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Theme Issue on TA and Sexuality

Short-term Sex Therapy

By M. Edward Clark

Eric Berne's motto was, if memory serves me correctly, cure the client in the first session if you can. If not in the first, then in the second, and so on. The goal is to cure as quickly as possible, in other words, in the "short-term" hopefully. Of course, that is not always possible. However, some sexual dysfunctions can, in many cases, be cured in a relatively short time, say one to six sessions.

The most common sexual dysfunctions are fast ejaculation and erectile problems in men and orgasmic difficulties, vaginismus and painful intercourse in women. Lack of sexual desire is also common to both men and women. Each of these could be handled in short-term therapy, but each could also require much longer treatment depending on the etiology of the dysfunction.

Without comprehensively defining the roots of all sexual problems, it seems fair to say that most sexual dysfunctions are the result of one or more of the following: lack of knowledge, experiential conditioning, performance anxiety (including anxiety about one's partner's enjoyment as well as anxiety about everyday life), traumatic sexual experiences in childhood, rape at any age, and physical or medical problems, including some kinds of medication.

Other components that can lead to sexual dysfunction are a lifestyle centered in the Critical Parent, an overdeveloped Adult that tends to ignore feelings and the Adapted Child.

An ancillary component in many sexual dysfunctions is the inability to communicate with a partner about sexual matters. Often this includes a lack of vocabulary and knowledge about one's own body and one's partner's body. Frequently, couples report after only one or two sessions that they talked more about sex during those weeks than they had in 10 to 20 years of the relationship.

Needless to say, self-esteem is an important factor which is closely related to sexuality and sexual response. Individuals who do not like themselves seldom respond to short-term therapy. I recall one client, a woman in her second marriage, who insisted that the only thing she liked about herself was her fingernails. The only way she could respond sexually was to get half drunk first, but even that didn't always work. Short-term therapy? No way!

Other components that can lead to sexual dysfunction are a lifestyle centered in the Critical Parent, an over-developed Adult that tends to ignore feelings, and the Adapted Child. For example, people in professions that emphsize the Adult ego state - doctors, lawyers, engineers, computer technicians - often lose touch with the Natural Child. I have treated several couples in which both were lawyers. Now that was double jeopardy!

In the dozen years of sexual therapy I did both at the University of Kansas Medical Center and in private practice, I found Jack Dusay's egogram concept very useful with couples. (Dusay describes a fairly typical case of sexual dysfunction in his book, *Egograms*, under the heading of Mary's Orgasm (p. 9). Pre- and post-egograms are shown.)

Frequently, I do an egogram with a couple using the same base line. Quite often it will look like the one in Figure 1 with one or both of the partners indicating a low Natural Child. The Nurturing Parent may also be low, as was the case with Mary in Dusay's illustration. However, the Nurturing Parent bar on the graph can be deceiving. Many people, particularly women, have a high amount of Nurturing Parent but, while they nurture others a lot, they feel guilty (Critical Parent) if they nurture themselves. (The crosshatched lower section of the Nurturing Parent in Figure 1 indicates the extent to which the woman in the couple says she nurtures herself.)

These women end up giving to others, but no one is giving much to them and their Natural Child becomes deprived. The deprived Natural Child, from which spontaneous, enjoyable, guilt-free sex derives, is not likely to respond creatively unless there is sufficient nurturance coming in. The egogram gives a visual picture of how each person sees him/herself in relation to such dynamics and, in discussion of it, how each sees the other.

It is probably not an exaggeration to say that almost all sexual dysfunctions involve the Natural Child in some way. The Critical Parent may be so strong that it leaves no room for the Natural Child to function, or the Nurturing Parent may fail to nurture. The Natural Child may be frightened, anxious, angry or, in cases of childhood molestation, so traumatized that negative sexual attitudes and responses are all that can come forth. In such cases, any kind of warm, joyful, spontaneous sexual response is completely blocked.

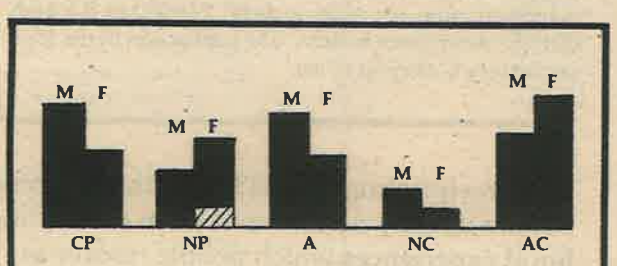

Figure 1

Jack Annon, a sexual therapist in Hawaii, developed a diagnostic model I find useful. In his P LI SS IT model, the initials stand for: P = Permission; LI = Limited Information; SS = Specific Suggestions; and IT = Intensive Therapy.

Permission is a powerful tool in short-term sexual therapy. Frequently I will say to a client, "I give you permission to be a warm, responsive, confident, sexual human being,

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and I want you to give yourself the same permission." Sometimes permission is all that is necessary. The therapist becomes a "nurturing parent" substitute. Giving permission introduces a new tape that weakens the old tapes of the Critical Parent or the scared Child.

Limited information and specific suggestions are the function of the therapist's Adult. Make no mistake, sexual ignorance is still abroad in the land. Many of us grow to adulthood absorbing a great deal of sexual myth and misinformation. Ignorance is not bliss. In fact, ignorance can be a nightmare. A little learning of authentic information certainly is not a dangerous thing.

It is probably not an exaggeration to say that almost all sexual dysfunctions involve the Natural Child in some way.

While there is a great deal of sexual information now available, it is not all of uniformly high quality. Three books that my clients have found to be very beneficial are:

For Yourself: The Fulfillment of Female Sexuality by Lonni Barbach

Male Sexuality by Bernie Zilbergelt

Loving Free by the McDonalds (a couple)

I have also found *Born to Win* by Muriel James and Dorothy Jongeward of real benefit in terms of self-understanding and communication skills.

Specific suggestions involve giving assignments that people can do at home between therapy sessions. Both Masters and Johnson and Helen Singer Kaplan outline the steps in what M and J call a sensate focus exercise and HSK calls a pleasuring exercise. The pleasuring exercise involves touching and caressing with a mutual contract that sexual intercourse will not be part of the experience. It is structured to be as free as possible from tension or anxiety and

continued on page 2

Private Sex Treatment in a Group Setting

By Aaron Lederer

It is difficult for many people to talk about intimate sexual problems openly in a group. Therefore, a method which enables clients to solve sexual dilemmas in a group without disclosing intimate physiological or emotional details would both respect the individual's right to privacy and also bypass the need to overcome inhibitions.

I have been using such a method and I find it successful in both regards. It assumes that, when individuals encounter difficulty in the area of their sexual experience, they are, at that point, Rubberbanding.

A method which enables clients to solve sexual dilemmas in a group without disclosing intimate physiological or emotional details would both respect the individual's right to privacy and also bypass the need to overcome inhibitions.

After establishing a contract with someone, I invite them to create a sexual fantasy. For example, I might say, "You are about to fantasize a sexual experience. As you let yourself experience your fantasy, pay close attention to any discomfort, anything you hear, feel or see that does not fit with what would be a completely satisfactory experience. As soon as you experience a discomfort, be sure to freeze the picture and return to the here and now with the picture frozen. Now, close your eyes and imagine yourself on the beach . . . . Now continue with the fantasy and add your own sexual content to it."

Most clients initially experience discomfort. Later, as they look at their frozen scene, I ask them to enter it and let themselves experience their discomfort fully. I then invite the client to experience an early scene.

The precipitating events which they remember are usually no different from other childhood experiences which people resolve in therapy. Most of them either involve inadequate parenting or the misinterpretation by the child of his/her caretaker's actions or intent. These early episodes were seldom sexual in content, but have been sexualized by the client's own internal processes.

After the client has disconnected the first Rubberband, he/she is invited to repeat the procedure in subsequent sessions until all Rubberbanding ceases and he/she can fantasize a complete sexual episode with positive feelings.

A young woman client who participated in groups during which I used this method agreed to write about her experience and the conclusions she drew from it.

" . . . I interrupted the sequence of the fantasy by walking away from what was happening. What was happening was that the man had his face near my genitals and was going to lick my clitoris. In my fantasy, we had not even made it to the bed. Yet, what went through my head was 'it's dirty.' I was feeling that feeling in my back, a combination of fear and anger, though I did not know what it was about. Up to this point, I had been having strong, pleasant sexual feelings. At this time, I felt distant from the man and uncomfortable.

"When asked to go back to the earliest time I felt that feeling, I visualized myself as a tiny, naked baby, being turned upside down and spanked. In the continuation of this scene, I am handled not too comfortably and washed. The people who are handling me do not think I am beautiful. They are going 'yuk' about having to wash me. (They may not actually have said anything.)

"When I took the little me into my arms, I told her all kinds of wonderful things - that my body is a vehicle of



pleasure, that life is pleasurable, that my body is beautiful, etc.

"I think that I drew some conclusions about myself, about life, about men, in general, very early. Some of these conclusions were: life is painful, men hurt me, my body is a vehicle of pain, my body is dirty. I localized the body is dirty to 'down there is dirty.' The connection to the scene in my fantasy is obvious to me.

The precipitating events which they remember are usually no different from other childhood experiences which people resolve in therapy . . . . These early episodes were seldom sexual in content, but have been sexualized by the client's own internal processes.

"The other work I did that related to my sexual functioning was about interfering parents (one session for mother and one for father) and a session each about men leaving me when angry, masturbation, giving myself pleasure (not just related to sex), and the association of pain and love. None of these was specifically related to sex. They all related to non-sexual issues that manifested themselves in less than satisfactory sexual relating.

"In thinking about the specific work I did to solve sexual problems, I realized that all my therapy has been sex therapy. In letting go of old hurts and angers, through expression, release and finally understanding, I freed the way for me."

Aaron Lederer, a Clinical Member living and practicing in Chatham, New Jersey, liked writing this article and hopes you enjoy reading it.

Short-term Sex Therapy (continued)

does not require or allow any kind of goal or performance orientation to develop. Rather, the exercise promotes relaxation and is structured so that there is very little possibility of failure.

Usually, the pleasuring exercise is non-threatening, relaxing and it opens the way for the Natural Child. Freeing up the Natural Child enables the partners to be more spontaneous in their sexual responses. Such responses are not something that can be forced from any of the ego states; no man can force an erection and no woman can force an orgasm.

If there is resistance on the part of the couple in arranging this pleasuring experience or if the assignment is carried out unsuccessfully, it is likely that there are problems in the relationship that go beyond sexual dysfunction. In such instances, short-term therapy is not likely to be successful.

Intensive therapy, the last of Annon's categories, is, by definition, long-term and not within the scope of this article.

One definition of therapy that I think is especially appropriate to sexual therapy is, "Therapy consists of reducing tension and anxiety and increasing self-esteem." While all the ego states of the therapist and the clients are involved in this process, the Adult is particularly important. For the therapist, it is the vehicle for getting and giving factual information and laying out a treatment plan. For the clients, it allows choices to be made that can bring about change.

Although there are other areas of TA theory that are applicable to short-term sexual therapy, I have included those aspects here that I find most useful and have used most frequently.

M. Edward Clark, Ed. R. D., is a Regular Member in Clinical Training in ITAA. Formerly with the University of Kansas Medical Center, he is currently in private practice specializing in marriage, family and sexual counseling.

New Address/Phone Number for Trans Pubs

In accordance with the January 1983 Board decision, ITAA has leased Trans Pubs to Norm Shea. Effective immediately, orders and inquiries should be sent to Trans Pubs, 1259 El Camino Real, Suite 209, Menlo Park, California, USA 94025. The new phone number is (415) 325-6487. A new catalog will be sent out after the Summer Conference.

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KEEPING IN TOUCH

Robin Maslen, Clinical Teaching Member in ITAA, was recently appointed as manager of strife-torn Yatala Labor Prison in South Australia. Formerly a probation officer, supervisor of the South Australia Youth Training Center and an experienced psychotherapist, Robin takes over at Yatala following a period of growing unrest and public concern over security. (In March, during a riot and fire, three hostages were taken.) Prior to taking up his new position, Robin visited prisons in Scandinavia, the United Kingdom and the United States. It sounds like a very challenging position. We congratulate Robin and wish him the best in this important work.

The Kentucky Transactional Analysis Association held its first meeting recently with much enthusiasm and excitement. Forty-five people came, including some TA "Old Timers" as well as many newcomers. Richard Erskine, PhD, Clinical Teaching Member and Rebecca Trautmann, RN, Clinical Provisional Teaching Member, presented a very well-received program on "Treating Script Issues with the Racket System." Tay Bach, DMin, Clinical Provisional Teaching Member, was appointed the Regional Coordinator and expertly put together the conference. Other persons from Kentucky who are interested in the ITAA can contact Tay to be included in the September meeting of the Kentucky TA Association. He is at 26 Audubon Ct., Ft. Thomas, KY 41075.

The Statement of Ethics and the Procedures for Handling Ethics Procedures Within the ITAA are available upon request from the ITAA office.



Anila Dhir (L), a psychiatric social worker who applies TA to assertiveness training for village women, receives her Special Fields Member certificate while Fr. George Kandathil (center), Convenor of ITAC VI, looks on.



Vincent Pereira (L) receives his Clinical Member certificate from the Governor of Kerala at ITAC VI, the Indian TA Conference, which was held in Cochin during January of 1983. Vincent, a seminary professor and an expert in Tai Chi and the Progoff Journal, is also standing for election to the Board of Trustees of the Transactional Analysis Society of India (TASI).

Katrina Seipp Poutney wants to share some good news - on March 19, 1983 she was awarded her PhD in Clinical Psychology from Florida Institute of Technology and was married to Earle H. Poutney of Toronto. She has joined the staff of the Episcopal Counseling Center and will be living and working in Brevard County, Florida. Congratulations, Katrina!

A note from **Ron Clements, organizer of the TA in Organizations Conference** - "The years roll by and each one brings (among other things) the International Conference for TA in Organizations. This year was the sixth in the series. In a beautiful hotel in the heart of the English countryside, a group of management trainers and consultants from Britain and the Continent met with a small elite group of TA trainers from the States.

"The presenters - Graham Barnes, Joe Cassius, Claude Steiner and Dick Underhill - each led whole-day workshops in which they developed their most recent ideas and techniques as they applied to the work environment.

"Purely by chance, the British General Election took place during the week of the Conference and, while Government had a landslide victory, Maggie Thatcher's triumph in no way matched the unanimous success of Graham, Joe, Claude and Dick.

"Incidentally, the only cloud at the event was a political one. As a direct result of the current economic situation here, there was a drop in the number of participants. However, we're already looking forward to next year's event and potential participants and presenters can get details from me, Ron Clements, 29 Paxton Gardens, Woking, Surrey, England GU21 5TS."

Keep us in touch too - remember to put us on your mailing list for brochures, workshop announcements, etc., so we can learn what you are doing. The information goes into our resource file so that we have people to contact when we do theme issues.

Letter on Nuclear Freeze Sent to Six Countries

The following letter is being sent to the leaders of the six countries definitely known to possess nuclear weapons: USA, USSR, Britain, China, France and India.

"The International Transactional Analysis Association is an organization of 6,000 members representing 57 countries throughout the world. Our membership is composed of professionals who are committed to applying the principles and techniques of the helping arts and Transactional Analysis for organizational and world improvement.

"Our organization is committed to the principles of freedom for all peoples of the world. In view of this commitment, we urge you to implement an immediate, verifiable freeze on the production, testing and deployment of nuclear weapons."

Norman L. James, PhD
President, ITAA

CALENDAR

August 3-6, 1983 ITAA Summer Conference, Oakland, California

January 23-28, 1984 ITAA Winter Congress, Santo Domingo, Dominican Republic

June 24-July 1, 1984 ITAA Summer Conference, Villars, Switzerland

	Exam Date	Location	Application Deadline
CM/SFM Oral Exams	July 3, 1983 August 3, 1983 November 13, 1983 November 17, 1983	Rome, Italy Oakland, California Paris, France Adelaide, South Australia	April 4, 1983 May 3, 1983 August 15, 1983 August 19, 1983
TM Oral Exam	August 3, 1983	Oakland, California	May 3, 1983
Written Exam	July 7 & 8, 1983 November 11 & 12, 1983	Location to be announced Location to be announced	April 15, 1983 August 15, 1983

All fees are due by the application deadline. All exam fees are non-refundable, but will be kept as credit in your account (minus $10 fee) if at least 30 days written notice is given for cancellations. Otherwise, fee is forfeited. Fees: Written Exam — $90 US/Canada; $15 all others. Orals application — $75, non-transferable. Oral exam — $50. Contract filing fee — $30.

On Being a Gay Therapist in a Sexist Society

Some Personal Reflections

By Lawrence Collinson



I enjoy my Defiant Kid. He helps me say "I won't" to the assumptions, opinions, attitudes, thoughts, and ideas of particular people and society in general. This skeptical refusal to internalize accepted notions until I process them through my Adult was necessary for my survival as a child. It contributed to my avoiding, as far as possible, the exploitation of a possessive mother and a gambling father, the insecurities of being Jewish in an anti-Semitic neighborhood, and the perplexities of having homosexual feelings I didn't understand and didn't believe I could share with anyone else.

I don't recollect ever being heterosexually curious, although I was attracted, from age five or earlier, to boys and men. Later, I realized that, except for the occasional exploratory grope or comparison with my peers, boys were supposed to talk and think sexually about girls and that sexual responses towards my own sex were somehow disgusting and forbidden. Even then, my sexuality seemed essential to my being and so I was concerned both to hide and to justify what I was experiencing. I said no to pervasive messages - at school, at the cinema, over the radio, in books and magazines, from friends and relatives - that suggested that the natural preoccupation of man is woman.

Over many years, I worked, at first hesitantly and then forcefully, for gay liberation, which is a freeing and an acceptance of self as much as it is a political movement. This process led me to realize that I was dissatisfied with my mixed career of teacher/journalist. I wanted to do something that would be interesting, useful and, at the same time, economically sufficient. Having recently discovered the personal benefits of Transactional Analysis, I decided I wanted to be a professional transactional analyst.

I became a Special Fields Member because Clinical Membership did not seem to be an option. My sponsor at the time was concerned about a gay man being allowed to train as a psychotherapist. How, he asked me, could you deal with the sexual difficulties of heterosexual people, particularly women, and particularly when these difficulties manifest themselves in physical symptoms? I told him I didn't think that would be a problem, but he declined to accept me on my terms.

I wondered how my clients would react to a gay group leader. I learned that they were not really interested in my gayness, only my competence.

Today, I would respond differently. How, I would ask, can a heterosexual male therapist presume to deal with the problems of heterosexual women, gay women, and gay men? And I hope his answer would be: since we're all human, we can all help one another. And, I am reminded of a line from the film *Car Wash*, when the gay garage attendant is blemished by an unpleasant male customer for his seeming lack of masculinity, and replies, "I'm more of a man than you'll ever be, and I'm more of a woman than you'll ever get."

At first, I worked with groups containing only gay men. I found that people with a minority sexual preference were more likely to open up in the company of those whom they already knew shared many of their own secret fears. Later, when I started my mixed groups, I wondered how my clients would react to a gay group leader. I learned that they were not really interested in my gayness, only my competence.

My open gayness has, in fact, encouraged some members whom I'd supposed were staunchly heterosexual to "come out" as bisexual, something of which they themselves had been incompletely aware. Those who have difficulties around sexual ambivalence seem much more comfortable discussing it. Nor do I experience what my sponsor expressed concern about: men and women who are unambiguously heterosexual perhaps see me (for the men) as "permissive" and (for the women) as empathetic. Although sexual relationships constantly arise as "content," sexuality per se is rarely the issue.

In therapy, one of the first impasses for an "unliberated" gay person is the conflict around "coming out," that is, acknowledging his/her homosexuality as openly (and unconcernedly) as non-gays accept and acknowledge their heterosexuality. The support and safety of a gay group can be very helpful at this point. For example, if, instead of coming out, a gay man makes all sorts of rationalizations for not doing so, it is important to help him confront (to examine with clarity) the catastrophic expectations he holds about what will happen if he allows his sexual preference to become known.

Coming out is not, as many gays fearfully and sometimes contemptuously assume, akin to announcing one's gayness on the front pages of the yellow press. Usually it is a much quieter, more gradual process, with each step leading to greater confidence in making the next step and to enormously increased self-esteem. Most gays find that reality is more gratifying than the prisons in which they have been keeping themselves.

It is also important for gay people to recognize that, even if they can't take much joy in their sexuality, heterosexuals don't "have it made" either. They are just as trapped as gays by social, cultural, and familial repression and taboos against sex, gender roles, sexism, family life and sexual role-playing.

However, many, if not most, heterosexuals, defend themselves against their own insecurities by protesting that homosexuality is unnatural (whatever that means) because it is for pleasure and not reproduction. The suggestion is that heterosexual acts are performed for all sorts of reasons, but never simply for enjoyment. I doubt if it would be an exaggeration to say that procreation is almost completely coincidental to non-gay intercourse, not only because there is no way to guarantee that copulation will result in the birth of a child, but also because, at any given moment, the vast majority of people engaging in heterosexual activity are fervently hoping that conception will not result.

Nevertheless, heterosexual parents permit themselves, with indifferent logic and extraordinary hypocrisy, to feel proud of their capacity for having children. Procreation is considered by many to be of more consequence in itself than what happens to those who are procreated. Perhaps the worst crime of all, and one in which many gay people collude, is seeing one's offspring in terms of perpetuating one's own ego: my child, my grandchild, my great-grandchild. Although I may die, I will live forever; my life has a purpose; it is not arbitrary or absurd; I am fulfilled, not by being, but by having; my children and their heirs are my property and an extension of myself. In this context, with this kind of value system, gay people may be regarded as sub-human, no matter how useful, happy or creative their lives may be.

When a gay person feels discounted about his/her sexuality, it is poor self-esteem - a "Humiliation Racket" - that keeps him/her clinging to the anger, fear or confusion, and not the gayness itself. I have yet to meet an orthodox therapist who believes that a heterosexual client's problems are directly caused by his/her sexual preference!

Although sexual relationships constantly arise as "content," sexuality per se is rarely the issue.

To be self-accepting of one's gayness, to have pride in one's sexuality, is baffling and threatening to many heterosexuals and closeted gays. People, gay or otherwise, who lack self-esteem, frequently suppose that it is something that everyone else possesses (I'm Not OK, You're OK). This is not so. Few of us are convinced of our total adequacy as human beings. And yet, paradoxically, the acceptance of our sense of inadequacy can help us perceive what marvellous, adequate, powerful people we are and can be.

Does your *Script* take a long time to arrive? If you will send us the cost of postage ($3.50 US/Canada/Mexico; $10 all others), we will send your *Script* by airmail. Send to Robin Fryer, Managing Editor, 1772 Vallejo St., San Francisco, CA 94123.

Lawrence Collinson, Special Fields Member and Clinical Member in Training, co-founded the London TA Study Group which is still operating as the North London Study Group. He is in private practice and is also a consultant for industry and counseling colleges. He uses TA with a variety of other modalities, including Transpersonal Psychology, Gestalt, Guided Fantasy, Jungian Analysis, Zen, est and some bodywork.

Women's Sexuality Groups



By Patricia McCormick and Ellen Pulleyblank

In the past five years, we have held nine women's sexuality workshops. During that time, we developed a format that includes giving information about female sexuality and using group process to focus on individual script issues.

Originally, we carefully adhered to the format developed by Lonnie Barbach as described in her book, *For Yourself* (1975). In the interim, we utilized other concepts that we believe are compatible with each woman reaching behavioral goals and developing greater understanding of her sexual self.

Each group is composed of six to eight women, ranging in age from 20 to 60 years old. We meet weekly for eight two-hour sessions. The women vary in marital status, religious preference and presenting problems, although they are similar in that most are Caucasian, relatively well-educated and affluent enough to afford the workshop. Group members include those who are pre-orgasmic, those with little or no interest in sex, and others with secondary sexual difficulties.

While the workshop participants have a variety of sexual experiences and difficulties, they usually share the following common beliefs and practices:

1. They infrequently allow themselves to be sexual either alone or with a partner. Sex is kept as a low priority even if it is frequently thought about.
2. They do not feel free to ask for what they want in many areas of their lives, including sex.
3. They do not take responsibility for their own sexual excitement.
4. They feel inadequate and unwomanly. They do not accept their bodies.
5. They have limited information about their own sexuality.
6. All of the above is in the service of not allowing themselves to feel pleasure. The reasons for this differ with each woman, but the result - not being sexually satisfied - is the same.

At each session, we present new information about female sexuality. There are a number of purposes for this information. For example, many women have confused fact with myth. They may feel that their ideas and experiences are unique and not shared by others. Most of the women are as leery of talking about sex as they are of being sexual, and discussion of the new material greatly relieves their discomfort with sex. In the initial sessions, new information is a main focus of the group. The common experience of learning together greatly encourages group cohesion.

We begin each session with a checking-in but, rather than a time for reporting, it is a time for each woman to explore, in depth, her feelings about herself, the group and her developing sexuality. It is a time for specific therapeutic work on an issue the woman has identified as important to her. This may be done with the therapists or with another group member. The latter occurs more frequently after the women have done some self-disclosing and feel trusting of each other.

Much of the literature about behavioral sex therapy refers to underlying dynamics that must be intuitively understood by the therapist, but which are not necessarily exposed as part of the therapeutic process. A distinction is also made between cases that can be dealt with behaviorally and those in which "relationship" counseling is necessary. In contrast, psychodynamic theory attempts to explain the causes of sexual difficulties and believes that these "symptoms" can only be relieved through long-term, ongoing treatment.

We believe that, in order to bring about lasting change, each person must know in detail her own sexual response patterns, whether they be with self or with a partner. These patterns were originally developed for self-protective reasons, but these reasons usually remain outside the person's awareness. They must be made conscious so that the person can deliberately choose to behave differently.

In our groups, the focus is on uncovering the long-term, basic behavioral patterns that each woman has developed to keep herself from being sexually satisfied. This is then tied to early training and experiences. Finally, each woman has the opportunity to practice new behavior and make new decisions about her own sexuality.

This is accomplished in the group by asking each woman specific questions regarding her approaches to or avoidances of being sexual. Each woman takes herself through her own sexual response cycle to see how she either maintains her sexual pleasure or how she stops it. She discovers what she is saying to herself internally, and how this is related to her feelings and physical sensations. After the patterns are clear, each woman is asked a series of questions about early sexual teachings and experiences. The questions include:

1. What did your parents say you should and shouldn't do sexually? What was their basic advice to you about sex?
2. If you were to describe your parents' sexual lives, what adjectives would you use?
3. Was there any early childhood sexual behavior of yours that was pleasant for you and upsetting to your parents?
4. When and how did you first learn about masturbation?
5. What were the circumstances of your first significant sexual experience and what was it like for you?
6. Have you ever had a frightening sexual experience?
7. How do you communicate to your partner when you don't like the way you are being touched?
8. What is your favorite sexual fantasy?
9. In view of your parenting and your own experiences, what did you originally decide about yourself as a sexual person?
10. What redecision have you already made about your own sexuality?
11. What do you still want to accomplish in order to increase your sexual pleasure?

We believe that most women who are having sexual difficulties need to make redecisions about their own sexuality, to obtain new information and to practice new behaviors.

Following this interview, each woman is asked either to talk to her mother directly or in letter form, asking her mother how sex has been for her and any other questions she might have. We focus on mother because we believe that it is mother who teaches the daughter how to be or not be sexual. Since each woman is committed to the goal of being more sexual, a reevaluation of what she has taken from mother is necessary.

Most workshop participants discover that their mothers are more sexual than they knew and, in fact, do give them permission to be sexual. To those women whose mothers never allowed themselves much sexual pleasure and do not want their daughters to be sexual, we give the opportunity to decide whether or not they are going to continue following that maternal programming. Women who are unwilling to talk to their mothers or who cannot because of death or unavailability are encouraged to go through a conversation in fantasy. Then they are encouraged to try out new behavior and to select a new sexual behavior pattern.

Weekly assignments promote practice of new behavior, both in the group and out of it. In the group, through self-disclosure and role-playing, group members learn from each other. By deciding for herself what she wants to accomplish during the week, each woman takes responsibility for her own change.

Ellen Pullyblank, Regular Member, and Patricia McCormick, Clinical Member, work together in private practice in Stockton, California.

Education Committee on Self-Assessment

The Education Committee met in Oaxtepec and discussed recommendations for standards for Special Fields Membership in Adult Education. If you have some expertise or ideas in this area, they would like to hear from you.

They also discussed the importance of quality in educational presentations of TA. You might like to compare the self-assessment you use with the one below developed by Jean I. Clarke (from *"Who, Me Lead the Group?" A Handbook for People Who Lead Groups*, Winston Press, 1983). If you have a self-assessment you would like to share, please send a copy to Jean I. Clarke, Education Committee Chairperson, 16535 - 9th Ave. N., Plymouth, MN 55447.

Self-Assessment

I. **Opening**

a. Did I start on time? Was the opening warm and inviting?

b. Did I negotiate goals or state my goals clearly so others could know if I attained them?

c. Did I check expectations of the group? Disclaim the ones I could not meet but honor them?

d. Did I preview the content and the activities clearly, give the big picture, for those who like the security and briefly for those who prefer to plunge right in?

II. **Body**

a. What proportion of time did I "tell" content? (30% or less) What proportion of time did others "discover" content?

b. In what specific ways, words, looks, voice, touch, other, did I invite people to be equal with me and with other participants?

c. In what ways did I validate people for being where they are and invite them to change if they want to?

d. In what ways did I take care of myself — health, body working conditions?

e. Did I present enough information and not too much?

f. Did the participants move or talk every 20 minutes?

g. Did I provide for the auditory, the visual and the kinesthetic learners?

h. Did I give sufficient, clear, take-home material if appropriate?

i. Did I like the movement or flow of the workshop?

III. **Closing**

a. Did I refer back to their expectations/contracts and honor them? (Evaluation)

b. Did I refer back to my own goals? (Evaluation)

c. Did I thank people for specific contributions?

d. Did I affirm the group in the end?

e. Did I end on time?

f. Did I end with a higher level of energy than when I started? Did they?

IV. **Contracts and Congratulations**

a. What contracts will I make with myself to improve my workshops in the future?

b. How will I congratulate myself and celebrate what I did well in this workshop?

BOOK REVIEWS

The Answer Within:
A Clinical Framework of Ericksonian Hypnotherapy
By Stephen and Carol Lankton
Bruner-Mazel Publishing. $30.00

Reviewed by Shea Schiff

In their book, *The Answer Within*, Steve and Carol Lankton present a balanced, thoughtful analysis and interpretation of Milton Erickson's approach to hypnotherapy and psychotherapy. They discuss it as a "complex system of skills" which, while accessible, is neither magic nor mere mechanics.

This is the first book about Erickson's work that I am aware of which effectively paces the clinician while simultaneously presenting a complex technical description of the use of metaphor and other Ericksonian techniques. Although other books on the subject are technically rigorous, this one teaches as well as informs. The Lanktons effectively use the techniques they describe in the presentation of the material itself. For example, the reader might study the book's structure and the presentation of the material in terms of a teaching metaphor.

The Lanktons emphasize that a critical element of Erickson's approach to therapy is the use of the client's ability to alter consciousness, which is intimately connected with solving problems. They also emphasize the values upon which Erickson based his approaches and some of his underlying assumptions. It is the best discussion of these issues with which this reviewer is familiar.

TA readers will probably find chapter two of particular interest since the Lanktons challenge some assumptions which many TA therapists accept, including assumptions about game and racket theory, ritualized "no suicide contracts," and the magic of instant "strategy change." They also challenge the assumption that insight and redecision result in the capacity and skills to act differently. While everyone may not agree with these assertions, they are certainly stimulating and thought provoking.

The Lanktons offer a structure for understanding Erickson's approach to the diagnosis of a problem and the relationship between diagnosis and treatment strategy. This, and a number of other models which they offer, are excellent, not only for understanding Erickson's work, but for sharpening the perceptual and organizing skills of any therapist.

There is far more substance to the book than I can do justice to here. I recommend this book highly to anyone interested in the work of Milton Erickson or in learning about effective psychotherapy. It is both an exciting and practical contribution to the growing literature on Erickson's work. However, above all, it is very much Steve and Carol Lankton's own work, rather than merely a collection of "sayings from the master."

Freud and Man's Soul
By Bruno Bettelheim
Alfred A. Knopf, 1982, $11.95
Reviewed by Frank Morris

I suspect Bruno Bettelheim had two reasons for writing this book: to correct mistranslations in Freud's collected works and to address the need to change the direction and nature of psychotherapy as presently practiced in this country. As such, it has the potential to be a pivotal work in the history of psychotherapy.

Both Bettelheim and Freud came from middle-class Jewish families, received the classical education of the "gymnasium," grew up in Vienna and had the same unique Viennese cultural advantages. Bettelheim, one of Freud's early students, was psychoanalyzed and has spent much of his life, while working with autistic kids, attempting to verify psychoanalytic insights.

Now, Bettelheim feels compelled to correct errors in the translations of Freudian thought because, "most of the people who lived in Freud's Vienna, and became familiar with his thought in that place and time, either have died or are now in their seventies or eighties, approaching the end of their lives. If, therefore, the mistranslations with which the *Standard Edition* unfortunately abounds are ever to be corrected by someone who shared Freud's cultural background and is closely acquainted with the language as Freud himself used it, it must be done now."

This reviewer studied with Bettelheim at the University of Chicago and finds many of the lessons learned there repeated in *Freud and Man's Soul.*

On psychoanalysis: it is unquestionably clear that Freud wanted to found a wholly new vocation, half way between medicine and the ministry, that offered humankind the opportunity to descend into the depths of personality. This desire was frustrated in America since psychoanalysis became the sole property of the medical establishment. This resulted, not only in the failure to create a totally new profession, but also in the attempt to fit Freud's work into a medical model that was simply not wide enough or rich enough to receive it. Metaphors became cold, scientific data, personal recommendations ended up as orthodox statements, and simple suggestions were made into concrete facts. Not only was the humanity of Freudian thought lost, but the system that developed was generally closed to the emergence of new truths. This is not what Freud had intended.

On the "soul": by using the root "psyche" in naming psychoanalysis, Freud appealed to our understanding of the classical Greek myth of Eros and Psyche, with the latter representing that which is desirable in regard to the human "soul." However, to Freud, "soul" did not refer to the ghostly apparition that pervades our body, is immortal and floats off to heaven upon our demise. Perhaps the concept of "soul" developed during the so-called Black Revolution of the 60's is more what Freud intended. Soul brother, soul music, soul food, and similar terms, indicate the essence of what it means to be truly human — and also what it means to be truly religious.

All this means building psychotherapy around people transcending childhood trance states and achieving the best that is possible in their lives. Historically, that has meant a coming to religion. Freud accepted the space-time causation universe of modern physics and wanted transcendence humanistically understood. It was and is a noble vision.

On the structural analysis of personality: words like "Id," "Ego," and "Superego" take me back to the University of Chicago where I can still hear Bettelheim thundering, "Use words people understand!" And yet, translations of Freud's work offer only these cold abstractions where he was speaking very personally, in the language of children, a language all could understand. In Freud's original terms, Ego meant the real me, Id was equivalent to the child within, and the Superego was the censoring parent or internal judge. A child can understand that. Instead of "Where Id and Superego were, there Ego shall be!", I would retranslate, "The more you feel your real feelings and become the real you, the more you live life right now and not filtered through the 'shoulds' of yesterday, the more solid and strong you will become in your mental outlook. There will be nothing to fear, for you will simply be you."

Many fundamental lessons return to me out of the pages of this book: to look at people and to listen to them; to look at and listen to myself, honestly and directly; to be simple without being simplistic; and to be with people in such a way that they are healed. For this book, for all these lessons and more, thank you, Bruno Bettelheim.

Think on Your Feet: the Art of Thinking and Speaking under Pressure
by Kenneth Wydro
Prentice Hall, 1981, $4.95
Reviewed by Mark Brady

I am a universally-reknowned author/speaker/entertainer/philanthropist whose superlative ability at self and material expression immediately and magnificently transforms every human being who comes in contact with me.

So went last week's directive to any already affirmation-saturated subconscious. It was, in fact, while repeating this glorious bit of prose to myself through a fog of semi-sub-unconsciousness that it finally dawned on me: I have a background belief that if I read enough books in this self-help, affirmation, God-loves-me-ain't-I-a-wonder genre, sooner or later something will begin to rub off. Hopefully with little or no additional effort required. However, in *Think On Your Feet*, Wydro points out something that should have been obvious to me 20 or 30 books ago: "The best book you could possibly read about self-realization and success is the one you write yourself." Right. Of course. Absolutely. Except that I'm too unorganized, undisciplined, too interested in what *others* have to say, and too lazy, so...

P. I find *Think on Your Feet* a valuable, well-organized, clearly and lively written book that directly addresses the issues surrounding sharp and effective thinking. The book is filled with useful information derived from Wydro's own years of experience teaching and speaking presented in a simple, systematic manner.

R. Wydro's writing suggests that not only is he awake and aware of many of the self-help, pop-psychology trends that tend to rise and quickly fall in America, but that he has ruthlessly pared away much that is useless and actually integrated some small tidbits that make for good reading, leading potentially to effective action.

E. For example, in the 6th chapter, entitled, "Nuts and Bolts Comm-you-nication", Wydro points out that the focus of real individual and mass communication needs to be with you, the audience, as opposed to me, the nervous, nauseous, bumbling mumbler. He also reforms Ohm's Law from physics and applies it to effective communication: my effectiveness as a speaker (also read teacher, writer, psychologist, and many other fields) is equal to my limitless potential for clear thoughts, good feelings, and creative intuition, *divided* by the resistance from negative attitudes, prejudices and critical thoughts and feelings. "As the level of resistance goes up, the level of productivity goes down." Put another way, as Critical Parent holds the floor, Natural Child and Adult head for the door.

Wydro also makes a useful distinction between two thinking focuses. He terms one probability thinking, the other possibility thinking. Probability thinking operates horizontally, looking at facts and figures (Adultly), seeing things as they are or have been, calculating the odds and trying to align with a winning side. Possibility thinking tends to be vertical, letting go of what has been and getting out of the way of what is, thus facilitating the unfolding of what can be. In my experience, creative Transactional Analysts give themselves permission to employ possibility thinking much more than most people.

P. Similar to an effective and inspiring speech, this book is well-organized and carefully structured. Wydro offers a simple means of accomplishing this, which I have attempted to use to organize this review. He terms the technique PREP-aration. P stands for point of view; R for the reasons for the view; E for examples or evidence to support the view; and P for the point of view restated leading to action! My action arose spontaneously from reading this book, resulting in this review. Yours might be to actually go out and buy *Think on Your Feet* to begin practicing this dying art.

Resolving Family and Other Conflicts: Everybody Wins
By Mendel Lieberman and Marion Hardie
Unity Press, 1981. $7.95
Reviewed by F.C. Capet-Antonini, PhD

This wonderful book makes a significant contribution to the art of communication by offering ways of solving many of the problems springing from the "communication gap" often found in families.

The first section addresses human feelings ("good" and "bad") that can distort a person's reality, and examines those feelings as they might arise between parent and child and/or husband and wife. The second section describes the anatomy of good communication. It is clear, well-defined and complete, with a number of excellent examples. Section three deals specifically with conflicts and gives what the authors call the Six Step Problem-Solving Method. The rules are simple. In one chapter they apply the method to conflicts involving only two persons. In another, the application is extended to conflicts involving the entire family. The authors are also aware that therapists do not operate in a vacuous wonderland, and so they identify and address particularly real and difficult areas of conflict.

Resolving Family and Other Conflicts is serious and didactic, clearly written, and at the same time, humorous and entertaining. Throughout, one feels the vibrant conviction that, even if the art of communicating honestly and authentically is complex and difficult, ultimately it will prove very rewarding. Because of its clarity and lack of pretense, this book is well suited to a large audience. Professional psychotherapists, counselors, and social workers will find useful the guidelines for resolving conflicts and the chapters identifying frequently encountered problems. In addition, anyone interested in more awareness about him/herself or a significant other will enjoy it and gain much from its use.



1984 Winter Congress

January 23-28, 1984

Santo Domingo, Dominican Republic

Pre-congress Institutes

Richard Erskine, PhD, USA on "Supervision"
Norman James, PhD, Minnesota, USA on "Contamination"
Taibi Kahler, PhD, Arkansas, USA on "Process Communication"

More information on Institutes, including the names of additional institute leaders and the workshop titles will be published as soon as they are available.

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*Application must be made 30 days before the workshop, accompanyed by required deposit. There is a 20% reduction in fee for programs paid in full 30 days before the date of a workshop. Deposits are refundable until 30 days before the start of a workshop.
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The Straight Dilemmas of Working with Lesbian Couples

By Jude Marks

I shouldn't be writing this article. There is still a Parent voice in me that says heterosexual therapists have no business making statements about lesbian couples. Therefore, I frequently begin these supposedly forbidden statements with a disclaimer. Here it is: I'm fully aware that I'm going to be discussing a lifestyle that is not my own; I'm an outside observer. And, I have some things to say that I think straight therapists should hear. I invite your comments and feedback. (There. It gets easier every time.)

In the Spring of 1981, Patti Falzett and I, somewhat tentatively, began to share with one another our thoughts, feelings and developing ideas - our evolution - in our work with lesbian women, and, in particular, lesbian couples. We tended to glance uneasily over our shoulders as we did this, but eventually, with mutual support, we went public.

Our first presentation elicited a somewhat chilly response from a group of feminist professionals in Milwaukee. Nevertheless, sharing a conviction that the "Don't talk about it" rule was a destructive one for us and our clients, we persevered and presented our workshop at the TA conferences in Boston (1981) and Snowmass (1982). In both places, participants responded with interest and enthusiasm.

The fact is, many lesbian couples see straight therapists.

The most obvious difference, and one that affects every lesbian couple to some degree, is the cultural disapproval which forms the context in which lesbians grow up, struggle to form their personal and sexual identities, create relationships, love and live.

The fact is, a majority of women therapists are straight and a lot of those women therapists are excellent. And, the further fact is, there are differences between heterosexual and lesbian couples.

When we first began to talk about this, Patti and I shared with one another our similar processes around lesbianism. Both of us had grown up with a belief that lesbians are perverted, weird and bizarre, possibly contagious and you wouldn't want your best friend to be one. Moving on from there (nowhere to go but towards enlightenment), we became good, tolerant liberals, while underneath our "you're-ok-with-me" attitudes, we both harbored intense curiosity and a secret belief that lesbians would be happier if only they were straight.

I think an important part of the process for both of us was taking the risk of owning and experiencing our own feelings of love and attraction to women. From there, genuine rapport was easy (with most clients). Being open to our clients teaching us (and they continue to do so) and being willing to see how our relationships are both different and similar, followed quickly.

The similarities seem obvious and numerous. In lesbian couples, one sees symbiosis, with all the passivity that supports it. The therapist can diagram transactions or examine the couple's stroking patterns, favorite games and script interlocks. It's all there, as it is with any couple that walks through our office doors.

The most obvious difference, and one that affects every lesbian couple to some degree, is the cultural disapproval which forms the context in which lesbians grow up, struggle to form their personal and sexual identities, create relationships, love and live. Lots of women, for lots of self-preserving reasons, choose to remain "closet-ed" (to greater or lesser degrees), to minimize the active input of this disapproval, leading an outside life that is split off from a significant part of their spirit.

There is a price to pay for this spiritual split-off, of course, but straight therapists sometimes need to be reminded that the consequences for some women of "coming out," especially in a work setting, can be devastating. I expect that many a well-meaning straight therapist, accustomed to receiving support or neutrality from her community, has encouraged a client to come out precipitously. We need to hear and believe our clients' assessments of the risk, while at the same time helping them find support for their lifestyle choice wherever they can find it. Sometimes it is best to open the closet door only wide enough to let in a few loving friends.

The culture's disapproval has some particularly negative side effects for couples. For one thing, they are robbed of the pervasive support this culture's Parent gives to coupleness. No mass media bombards us with images of women walking hand in hand into the sunset. And, as limiting as that cultural Parent may seem, it does provide some of the "glue" that builds the boundaries of a couple system. It also gives permission, through legal sanctions, and through public rituals of all kinds, for couples to build lives together.

Patti shares a story about a couple she worked with who were very closeted, their relationship unknown to their families, when one of the women developed a terminal illness. Her life partner and lover was continually denied access to her during her hospitalized dying process and also denied the right to automatically inherit her partner's possessions. It was a ludicrous and cruel situation and one that no straight married couple would have to face.

Another side effect of cultural disapproval I have frequently observed is the tendency for women to merge with one another to form a fused "you-are-me" symbiosis. They sacrifice their personal boundaries in an effort to strengthen the boundaries of their couple-system. As the couple develops, it is common for one partner to resort to conflict, to a "you-or-me" position in which she discounts the other partner's needs in order to re-own her own and regain a sense of herself. This struggle often precipitates a call to a therapist.

If you add to this tendency to merge (in order to define themselves as a family unit or couple), the training in femininess that most women receive (specifically, the fine art of Rescuing), you come up with a unit in which the partners are incredibly involved in mindreading, deferring, other-directedness and confluence. Add to that a feminist political perspective emphasizing cooperation and sharing and you have what may be fondly termed "an undifferentiated ego mass" (or the blob that ate Chicago).

In the face of this, I often wonder where to begin: who is feeling what, who is needing what, where does one end and the other begin? Sorting this out is frequently very scarey and painful for the women involved, as they struggle to create new ways to share and join without cutting off from one another. It is also made more difficult because their role models are limited.

On the positive side, female scripting tends to evoke a willingness to share and feminism creates a valuing and understanding of the advantages of egalitarian relationships. Women's permission to use their intuition and nurturing can also be an advantage in a couple system that is formed of two intuitive nurturers.

I'd like to note one further problem created by the American cultural Parent. Since we all internalize injunctions and permissions from that Parent, lesbians frequently have internalized "Don't Be," "Don't Be You" or "Don't Feel What You Feel" injunctions, often out of awareness. A woman may have newer Parent messages that say "it's OK to be you, OK to choose women" which are solidly backed up by political beliefs, feminism and lesbian friends. Nevertheless, the old Parent, which often retains her power, needs to be uncovered, confronted and dethroned. I believe this internalized cultural disapproval is a significant factor in the prevalence of suicidal ideation, depression, drug abuse and violence I observe in my lesbian clients.



One other important difference stands out for me. In many lesbian couples I see, one or both partners are reworking their adolescence. During chronological adolescence, very few women have the courage to do the experimenting that is naturally part of that time in life. As they find a community and strengthen their identities as lesbian women, they have the opportunity, at least in part, to learn the social skills that involve them with potential partners, to discover who they like and why, and to try out lots of different possibilities. This may look like promiscuity to the outsider, but it is, in actuality, a necessary life stage, and one that is very stressful for a couple. (I have known several couples who weathered this stage and remained intact. They were unusually skilled at negotiating and self-care.)

I have tried in this article not to tell you theories about lesbian scripting. In my work, I have looked for common script messages, common themes and have not found them.

As one of my lesbian colleagues said to me, "Well, how did you decide to be heterosexual? What makes you think it's different?"

Most researchers I've encountered have also failed to come up with any reliable predictors of future homosexuality. (As one of my lesbian colleagues said to me, "Well, how did you decide to be heterosexual? What makes you think it's different?")

The differences both Patti and I have observed in our lesbian couples have to do with discrimination and oppression, with adapting (over the life cycle) to a hostile climate. With an increased awareness of this climate, we can contribute to the empowering of our lesbian clients by providing protection and permission to be, as well as helping to create new personal rituals and legal contracts that help to define the couple as a family unit.

Jude Marks, MSSW, Clinical Provisional Teaching Member, is a therapist in private practice (with, among others, Patti Falzett, MSW, Clinical Member) in Milwaukee, Wisconsin. She also teaches and supervises fledgling therapists. She is a Feminist therapist and is currently developing her iconoclasm.