: Hygeia Media.

Biography:

Anne Katz is the sexuality counselor at CancerCare Manitoba. She is the author of *Breaking the Silence on Cancer and Sexuality: A Handbook for Health Care Providers* (Oncology Nursing Society 2007), *Woman Cancer Sex* (Hygeia Media 2009), *Sex When You're Sick: Reclaiming Sexual Health after Illness or Injury* (Greenwood 2009) and *Man Cancer Sex* (Hygeia Media 2009).

WOMEN'S SEXUALITY AFTER HYSTERECTOMY

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Introduction: Hysterectomy is practiced in the United States at far higher levels than in any other country, as approximately 600,000 hysterectomies are performed each year (CDC, 2008). Although results from existing studies fail to give a definitive answer on how and whether the surgery impacts a woman sexually, in general the trend appears to lean towards claiming women's sexuality will either be unchanged (Zobbe, Gimbel, Andersen, Filtenborg, et al., 2004) or that sex will improve (Maas, Weijenberg, & Kuile, 2003; Rhodes, J.C., Kjerulff, K.H., Langenberg, P.W., & Guzinski, G.M., 1999). Our aim with this study was to explore all the factors influencing women's sexuality after hysterectomy.

Method: Using a mixed methods approach of online survey and narrative data, and long 'phone interviews, we gathered data from 969 women across the US, UK, and Australia between the ages of 21 and 50, who have had a hysterectomy (total and subtotal).

Results: Analysis suggests that there are important sexual changes such as the way orgasm is experienced that occur after undergoing hysterectomy, and that factors such as partner support, body image changes, and relationship with surgeon may influence the outcome of surgery.

Discussion: We argue that existing studies fail to address the complexity and nuances of the outcome of hysterectomy on a woman's sexuality

Utility/Limitations/Risks: The results of this study will help physicians who are advising women on their options, researchers and therapists working with this population, and women who are considering or have been through hysterectomy.

Behavioral Learning Objectives:

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

1. Discuss the areas of women's sexuality that are affected by hysterectomy
2. Identify factors that may contribute to positive and negative sexual outcomes

References:

- Centers for Disease Control and Prevention (CDC), (2008). Women's Reproductive Health: Hysterectomy Fact Sheet. Retrieved from http://www.cdc.gov/reproductivehealth/WomensRH/00-04-FS_Hysterectomy.htm.
- Rhodes, J.C., Kjerulff, K.H., Langenberg, P.W., & Guzinski, G.M., (1999). Hysterectomy and sexual functioning. *Journal of the American Medical Association*, 282 (20), 1934-1941.
- Maas, C.P., Weijenberg, P.T.M., & Kuile, M.M. (2003). The effect of hysterectomy on sexual functioning. *Annual Review of Sex Research*, 14, 83-113.
- Zobbe, V., Gimbel, H., Andersen, B.M., & Filtenborg et al. (2004). Sexuality after total vs. subtotal hysterectomy. *Acta Obstet Gynecol Scand*, 83, 191-196.

Biography:

Dr Askew received her PhD from the University of Georgia in 2006 and has been on the faculty of Hofstra University since then. She has been conducting sexuality research since 1999. Dr Askew is also in private practice as a Marriage and Family Therapist and Sex Therapist.

Why Men View Child Pornography: A Retrospective Analysis of Eighteen Cases
Candace B. Risen, LISW

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Introduction: The idea that there may be consumers of child pornography who have no demonstrated sexual interest in actual children and may pose no sexual risk to children is one that the judicial system and society at large often cannot fathom. Yet our clinical experience with assessing such individuals suggests otherwise and we have become increasingly concerned that many men are being mislabeled as pedophiles and assumed to be dangerous and intractable and must be removed from society for as long a time as possible under current law.

Method: This is a retrospective case series clinical analysis of the previous eighteen patients who met the following criteria: They were referred to our center for a risk assessment because of an arrest for downloading child pornography via the Internet. They completed several hours of clinical interviewing, two units of psychological testing, and the Abel Assessment for Sexual Interest. Collateral information including police reports, transcripts of on-line correspondence, computer forensic analysis reports, polygraph results, and clinical interviewing of family members were gathered whenever possible.

Results: Nine of the eighteen demonstrated objective interest (visual response time) in images depicting minors on the Abel Assessment. Of those nine, only four subjectively reported sexual arousal to the images depicting children. Two of those four reported no arousal to actual children. The other two reported both sexual arousal to actual children and a prior history of sexual involvement with a child. Six discrete but not exclusive motivations for viewing child pornography were discerned from the patients' explanations. They were 1.) Attempting to master the trauma of their own childhood sexual abuse (n=6), 2.) Seeking to make up for perceived rejection and missed opportunities as adolescents (n=6), 3.) Developing interest in unconventional themes as the conventional themes became boring (n=4), 4.) a propensity for non-specific antisocial behaviors(n=3), and 5.) No identifiable motivation, i.e. the child pornography was described as an incidental and unwanted aspect of the general collection (n=2).

Discussion: These data suggest that all consumers of child pornography are not motivated by an erotic attraction to children, i.e., pedophilia, and that even erotic attraction to images or fantasies of children does not necessarily equal sexual dangerousness to actual children. The question for the mental health professional is what criterion or criteria-set reliably suggests dangerousness? In this study, the clinician identified the following four criteria: report of sexual fantasies about actual children, prior history of inappropriate interactions or actual sexual contact with a child, collateral clinical information about preference for the company and activities of children, polygraph results regarding sexual fantasies and/or behaviors with children that suggest deception

Utility/Limitations/Risks: This clinical analysis raises a voice of skepticism and questions the assumption of dangerousness. This assumption clearly has profound implications for the arrested, their families, and society at large. The results suggest that clinicians called upon to help these people must

design treatments specific to their motivations. The results are limited by the fact this was a one person synthesis, susceptible to bias, and that the sample size was small.

Behavioral Learning Objectives:

After this presentation, the participants will be able to:

1. Identify several motivations for viewing child pornography
2. Discuss the danger of assuming motivation from behavior
3. Recognize the importance of designing a therapy to address underlying motivations

References:

Abel, G. G. (1994) The Abel Assessment for Sexual Interest, Atlanta, Georgia, Abel Screening Inc.

Carnes, P.J, Delmonico, D. L., Griffin, E. J. (2007). *In the shadows of the net: Breaking free of compulsive online sexual behavior (2nd ed.)*. Center City, MN: Hazelden Publishing

Biography:

Candace B. Risen is the Co-Director of the Center for Marital & Sexual Health and the Associate editor of the *Handbook of Clinical Sexuality for Mental Health Professionals*. She is a long time member of SSTAR

WHAT IS SEXUAL ADDICTION? STEPHEN B. LEVINE, M.D.

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Introduction: Married men labeled as ‘sexual addicts’ seek help after being discovered to have broken monogamy rules for sexual behavior through their use of masturbation, pornography, cybersex, commercial sex involvement, paraphilic pursuits or affairs. This study aimed at clarifying the nature of the behavioral complex called sexual addiction.

Method: Clinical analysis of the sexual patterns and dynamics of 30 men who presented to one clinician between 2005 and 2009. Their similarities and differences were used to create a six-category spectrum of “sexual addiction.” The goodness-of-fit of the labels addiction, impulsivity, compulsivity, and relationship incapacity were examined case by case.

Results: Category #1: No sexual excess beyond breaking the spouse’s restrictive rules (n=2); Category #2 Discovery of husband’s longstanding sexual secrets (n=5); Category #3 New discovery of the joys of commercial sex (n=4); Category #4 The bizarre or paraphilic (n=7); Category #5 Alternate concept of normal masculinity (n=5); Category #6 Spiraling psychological deterioration (n=7).

Discussion: Only the men with a spiraling psychological deterioration ~25% of the sample with sexual issues—could reasonably be described as having a sexual addiction. This group experienced significant psychological failures prior to the onset of their deterioration. Another 25% were adequately defined as paraphilic. Half of the sample was not adequately described using addiction, compulsivity, impulsivity, and relationship incapacity models. The utility of the term sexual addiction is clear—it brings individuals to psychiatric assistance. Its validity, however, is far from established.

Risks: By not understanding the important heterogeneity among men referred because of “sexual addiction” therapists are apt to plan inefficient or counterproductive treatment approaches.

Limitations: There is a selection bias in this sample. Most of these men were relatively affluent high achieving apparently heterosexual Caucasian males.

Utility: The implications of these findings for DSM-V and treatment planning are discussed.

Behavioral Learning Objectives:

By attending this session, the attentive listener should be able to:

1. Identify that sexual addiction is a behavioral complex with a broad range of presentations rather than relatively homogeneous psychodynamic/behavioral complex with uniform motivations
2. Separate conceptually and in treatment planning the difference between clinical utility and validity of a diagnosis

- Clinically recognize the spiraling dependence on external sexual stimulation to avoid facing a personal adult development failure versus the other motivations for extradyadic sexual preoccupations

References:

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Biography:

Dr. Levine is Clinical Professor of Psychiatry at Case Western Reserve University School of Medicine. He is the solo author of four 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; Sexuality in Midlife in 1998 and Demystifying Love: Plain talk for the mental health professional in 2006. He is the Senior Editor of the Handbook of Clinical Sexuality for Mental Health Professionals (2003) which is now in its second edition(2010). He has been teaching, providing clinical care, and writing since 1973 and has generated 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. He and two colleagues received a lifetime achievement Masters and Johnson's Award from the Society for Sex Therapy and Research in March 2005.

TREATING THE PAIN AROUND PORN

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One of the top concerns of contemporary Americans and our politicians, religious leaders, decency groups, therapists, and the media is pornography. Some 50,000,000 Americans view it each month. Those who enjoy porn say this figure proves that it's mainstream and harmless, while those who reject porn say the figure proves we're in the middle of a terrible cultural crisis.

Based on up-to-date information (rather than common cultural beliefs), this presentation will discuss the impact of pornography use on consumers, their relationships, and our society. We will also note the incredible tenacity of common beliefs about pornography use that are demonstrably not true; discuss possible meanings of this tenacity; and discuss our field's relative lack of interest in this cultural phenomenon.

The presentation will also describe innovative clinical strategies for dealing with the pain so commonly found in clients about pornography use, whether their own or their partner's. And it will address questions typically not confronted in therapy by consumers or their partners, including:

How much of people's distress about porn is really about masturbation, and its proper role in intimate relationships?

Isn't porn giving young people damaging or narrow ideas about sexuality and gender?

What is the role of women's discomfort with their own bodies in forming their opinions about pornography?

What are the most common models of how porn use shapes sexual decision-making? Is there an alternative model that better fits the data of people's lives?

What are the limitations of the "porn addiction" model? Is there a more effective model for diagnosing and treating compulsive or impulsive behavior regarding porn?

What is a "moral panic," and how does that term apply to today's cultural conflict about porn use? Why is this a clinically valuable concept?

Behavioral Learning Objectives:

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

1. Explain the assumptions—and clinical limitations—of the common models of how porn use impacts sexual decision-making.
2. Explain and use an alternative treatment model of pornography use & misuse.

Biography:

Dr. Klein has been a Licensed Marriage & Family Therapist and Certified Sex Therapist for over 25 years. Each year he gives dozens of training seminars and keynote speeches; is an expert witness in state and federal cases (typically involving sexual expression, obscenity, or adult entertainment); and provides a variety of public policy consulting. He has spoken at over 50 American universities, and at colleges and medical schools in countries including Morocco, Croatia, India, Turkey, and the

U.S.S.R.. The author of 5 books about sexuality; his book *America's War On Sex* was honored as Best Sexuality Book of 2007 by AASECT.

POSTER ABSTRACTS

THE SEXUAL SELF OF YOUNG ADULT CANCER SURVIVORS AS COMPARED TO THEIR HEALTHY PEERS

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Introduction: There is a significant lack of research on the long term effects of cancer treatment on sexuality and intimacy, specifically in those diagnosed as young adults (YA). This study investigated the impact of cancer and its treatments on the sexual self of YA cancer survivors, 2 – 5 years post diagnosis, and as compared to their healthy peers.

Method: A cross-sectional survey design was utilized for data collection. The sample was 200 young adults between the ages of 18 and 35, within two to five years of their initial diagnosis and healthy peers. The survey included six standardized instruments that measure psychosocial distress, quality of life, and the various aspects of the sexual self for the YA survivor. Qualitative information was collected utilizing the adapted McGill Illness Narrative (2006) with ten randomly selected study survivor participants.

Results: Preliminary results show a large percentage of the respondents are female. The results for this dissertation research are currently being collected. Data collection and analysis will be complete and available for discussion at the time of the conference.

Discussion: Utilizing cognitive theory as the guide, this study sought to explore the differences in the sexual self of young adult cancer survivors as compared to their healthy peers (those with no history of a cancer diagnosis). For professionals to be able to assist young adult survivors in improving their quality of life, it is especially important to understand how their sexual selves are influencing current thoughts, feelings, and behaviors.

Utility/Limitations/Risks: Knowledge gained will help guide the development of models and interventions for therapists and researchers working with young adults who have been diagnosed with cancer. Results are limited by non-randomization of sample.

Behavioral Learning Objectives:

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

1. Explain the importance of cancer and its treatments on the sexual self
2. Discuss and compare the sexual self in YA survivors to healthy peers

References:

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Biography:

Sage Bolte is a PhD candidate of Social Work at NCSSW at The Catholic University of America. She is an oncology counselor at Life with Cancer and is a nationally recognized speaker on the topic of cancer and sexuality.

**PSYCHOLOGICAL INTERVENTIONS FOR THE SEXUAL SEQUELAE OF CANCER:
A REVIEW OF THE LITERATURE**

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Introduction: Despite the frequency of sexual side effects of cancer, treatment outcome studies focus almost exclusively on pharmacologic agents, most of which are ineffective for women survivors. We conducted a systematic review of all psychological interventions for sexual difficulties following cancer.

Methods: We searched eight research databases using the terms “sexual dysfunction”, “cancer” and “psychological therapy” for empirical studies (not case illustrations). We rated studies using the Oxford system of “levels of evidence” that focuses primarily on the methodological quality of the paper.

Results: We identified 27 papers ranging widely in methodological rigor concerning such aspects as randomization, attrition rates, sample sizes, types and length of intervention implemented, and outcome measurements used. Youth showed positive outcomes on sexual knowledge, body image, and sexual functioning, and treatments administered by paraprofessionals were equally effective. Thematic counseling, addressing mental health, social functioning, and sexual functioning, significantly improved quality of sexual relationships, independent of a partner also presenting, whereas other studies revealed more pronounced benefits if the partner participated. The length of intervention varied among studies from as brief as one phone session to as long as 12 weekly sessions and monthly sessions over a six month period. Brief interventions via telephone showed a non-significant trend towards improvement in sexual functioning, although most studies that have combined phone sessions with one-on-one counseling showed more positive results. There was conflicting data regarding the long-term treatment effects of psychoeducational interventions on sexuality. Some studies reported that treatment effects were not powerful enough to maintain long-term changes in behaviors or cognitions, but some have attributed this to the brevity of certain interventions. Other research has shown, despite the importance of talking to a cancer care provider about sexual difficulties, interventions designed to empower patients to do so were ineffective. Treatments addressing sex education were more effective if they also addressed motivation and self-efficacy. Furthermore, evidence suggested that with proper training, effective interventions can be facilitated by professionals outside of the mental health field (i.e. nurses and fellow cancer survivors). Only three treatment outcome studies focused on ethnic minority (two on African-Americans and one on Spanish monolingual Hispanic men) sexual concerns and sexual functioning and one focused on sexual minority (lesbian) issues. Although, the intervention with lesbian women had no significant effect on women’s body image or sexuality, interventions with minority groups have shown to be effective in helping improve sexual functioning, quality of life, and communication skills.

Discussion: There is modest support for the effectiveness and feasibility of psychological interventions targeting sexual dysfunction following cancer. While psychological interventions are regarded as having good potential in helping improve sexual functioning, intimacy, and quality of life

for cancer survivors and their partners, evidence remains somewhat ambiguous as to the extent of these treatment benefits as much of the existing research on this topic is of inadequate or inconsistent methodology. However, even in studies where no significant treatment effects were found, survivors reported the extra support and opportunity to obtain more information on aspects of sexuality, sexual functioning, communication, and the management of cancer treatment effects was a valuable part of these interventions. Because there is such a high prevalence of sexual difficulties following cancer treatment, more empirical research with stronger methodologies is greatly needed.

Behavioral Learning Objectives:

After attending this presentation, individuals will be more aware of:

1. The current evidence supporting the use of non-pharmaceutical, psychological interventions for sexual difficulties or dysfunction following cancer treatment.
2. There are methodological concerns regarding the quality of the existing empirical research on psychological interventions for sexual sequelae after cancer treatment.

References:

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Biography:

After working for a time in the theatre and film industry Erin Breckon returned to university and completed her BA in psychology with Honors from the University of British Columbia in 2009. She is currently an unclassified student at the University of British Columbia and is gaining more experience in conducting research at both the UBC Sexual Health Laboratory under the supervision of Dr. Lori Brotto and the Prostate Centre at Vancouver General Hospital under the supervision of Dr. Joyce Davison. She is excited to be working in these two different environments that are both concerned with health, sexuality, and quality of life issues. Her future plan is to continue on in her studies to become a sexual therapist.

GENERATIONAL DIFFERENCES IN CERVICAL CANCER SCREENING BELIEFS AND PRACTICES OF CHINESE WOMEN LIVING IN CANADA

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Introduction: Papanicolaou (Pap) testing rates among Chinese women remain low compared to their Caucasian counterparts despite extensive efforts to raise awareness of the importance of regular screening. We examined three potential predictors of Pap testing behaviour in Chinese women: acculturation, cervical cancer screening belief accuracy and intergenerational transmission.

Method: Female university students of European (N=78) and Chinese (n=93) ancestry and their mothers completed questionnaires concerning acculturation, Pap testing beliefs and behaviours.

Results: Chinese daughters and mothers had lower Pap testing rates and less accurate cervical cancer screening beliefs than their Caucasian counterparts. Maternal Pap testing behaviour was predicted by cancer screening belief accuracy whereas daughters' Pap testing behaviour was predicted by sexual experience and heritage acculturation. No intergenerational transmission of Pap testing beliefs or behaviours was found.

Discussion: This study provides preliminary evidence that the accuracy of cancer screening beliefs, level of acculturation and sexual experience may be predictors of Pap testing in Chinese women. Contrary to our prediction, we found no support for intergenerational transmission, suggesting that Pap testing beliefs and behaviours of Chinese women are independent from that of their mothers.

Utility/Limitations/Risks: The results of this study are expected to be helpful to clinicians working with Chinese women, but the results are limited by potential issues of generalizability of the results.

Behavioural Learning Objectives:

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

1. Discuss the importance of taking culture into account when studying reproductive health behaviours in different cultures.
2. Identify factors that affect decisions regarding reproductive health behaviours in Chinese women.

References:

- Hislop, T. G., Teh, C., Lai, A., Ralston, J. D., Shu, J., & Taylor, V. M. (2004). Pap screening and knowledge of risk factors for cervical cancer in Chinese women in British Columbia, Canada. *Ethnicity & Health, 9*, 267-281.
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- Woo, J. S. T., Brotto, L. A., & Gorzalka, B. B. (in press). The Role of Sexuality in Cervical Cancer Screening among Chinese Women. *Health Psychology*.

Biography:

Sabrina Chang received her BA (Honours) in Psychology from the University of British Columbia in 2007. After her graduation, she decided to pursue her interest in clinical psychology, focusing especially on cultural aspects of human sexuality. Sabrina has been in this area of research since 2007 and aims to continue her education with an MA in Clinical Psychology. This will be her first SSTAR attendance.

**THE ROLE OF RESPONSE BIAS IN THE CONCORDANCE BETWEEN
PHYSIOLOGICAL AND SUBJECTIVE AROUSAL**
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Introduction: The desire to present oneself in a favorable manner (i.e., impression management; IM) has been shown to affect self-report in sexuality research. The association between socially desirable responding and sexual arousal (subjective arousal (SA) and physiological arousal (PA)) was explored in women with and without sexual problems.

Method: Fifteen women with and without dyspareunia (i.e., pain during intercourse; N=30) completed a measure of IM. PA in response to an erotic film was assessed with laser Doppler imaging (LDI; direct measure of superficial blood flow). SA was rated after the film presentation.

Results: Concordance between PA and SA was non-significant in women with and without dyspareunia ($r_s = .22$ and $.25$). SA and IM scores were negatively related in both groups ($r = -.40$, $p < .05$). Preliminary findings indicated that IM showed a trend toward moderating the relationship between PA and SA ($F^2 = .13$, $p = .08$). Individuals with high IM scores had a strong relationship between PA and SA, while low and moderate levels of IM were not associated with this relationship.

Discussion: The results support an association between socially desirable responding and SA ratings in an experimental setting; implications for the concordance between PA and SA will be discussed.

Utility/Limitations/Risks: The findings are preliminary and based on a limited sample; however, they highlight the importance of measuring response biases in sexuality studies and have implications for the generalizability of research findings examining sexual arousal.

Behavioral Learning Objectives:

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

1. Recognize the importance of assessing response bias in sexuality research.
2. Discuss the implications of IM in the concordance between physiological and subjective arousal.

References:

Meston, C. M., Heiman, J. R., Trapnell, P. D., & Paulhus, D. L. (1998). Socially desirable responding and sexuality self-reports. *The Journal of Sex Research*, 35, 148-157.

Paulhus, D. (1998). *Paulhus Deception Scales (PDS): The Balanced Inventory of Desirable Responding-7: User's manual*. North Tanawanda, NY: Multi-Health Systems.

Biography:

Stéphanie Boyer recently defended her Master's thesis in Clinical Psychology at Queen's University under the supervision of Dr. Caroline Pukall. She has been a student member of SSTAR since 2007.

PELVIC FLOOR MUSCLE RESPONSIVENESS IN WOMEN WITH VESTIBULODYNIA
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Introduction: Although physical therapy directed at the pelvic floor muscles (PFMs) for the treatment of provoked vestibulodynia (PVD) has been shown to be effective (Bergeron et al., 2001), there is limited information on how the PFMs are implicated in PVD (Reissing et al., 2005).

Methods: Thirty two nulliparous women, 16 with PVD and 16 control women, completed the study. They underwent a standardized gynecological evaluation to confirm their eligibility. Deep and superficial PFM responses were measured using electromyography (EMG). First, using Pukall et al.'s (2007) vulvalgesiometers, a pressure that generated a moderate level of pain on a Visual Analog Scale was applied at the vulvar vestibule. Next, using a reflex hammer, a monosynaptic stretch reflex at the PFMs was performed over the central perineal tendon (i.e., the area between the vaginal and the anal openings). EMG data from both muscle sites were acquired during three repetitions of both the pressure stimulus and the stretch stimulus. Tonic PFM EMG activity was also recorded during a rest trial.

Results: A two-way analysis of variance model was used. In women with PVD, there was heightened activity of the superficial PFMs in response to the pressure as compared to the controls. A deep PFM response to the pressure stimulus was present but was not different between women with and without PVD. The onset of the superficial and deep EMG PFM responses occurred after the pressure application in both groups, at both muscle sites. Both deep and superficial PFM responses were significantly higher in women with PVD as compared to controls in response to the stretch. When comparing muscle sites, the superficial PFM responses were greater than the deep PFM responses in both groups. Superficial PFM tonic activity was higher in women with PVD when compared to controls.

Discussion: There are both superficial and deep PFM responses to painful pressure and monosynaptic stretch. When compared to controls, women with PVD have superficial PFMs that are more tonic, are more responsive to pressure and have heightened stretch reflexes. Responses in all women were reactive, rather than anticipatory, and behavioral in nature, rather than reflex driven.

Utility/Limitations/Risks: These results provide empirical evidence of PFM dysfunction in women with PVD. Limitations are inherent to EMG and the highly functional PVD population.

Behavioral Learning Objectives:

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

1. Appraise the EMG evidence that supports the involvement of the PFMs in PVD pain response.
2. Compare the EMG PFM protective pain response and reflex responses in women with PVD.
3. Reflect on the clinical implications and foreseeable research paths that arise from this study.

References:

- Bergeron, S, Brown, C, Lord, MJ, Oala, M, Binik, YM & Khalifé, S (2002). Physical therapy for VVS: a retrospective study. *Journal of Sex and Marital Therapy*, 28(3) 183-192.
- Reissing ED, Brown, C, Lord MJ, Binik, YM & Khalife, S (2005). Pelvic floor muscle functioning in women with VVS. *Journal of Psychosomatic Obstetrics and Gynecology*, 26(2) 107-113.
- Pukall CF, Young, RA, Roberts, MJ, Sutton, KS, Smith, KB (2007). The vulvalgesiometer as a device to measure genital pressure-pain threshold. *Physiological Measurement*, 28, 1543-1550.

Biography:

Ms. Gentilcore-Saulnier received her B.Sc. (PT) from McGill University and her M.Sc. (Rehab.Sc.) at Queen's University. She works as a research associate at Queen's University and physical therapist in pelvic-floor rehabilitation in a private practice.

**PHYSICAL THERAPY EFFECTIVENESS FOR WOMEN WITH VESTIBULODYNIA:
AN INVESTIGATION OF PELVIC FLOOR BEHAVIOUR**

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Introduction: Prospective studies of physical therapy (PT) effectiveness are lacking (Bergeron et al., 2001). This study examined pain and pelvic floor muscle (PFM) behaviour before and after a comprehensive PT intervention for women with provoked vestibulodynia (PVD).

Methods: Thirteen women with PVD completed a standardized gynecological examination and a PFM evaluation before and after 8 one-hour PT sessions which included education, manual stretching, biofeedback, electrical stimulation, and home exercises with a dilator. The following measures were made before and after an 8-session PT protocol: pain intensity ratings, PFM tone, PFM relaxation, vaginal opening flexibility, PFM strength testing and PFM electromyographic (EMG) tonic activity at rest and in response to a perceived painful stimulus (PPS) applied at the vulvar vestibule, using the vulvalgesiometers (Pukall et al., 2007).

Results: Repeated measures analyses of variances and Wilcoxon-signed rank tests were used where appropriate. From pre- to post-treatment, the women reported less pain intensity on vaginal stretching, less PFM tone, greater PFM relaxation, greater vaginal opening flexibility, higher PFM strength and had reduced PFM EMG tonic activity at rest and in response to the PPS.

Discussion: These preliminary results indicate that a comprehensive PT protocol targeting PFM resting tone, flexibility and relaxation is associated with improvements in PFM functioning in women with PVD. Future randomized controlled trials are needed to fully appraise the effectiveness of PT on pain and PFM functioning in comparison and conjunction with other treatments.

Utility/Limitations/Risks: These results provide evidence that pelvic-floor PT might improve PFM behaviour in women with PVD. Limitations are inherent to EMG, the highly functional PVD population and small sample size.

Learning Objectives:

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

1. Compare PFM function pre- and post-PT treatment.
2. Reflect on the clinical implications and foreseeable research paths that arise from this study.

References:

- Bergeron, S, Brown, C, Lord, MJ, Oala, M, Binik, YM & Khalifé, S (2002). Physical therapy for VVS: a retrospective study. *Journal of Sex and Marital Therapy*, 28(3) 183-192.
- Pukall CF, Young, RA, Roberts, MJ, Sutton, KS, Smith, KB (2007). The vulvalgesiometer as a device to measure genital pressure-pain threshold. *Physiological Measurement*, 28, 1543-1550.

Biography:

Ms. Gentilcore-Saulnier received her B.Sc. (PT) from McGill University and her M.Sc. (Rehab.Sc.) at Queen's University. She works as a research associate at Queen's University and physical therapist in pelvic-floor rehabilitation in a private practice.

WHEN DYSPAREUNIA BEGINS DURING ADOLESCENCE: HOW PREVALENT IS IT AND WHO IS AT RISK?

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Introduction: While population-based studies indicate that dyspareunia's prevalence ranges from 12% to 21% in adult women, epidemiological research has yet to be conducted with adolescents.

Method: Data were obtained from 1425 girls (12-19 year olds), from seven metropolitan high schools using self-report questionnaires focusing on gynaecological/biomedical history, physical/psychological/sexual abuse, anxiety, depression, attitudes towards sexuality, and social support.

Results: Results showed that 20% of sexually active girls ($N = 251$) reported having pain during intercourse (at least 75% of the time; ≥ 6 months), with significantly more adolescents identifying the vaginal opening as being their most painful site. Dyspareunia cases scored significantly higher than pain-free controls on: pain during first tampon insertion, pain during usual tampon insertion, avoidance of tampon insertion, potentially detrimental vulvar hygiene habits, fear of physical abuse, sexual abuse, and trait anxiety. Following a logistic regression, only pain during first tampon insertion and trait anxiety were significant statistical predictors of adolescent dyspareunia.

Discussion: Findings suggest that dyspareunia is highly prevalent among adolescents, extends beyond intercourse to non-sexual contexts, and seems to be mostly affected by psychosocial variables.

Utility/Limitations/Risks: While no gynaecological examination was undertaken to determine the diagnosis underlying dyspareunia in adolescents, results support early detection efforts and multidimensional interventions targeted toward this population.

Behavioral Learning Objectives:

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

1. Identify the prevalence of dyspareunia in an adolescent population.
2. Compare the characteristics of dyspareunia in adolescents to those in adult women.
3. Discuss the biopsychosocial profile of adolescents with dyspareunia.

References:

- Danielsson, I., Sjöberg, I., & Wikman, M. (2000). Vulvar vestibulitis: Medical, psychosexual and psychosocial aspects, a case-control study. *Acta Obstetrica et Gynecologica Scandinavica*, 79(10), 872-878.
- Harlow, B. L., & Stewart, E. G. (2003). A population-based assessment of chronic unexplained vulvar pain: Have we underestimated the prevalence of vulvodynia? *Journal of the American Medical Women's Association*, 58, 82-88.

Biography:

Tina Landry is a Ph.D. candidate in Psychology at Université du Québec à Montréal supervised by Sophie Bergeron. Her doctoral research was supported by a Fonds Québécois de la Recherche sur la Société et la Culture Fellowship.

**ATTACHMENT ORIENTATIONS OF WOMEN WITH DYSPAREUNIA AND
THEIR PARTNERS: IMPLICATIONS FOR SEXUALITY OUTCOMES**
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Introduction: Dyspareunia, or pain during intercourse, is a common women's sexual health problem, afflicting 21% of women under 30.¹ Although the major consequence of dyspareunia is its detrimental impact on sexuality which inherently involves the partner, no study has yet investigated how relationship factors such as attachment insecurities could predict the sexuality outcomes of dyspareunia couples.²

Method: The study sample consisted of 116 women with provoked vestibulodynia and their partners. They were both asked to complete self-report questionnaires investigating attachment orientations and sexuality outcomes. Hierarchical regressions were performed.

Results: Results showed that women with higher attachment anxiety reported better sexual functioning, but poorer sexual satisfaction. Moreover, women who were coupled with more avoidant men reported lower sexual satisfaction. Further, results indicated that men's higher degree of attachment avoidance negatively predicted their sexual satisfaction.

Discussion: Findings suggest that relationship factors such as attachment orientations are associated with sexuality outcomes in dyspareunia couples.

Utility/Limitations/Risks: Understanding how attachment insecurities are related to sexual functioning and satisfaction in women with dyspareunia and their partners could help develop new treatment options in order to optimize the sexual well-being of these couples.

Behavioral Learning Objectives:

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

1. Describe and distinguish the two dimensions of attachment orientation.
2. Explain the associations between both attachment orientations and sexuality outcomes of women with dyspareunia and their partners.

References:

- Laumann, E.O., Paik, A., Rosen, R.C. (1999). Sexual dysfunction in the United States: prevalence and predictors. *Journal of the American Medical Association*, 281, 537-544.
- Desrochers, G., Bergeron, S., Landry, T., Jodoin, M. (2008). Do psychosexual factors play a role in the etiology of provoked vestibulodynia? A critical review. *Journal of Sex and Marital Therapy*, 34, 198-226.

Biography:

Bianca Leclerc completed her Bachelor in Psychology at the University of Montreal in 2006 and then pursued her doctoral studies in psychology at the Université du Québec à Montréal under the supervision of Dr. Sophie Bergeron. The present findings are part of Bianca Leclerc's doctoral research.

PSYCHOSEXUAL AND RELATIONAL FUNCTIONING AMONG PARTNERS OF WOMEN WITH PROVOKED VESTIBULODYNIA: A CONTROLLED EXAMINATION

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Introduction: Despite the intimate nature of Provoked Vestibulodynia (PVD) (i.e., recurrent female genital pain) and the fact that partners often trigger the pain, little research has examined partners of women with PVD. This study examined sexual, relationship, and psychological functioning among male partners of PVD-affected women.

Method: Participants were 29 partners of PVD-affected women and 33 control partners. Participants completed self-report measures via an online survey to assess sexual functioning, satisfaction, and communication, relationship adjustment, depression, and quality of life. In addition, participants rated: 1) how important sex was to them; 2) how strongly their relationship matched their idea of a satisfying relationship; and 3) how much their partner's genital pain impacted their relationship (for PVD partners only).

Results: PVD partners reported significantly lower levels of sexual functioning and sexual satisfaction compared to control partners. Although 77% of PVD partners reported that pain negatively impacted their relationship, groups did not differ with regard to overall relationship adjustment. However, PVD partners were significantly more likely to report a mismatch between their current relationship and their idea of a satisfying relationship. No differences were found between groups with regard to sexual communication, depression, or quality of life.

Discussion: This study indicates that partners of PVD-affected women may experience some negative sexual and relationship consequences, and is one of the first controlled studies to examine this population. More research is needed to understand the impact of PVD on partners and couples.

Utility/Limitations/Risks: The results will help draw attention to the negative impact that PVD may have on partners. The sample size and cross-sectional nature of the study are limitations.

Behavioral Learning Objectives:

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

1. Discuss potential differences between PVD-affected and control partners with regard to sexual and relationship functioning.
2. Identify the need for further research in this area.

References:

van Lankveld, J.J.D.M., Weijnen, P.T.H.M., & ter Kuile, M.M. (1996). Psychologic profiles of and sexual function in women with Vulvar Vestibulitis and their Partners. *Obstetrics & Gynecology*, 88, 65-70.

Biography:

Kelly Smith has been a SSTAR member since 2005 and won the SSTAR Student Research Award in 2006. She is currently completing her pre-doctoral internship at MGH/Harvard Medical School. Her research focuses on sexual health and dysfunction, primarily among women and couples.

LOW CARDIOVASCULAR EVENT RATE IN POST-MENOPAUSAL WOMEN WITH INCREASED CARDIOVASCULAR RISK; INITIAL FINDINGS FROM THE ONGOING BLINDED LIBIGEL (TESTOSTERONE GEL) CARDIOVASCULAR SAFETY STUDY

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Introduction: In 2008 we reported on the design of a long-term CV and breast safety study of testosterone gel in postmenopausal women with HSDD. Herein we report on the study progress.

Method: This is a Phase III, CV events-driven, adaptive design, randomized, double-blind, placebo-controlled, multi-center comparison of testosterone and identical placebo gel in postmenopausal women with HSDD and known CV risk. The primary safety outcome measure is the effect of treatment on the incidence of comprehensive, adjudicated CV events.

Results: The study remains blinded. To date over 1,000 post-menopausal women, mean age 57.4 (range 48-77) years and elevated CV risk have been enrolled. The rate of protocol-mandated reporting of CV events in study subjects with known CV risk and HSDD is 0.61% including one MI and no deaths.

Discussion: These data demonstrate a lower-than-expected rate of serious CV events to date in subjects who are at the higher end of CV risk continuum for the intended treatment population.

Utility/Limitations/Risks: In addition to the effects of improved preventive measures as a standard of care the study supports a lack of effect of the study drug in menopausal women with HSDD.

Behavioral Learning Objectives:

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

1. Discuss the requirements to demonstrate the safety of testosterone in postmenopausal women.
2. Appraise the low cardiovascular event rate in an ongoing and blinded safety study supports cardiovascular safety of testosterone gel in postmenopausal women with HSDD.

References:

Snabes, MC and SM Simes Approved Hormonal Treatments for HSDD: an Unmet Medical Need. J Sexual Medicine 2009; 6 (7) 146-9

Snabes, MC, W White, J Connor, D Berry, J Zborowski, S Simes A Cardiovascular and Breast Safety Study of LibiGel® in Women with Hypoactive Sexual Desire disorder (HSDD): Study Design and Description of Endpoints. Annual Meeting of the International Society for the Study of Women's Sexual Health (San Diego, 2008)

Biography:

Michael C. Snabes, M.D., Ph.D is Vice President of Clinical Development at BioSante Pharmaceuticals, Inc. His most recent faculty appointment was in the Department of Obstetrics and Gynecology at the University of Chicago Pritzker School Of Medicine. He has 145 abstracts and peer reviewed publications in numerous therapeutic areas including women's health.

TO LUBE OR NOT TO LUBE: EXPERIENCES AND PERCEPTIONS OF LUBRICANT USE IN WOMEN WITH PVD AND HEALTHY CONTROLS

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Introduction: Previous findings suggest women primarily use lubricant to reduce the risk of tearing and to make sex more comfortable. Its use is not without negative evaluations, however, many of which have to do with “messiness.” Previous research indicates significant differences between healthy controls and women with provoked vestibulodynia (PVD) in their ability to achieve and maintain lubrication during intercourse. To date, there have been no published studies comparing the reasons for use or non-use of lubricants in women with and without PVD. The current study examines the frequency of use and reasons behind the use or non-use of lubricants among women with and without PVD.

Method: Women completed the Female Sexual Function Index (FSFI) and a series of additional questions asking about their use of lubricants during partnered sexual activities and masturbation in an online study.

Results: Data were analyzed using a mixed methods approach to investigate the differences between the two groups. ANOVAs and Chi Square tests were used to analyze the quantitative data. Thematic narrative analysis was used to examine responses to open-ended questions, allowing us to uncover the intricacies of women's attitudes and perceptions toward lubricant use.

Discussion: Women with PVD have been shown to have more difficulty with lubrication than healthy controls. Differences in frequency of lubricant use and reasons for use of lubricant among healthy control women and women with PVD will be discussed.

Utility/Limitations/Risks: The results of this study will help therapists and researchers who work with women with PVD. The study is limited in that women were asked to self-report as to whether or not they had PVD.

Behavioral Learning Objectives:

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

1. Compare the frequency of lubricant use among women with and without vulvar pain.
2. Identify the reasons behind women's decisions to use or not use lubricant during partnered sexual activity and masturbation.

References:

- Jozkowski, K., Herbenick, D., Hensel, D., Reece, M., & Fortenberry, J.D. (November 2009). How and why women use lubricants during sexual activity. Abstract presented at the American Public Health Association 137th Annual Meeting, Philadelphia, PA.
- Rosen, R., Brown, C., Heiman, J., et al. (2000). The female sexual function index (FSFI): A multidimensional self-report instrument for the assessment of female sexual function. *JSMT*, 26, 191-208.

- Tanner, A.E., Fortenberry, J.D., Zimet, G., Reece, M. (October 2008). Young women and vaginal lubricants: Implications for sexual health promotion. Abstract presented at the American Public Health Association 136th Annual Meeting, San Diego, CA.
- Weigel, M., Meston, C. & Rosen, R. (2005). The female sexual function index (FSFI): Cross-validation and development of clinical cutoff scores. *JSMT*, 31, 1-20.

Biography:

Kate Sutton is a Doctoral Candidate at Queen's University in the Sexual Health Research Lab. She received her MA in Clinical Psychology from Queen's University in 2007. Her research examines psychophysical and psychosocial aspects of vulvodynia and sexual attitudes and behaviours of young adults, and she works under the supervision of Dr. Caroline Pukall.

THE CORRELATES OF SEXUAL ACTIVITY AMONG HIV-INFECTED PERSONS WITH A HISTORY OF INJECTION DRUG USE

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Introduction: Although transmission of HIV through injection drug use (IDU) has declined over the past decade, IDU continues to place individuals at high risk of HIV transmission, and represents a public health concern. ID users often report multiple risks for HIV transmission including sexual risk; however, little is known regarding factors that may differentiate sexually-active and non-active individuals. As mental health and substance use problems are common among HIV-infected ID users, this study examined differences in substance use and psychological functioning between sexually-active and non-active HIV-infected individuals with an ID abuse/dependence history.

Method: Participants were HIV-infected adults (n=91) with an ID abuse/dependence history who were enrolled in an RCT for the treatment of depression and HIV medication adherence. Participants completed self-report and interview-based assessments of substance use, depression, anxiety, and quality of life. A brief assessment of sexual behavior over the past six months was also completed.

Results: 55% of the sample reported sexual activity in the past six months. Sexually-active participants were significantly more likely to report having a primary partner ($p=.001$) and less symptoms of depression ($p<.05$). Specifically, these participants reported less sadness ($p=.05$), suicidal ideation ($p=.05$), feelings of failure ($p<.01$), and tiredness ($p<.01$), and greater ability to work ($p<.05$) compared to non-active participants. Finally, sexually-active participants were less likely to have used methadone in the past month ($p=.001$). Interestingly no group differences were noted with regard to quality of life, illicit substance use, or anxiety.

Discussion: This study highlights a potential role of depression and methadone use in the sexual lives of HIV-infected individuals with an ID abuse/dependence history. More research is needed to understand how psychological factors, such as depression, influence sexual relationships among this population and how treatment may affect sexual behaviors among persons with HIV.

Utility/Limitations/Risks: This project will identify factors that may be associated with sexual activity among HIV-infected individuals with an ID abuse/dependence history. These findings are most appropriately interpreted in the context of the study’s sample size and cross-sectional design.

Behavioral Learning Objectives:

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

1. Discuss factors that differentiate sexually-active and non-active HIV-infected persons with an ID abuse/dependence history.

References:

Berg, C.J., Michelson, S.E., & Safren S.A. (2007). Behavioral aspects of HIV care: Adherence, depression, substance use, and HIV-transmission behaviors. *Infectious Disease Clinics of North America*, 21, 181-200.

Biography:

Kelly Smith has been a SSTAR member since 2005 and won the SSTAR Student Research Award in 2006. She is currently completing her pre-doctoral internship at MGH/Harvard Medical School. Her research focuses on sexual health and dysfunction, primarily among women and couples.

**DAILY STRESS AND SEXUAL AROUSAL
IN SURVIVORS OF CHILDHOOD SEXUAL ABUSE
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Introduction: Prior studies have proposed that posttraumatic stress disorder may explain the higher rates of sexual arousal dysfunction in women with a history of childhood sexual abuse (CSA) compared to women with no history of abuse (Rellini, 2008). This study compares the effects of posttraumatic stress disorder symptoms with the effects of daily stress on sexual arousal functioning.

Method: Female sexual arousal functioning and daily stress were assessed with validated questionnaires in 36 survivors of CSA and 24 women with no history of abuse recruited from the community. Severity of posttraumatic stress disorder was measured with a standardized interview.

Results: A significant correlation was observed between severity of trauma and average stress ($R^2=.308$, $p<.05$). Using a Sobel test of mediation, we found support for a full mediation effect of daily stress, but not posttraumatic stress, in the relationship between a history of CSA and sexual arousal functioning.

Discussion: Findings support the hypothesis that CSA survivors overall experience more daily stress and this affects their sexual arousal functioning. Future studies should focus on proximal stressors that affect daily life in CSA survivors.

Utility/ Limitations/ Risks: Improving skills for coping with daily stressors could improve the sexual arousal functioning of CSA survivors.

Behavioral Learning Objectives:

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

1. Better understand the effects of daily stress on women's sexual arousal functioning.
2. Identifying mediators of sexual functioning in CSA survivors.

References:

Rellini, A. H. (2008). Review of the empirical evidence for a theoretical model to understand the sexual problems of women with a history of CSA. *Journal of Sexual Medicine*, 5, 31-46.

Biography:

Danielle Desrochers is a junior at the University of Vermont pursuing a Bachelor of Arts degree in Psychology. After graduation she plans to attend graduate school and obtain her PhD in clinical psychology.

THE EFFECT OF SEXUAL ORIENTATION AND MASCULINITY-FEMININITY ON PERCEIVED SEXUAL APPEAL

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Introduction: The question of to whom we are most sexually attracted is of perennial interest in contemporary psychology (e.g., Li & Kenrick, 2006). One important, yet unanswered, question in this area is if gay men and heterosexual women are attracted to similar types of men, or if lesbians and straight men are attracted to similar types of women. This study examined if and how rater sexual orientation interacts with rater gender in forming perceptions of targets' sexual appeal.

Method: Participants were 60 men and 60 women, half of each group self-identified as homosexual and half as heterosexual, ages 18 to 30. Each viewed 34 photographs of partially clothed men or women. Half of the photographs were selected from sources marketed towards a primarily heterosexual audience (e.g., *Sports Illustrated*), while the other half were selected from sources aimed primarily towards a non-heterosexual audience (e.g., *Freshmen* magazine). Participants rated how sexually appealing they found the person in the photograph and described what they found most and least sexually appealing about the person in the photograph.

Results: Both between-observer factors (i.e., observer gender, sexual orientation, race, and masculinity-femininity, in addition to several interactions of those factors) and within-observer factors (i.e., source of the target photographs, perceived age and masculinity-femininity of the targets, and the interaction between target source and gender) were found to be significant predictors in a two-level model of perceived sexual appeal.

Discussion: The present study revealed that perceived sexual appeal is a complex interplay of many viewer and target factors.

Utility/Limitations/Risks: Through the systematic manipulation of gender, orientation, and masculinity-femininity, the proposed study provides more detailed information on the interplay of these factors—and their relative importance—in how we perceive others' sexual appeal.

Behavioral Learning Objectives:

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

1. Discuss the influence of observer sexual orientation and other factors (and their interaction) on perceptions of sexual appeal.

References:

Li, N. P., & Kenrick, D. T. (2006). Sex similarities & differences in preferences for short-term mates: what, whether, & why. *Journal of Personality and Social Psychology*, 90(3), 468-489.

Biography:

Ms. Mackaronis received her B.A. from the University of Virginia in 2006, and is currently a second-year graduate student in the clinical psychology doctoral program at the University of Utah, under the advisement of Dr. Donald Strassberg. Her primary research interests include sexual orientation, female sexual dysfunction, and pedophilia. Dr. Strassberg is Professor of Psychology at the University of Utah.

CUES FOR DESIRE AND SEXUAL AROUSAL IN WOMEN

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Introduction: Sexual desire has been defined as the motivation to engage in behaviors which reliably lead to sexual rewards (Pfaus, 2006). If sexual arousal is experienced as a sexual reward, we expect that women will show greater sexual desire towards stimuli that elicit greater sexual arousal.

Method: Women (N=36) reported their level of sexual desire when exposed to various cues, including erotic/explicit, romantic, visual, and emotional bonding cues (CSDS; McCall & Meston, 2006). During a laboratory session, participants' levels of physiological and subjective sexual arousal were assessed during exposure to erotic/explicit video stimuli.

Results: Greater increases in subjective sexual arousal ($F = 4.404, p < .05$) and positive affect ($F = 4.518, p < .05$) from the neutral to the sexual video were associated with higher scores in desire in response to erotic/explicit cues. Increase in physiological sexual arousal ($F = .003, p > .05$) to erotic/explicit stimuli was not associated with desire scores.

Discussion: These findings are consistent with literature proposing that desire may be the cognitive aspect that feeds into the subjective experience of sexual arousal.

Utility/Limitations/Risks: Given the similarities between cues that activate sexual desire and those that activate sexual arousal, future research and treatment should further consider interventions that address both at the same time.

Behavioral Learning Objectives:

After attending this presentation, participants will be able to:

1. Assess individual cues for sexual desire and utilize them in the treatment of patients with disorders of sexual desire and/or sexual arousal.
2. Better understand the nature of the relationship between sexual desire and subjective sexual arousal.

References:

- McCall, K. & Meston, C. (2006). Cues resulting in desire for sexual activity in women. *Journal of Sexual Medicine, 3*, 838-852.
- Pfaus, J.G. (2006). Of rats and women: Preclinical insights into the nature of female sexual desire. *Sexual & Relationship Therapy, 21*(4), 463-476.

Biography:

Lauren McKay is a senior at the University of Massachusetts-Boston pursuing a Bachelor of Arts degree in psychology with a philosophy minor. After graduation she hopes to pursue her PhD in clinical psychology while continuing her research interests in human sexuality.

SUBJECTIVE SEXUAL AROUSAL AND RISKY SEX IN CSA SURVIVORS

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Introduction: Research has indicated that women with a history of childhood sexual abuse (CSA) are more likely to engage in risky sexual behavior in adulthood, characterized by casual sexual encounters, multiple partners, and unprotected intercourse (Senn, Carey, & Venable, 2008). Individual differences in arousability, or the degree to which a woman becomes aroused in response to sexual cues, could provide important insight into the motivation to engage in risky sexual behaviors.

Method: In this study, 20 CSA survivors and 39 women with no history of sexual assault completed a psychophysiological assessment involving rating subjective sexual arousal using a hand-held lever while viewing neutral and erotic stimuli. Vaginal photoplethysmography data were also collected to assess changes in physiological sexual arousal during the erotic stimuli.

Results: For women in the CSA group higher subjective sexual arousal predicted having known their most recent sexual partner for a shorter period of time prior to engaging in sexual intercourse, $F(1, 54) = 7.79, p < .01$.

Discussion: This finding suggests that CSA survivors who tend to become more easily sexually aroused report engaging in sexual activities sooner than CSA survivors who are less sensitive to arousability, and sooner than women with no history of CSA. Future studies should investigate the role of sexual arousal in facilitating impulsivity in sexual activity for CSA survivors.

Utility/Limitations/Risks: This finding may be useful in identifying a subgroup of CSA survivors at higher risk for sexual behaviors that can lead to greater risk for HIV/AIDS infection and transmission, unwanted pregnancy, and sexual revictimization.

Behavioral Learning Objectives:

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

1. Describe the long-term consequences of CSA on adult women's sexuality.
2. Identify the relationship between subjective sexual arousal and risky sexual behavior.

References:

Senn, T. E., Carey, M. P., & Venable, P. A. (2008). Childhood and adolescent sexual abuse and subsequent sexual risk behavior: Evidence from controlled studies, methodological critique, and suggestions for research. *Clinical Psychology Review, 28*, 711-735.

Biography:

Sarah Roberts is a senior Psychology major and Spanish minor at the University of Vermont in Burlington, Vermont. Following graduation she intends to pursue a Masters in Public Health with a concentration in women's health and sexuality.

COMPARING THE PERCEPTION OF ORGASM IN YOUNG AND MIDDLE-AGED MEN

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Introduction: No research has systematically examined the variability in subjective experience in the male orgasm which Kolodny, et al. (1985), Kinsey et al. (1948), and Hite (1981) all acknowledge. The present study investigated whether variability exists in the subjective experience of orgasm in men across different sexual contexts including masturbation, manual stimulation from a partner, oral sex, and intercourse. Results were compared between two age groups: young men and middle-aged men. Post-ejaculatory refractory period and orgasm intensity were also explored.

Methods: To examine the subjective variability in orgasm, investigators created a questionnaire including Mah and Binik's orgasm rating scale (2002) with the addition of questions regarding the subjective experience of orgasm, orgasm intensity and post-ejaculatory refractory period. A sampling ($n = 46$) of Montreal men filled out these questionnaires.

Results: Younger men scored significantly higher in the sensory dimension for the intercourse context. Overall, affective dimension scores and orgasm intensity scores increased as the sexual context became increasingly intimate. Younger males' refractory periods were significantly longer after intercourse than older males' refractory periods after intercourse.

Discussion: The results of the current study confirm that differences exist in the subjective experience of orgasm across different sexual contexts in men, and that some of those differences vary according to age. High sensory scores for the younger males may be attributed to the novelty of sexual experiences. Intimacy is connected to an increased intensity of orgasm. Counterintuitive results regarding the post-ejaculatory refractory period specify a need for further empirical research into the refractory period. Overall, results indicate that the male orgasm is not as well understood as originally believed.

Utility/Limitations/Risks: Results add to a field of research which is currently lacking empirical evidence. The results are limited by a small sample size.

Behavioral Learning Objectives:

After attending this presentation, participants will be able to:

1. Recognize that the male orgasm is far richer and more complex than originally assumed.
2. Discuss the subjective variability of the male orgasm.

References:

Hite, S. (1981). *The Hite report on male sexuality*. New York: Ballantine Books.

Kolodny, P., Masters, W.H., & Johnson, V.E. (1985) *Masters and Johnson on Sex and Human Loving*. Boston: Little, Brown and Company.

Kinsey, A., Pomeroy, W., & Martin, C. (1948). *Sexual behavior in the human male*. Philadelphia: W.B. Saunders.

Mah, K., & Binik, Y. M. (2002). Do all orgasms feel alike? Evaluating a two-dimensional model of the orgasm experience across gender and sexual context. *The Journal of Sex Research*, 39,104–113.

Biography:

Jessica Spape completed her BA at Concordia University in honours psychology. She is presently doing her MSc. in clinical psychology at Queen's University.

FEMALE SEXUAL AROUSAL: A CLOSER LOOK AT BIOPSYCHOSOCIAL VARIABLES
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Introduction: Female sexual arousal is an important component of sexual functioning, yet it is not well understood. Therefore, a well-conceptualized model examining the physiological and subjective components of healthy female sexual arousal is necessary.

Method: Laser Doppler imaging (LDI) was used to capture the physiological component of sexual arousal (i.e., blood flow to the external genitals), while the subjective component of sexual arousal was measured retrospectively and continuously. Questionnaires were used to obtain information on the psychosocial aspects of sexual arousal.

Results: Several psychosocial variables were identified as significant moderators of the association between physiological and subjective sexual arousal, including dyadic adjustment, sexual communication, general mental health, and sexual satisfaction. Genital sensations were found to mediate the relationship between the two components of female sexual arousal.

Discussion: The findings of the current study contribute to the understanding of the physical, psychological, and social factors involved in female sexual arousal.

Utility/Limitations/Risks: The results of this study may be helpful in identifying targets for treatment in women presenting with arousal difficulties; however, the results are limited by the small sample size and sample demographics.

Behavioral Learning Objectives:

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

1. Discuss the roles that psychosocial variables play in female sexual arousal
2. Appreciate the need for further research in the area female sexual arousal

References:

- Basson, R. (2002). A model of women's sexual arousal. *Journal of Sex & Marital Therapy*, 28, 1-10.
- Dunn, K. M., Croft, P. R., & Hackett, G. I. (1999). Association of sexual problems with social, psychological, and physical problems in men and women: A cross sectional population survey. *Journal of Epidemiological Community Health*, 53, 144-148.

Biography:

Samantha Waxman is a PhD student at Queen's University. She recently defended her dissertation, which focused on the measurement of female sexual arousal using laser Doppler imaging. She is currently completing her clinical internship at the Ottawa Hospital.

ARE LONG DISTANCE DATING RELATIONSHIPS DOOMED TO FAIL?
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Introduction: Despite the high prevalence of long distance dating relationships (LDDRs), they have been understudied and many facets remain unexplored. Many contradictory results exist, and no studies have examined sexuality variables and the roles they play in LDDRs.

Method: We recruited participants to take part in an anonymous online survey assessing sexuality and relationship variables. Our sample consisted of 352 females in LDDRs, 177 males in LDDRs, 248 females in geographically close relationships (GCRs), and 58 males in GCRs.

Results: Results showed no differences on sexual satisfaction, greater sexual communication and greater relationship satisfaction for females (versus males) and those in LDDRs (versus those in GCRs), greater intimacy for females, and greater love for males.

Discussion: Contrary to popular belief, it appears as though LDDRs are not less functional than GCRs, and individuals in LDDRs often report better functioning in a number of areas.

Utility/Limitations/Risks: The more information that is known about these relationships, the better individuals and couples can prepare for the challenge of being apart. The study is limited by the relatively lower sample of males than females.

Behavioural Learning Objectives:

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

1. Identify factors that predict the outcome of LDDRs.
2. Discuss the importance of subjective interpretations and perspectives in LDDRs.

References:

- Dainton, M. & Aylor, B. (2001). A relational uncertainty analysis of jealousy, trust and maintenance in long-distance versus geographically close relationships. *Communication Quarterly*, 49(2) 172-189.
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Biography:

Ms. Dargie received her bachelor's degree from Queen's University in June 2009. She is currently a Clinical Psychology graduate student at Queen's University, and her thesis focuses on pain classification of different forms of dyspareunia.

PURSUING AND DISTANCING ON THE RELATIONSHIP BETWEEN CHILDHOOD TRAUMA AND ADULT SEXUAL FUNCTION

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Introduction: Research has indicated that women with a history of childhood sexual abuse often use avoidant coping strategies such as substance abuse, dissociation, and emotional suppression, which are likely to be a key factor of psychopathology (Marx & Sloan, 2002). While studies look at the effect of situational avoidant behavior, it is relevant to investigate avoidance as a more stable personality trait and see how these characteristics may relate to sexual functioning.

Method: In this study, 22 participants with no history of childhood trauma and 34 with a variety of trauma completed questionnaires on severity of trauma, sexual functioning, and tendency to avoid experiences. A three step hierarchical regression on orgasm function investigated the interaction between severity of childhood trauma and tendency to avoid experiences.

Results: A significant interaction effect on orgasm function was observed between childhood trauma and avoidant tendencies, $F(5, 50) = 3.198, p < .05$, with the combination of childhood trauma and avoidance tendencies explaining lower orgasm function, $\beta = -.547$.

Discussion: This finding suggests that for women with a history of childhood trauma, the tendency to avoid interpersonal closeness and avoid emotional involvement predicts orgasm functioning.

Utility/Limitations/Risks: Future research should consider adult sexual dysfunction as result of the combined independent effects of trauma and personality.

Behavioral Learning Objectives:

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

1. Define the concept of avoidance as both a coping behavior and a stable trait
2. Recognize the contribution of personality to sexual functioning in a trauma population

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Biography:

Jennifer Staples graduated from the University of Vermont in May 2009 with a Bachelor of the Arts in psychology. In the future she intends to pursue a PhD in Clinical Psychology with a concentration in human sexuality.

THE SENDING AND RECEIVING OF SEXUALLY EXPLICIT CELL PHONE PICTURES ("SEXTING") AMONG HIGH SCHOOL STUDENTS

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Introduction: "Sexting," or the transfer of sexually explicit content via mobile phone, particularly when engaged in by minors, has received substantial attention in the national media adolescents. Given the serious potential legal, psychosocial, and other consequences associated with this activity, it is important to attempt to at least estimate its prevalence among high school age individuals. This study was designed to provide a preliminary sense of the prevalence of sexting.

Method: The sample of 609 participants (329 males, 278 females, 2 no response) ranged in age from 14 to 18 years and were recruited from a single private high school. A study questionnaire was administered to all eligible students during regular class periods and completed anonymously.

Results: Over 95 % of eligible students chose to participate, of which 18.1% (18.5% of males, 17.2% of females) reported that they had ever *sent* a sexually explicit image (i.e., of genitals or buttocks for both sexes and of breasts for females) of themselves via mobile phone to another person. About twice as many, 41.1% (49.8% of males, 30.4% of females) reported that they had ever *received* a sexually explicit picture via cell phone. Of those having received such a picture via mobile phone, 24.0% (26.8% of males, 21.1% of females) indicated that they had *forwarded* the picture to at least one other.

Discussion: The results of this study demonstrate that sexting is far from a rare occurrence. Significant numbers of the high school teenagers surveyed admitted to having sent and/or received these sexually explicit photos making a strong argument for educational efforts designed to raise awareness among young people and those who care for them regarding the risks associated with sexting.

Utility/Limitations/Risks: Findings of this study emphasize the need for further research of this potentially dangerous activity. While there is no way of knowing the extent to which our findings can be generalized to a more demographically diverse group of adolescents attending public schools, our data are consistent with those we have obtained from over 1,000 college students regarding their sexting behavior while attending high school.

Behavioral Learning Objectives:

After attending this presentation, participants will be able to:

1. Have a better understanding of the nature and approximate prevalence of sexting among high school students.

Biography: Michael Sustaíta is a senior at the University of Nebraska Omaha pursuing a Bachelor of Arts degree in psychology. Currently, he is further researching sexting, and examining behaviors, motivations, and links between victimization of cyber aggression and depression & anxiety among college students. Michael intends to pursue a Ph.D. in clinical psychology and conduct further research in human sexuality. Dr. Strassberg is Professor of Psychology at the University of Utah.

**PHYSIOLOGICAL AND SUBJECTIVE AROUSAL IN ASEXUAL WOMEN:
A PILOT STUDY OF SEXUAL ORIENTATION GROUPS**

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Introduction: Asexuality is defined as lifelong lack of sexual attraction. In the last five years since the publication of the first empirical paper on human asexuality, there have been a number of empirical examinations focused on the description of asexuality and the characterization of asexual individuals. The only existing study to explore the prevalence of asexuality found that approximately 1% of the population self-identify as asexual. A recent frenzy of media attention focused on asexuality has suggested that asexual individuals experience hypoactive sexual desire disorder (HSDD), and that they may represent the polar lower end of the desire continuum. However, the existing data suggest that asexuals do not experience distress nor want to be “fixed”, making asexuality fundamentally different from HSDD. In reality, the precise delineation between lifelong HSDD and asexuality is unclear, and this “gray zone” requires further study. Empirical research on asexuality reveals significantly lower self-reported sexual desire and arousal, as well as lower rates of sexual activity, however, the speculation that there may also be an impaired psychophysiological sexual arousal response has never been tested. The aim of this study was to compare genital (vaginal pulse amplitude; VPA) and subjective sexual arousal in asexual and non-asexual women. We predicted lower levels of self-reported sexual arousal in the asexual women compared to the other groups. Regarding VPA, we predicted that if asexuality was a sexual dysfunction, then we would find lower VPA in the asexuals compared to the other three groups, but we hypothesized no significant group differences in VPA if asexuality was a sexual orientation (and not a disorder). We also explored the degree of concordance between genital and subjective sexual arousal in each of these subgroups separately.

Method: Thirty-eight women between the ages of 19 and 55 (10 heterosexual, 10 bisexual, 11 homosexual and 7 asexual) completed a battery of questionnaires, including measures of sexual function (Female Sexual Function Index; FSFI), sexual arousal (Detailed Assessment of Sexual Arousal; DASA) and sexual desire (Sexual Desire Inventory; SDI). They then viewed neutral and erotic audiovisual stimuli while VPA and self-reported sexual arousal and affect were monitored.

Results: Overall, the findings revealed no significant differences between asexual women and heterosexual, homosexual, or bisexual women in the genital arousal response to a heterosexual audiovisual erotic stimulus in a controlled, laboratory environment. Instead, all women showed a significant increase in response to the erotic film. A main effect of film was also found for subjective sexual arousal in that all groups showed a significant increase, with no significant group differences. On perceived genital arousal there was a trend towards a film by group interaction such that there was less of an increase among the asexuals compared to the other groups, however, this did not reach statistical significance. Given the small effect size, this effect was not likely to have been magnified with a larger sample. As predicted, there was a significant film by group interaction on the self-report measure defined as sensuality-sexual attraction such that there was a significant increase following the

erotic film in all groups except the asexual women. Genital-subjective sexual arousal concordance was significantly positive for the asexual women and non-significant for the other three groups.

Discussion: Our findings lend support to the speculation that asexuality is not a sexual dysfunction—or perhaps, more precisely, it is not a disorder of sexual *arousal*. Given that asexuals self-report not experiencing any sexual attraction, our findings suggest that asexuals have a normal sexual arousal response to competent stimuli, but then do not experience the corresponding drive to direct that excitement towards a potential sexual mate. The significant genital-subjective sexual arousal correlation seen in the asexual group but not in the other groups is a novel and intriguing finding. It suggests that with increases in genital sexual arousal, there is a parallel degree of increase in subjective arousal seen *only* in asexual women. Taken together, the findings suggest normal subjective and physiological sexual arousal capacity in asexual women and support the proposition that asexuality be characterized as a sexual orientation and not as a sexual dysfunction.

Utility/Limitations/Risks: This study adds to the growing literature on asexuality, and is the first to investigate physiological and subjective sexual arousal in asexuals. The results of this study could have important ramifications for whether asexuality is viewed as a sexual dysfunction, such as HSDD. Important limitations of this study include the small sample size of asexual women ($n = 7$), which may not be representative of all asexual women given that our sample agreed to take part in a sexual study involving presentation of erotic stimuli. Because asexuality is defined as lack of sexual attraction, there may not be an incentive to voluntarily take part in any experimental procedure that involved presentation of undesired stimuli.

Behavioural Learning Objectives:

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

1. Describe the relationship between genital and subjective sexual arousal in asexual and non-asexual women.
2. Discuss the proposition that asexuality be characterized as a sexual orientation and not as a sexual dysfunction.

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Biography:

Morag Yule received her BSc in Molecular Biology from the University of Victoria in 2003. After taking two years off to work and travel in Scotland and Japan, she returned to Vancouver and completed a BA in Psychology in 2007. She has been conducting research in the area of asexuality since 2007, and is presently a Master's student in the Clinical Psychology program at the University of British Columbia under the supervision of Dr. Lori Brotto.

**SEX GUILT MEDIATES THE RELATIONSHIP BETWEEN CULTURE
AND SEXUAL DESIRE IN MEN**

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Introduction: Differences in sexual desire between individuals of Chinese descent and those of European descent are well-documented, with Chinese individuals reporting lower sexual desire than Caucasian individuals. On the other hand, the mechanisms that underlie this disparity have received little empirical attention. Recent research has found that sex guilt, “a generalized expectancy for self-mediated punishment for violating or for anticipating violating standards of proper sexual conduct” (Mosher & Cross, 1971), mediates the relationship between culture and sexual desire in Chinese and Caucasian women. The purpose of this study was to explore the potential mediating role of sex guilt in the relationship between culture and sexual desire in Chinese and Caucasian men.

In addition to studying ethnicity as one index of culture, the effect of acculturation, construed bidimensionally, among the Chinese men will also be examined. Acculturation is the process whereby values of the new culture (mainstream, or Canadian, culture) are incorporated into one’s self-identity and culture of origin (heritage culture). Sex guilt was examined as a potential mediator between each dimension of acculturation and sexual desire among the Chinese men.

Method: Male university students of European (N = 42) and Chinese (N = 77) ancestry completed online questionnaires concerning acculturation, sexual desire and sex guilt.

Results: The Chinese men reported significantly lower sexual desire and significantly higher sex guilt than their Caucasian counterparts. Mediation analysis revealed that sex guilt was a significant mediator of the relationship between ethnicity and sexual desire. Among the Chinese men, mainstream acculturation was significantly correlated with sex guilt and sexual desire, such that increasing mainstream acculturation was associated with less sex guilt and greater sexual desire. Heritage acculturation was not correlated with either sex guilt or sexual desire. Mediation analysis revealed that sex guilt mediates the relationship between mainstream acculturation and sexual desire.

Discussion: To our knowledge, no other study has examined the mechanisms that underlie the disparity in sexual desire in Caucasian and Chinese men. The results were consistent with our hypothesis that the Caucasian men would report less sex guilt and greater sexual desire than the Chinese men, and that more mainstream acculturated Chinese men would report greater sexual desire and less sex guilt. Novel to this study, sex guilt was found to mediate the relationship between culture and sexual desire in men.

Utility/Limitations/Risks: The results of this study are expected to be helpful to sexual health clinicians treating low sexual desire in men, but the results are limited by the small sample size as well as the select nature of the sample.

Behavioural Learning Objectives:

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

1. Discuss the importance of taking culture into account when studying sexuality in different cultures.
2. Explain the impact of sex guilt on sexual desire in Chinese men.

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Biography:

Jane Woo received her MA in Economics from the University of British Columbia in 2002. She decided early in her banking career that her true interest lay in how culture impacts sexuality and has been conducting research in this area since 2005. She is currently enrolled in the PhD program in Clinical Psychology at the University of British Columbia under the supervision of Dr. Brotto and Dr. Gorzalka. She has been a member of SSTAR since 2007.

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