TALKING WITH CLINICAL SEXOLOGIST DEBORAH CAUST

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Deborah Caust, Ph.D., MFCC has been practicing as a Clinical Sexologist in San Francisco since 1981. From 1987-95, she taught several graduate programs; for four years, wrote a Q/A column, SexSense, that appeared in SF Weekly and the Pacific Sun. In the following interview, she answers some common questions about sex therapy. Her office number is (415)567-6541.

OPEN EXCHANGE: You're a Clinical Sexologist. Exactly what is a Sexologist?

DR. CAUST: A Sexologist is a professional with an advanced degree in human sexuality. Typically, this is a masters or doctorate, which enables the individual to teach, write, and do research in the field. A Clinical Sexologist has appropriate training to work with clients who have sexual problems.

OE: How does sex therapy work? Is it verbal or physical therapy?

DC: Therapy is verbal, although occasionally clinical sexologists work in a team with physical therapists, known as surrogates. Usually, sex therapy is short term (4-20 sessions) and problem focused. This means that we work with the sexual concern as it appears currently, rather than spending a lot of time dredging up a person's childhood or analyzing deeper psychological experiences unless it is necessary. This keeps sex therapy brief and focused on producing results that are immediately helpful.

OE: What techniques do you use?

DC: I use a combination of cognitive-behavioral techniques and insight therapy. The approach is to address problems through structured exercises designed to teach new effective behaviors. For example, these exercises delay ejaculation, or enable reliable erections via tailored individual (ex. masturbation) and/or couple experiences. Other techniques consider negative, intruding thoughts, such as guilt, shame or sexual mythology so that they have less influence on behavior. If this is not enough, various forms of insight therapy may be used to examine the deeper causes of problems.

OE: What types of problems do you see?

DC: Currently, I work with both sexual and more generic problems such as anxiety, depression, self esteem issues, etc. I most often work with male and female sexual dysfunctions, such as ejaculation/ orgasm timing, erectile problems, inability to orgasm, and painful or difficult intercourse. I also see individuals and couples with low sexual desire, sexual avoidance or arousability problems. In addition, I work with individuals who have a variety of medical issues, sexual concerns related to aging, cross-gender confusion, sexual orientation issues, sexual offenders and survivors, and persons with unusual sexual interests and compulsive sexual behaviors. Sex therapy is very effective for treating these issues.

OE: Do you work with couples as well as individuals?

DC: Yes. It is often helpful to discuss marital and relationship concerns that contribute to sexual

problems such as poor communication, negotiation difficulties, fair fighting, decreased attention, etc. Most of the couples I see report that sex therapy is fun, increasing their intimacy and playfulness, getting them to think differently about their partner. In many ways, this type of therapy allows the couple to remember what it was like at the beginning of their relationship when they were first getting to know each other.

OE: Can you give an example?

DC: One of the first exercises I might assign to couples is "Romantic Evening." Here, the couple is asked to participate in two dates. After flipping a coin to see who goes first, each chooses an evening which they feel is romantic. For example, one might choose to eat Chinese food in bed while the other might choose to watch a football game or read love poems on the beach. Their partner accompanies them as a gift. Then, they switch places. This assignment brings back the best memories from the beginning of their relationship. It also teaches each person about their partner's concept of romance.

OE: How can readers get in contact with you?

DC: I can be reached in San Francisco.