THE TAPESTRY OF SURROGATE PARTNER THERAPY

Masters and Johnson gave us a gift. Employing cognitive, behavioral and systems theories, they developed an exceptionally effective program for resolving male and female sexual dysfunction. They treated "the couple" instead of the dysfunction. Educating couples about bodies and sexuality, assigning sensual and sexual touching (Sensate Focus) exercises to the couple, then processing their responses to those assignments and examining the emergent relationship dynamics, the treatment facilitated unprecedented resolution of clients' sexual dysfunctions. This program was a radical (even scandalous) divergence from the traditional - and far less effective - psychoanalytical approach to sexual symptoms. This was the beginning of modern sex therapy, and it has since been accepted, replicated, and enhanced by multitudes of clinicians and clients around the world.

In 'Human Sexual Inadequacy (1970)', Masters and Johnson published the first description of their equally successful treatment of single men. This program was identical to their couples program, except that the single men worked with surrogate partners instead of wives. It was controversial, in 1970, to acknowledge that many people were having sex and sexual problems outside marriage. More than thirty years later, although sex outside of marriage no longer raises as many eyebrows, there is still a surprising amount of mystery, controversy, and misunderstanding regarding Surrogate Partner Therapy (SPT) and the treatment of un-partnered clients.

Most of today's textbooks and training programs pay virtually no attention to the unique treatment concerns of people who are not in relationships. This is particularly unfortunate because there are many un-partnered clients whose difficulties with physical and emotional intimacies inhibit them from forming intimate relationships. These clients can't access the best therapies for resolving their difficulties without a partner, and their difficulties keep them out of such helpful relationships.

"Working with a surrogate partner," proclaimed Bernie Zilbergeld in The New Male Sexuality (1996), "is the most effective treatment for men who don't have a sex partner, but do have a sex problem." Indeed, for some clients, working with a surrogate partner is the ONLY way to access real change. The compassion, slow pacing, emotional authenticity, and support of two professionals provide a combination of safety and challenge necessary for facing old injuries, gradually opening to intimacy, and building a foundation of new experiences and skills that make it possible for them to change their lives.

The involvement of the client's therapist is a cornerstone of this therapy process. In legitimate SPT, all clients are referred by therapists and continue working with their therapist while working with a surrogate partner. The therapist determines whether the un-partnered client is ready to work directly on physical and emotional intimacy issues, processes the client's feelings about embarking on such a project, and arranges for surrogate to meet with the two of them. This three-way, initial meeting provides invaluable, multi-layered information to all three members of this therapeutic triad. If all agree to work together, subsequent sessions are generally dyadic. Therapist and surrogate partner consult via telephone, on a session-for-session basis throughout the case. Open, honest, consistent communication between all three is an essential ingredient of successful SPT.

Client Issues

Appropriate issues for clients to address in SPT range from generalized social anxieties to specific sexual dysfunctions and intimacy difficulties. Concerns for either gender might result from medical conditions, negative body image, issues of sexual, physical or emotional abuse and/or trauma, physical disability, confusion about sexual orientation, sexual compulsivity, or lack of sexual or social self-confidence. SPT clients often have concerns relating to lack of experience; fear of intimacy; shame or anxiety regarding sex; low-level of arousal; lack of sexual desire. SPT is available to clients of all sexual orientations.

Surrogate Partner Therapy

The surrogate and client (Surrogate/Client) relationship is complex. It has the potential to be a diagnostic lens, a rehearsal space, an experiential learning center, a model for healthy relationships, and a powerful, intimate, and authentic encounter. Controversies regarding this adjunctive therapy arise from the fact that, in the service of client learning, surrogate partners participate with clients in structured and non-structured therapeutic experiences that transcend the boundaries of traditional psychotherapy.

Surrogates engage clients in emotionally and physically intimate interactions designed to simultaneously create new levels of self-awareness and develop clients' skills, comfort, confidence and tolerance for intimacy and separation. From the first hello to the final farewell, this relationship is a vehicle for learning, growth and change.

Legal and Ethical Status

It is not uncommon for uninformed individuals to jump to the inaccurate conclusions that SPT is in some way unethical, illegal, ineffective, or simply emotionally dangerous for clients. These assumptions are the product of imagination, not fact. For at least the last twenty-five years California legislature, legal authorities, and the administrative bodies that regulate the practice of therapy have been aware of SPT. On the rare occasions when they have had occasion to study the question, they have indicated that there is nothing illegal or unethical about SPT as an adjunct to psychotherapy. Like carrying a purple purse, unless used in ways for which it is not intended, SPT is unregulated and completely legal.

There have been no methodologically sound studies on the efficacy of SPT, so we must continue to rely on anecdotes of surrogates, clients and therapists, like Zilbergeld, who states that SPT can be nearly 100% effective with some clients who are tenaciously unresponsive to other treatment modalities.

Surrogate and Client Relationship

Surrogate/Client interactions are intended to function simultaneously as diagnostic tools, skill building experiences, models for intimate relationships, and stimuli for personal transformation. Every aspect of the therapeutic process is designed to build the clients' capacities to create more satisfying relationship with themselves and others. It is the intricate interweaving of these various aspects of the Surrogate/Client relationship that make SPT so effective a therapeutic process and challenging to understand.

Diagnosis

Although SPT begins with conversational exploration of clients' histories, the clients are revealing themselves at every stage and through every interaction. From the first meeting in the therapist's office, the Surrogate/Client relationship serves as a unique diagnostic tool -- offering therapist, surrogate, and client opportunities to better see and understand what happens when the client is threatened with intimacy. Projections, transference and counter transference, anxiety, arousal, conflict, and attachment - every failure and success – informs the triad about the client's strengths and difficulties in intimate relationships. Developmental deficits, effectiveness of a client's defenses, as well as cognitive and behavioral patterns, which undermine satisfying intimacy, are highlighted in the process of gradually developing the Surrogate/Client relationship.

Surrogates discover first hand how the clients' histories intrude on the present, and what interventions actually create change. As the relationship deepens and becomes increasingly important to the client, "meaningful relationship" issues become more visible. A well-trained surrogate often feels and reports changes in the client even before the client recognizes that change has begun.

Skill Building

Surrogate partners and clients move slowly through graduated, structured exercises in relaxation, introspection, communication, trust building, nurturing, and sensual and sexual touching. Through exposure, successive approximation, and repetition, these experiences simultaneously a) build practical skills, b) provide cognitive handles and understanding, c) desensitize anxiety and PTSD triggers, and d) provide opportunities for psychosocial development. As the months pass, clients generally find themselves becoming more relaxed, more open to feelings, and more comfortable with physical and emotional intimacy. Experiences of shared physical intimacy facilitate work on clients' sexual self-concept and sexual functioning. Genital-genital contact may or may not ever be therapeutically indicated. When it is indicated it is often a minor part of the therapy.

Not all skill development occurs in the behavioral arena or within individual sessions. While care is taken to assure that the client will benefit from each new step, shared decision-making is an essential part of every Surrogate/Client session. Encouraging increased client contributions to decision-making over the course of therapy increases client capacity for self-care, introspection, management of boundary issues, and sense of efficacy. Authenticity and intimacy in the Surrogate/Client relationship serve to build emotional and interpersonal relationship skills. Clients find both freedom and challenge in having a relationship in which they are honest about their biggest and most closely guarded secrets – their shame, sadness and fears tied up in their sense of being sexually and emotionally inadequate.

Modelling

Whether intended or not, values are always visible. What we encourage clients to notice about themselves and others communicates a world of permission or prohibition. What isn't asked may say as much about values as what is asked. Clients learn from what they experience in therapy as well as from what is advised and assigned. In SPT the communication of values should be an integrated, conscious aspect of the therapeutic context that therapist and surrogate manage on behalf of the client's learning and well-being. Both the overarching structure of SPT and most of the sessions are designed as models for the creation and maintenance of healthy, high-quality relationships. Clinician authenticity, open-minded respectfulness, compassion and availability for intimacy demonstrate behaviors that the client will need in future relationships and communicate volumes to clients about our assessment of their worthiness.

A well-trained, mature surrogate partner will continue to care for and pursue emotional connection despite clients' efforts to push them away, because they realize that unattractive client presentations are reflections of just how much care these clients need.

Therapeutic Value of Intimacy and Obstacles

In love relationships, our search to know and be known, to love and be lovable leads to deeply felt experiences that generate profound shifts in our emotional skills and in our sense of self. For some clients, wounding in early relationships results in their withdrawal from and sabotage of future relationship opportunities. Defending against their fear of dependence, exposure, and loss, these clients deprive themselves of the maturational experiences and transformational influences of intimate relationships. SPT

is sometimes the only way for such clients to heal and ultimately access the growth and development.

Consistently experiencing their surrogate partner's openness, acceptance, commitment to the relationship, and encouragement to deepen communication helps clients to eventually risk revealing themselves. They reveal themselves within the triad and end up with a more solid sense of themselves. Sharing experiences creates a sense of intimacy and bonding, which further facilitates sharing and risking, thus stretching the clients' capacities for emotional risk and increasing trust in self and others. Grappling with the emotional risks, anxieties, and elation of genuine emotional contact simultaneously empowers and disequilibrates clients. With the support of therapist and surrogate this disequilibration can make room for valuable self-discovery, self-acceptance and self-actualization. In this way, the Surrogate/Client relationship has the potential to be an arena of profound healing and transformation - for healing the insidious effects of trauma, and for repairing clients' damaged relationships with their sexuality and sense of self-worth.

Although the relationship between surrogate partner and client is temporary, the experiences of genuine, loving intimacy and authenticity remain forever as touchstones in the client's inner world. Clients not only blossom in the relationship with their surrogate partner; their growth is reflected in their every relationship, including their deepest relationship with themselves.

Intimacy is the here-and-now experience of revealing our authentic selves to one another. It entails emotional contact, knowing, and being known by another. It does not require reciprocity of exposure, but it does require an experience of both partners being fully present and attentive and open to each other.

Authenticity refers to the quality of one's presence. It reflects an orientation toward intimacy. It means that when we listen we are listening with our whole selves, not just our intellect. It means that we offer genuine caring and attention, not a pretense of caring. Authenticity is important in the creation of trust, which plays a big role in risk and change, and it sends a message about your values.

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