

Surrogate Partner Therapy

Dr. Ofer Zur interviews Dr. Marty Klein

Ofer Zur, Ph.D.: Welcome to audio recording with Dr. Marty Klein on the topic of surrogate partner therapy. I'm your host, Dr. Ofer Zur, the director of the Zur Institute, LLC. This audio program is part of the Zur Institute educational program. Here at the Zur Institute, we offer over a wide range of free educational material on issues such as ethics, critical thinking, clinical practice, effective therapy, additional focus on boundaries and much, much more.

We also offer over 170 online Continuing Education Courses for psychologists, counselors, and other mental health practitioners. Our website is at www.zurinstitute.com. Today, I have the honor to discuss the topic of surrogate partner therapy with Dr. Marty Klein. Can I call you Marty?

Dr. Marty Klein: Please do.

Ofer Zur, Ph.D.: Thank you. Marty has been a licensed Marriage and Family Therapist and certified sex therapist for 32 years. That's a long time, Marty.

Dr. Marty Klein: Yes, it is.

Ofer Zur, Ph.D.: Marty reports almost 35,000 sessions with men, women, couples, discussing desire, orgasm, fantasies, and pleasure as well as guilt, shame, pain, and anxiety. Marty discussed in his seminars and with his clients things that so many therapists would not touch with a ten-foot pole or a 50-foot pole. Dr. Klein has written seven books. His sixth book, *America's War on Sex*, which is my favorite, was honored as the Book of the Year by the American Association for Sexuality, Educators, Counselors, and Therapists who is also known as AASECT.

His new book, *Sexual Intelligence: What We Really Want from Sex and How to Get It*, is available in ten languages. Psychology Today says, "Read this book if you want to improve your sex life." Can you give us quickly a sense what are some of the languages that your book has been translated into?

Dr. Marty Klein: *Sexual Intelligence* is translated into Polish, Japanese, French, Spanish, Italian, Portuguese, Czech, and one or two others.

Ofer Zur, Ph.D.: Whoa, okay. Fantastic. Marty has also published seven sets of training available on his website. His website is at www.martyklein.com. You spell Marty Klein, M-a-r-t-y K-l-e-i-n.com. He has trained professionals in sexuality across America and in 25 countries on six continents. The only one you're missing is the penguins in Antarctica.

Dr. Marty Klein: That's correct.

Ofer Zur, Ph.D.: Do they have a sex life?

Dr. Marty Klein: Of course.

Ofer Zur, Ph.D.: You know there's a mythology that the penguins are monogamous, they're just serial monogamist.

Dr. Marty Klein: Like people.

Ofer Zur, Ph.D.: Exactly. For 12 years, Marty has published the award-winning electronic newsletter and now a blog, Sexual Intelligence. Please check it on his website. Marty also authored a couple of online Continuing Education Courses for us at the Zur Institute on the topics of sexual issues, diagnosis and treatment and couples therapy, counter-intuitive approaches to working more effectively.

Here we are, Marty, and the reason that you and I have started talking about surrogate partner therapy is the movie *The Sessions*. This is a 2012 movie that is based on an essay by Mark O'Brien, a poet paralyzed from the neck down due to polio at a young age who, in his forties, hired a sex surrogate to have his first sexual experience. Helen Hunt plays the role of the sensitive, intelligent, trained sexual surrogate and John Hawkes plays the role of the physically disabled, talented, educated poet.

The movie has rekindled interest in the controversial topic of surrogate partner therapy or also has been called rightly or wrongly, we'll discuss it, sexual surrogate therapy. The original concept was developed and studied by Masters and Johnson in their work in human sexual inadequacy in the 1970s.

As many issues related to sex and, Marty, you know so much about it, this is a highly controversial issue. While sexual service was a popular practice in the '70s and the '80s especially in the West Coast, I think, and some in the East Coast but not so in the rest of the country (I'm not sure about it), the idea of psychotherapists, marriage and family therapists, social workers, counselors, and other mental health professionals

referring clients to surrogate partner therapy and working with the surrogates is highly controversial and, in fact, very little examined in the last 30 years.

We are here to try to shed some light on what has been dormant for the last 30 years. A good place to start, Marty, is to define to us what is surrogate partner therapy.

Dr. Marty Klein: Surrogate partner therapy is a process that involves three people. It involves the therapist, the surrogate partner, and the patient. The patient sees the therapist every week or two, as in conventional therapy. The patient also sees the surrogate every week or two. They have various kinds of psychosocial experiences, sitting and talking together, maybe going to lunch, maybe the patient will brush the surrogate's hair. It may involve more of overtly sexual activities as the therapy unfolds.

Finally, the other important part of surrogate partner therapy is the ongoing telephone contact between the therapist and the surrogate partner. Without all three of those elements, it's not surrogate partner therapy. It's something else.

Ofer Zur, Ph.D.: You described a wide range of activities on the part of the sexual partner therapist. It's really not even necessarily directed to sex. A good place to expand on that a little bit is, people just to call it sex surrogate and the connotation of a surrogate partner therapy often goes to a sex surrogate and to sexual activities. Help us differentiate between the two and I'll throw into the mix, how is it different, people want to know, the surrogate partner therapy from prostitution. I'm kind of asked you to differentiate here between sexual partner therapy and just sheer sexual activities.

Dr. Marty Klein: If an adult is a competent member of society, if an adult is psychologically developed appropriately, there's a lot of things that are necessary for sexual activity that we take for granted. I mean, you have to be able to look at somebody. You have to be able to tolerate being touched. You have to be able to tolerate that your partner has one hair out of place. You have to be able to tolerate that your partner is wearing a blue dress instead of a green dress.

All of these things that the typical adult takes for granted, if a person is not adequately developed psycho-socially, these things are big obstacles. What surrogate partner therapy does is it addresses the psychosocial deficits or the intrapsychic deficits that a person has that are getting in

the way of them relaxing enough to be able to have a relationship with somebody.

If that sounds like conventional psychotherapy, in some ways it is, but what the surrogate partner does in consultation with the therapist, a surrogate partner designs a series of activities or exercises for the patient so that the patient can experience anxiety in a controlled environment and then experience their own internal resources and their own ability to overcome that anxiety.

Ofer Zur, Ph.D.: It could be like desensitizing. It could be like a form of desensitizing?

Dr. Marty Klein: Yeah, yeah. Gradually, the patient becomes less anxious, less anxious, less anxious about things like looking at a woman, things like suggesting Do you want to hold hands with your right hand or with your left hand? Again, things that most adult takes for granted. When the surrogate is doing these activities with the patient, the goal is fully as clinical as when a therapist does an activity with a patient.

If I have a patient who's a big sports fan and they want to talk about the latest, the 49ers winning the other night, we might do that. We might have a conversation about that. That might last a long time, if in my clinical judgment, this is a valuable thing for us to be doing. If it's not in my judgment a valuable thing for us to be doing, no matter how much fun I might have talking about the 49ers, we're not going to do that. That's a standard clinical understanding.

With the surrogate, it's the exact same thing. The surrogate is not there with the patient to have fun for herself and similarly the surrogate is not there to provide simple gratification to the patient. The goal is not for the patient to have fun, the goal is for the patient to grow, to experience and overcome anxiety, to get insight into their own process. That's very different from prostitution, right?

Prostitution is designed specifically to provide certain kinds of gratification to the patient, whether it's physical or emotional or combination of the two. There's no expectation that the patient is going to grow from an activity with the prostitute. There's no expectation that a customer of a prostitute is going to experience insight or anything like that.

With the surrogate partner, on the other hand, that is the expectation and if that's not happening then the surrogate in consultation with the

therapist will change the activities that the surrogate is doing with the patient.

Ofer Zur, Ph.D.: The movie also, we'll talk about the movie in a minute, but the movie also differentiates. Let's say that the prostitution, the goal is to have many more interactions and money exchange between the client and the prostitute. In contrast, the surrogate partner therapy is time-limited. Do you get a sense about the time-limitness of that, because once goals are achieved, the surrogate partner therapy is terminated. Do you have any sense over pricing because people wonder about pricing? I may need to ask the IPSA people about it. Give me a sense about the time-limit difference between this and prostitution.

Dr. Marty Klein: Some people go to their prostitutes once a month for 25 years. Some people got their prostitutes once. As far as surrogate partner therapy goes, it's like with conventional therapy, it all depends on what the patient's difficulty is and how long it takes to resolve that. I would say that it's unusual for a patient to go to a surrogate partner which is once or twice and it's unusual for a patient to go to surrogate partner for two years. Somewhere between two sessions and two years, I think, is the average. I would say that for a lot of cases about ten sessions would be just about right.

Ofer Zur, Ph.D.: That gives us a good sense of that. The film is a Hollywood production and probably would be getting more awards. I know it needs to draw people and focus on sex. What's your sense about how accurate the film *The Sessions* is in regard to what really happens in a surrogate partner therapy?

Dr. Marty Klein: Let me start in a funny direction. You've been a therapist forever. I've been a therapist forever. How often do you see therapy in general portrayed in the movies or on television and say to yourself, "Yeah, that's accurate. That's about right." My experience is practically never.

Ofer Zur, Ph.D.: Is the HBO program on a ... What is it?

Dr. Marty Klein: Yeah, that show phased out because it-

Ofer Zur, Ph.D.: Exactly.

Dr. Marty Klein: Because it has elements of accuracy and that's so unusual.

Ofer Zur, Ph.D.: Exactly. You're right. I just need to mention it because I love ... What is it? In *Session*, it's called. Oh, my goodness. They have the same name.

Dr. Marty Klein: Yeah. It's very unusual for therapy in general to be accurately portrayed. Indeed, that's the same thing with surrogate partner therapy. It's rarely portrayed with much accuracy. That said, there's a lot that's accurate about the movie, but as you explained yourself, *The Sessions*, it's not a documentary. It's a fictionalized version of one man's story.

One of the things that's not accurate is that a highly trained and experienced surrogate generally does not have explicitly sexual activity with a patient for many, many, many, many sessions. They have to get to know each other. I mean, if a person goes to surrogate partner therapy and they're able to relax and enjoy sexual intercourse ...

Ofer Zur, Ph.D.: They don't need ... Yeah, they probably don't need-

Dr. Marty Klein: Yeah, and just knowing the surrogate for a week or two then they don't belong in surrogate partner therapy. Surrogate partner therapy is for people who are really anxious about social and/or sexual contact. In real life, what a surrogate would typically do, and every case is different, but in real life what a surrogate partner would typically do in consultation with the therapist is, they would ramp up to sexual activity very, very gradually and very slowly and they may not even get to sexual activity.

It may be that after a number of sessions, the patient has grown so much that they don't need to have sex with the surrogate partner. They can go into the world and they can create a meaningful sexual experience by themselves.

Ofer Zur, Ph.D.: Interesting. Tell us just in a few sentences a little sense of the history. You have studied the field of sex therapy in and out and now this old topic is kind of raising its head 30 years later. Take us back a little bit to the '70s and give us just very brief history of SPT.

Dr. Marty Klein: Masters and Johnson were really world-changing figures. It's hard for us today to appreciate just how radical their work was. Back when Masters and Johnson were doing their work, scientists had mapped out how does the human eye work, how does the human digestive system work, et cetera. Nobody in America had systemically studied the physiology of sexuality and that's what Masters and Johnson did. They did it in a way that in other arenas of sexuality as a long-time honored tradition. They actually measured things and what they measured is what goes on inside a vagina, what goes on with a penis, what goes on with skin response and so on during sexuality.

Masters and Johnson mapped out what do peoples' bodies actually go through during the process of sexual arousal and excitement and orgasm. Having done that, they were really interested in a broader perspective on sexuality and they actually had a clinic where they were helping people overcome sexual difficulties.

They developed a number of modalities, one of which was surrogate partner therapy. They trained people in their center in St. Louis and then those people fanned out across the country and began to popularize surrogate partner therapy. Therapists began to get interested in this modality. There was a lot of success with a number of these cases for a number of years.

Ofer Zur, Ph.D.: Another very important question. What do we know about the efficacy? I know my online paper, again, you can go to my website, www.zurinstitute.com and search for surrogate partner, there are there some references for efficacy. What do we know about the efficacy studies back in the '70s, '80s?

Dr. Marty Klein: We don't know that much, Ofer, because in general there were not a lot of efficacy studies done of various therapeutic modalities back then, whether it's about sand tray therapy, whether it's about group therapy, whether it's about seeing a couple versus seeing an individual. Efficacy studies were not common.

Ofer Zur, Ph.D.: You're right. You're absolutely right.

Dr. Marty Klein: It was anecdotal and a certain amount of the efficacy then as now depends on the relationship between the patient and the practitioners. What happened with that, as the country became more conservative sexually and politically in the '80s. The popularity of surrogate partner therapy declined.

Ofer Zur, Ph.D.: This is part of the general backlash what we described at the time. Women's movement is a super right movement. We have the backlash in the '80s and part of it was the disappearance of the surrogate partner therapy from the scene. Did I get it right?

Dr. Marty Klein: Yeah. For people who are very young right now, it's hard to describe the change in the culture in just a short ten years from 1974 to 1984. Everything changed, the music changed, the styles changed. Ronald Reagan became president.

Ofer Zur, Ph.D.: Ronald Reagan became president says it all. It's a good summary.

Dr. Marty Klein: Surrogate partner therapy along with some other controversial or unusual modalities, it declined in popularity. It declined in frequency. It remained that way for a long time and yet at the same time, there were still people who did it, still people who are being trained to do it, still people who remember the heyday of it. Now, with the launch of the movie, there's a lot of renewed interest in this modality.

Ofer Zur, Ph.D.: This is a good time you mentioned that there were some sense of continuity. You and I have discussed International Professional Surrogate Association or what is called also IPSA, it's something you have been very familiar with and this is actually part of the continuities back for the last 20, 30 years. Can you tell us about IPSA, what it is, it's importance, it's code of ethics, it's training? It's one organization that holds the integrity of the entire field of surrogate partner therapy. Tell us something about IPSA.

Dr. Marty Klein: Gladly, Ofer. IPSA, International Professional Surrogate Association, a very fine organization based in California. They've been training and supervising the field for 30-something years. The founder and president, Dr. Vena Blanchard, excellent clinician in California. IPSA has a code of ethics. They train people. They are a go-to organization when the media wants to do an article about surrogate partner therapy, which they do periodically usually in a very sensationalized way.

Of course, the media, very eager to call the practitioners "sex surrogates" rather than surrogate partner, which is a complete mistake as you and I have discussed. They have a great website. What is it? Sexsurrogate.org, I think.

Ofer Zur, Ph.D.: Yeah, yeah.

Dr. Marty Klein: I have a bookmark so I don't know the URL. When people have questions about, what is this and where do I find a surrogate, is it for me, and all of that, they have a lot of articles and interviews posted on their website. You're right, Ofer, that most of the continuity in the field of surrogate partner therapy has been provided by this organization over time and they have been performing, and continue to perform, a really valuable service for people.

Ofer Zur, Ph.D.: You and I talked and I've done this research about the legal and ethical background for this issue and I find nothing. There's no code of ethics of any organization mentioned surrogate partner therapy-

Dr. Marty Klein: In outside of IPSA.

Ofer Zur, Ph.D.: Say it again, Marty.

Dr. Marty Klein: You mean outside of IPSA there's no mention ...

Ofer Zur, Ph.D.: Yeah, outside of IPSA. Yeah. I'm talking about the licensing boards do not provide any guidelines that I'm aware of. The legal status of referring to a surrogate partner therapy has been debated and really we don't have a case study. In this kind of the world where so much is unknown, there was one case in the '80s in Massachusetts that a psychologist supposedly lost their license and now you cannot find any trace of records of this case. When I called a few organizations, none of the major organizations has a possession on surrogate partner therapy.

IPSA is so important in this regard because IPSA provides and they train the people and they qualify them to act as surrogates and also they have a code of ethics which is very tight and talk about what you have already mentioned that you need to work very closely with the therapist. IPSA is important as it give legitimacy and professionalism to the people that if we consider to refer to them, from us therapist to the surrogate partner therapy, so their code of ethics is very important.

However, there are very few people who have been certified by IPSA. We're not talking about thousands of people across the country being certified by IPSA which perhaps we wish they would. Am I correct about that part?

Dr. Marty Klein: That we wish that IPSA train more people so there were more surrogates? In order for these more surrogate to be able to do their job, there would need to be more therapists who are trained in surrogate partner therapy. Surrogates can't do surrogate partner therapy without therapists just like therapists can't do surrogate partner therapy without surrogates. Yes, it would be great to have more surrogates trained and at the same time we need more therapists trained to work with them.

Ofer Zur, Ph.D.: Let's shift a little bit. I know that different people have different needs but what kind of clients may need to be referred to SPT? The movie highlighted the importance of such referrals for the disabled. This was the sub-theme of the movie because he got polio at a young age. He's bedridden and iron lung. He's allowed to be out of the iron lung only for a few hours a day. He had never had a sexual experience. With the disabled, it seems to be clear with or without the movie. How would you give us a range of clients that are more likely to need SPT? You mentioned some of it earlier on in the interview.

Dr. Marty Klein: Surrogate partner therapy is a great modality for clients who are so anxious or so psycho-socially underdeveloped that they have very big challenges in creating social relationships for themselves. That might be someone with Asperger's symptoms. That might be someone on one end of the autism scale. That might be someone who has had early trauma, PTSD. That might be someone who is overwhelmed by guilt or shame, perhaps because of religion or because of abusive-

Ofer Zur, Ph.D.: This puts like billions of people into the need of surrogate partner therapy.

Dr. Marty Klein: I'm sorry?

Ofer Zur, Ph.D.: Those who are overwhelmed by shame and guilt, their own sexual issues put only a few billion people into the pool here of potential clients and needs.

Dr. Marty Klein: Of course, as we know, to be serious about it, as we know ...

Ofer Zur, Ph.D.: I was serious actually.

Dr. Marty Klein: Most people who have shame and guilt around their bodies or about sexuality, they manage to fumble their way into a sexual relationship. It may not be particularly satisfying, but they managed to fumble their way into it. At the same time, we know that there are some people who are so incapacitated by shame and guilt that they're not even able to create an unsatisfactory emotional connection with somebody else or an unsatisfactory sexual connection with somebody else.

For those people, surrogate partner therapy can provide a launching pad. It can provide an environment in which they confront their guilt and their shame. Gradually, they learn more about it. They feel encouraged that there's someone who's willing to go slowly with them through the process of actually developing a relationship.

You can imagine for a person like this, sexual intercourse would be way in the distance and might never even occur during surrogate partner therapy. I mean, for a person like this, going to a restaurant and being willing to order lunch that's different than what the surrogate partner orders, for them that would be a big emotional accomplishment.

Ofer Zur, Ph.D.: As we know in our offices, just even holding hands and looking to somebody's eyes.

Dr. Marty Klein: Yes, yes. For some people, that's an enormous challenge. What surrogate partner therapy does is, it provides a surrogate substitute partner with whom somebody can have some of those activities that most people consider to be very lightweight or very superficial. It provides a person with whom a patient like this can have some of these experiences that are carefully modulated, carefully discussed between therapist and surrogate partner. The patient can go through these activities, be aware of their anxiety or their guilt or whatever and actually deal with it little by little by little.

Ofer Zur, Ph.D.: On the other extreme, what will be the kind of patients that would be counter-indicative to refer to SPT? Which clients in your opinion would somebody have to be very cautious about or perhaps not even refer to an SPT?

Dr. Marty Klein: I would not think that a person with borderline features would be a good candidate for surrogate partner therapy. That kind of complex attachment bundle, that would be just asking for trouble. Patients who are at risk of decompensating, you certainly would not want someone like that in surrogate partner therapy. Someone who would have difficulty dealing with the fact that they were seeing a surrogate partner therapist and that they felt so ashamed of that or so guilt-ridden about that that they couldn't function on the rest of their life, like they couldn't do their job because they felt so guilty about seeing a surrogate partner yesterday, that's a person who would not be a good candidate either.

Ofer Zur, Ph.D.: That makes sense. What about transference and countertransference issues? I use it not necessarily as a psychoanalytic approach to SPT or to clients. What is the reaction, the complexity of the reaction in between therapy surrogate and patient, let's say a triangle, when it comes to the issue for transference and countertransference, again, beyond the narrow analytic definition of that?

Dr. Marty Klein: It can happen in a lot of different ways. For example, the therapist might feel envious that the patient feels so much more emotionally attached to the surrogate than they do to the therapist. The therapist might feel, "Hey, you know, I'm working as hard as the surrogate partner is. Why don't you rave about me the way you rave about the surrogate partner?" That's one example of what might happen.

Ofer Zur, Ph.D.: Just the whole issue about sexuality too probably fits into why does he get to sleep with her or why she gets to sleep with him, because it's right there in the clinical room as the topic of discussion.

Dr. Marty Klein: Right. The therapist needs to have a fairly healthy relationship with sexuality themselves so that they can tolerate discussions of, "She put her hand here." "I put my finger there." "I took a shower with her." "Wow, she's so beautiful." If the therapist gets uncomfortable with those kinds of conversations, that's going to be trouble.

Ofer Zur, Ph.D.: If they are not comfortable with that, I recommend that they go to your website and take your courses or listen to you in person because you crisscross the world and the country, because you have a way to talk about these issues and make it comfortable to the most constipated people on the planet. It's incredible that I've seen you with different audiences and it's a very hard topic.

Money and sex, it's the two topics that therapists are really not great at and you make, at least, the sex part to talk about it in a natural way, in a human way. You put it with such a good flow and even people with difficulty with the topics, they just melt into your presentation and increase the comfort zone. Thank you for this contribution to our field. I know some people perhaps don't appreciate it as much, but I do.

Dr. Marty Klein: For having that, as you know, my clinical approach to sexuality is therapists need to talk about sex the way they talk about everything else and patients need to talk about sex the way they talk about everything else. One of the ways that a therapist can be helpful is to challenge a patient who's unwilling or unable to talk about sex the way they talk about everything else and say, how come?

That can be the launching pad for a lot of really valuable discussions but if the therapist colludes with the patient's idea that that sex is not something that should be discussed the way other things are discussed, then the therapist is going to be unable to challenge the patient around that in helpful ways.

Ofer Zur, Ph.D.: This brings us to your fantastic work of *America's War on Sex*. I've lived in many countries, many continents from Africa and Europe and the Middle East, the United States, and have not encountered any culture that polarized pornography on one hand, and conservatism to puritanism on the other end. You have this book, *America's War on Sex*, it really fits into trying to help therapists and the culture understand our relationship to sex and to make it less polarized and more healthy. It fits into the whole idea of the surrogate partner therapy.

Dr. Marty Klein: Thank you. My book, *America's War on Sex*, took many years to write and in that book, I talk about the way that so many institutions in American

culture are colluding in keeping sexuality from being a normal part of everyday life.

Ofer Zur, Ph.D.: Being pornographic at the same time, being highly pornographic at the same time with the billboards in LA and et cetera.

Dr. Marty Klein: America has such a schizophrenic relationship with sexuality. The message we give young people is, "Sex is dirty. Save it for someone you love." The message we give adults is that you should be having sex all the time under every single circumstance, but you're not eligible if you don't have a perfect body. You're not eligible if you're not rich and young. It makes people really nutty. It's as if all the physicians in the world encourage diabetics to go into candy stores every day or we were encouraging all the alcoholics in the world to go into alcohol stores every day.

Ofer Zur, Ph.D.: I mean, it's beyond the topic of the day but then pornography and the Internet, and you have written about that, added a whole new dimension of accessibility of some of the material and the activities that took the area of sexuality worldwide to a different place altogether. We won't take a dive into that. I know you write a lot about these issues too, but they're marginally relevant to the topic.

Dr. Marty Klein: Yeah. I mean, it's relevant in the following way, that with the introduction of high-speed broadband into everyone's home now, everybody has access to erotic imagery in their own home whenever they want it. For some patients, for some people, that provides on the one hand a lot of push to have sexual experiences and at the same time, some people know that they're just not able to do that with another person. That's where surrogate partner therapy can be so valuable.

I think that people may underestimate the extent to which for people who don't have a sexual relationship with another person, all that pornography can make them feel bad, can make them feel inadequate, can make them feel left out. When people feel left out, it's very problematic and we don't want people to feel left out of the ongoing circus of human connection.

Surrogate partner therapy for some of those patients can really provide an entrée back into social connection in general, not just sexual connection but social connection in general.

Ofer Zur, Ph.D.: Yeah. It's an incredible side topic about the relationship between the two, the erotic images online as well as the surrogate partner therapy. I

won't take a dive into that. We're almost at the end of this informative interview. If you can recap to therapists, counselors, and perhaps some people of the public who would be listening to this recording, what would they take with them around the surrogate partner therapy issue?

Dr. Marty Klein: When a therapist refers a patient to surrogate partner therapy, they're not offloading the patient on to the surrogate. When a therapist refers a patient to surrogate partner therapy, they're referring the patient to a process, to the surrogate partner therapy process which involves, as I said before, three people. Not two but three. When a patient is involved in surrogate partner therapy, it involves not just the activities that the patient does with the surrogate, it also involves the activities that the patient continues to do with the therapist and the ongoing consultation between therapist and surrogate.

It's a three-way, a three person three-way process. It's not that the therapist is getting rid of the patient. For anyone who is advertising themselves as a surrogate who does not work with a therapist, they're not doing surrogate partner therapy. They may be doing one of a number of different things, but they're not doing surrogate partner therapy.

Ofer Zur, Ph.D.: That's important. I would like to just add what I mentioned earlier. I'm going to continue to follow up on the ethical and the legal issues that are involved in my article on my website at zurinstitute.com. One more time, Marty, for people, where can they reach you and get your newsletter and get the CDs and courses? Would you give us your website one more time?

Dr. Marty Klein: Sure. It's very simple. It's www.martyklein.com. M-a-r-t-y K-l-e-i-n, martyklein.com. As you said, lots of free stuff for both therapist and the lay public. Of course, the URL for IPSA which is www.surrogatetherapy.org. They're great people over there. They're very smart. I appreciate you giving me and our audience a chance to look at surrogate partner therapy this way. It's part of a larger project that you and I share, which is to educate both the public and the profession about various clinical modalities, especially when it comes to sexuality where we don't get as much training as we do in some other areas where the mass media provides so much pressure on therapists to do things that are not helpful.

It's so important that therapists who may not have as much training as they need, they get access to information about various modalities. I appreciate that Zur Institute has courses and audio recordings that can be really helpful for professionals about that.

Ofer Zur, Ph.D.: Thank you, Marty. It's really as always just a pleasure to talk to you, to hear your open mind and to feel your open heart and thank you so much. I'm sure we'll be in touch with more interesting topics.

Dr. Marty Klein: Thank you.